

**MISSISSIPPI STATE AND SCHOOL EMPLOYEES
HEALTH INSURANCE MANAGEMENT BOARD**

**REQUEST FOR PROPOSAL
TELEMEDICINE SERVICES**

**Vendor Questions and Board Responses
July 27, 2016**

1. Will the Board consider moving up the start date to ensure implementation completion by Jan. 1, 2017?

In order to comply with the Personal Service Contract Review Board's applicable procurement and contract regulations and timelines, the Department of Finance and Administration does not anticipate executing a contract with the selected vendor prior to November 15, 2016. Although no compensable work may be performed prior to execution of the contract, implementation discussions and related planning to help ensure compliance with the January 1, 2017 service effective date may be conducted with the selected vendor once the State and School Employees Health Insurance Management Board (Board) announces its selection on September 28, 2016.

2. Is the Board open to considering a different amount of (general liability) coverage?

As stated in Item 4 of the RFP's Section 2 MINIMUM VENDOR REQUIREMENTS, the proposing vendor must "Agree to provide proof of and maintain throughout the contract period professional and comprehensive general liability insurance coverage, at the minimum of \$1,000,000 per occurrence, \$5,000,000 aggregate." Failure by the submitting vendor to meet this, or any of the other minimum vendor requirements, will result in disqualification of the proposal.

3. Does the Plan use Change Healthcare for real-time eligibility verification and claims processing? If yes, confirm the ability to read and respond to 270/271 and 837/835 EDI files. If no, please indicate what system is in place.

As stated in Item 1.1 of the RFP's Section 1 INTRODUCTION, the Board currently contracts with Blue Cross & Blue Shield of Mississippi (BCBSMS) for third party medical claims administration (TPA) services. Per Item 3.2 of the RFP's Section 3 SCOPE OF SERVICES, it will be the selected telemedicine vendor's responsibility to coordinate the verification process with the Plan's TPA to ensure an efficient and accurate methodology for eligibility determination.

4. Will the service be available to only eligible and enrolled?

As described in Item 1.1 of the RFP's Section 1 INTRODUCTION, telemedicine services will be available to eligible (enrolled) Plan participants, including active, retired, and COBRA employees (and their enrolled dependents) of the State of Mississippi's approximately 330 State agencies, public universities and community colleges, public school districts, and public library systems.

5. Would the Board offer the service with no plan subsidization to non-eligible and non-enrolled (Offer productivity gains; patient pays full cost of visit)?

The Board is not seeking proposals for services outside those requested within this RFP to be provided to the participants of the State and School Employees' Health Insurance Plan.

6. Is the Board interested in subsidizing the telemedicine visit beyond copay where applicable? (e.g., \$10 copay or more than 80% of coinsurance)

Any and all cost sharing structures and provisions relative to the processing of benefits for telemedicine services will be determined by the Board prior to the January 1, 2017 service effective date.

7. How will the Board include telemedicine in the Plan Document - as Primary Care service (applicable copay) or telehealth service rate?

Any and all cost sharing structures and provisions relative to the processing of benefits for telemedicine services will be determined by the Board prior to the January 1, 2017 service effective date.

8. Will the Plan have specific CPT codes (and modifiers) for the services? If yes, have you made a determination to what they are and will you share?

Claim filing procedures will be mutually agreed upon between the Board and the selected vendor during implementation.

9. Does the Board have email addresses for the eligible population? If yes, what percent of the population?

The Board does not maintain email addresses for the approximately 185,000 Plan participants.

10. What type of communication programs has the Board leveraged with the greatest success for your demographics?

The Board primarily utilizes direct mail notices and quarterly newsletters in communicating with Plan participants, as well as hosting a website with portal access to key Plan vendors. In addition, the Board distributes information to local employers via a monthly emailed newsletter, for sharing as appropriate, with their respective employees.

11. As used in questions 58 of the RFP, can you please clarify how a “return utilization rate” differs from a standard utilization rate for 2015? Is the inclusion of the word “return” a typographic error?

The return utilization rate refers to the percentage of eligible participants that receive telemedicine services at least one additional time beyond their initial experience in the measurement period.

12. For smoking cessation and other requested programs, does the Board want to explore having your current vendors for these services offer them via telehealth to leverage your existing relationships and services?

Proposing vendors should respond to the questions related to optional services in Item 4.3 of the RFP’s QUESTIONNAIRE by describing their experience in providing the respective services. Any decisions regarding leveraging and/or coordinating such services offered by the selected telemedicine vendor, and the Board’s other vendors, will be made at the appropriate time at the Board’s discretion.

13. Will the Board accept references as part of the finalist process?

References are a required component of the evaluation process and should be submitted with the original proposal. As described in Item 1.3 (15) of the RFP’s Section 1 INTRODUCTION, failure to provide all requested information, including but not limited to references, may result in disqualification of the proposal.

14. Will the Board accept review of contractual documents upon award or notification of finalist?

As described in Item 1.9 of the RFP’s Section 1 INTRODUCTION, proposers should carefully review the information located in Section 7 – STATEMENT OF COMPLAINT, and include a signed Statement of Compliance, listing and explaining any objections they may have with any of the terms and conditions included in the draft Telemedicine Services Contract, or any requirements listed in the RFP. While some degree of negotiation is anticipated with the selected vendor, a high degree of acceptance with the stated terms, conditions, and requirements of the draft contract and RFP is required. Failure by the selected vendor to include any such objections on the signed Statement of Compliance may result in termination of contract negotiations. As stated in Item 1.11 of the RFP’s Section 1 INTRODUCTION, the Board reserves the right to move to the next best proposer if negotiations do not lead to an executed contract with the best proposer.