Amendment Number 1
Utilization Management Services Request for Proposals
RFx #: 3180001260/3120002121

Question and Answer Document

Question #	Section #	Page #	Question	DFA Response
1	2	14	Please confirm that a copy of our proposal is not required to be submitted on flash drive/compact disc.	Confirmed. All proposals shall be submitted via Segal's Secure File Transfer (SFT) system.
2	4	30	Item 4.16 in the Scope of Services lists "Clinical Improvement Promotion" as optional. In the Fee Schedule, Section 9, page 56 of 68, "Wellness and Health Promotion Program" is listed as optional. Are "Clinical Improvement Promotion" and "Wellness and Health Promotion Program" one and the same or different? If different, where is "Wellness and Health Promotion Program" defined? Where should "Clinical Improvement Promotion" be priced in the Fee Schedule? If they are the same, do we include Clinical Improvement Promotion pricing together with Wellness and Health Promotion Program pricing in Section 9, page 56 of 68?	Clinical Improvement Promotion is an optional service. The Fee Schedule has been revised to reflect these changes and will be posted to the Bids and Notices Section of the DFA webpage. The revised Fee Schedule should be used by all Offerors in their proposal submission.
3	2.8, #3	14	Please confirm that the required format indicated ("Electronic copy of complete proposal, including attachments in searchable Microsoft Office® format, preferably in Word® or Portable Document Format (PDF®) on flash drive or compact disc") is not applicable and that proposals are to be submitted via	Correct, all proposals shall be submitted via Segal's Secure File Transfer (SFT) system.

Question #	Section #	Page #	Question	DFA Response
			Segal's portal.	
4	4.3, # 1	23	Will it be the responsibility of the UM vendor to contact the TPA if there is a question regarding a member's eligibility?	Yes. The TPA is responsible for the maintaining eligibility and is the resource for any questions regarding same.
5	4.3, # 6	23	What case management information should be included in the electronic transfer to the TPA?	Approval date for service, procedural code, diagnosis code, provider's information, etc.
6	4.8, # 2	25	Please define 'appropriate parties'. Typically, the TPA is notified electronically.	Appropriate parties will include, but may not be limited to, the requesting provider, the participant, and the TPA.
7	4.15	30	Do the ancillary fees related to onsite audits include travel, lodging and meals?	The Board is responsible for its own costs incurred in auditing the UM Vendor. Any costs expected to be incurred by the UM Vendor relative to complying with the audit requirements under the resulting contract shall not be separately billable to the Board, but may be incorporated into the proposed bundled rate for Utilization Management services.
8	5.7	35	Please define 'live contact'. Is this telephonic coaching calls with engaged participants or attempts to contact?	Unsuccessful attempts to contact an engaged participant do not count towards the minimum number of live contacts.
9	1.6	10	The RFP states that offerors must acknowledge receipt of any amendments to the RFP by signing and returning the amendment. The RFP further states that the acknowledgement must be included in the proposal submission. Question: Must proposers acknowledge amendments	As stated in Section 1.2, Proposal Submission Requirements, the acknowledgment of RFP Amendments should be submitted as Section 12 of any submitted proposal. Section 1.6, Acknowledgment of Amendments, also states "The acknowledgment must be included in the

Question #	Section #	Page #	Question	DFA Response
			by both returning (via email) and including with proposal OR may proposers simply acknowledge by including a signed amendment with the proposal submission?	proposal submission". There is no requirement for acknowledgment via email.
10	2.8	14	Item 4. Please confirm that "Duration of proposal requirement met" refers to vendor submitted proposals being valid for at least 180 days subsequent to the date of submission. If no, please define, "Duration of proposal requirement met".	Yes, the duration of the proposal is 180 days from the date of submission.
11	8.4	42	General Questions: In 2018, 2019 and 2020, how many initial reviews were performed? In 2018, 2019 and 2020, what percent of initial reviews were referred to physician review? In 2018, 2019 and 2020, how many concurrent reviews were performed? In 2018, 2019 and 2020, how many cases were appealed? Of those appeals, how many appeals were overturned? Upheld?	Please note the following statistics for calendar year 2019: Approximately 8,600 inpatient cases were reviewed. The Plan does not track the number of physician reviewed cases. Concurrent review information is not available. Vendors should use their book of business statistics.
12	8.4	43	Requirement 4. Please define Non-authorization. Does non-authorization refer to "denied services" or does non-authorization refer to "services that do not require authorization"?	Non-authorization refers to denied services.

Question #	Section #	Page #	Question	DFA Response
13	4.17 & 4.18		Is the Board able to provide the number of members enrolled in the smoking cessation and weight loss programs in 2019 and 2020?	For calendar year 2019, less than 50 participants were enrolled in the Plan's smoking cessation program. Less than 500 participants were enrolled in the weight loss program during that same period.
14	4.10	27	Is the Board able to provide an average amount of time, annually, that medical consultants may be needed to assist the Board in making benefit determinations? In 2018, 2019 and in 2020, how many hours did medical consultants provide assisting the Board in making benefit determinations?	Actual statistics for the Plan's utilization of these services are not available. However, the frequency and duration of medical consultant services has been minimal.
15	8.11	46	Is it the Board's expectation that wellness incentives will apply to disease management AND wellness/health promotion OR do the wellness incentives apply to the wellness program only?	The Board seeks to encourage appropriate utilization of disease management services and may consider incentive programs designed to improve outcomes.
16	4.17	31	Is the Tobacco Cessation Program a (member) self-referred program?	While most referrals to the tobacco cessation program are participant-initiated, referrals may also come from other sources (coaching, claims, etc.).
17	5.6	35	The Standard for weight management requires a decline in Body Mass Index of at least 2 points in 50% of the participants. What is the measurement period for this performance standard?	While final terms and conditions for the UM contract performance standards will be negotiated with the selected vendor, the UM Vendor should propose the measurement parameters to comport with its specific program.

Question #	Section #	Page #	Question	DFA Response
18	7	39	DFA staff must be able to reach two (2) references for a proposal within five (5) business days of proposal opening to be considered responsive. Proposal opening date is January 14. With January 18'th being a federal holiday please confirm that 5 business days will end on Friday the 22'nd of January.	The information contained in Section 7 related to contacting references within five (5) business days is incorrect. References will be evaluated during the finalist phase as described in Section 2.8 of the RFP.
19	General		Can the State please provide UM volumes by service type for 2019 and 2020?	Less than 8,000 admissions occurred in 2019.
20	General		Can the State please provide the total number of Case Management cases for 2019 and 2020 YTD?	Approximately 6,000 participates were engaged in case management in 2019.
21	3.1	18	states "The Offeror must provide utilization management services to at least one million (1,000,000) covered lives in its book of business as of July 1, 2020. The determination of the length of time an entity has provided these services will be based upon the initial date the entity established a contractual relationship to provide such utilization management services. The Offeror must provide sufficient detail to demonstrate it has significant experience in working with programs similar in size and complexity to the Plan.". Would an organizations experience across a variety of healthcare such as Medicaid, Medicare, Federal and Commercial qualify as significant experience?	Minimum Qualifications require that vendors have experience providing services **similar in size and complexity to the Plan**. [Emphasis added] A proposer's experience cannot be pre-qualified.
22	3.2	18	Section 3 item number 2 indicates that the Offeror must have provided ~~health and wellness~~ utilization management services to at least 1 employer client with	Minimum Qualifications require that vendors must have provided utilization management services to at least 1 employer client with **at**

Question #	Section #	Page #	Question	DFA Response
			at least 100,000 lives. Would the State be willing to consider a proposal if the submitting vendor demonstrated experience within the 95,000 – 99,000 range of covered lives.	**least 100,000 covered lives** within the past 3 years. [Emphasis added] A proposer's experience cannot be pre-qualified.
23	4		Section 4 of the Contract: How is "Creations" defined in this section?	"Creations" of a party means all methods of gathering, evaluating, summarizing and communicating medical and other information (including methods relating to case selection and assignment), training materials, diagnostic criteria, and all processes, practices, techniques, algorithms, computer program logic and codes, in whatever form embodied, used by such party in connection with the rendering of its product and service offerings or in the conduct of any aspect of its business, and any documentation related thereto.
24	4.3 (4)	22	Please clarify "case management approvals". Is state authorization required to enroll a participant into case management?	This requirement refers to the UM Vendor's obligation to provide the TPA with the UM Vendor's authorization for such services.
25	4.3 (6)	23	Case Management Files – What type of data is expected to be included in the Case Management information transferred to the Plan's TPA?	See DFA Response to Question #5.
26	4.4	24	Requirement 1 states "A list of non-DRG facilities will be provided to the UM Vendor chosen by the Board for contract negotiations". Please provide your current process and supporting documentation for the negotiation process. Please include how the completed negotiation information is transmitted back to the	The UM Vendor is not responsible for negotiating contracts with non-DRG facilities, as this function is performed by the TPA.

Question #	Section #	Page #	Question	DFA Response
			responsible entity/vendor.	
27	4.4	24	Requirement ~~11~~ 2 states "For non-DRG admissions, once the UM Vendor receives notification of a patient's admission to a hospital, the UM Vendor will telephone the attending physician and/or facility care management department to collect the available clinical information". Would a notification fax requesting clinical documentation submission be an acceptable replacement to a phone call?	Initial contact may be by fax provided that appropriate follow-up is completed.
28	4.4	24	Requirement ~~12~~ 3 states "Any participant reaching the high trim point will be enrolled in case management," Please provide the current methodology that outlines when a participation reaches the high trim point.	Patients who appear to be exceeding the high trim point for a particular DRG, should be enrolled in case management.
29	4.4	24	Would the state please provide relevant historical volume data for DRG and non-DRG admissions?	This information is not available.
30	4.5	23	Are volumes available for Medicare Secondary Payment demands?	This is not applicable to the services being request.
31	4.5	23	Would the state please provide relevant historical volume data for retrospective reviews?	This information is not available.
32	4.6	23	Would the state please provide relevant historical volume data for continued stay reviews?	This information is not available.
33	4.8	23	Are there known volumes for home care services exceeding $10,000?	Nominal.

Question #	Section #	Page #	Question	DFA Response
34	4.8	24	And there known volumes for home infusion drugs that require coordination with the PBM?	Nominal.
35	4.10	26	Are annual medical opinion request volumes available?	Actual statistics for the Plan's utilization of these services are not available. However, the frequency and duration of medical consultant services has been minimal.
36	4.11	28	Are annual review volumes for external appeals available?	Vendor are expected to use their book of business rates.
37	4.11.1	27	Is it acceptable to include results of the appeal to the TPA via the nightly authorization file extract instead of in writing?	The Board is open to discussing efficiencies were possible.
38	8.1 (3)	40	Describe your participant and provider service model. Please clarify service model. Does this refer to the UM and CM operational processes?	The RPF is seeking responses from the vendors regarding their best practices.
39			The proposal requirements list a that Offerors must have provided services to services to at least one (1) employer client with at least one hundred thousand (100,000) covered lives within the last 3 years. Our largest employer client is 65,000 covered lives, but we feel that we are very experienced servicing large populations from our work with large Medicaid populations and employer groups. Would you be willing to reconsidering 100,000 covered live requirements based on our experience servicing other large entities?	The RFP seeks proposals from vendors who must have provided utilization management services to at least 1 employer client with **at least 100,000 covered lives** within the past 3 years. [Emphasis added] A proposer's experience cannot be pre-qualified.

Receipt of Amendment Number 1 Acknowledged:

Company: _____

By: _____

Printed: _____

Title: _____