

Commonwealth of Virginia
Department of Human Resource Management
Independent Third Party Medical Review Services
RFP OHB12-01
Addendum #1
October 27, 2011

This addendum addresses questions provided prior to and during the optional pre-proposal meeting held on October 27, 2011. The submission date remains unchanged.

All references to consulting and research services should be removed, and will not be a part of any contract resulting from this RFP.

Please sign this form and include as a part of your submission.

X

Q.1. RFP Cover Page (page 1) and RFP page 24, Term and Renewal of Contract

The cover page of the RFP states that the period of the contract is “January 1, 2012 through June 30, 2013 with up to 3 one year extensions.” On page 24 of the RFP, the term of the contract (Standard Contract Language) is stated as “three years with three one-year renewal options.” What is the correct term of this contract? If the term is three years plus three one-year extensions, should the cost proposal show rates for each of the initial three years or rates that are blended?

[Answer 1. The cover sheet of the RFP is correct.](#)

Q.2. RFP Cover – Delivery Information

A phone number is required if a proposal is delivered by express carrier. The delivery address only lists a fax number. Please provide the phone number for express carrier (e.g., FedEx) purposes.

Answer 2. For purposes of providing FedEx or other carrier a phone number, please use (804) 225-2131

Q.3. Section 1.2, last paragraph (page 3)

This paragraph states that “offerors should propose a process and pricing through which consulting and research services shall be provided.” Under which tab should this process be included?

Answer 3. This contract will not include consulting & research services only third-party medical review services.

Q.4. Section 4.1, Form of Response, General (page 9)

The directions for the organization of the proposal state “the original proposal shall be ... tabbed to point to each section below...” The “sections” referenced are unclear. Please confirm that the tabs should be as follows:

- Before the first tab: Executed Cover Page and Confidential Proprietary Information listing
- Tab 1: Small Business Subcontracting Plan (Completed Exhibit 2 of the RFP)
- Tab 2: Credentialing Process
- Tab 3: Credentials of Reviewers (including mandatory qualification #4)
- Tab 4: Care Guidelines (including mandatory qualification #3)
- Tab 5: Experience in Utilization/Peer Review (including mandatory qualifications #1, #2 and #5)
- Tab 6: Financial Stability
- Tab 7: Compensation (RFP Appendix 2, Pricing Schedule)
- Tab 8: Redline RFP Noting Demurrals (if applicable)
- Tab 9: References
- Tab 10: Business Associate Agreement (executed Exhibit 4 of the RFP)
- Tab 11: Appendices (if any)

If this is not correct, please provide the correct tab listing.

Answer 4. The RFP correctly identifies the sections/tabs required to be submitted to the Commonwealth.

Q.5. Section 4.4, Compensation (page 10)

This section states that “the proposed rate structure must be fully documented in the response to the RFP.” Please clarify what documentation is required to meet this requirement.

Answer 5. We are interested in clarity and the best documentation that tells your story.

Q.6. Appendix 2, Pricing Schedule

Please confirm that this appendix is all that is required for submission of the offeror’s cost proposal.

Answer 6. Confirmed, however strike reference to consulting and research services pricing.

Q.7. Exhibit 4, Business Associate Agreement (page 31)

This exhibit is required with submission, however, it references that the vendor is the “Claims Administrator.” Is there a different BA Agreement that should be signed and submitted with the proposal or does the term “Claims Administrator” encompass the functions of the EQRO?

Answer 7. Use and sign the BAA included in the RFP.

Q.8. General Question

Is there an incumbent vendor for these services? If so, please provide the name of the incumbent.

Answer 8. This contract will supplement the existing contract with Maximus Federal Services Inc.

Q.9. Who is/are the current vendor(s)?

Answer 9. This contract will supplement the existing contract with Maximus Federal Services Inc.

Q.10. On March 19, 2010 RFP OHB10-01 Independent Third Party Medical Review Services was issued. The period of the contract related to the RFP was July 1, 2010 through June 30, 2013 with up to 3 one year extensions. This RFP does not appear significantly different. Why is a new RFP being issued?

Answer 10. To ensure compliance with Health Care Reform

Q.11. Approximately how many requests were made/hours of consulting and research have been provided annually under the current contract?

Answer 11. Consulting and research have been removed from the scope of services of this RFP

Q.12. How much is the Commonwealth currently charged per case for Independent Review Services and how much is the Commonwealth currently charged per hour for consulting and research services?

Answer 12. We are interested in competitive pricing

Q.13. Can you specify the regulatory/administrative codes for this scope of work?

Answer 13. Reference health care reform laws

Q.14. Two sections reference multiple awards; section 1.1 states “...establish one or more contracts...” and Section 3.1.1 states “...The Department shall select two or more Offerors...” Is the intent to award the work to multiple vendors? If so how many? How will cases be assigned if there is more than one vendor performing services for this contract?

Answer 14. The intent is to award to multiple vendors. Cases will be assigned by the Department of Human Resource Management

Q.15. Section 1.2 “The contractor shall provide reviews...which...pertain only to the issue of medical necessity...” The table in Exhibit 1 includes Medical Appeals and Administrative Appeals. Will both types of reviews be included?

Answer 15. Only medical necessity

Q.16. Section 2.1.b.1 describes consulting and research services. Are there specific qualifications? (ie Peer matched reviewer or can the Medical Director provide these services?)

Answer 16. Already answered

Q.17. Section 2.1.3 states “The contractor shall substantively review the case and respond to the Department within five business days of the assignment of the case to (a) professional reviewer(s)....” Exhibit 3 Step 2 references “expedited” appeals. Is there a different process and turnaround for expedited appeals?

Answer 17. Yes.

External Expedited Appeals Process

Expedited appeals will be completed within 72 hours, including those appeals denied on the basis of being experimental or investigational.

Our plan administrators will submit appeal packets directly to the IRO using fax, secure email, or a portal for efficient processing of appeals.

The IRO will not require a HIPAA release form to complete the appeal process.

The IRO must have staff available to handle expedited appeals that are filed on weekends and holidays.

The IRO will promptly notify the plan administrator and the Department when they receive the appeal packet.

If the IRO provides oral notification to the member initially, then the IRO will have 48 hours to follow up in writing.

The IRO will send the decision, with appeal rights under the Administrative Process Act when a denial is upheld, to the appellant, and copy the health plan administrator and the Department.

Q.18. Section 2.1.6 indicates the determinations will be issued to the Department. Exhibit 3 Step 8 states that the determination is communicated to the member. Will the IRO send the determination to both the Department and the member or only to the Department and the Department notifies the member?

Answer 18. Vendor will notify DHRM, the member and the claims administrator.

Q.19. Can you show the breakout of normal versus expedited appeals.

Answer 19.

Current fiscal year 2012 (July1- present)

6 expedited./11 normal

2011

7 expedited/23 normal

2010

5 expedited/24 normal

2009

1 expedited/30 normal

2008

2 expedited./37 normal