State of Oklahoma
Oklahoma Health Care Authority

Amendment of Solicitation
Radiology Management Program

Date of Issuance: 5-14-10 **Solicitation No.** 20110008

Amendment No. 1

Hour and date specified for receipt of offers is changed: ☐ No ■ Yes, to : June 21, 2010 5.00 PM CST/CDT

Pursuant to OAC 580:15-4-5(c)(5), this document shall serve as official notice of amendment to the Solicitation identified above. Such notice is being provided to all bridders to which the original solicitation was sent. Bidders submitting bids or quotations shall acknowledge receipt of this solicitation amendment prior to the hour and date specified in the solicitation as follows:

(1) Sign and return a copy of this amendment with the solicitation response being submitted; or,
(2) If the bidders has already submitted a response, this acknowledgement must be signed and returned prior to the solicitation deadline. All amendment acknowledgements submitted separately shall have the solicitation number and bid opening date printed clearly on the front of the envelope.

ISSUED BY and RETURN TO:

U.S. Postal Delivery:
Oklahoma Healthcare Authority
4545 North Lincoln Blvd. Suite 124
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Description of Amendment:

a. This is to incorporate the following:

EXTENSION OF RFP CLOSING DATE

SEE ATTACHED LIST OF QUESTIONS AND ANSWERS

b. All other terms and conditions remain unchanged.

Bidder Company Name (**PRINT**) Date

Authorized Representative Name (**PRINT**) Title Authorized Representative Signature E-Mail

Radiology Management Program RFP
Questions and Answers

1. RFP Page 1, Section 1.2 Please explain the significance of the wording "a start date BEFORE October 1.

   Response: The start of operations (accepting and processing prior authorizations) is expected to be on or before September 30, 2010.

2. RFP Page 2, Section 2.0 For plans where members have primary care physicians coordinating care, what would be the PCPs role in working with the Contractor? Will specialists be able to request imaging services directly through the Contractor, or must the imaging referral be directed through the PCP?

   Response: Members in the Choice medical home program need a PCP referral to see most specialists. However, specialists can request imaging services directly, without going back to the PCP. PCPs may also request imaging services.

3. RFP Page 3, Section 3.1.b Please clarify if Contractor access to MMIS will be for the purpose of "as needed" queries for provider information, or can we expect to receive scheduled electronic files of contracted provider data that we can load proactively to our system? Looking up provider information for every referral increases our handling time per call and, thus, increases OHCA's cost for the administration of the program.

   Response: See Attachment A Cost Proposal and Section 3.1 of the RFP. Bidders are asked to quote two separate prices. The first price is for a situation where the Contractor will be required to manually look up providers and members in the MMIS and will also be required to manually enter PAs into the MMIS. This is described on Attachment A as "With Manual Entry as in 3.1b and 3.1e". Bidders are asked to quote a second price for a program where the Contractor and OHCA regularly exchange electronic files with information about contracted providers, eligible members, and prior authorizations. This would allow the Contractor to electronically move data from the MMIS into its own systems and vice versa. This is described on Attachment A as "With Electronic File Transfer as in 3.1f".

   OHCA hopes to offer the Contractor the ability to do electronic file transfer from the beginning of program operations. But because of ongoing projects and MMIS reprocurement activities, electronic file transfer may not be possible initially. If they wish, bidders may propose their own solutions to electronic file transfer that will minimize OHCA work.

4. RFP Page 3, Section 3.1.b Would OHCA consider allowing the Contractor to work from a scheduled, electronic file feed rather than the MMIS for eligibility

Response: Please see the answer to Question 3.

5. RFP Page 3, Section 3.1.b Would OHCA consider providing provider feeds to reduce handle time in checking MMIS for every prior authorization call?

   Response: Please see the answer to Question 3.

6. RFP Page 6, Section 5.0 Is Web availability required between 6:00 a.m. to 10:00 p.m. CT on weekends?

   Response: Yes. OHCA websites, including the provider secure site for other authorizations, are currently available 24 hours a day.

7. RFP Page 8, Section 8 Is it OHCA's intent to have the Program Director, Call Center Manager, and Physician Reviewer be based in Oklahoma? If so, would it be sufficient to have one Physician Reviewer within the state of Oklahoma, with additional resources representing a broad range of specialties available at other Contractor sites?
   Response: See Section 6.0. Only the Program Director is required to be in Oklahoma City. The physician reviewers are not.

8. RFP Page 9, Section 11.0 Is the 'fixed monthly fee' a per member per month (PMPM) administrative fee, or is it a fixed monthly dollar amount? If it is a fixed amount, how would OHCA adjust for extraordinary increases or decreases in membership (e.g., 15% or more) or for changes in utilization?

   Response: The fixed monthly fee is a fixed dollar amount. Bidders may consider estimated membership and other changes in quoting their fixed prices. In the event that OHCA adds new populations to the RMP or other significant changes, OHCA and the Contractor may negotiate price adjustments under Section 16.1 b.

9. RFP Page 3, Section 3.1.e, 3.1.f Please clarify the anticipated Prior Authorization (PA) workflow process. Does OHCA intend to require a real-time entry by contractor's staff in the MMIS for each PA, in addition to a nightly electronic transfer of PA information?

   Response: Please see the answer to Question 3.

10. RFP Page 3, Section 3.1.c Because of the nature of this Contractor's algorithmic PA workflow, requests submitted via mail or facsimile will require a follow-up call by the Contractor before a determination could be made. While

Response: If the Contractor offers providers the ability to submit routine requests by telephone, the Contractor may choose not to offer the option to submit routine requests via mail or facsimile.

11. RFP Page 3, Section 3.1.e Please confirm that the Contractor will issue verbal authorization determinations, and that OHCA or the MMIS will issue all provider authorization letters. Please confirm the entity that will adjudicate and pay the claims. Is it the MMIS Contractor?

    Response: The MMIS will issue all provider authorization letters. The Contractor must enter PAs into the MMIS either manually or via electronic file transfer at OHCA's option (see answer to Question 3). OHCA's MMIS contractor will adjudicate and pay claims.

12. RFP Page 3, Section 3.1.c Is the Contractor expected to manually enter each prior authorization submitted via the Web in the MMIS? This would significantly increase the handle time, affecting service delivery and would delay the actual 'approval' for services. If so, would OHCA consider eliminating this requirement providing the Contractor's Web site is algorithm-driven and is able to issue an automated approval within a few minutes?

    Response: Please see the answer to Question 3.

13. Utilization Tables Can OHCA provide utilization by product (ABD, TANF etc.) and/or place of service (hospital, office) in order for us to better estimate our savings impact?

    Response: OHCA is looking at whether it has the resources to provide this information in time for it to be useful to bidders. Please check the website for more information between June 7 and June 11. If OHCA is able to provide this information, it may extend the closing date for the bid.

14. General Is OHCA interested in a risk proposal under which the vendor would take financial risk for all outpatient advanced imaging claims costs and OHCA would receive a guaranteed fixed PMPM cost for the contract term?

    While "fixed monthly dollar amount" financial structure would cover the costs associated with running the RMP, it would not cover any claim expense associated with the costs of procedures or other professional or technical charges, which appear to be trending in the double digits.

In order to underwrite full-service (at risk) program funding, OHCA would need to share several years of claims experience, complete with matching membership and provider files for the same time period. The utilization summaries distributed to date are not sufficient to underwrite an at-risk program with a guaranteed PMPM fee.

We strongly believe that only through a full-service (at risk) program could OHCA realize immediate savings and future budget predictability.

Response: OHCA considered this option, but has decided against it at this point.

15. RFP Page 11, Section 12.2.b Regarding the 35-page limit, please confirm that "all technical response text" refers to Chapter 2 - Technical Response.

Response: No, the 35-page limit applies to Chapters 1 through 6 and Attachment A.

16. RFP Page 14, Section 13.0 Please confirm that a CD-ROM accompanying the binders would be an acceptable format for the electronic submission.

Response: Yes, a CD-ROM accompanying the binders is acceptable.

17. RFP Page 15, Section 13.3 What is OHCA's desired process for bidders to request that certain information be designated as proprietary? Is it sufficient to mark text as such, with the understanding that OHCA will make the final determination regarding its release?

Response: Please see the excerpt from Oklahoma Administrative Code below.

580:15-2-6. Bid submission document open for public inspection
(a) Documents a supplier submits in a bid are public records and shall be available for review, upon request, after a supplier is selected and the bid is awarded. An electronic bid submitted through the online bidding process is subject to the same public disclosure laws.
(b) If the bidder submits information in a response to a solicitation that the bidder considers confidential or proprietary, the bidder shall:
(1) specifically identify what information is confidential or proprietary upon each page containing confidential or proprietary information;
(2) enumerate the specific grounds, based on applicable laws which support treatment of the material as exempt from disclosure, and explain why disclosure is not in the best interest to the public; and
(3) conspicuously mark on the outside of the bid packet to indicate it contains confidential information.
(c) The State Purchasing Director shall review the information and may or may not designate bidder's financial information or proprietary information

confidential and may or may not reject all requests to disclose the information so designated. [74 Okla. Stat., Section 85.10].

18. Solicitation Request Must bidders complete the Solicitation Request? If so, how should it be submitted? Are we to provide evidence of compliance with the Worker's Compensation Act? If so, will OHCA accept a specimen certificate for general, company-wide Worker's Compensation Insurance?

    Response: Yes, the Solicitation Request must be completed and submitted in hard copy. Evidence of worker's compensation insurance is required for award of contract. Company-wide worker's compensation insurance is acceptable.

19. RFP Page 9, Section 9 Would OHCA be willing to agree to a minimum time for the Contractor to implement a corrective action plan before penalties or termination would be imposed, for example 30 days? Please describe the amounts that would be withheld in the event that OHCA elects to withhold payments to the Contractor. Would amounts withheld be returned once the deficiency is corrected?

    Response: In the rare event that a Corrective Action Plan is necessary, OHCA and the Contractor will cooperate in developing the plan and a timeline for implementing the plan. Payments withheld will generally be related to the scope of the problem. In some cases, payment is returned once the problem is corrected; in others, the reduction may be permanent.

20. RFP Page 9, Section 10.1 Please clarify the intended scope of the obligation "to provide all updated manuals and other documentation." The □ontractor should not be obligated to transfer to OHCA ownership of the Contractor's proprietary policies and procedures. (The obligation to transfer clinical and administrative records pertaining to the program is not questioned.) Alternatively, if OHCA does intend that the Contractor transfer ownership of proprietary policies and procedures, would OHCA be willing to limit the right to use such proprietary policies and procedures to a specific period of time, for example 90 days?

    Response: At the beginning of the program, it is difficult to anticipate exactly what will need to be transferred to ensure continuity of services for members. Manuals and documentation developed specifically for this contract and using funds from this contract must be transferred to OHCA at the end of the contract. Other than that, the requirement is that the Contractor transfer to OHCA what is necessary for continuity of services.

21. RFP Page 9, Section 10.2 Please clarify what is meant by "updates to replacements." Please clarify why acceptance testing of Contractor's computer programs is required at the end of the contract. There is no obligation and should be no obligation for the contractor to transfer to OHCA Contractor's software at the conclusion of the contract.

Response: By state and federal law, if software is developed and/or hardware is purchased exclusively for this contract and using funds from this contract, that software and hardware must be transferred to OHCA. Other than that, the requirement is that the Contractor transfer data in a usable format so that OHCA or another vendor can continue to run the RMP. Acceptance testing is required to ensure that data or software transferred is usable.

22. RFP Page 9, Section 10.3 Please confirm that the removal of hardware and software pertains to hardware and software that the Contractor may have installed on OHCA's system. Please describe the circumstances where the transfer of leases of equipment and software would be "applicable."

Response: Please see the answers to Questions 20 and 21.

23. RFP Page 17, Section 16.4 Is OHCA willing to specify or negotiate specific amounts of liquidated damages and penalties?

Response: Yes. Section 16.4 is amended as follows:

16.4 LIQUIDATED DAMAGES ~~/ SANCTIONS~~

OHCA intends to apply ~~sanctions and~~ liquidated damages as follows: ~~in a manner that is comparable to the nature of the offense or breach of duties described under this RFP. In the event that payment is demanded for services that are later ascertained to have not been duly provided under the provisions of this RFP, OHCA shall demand repayment of the entire amount paid for said services. Additionally, if OHCA determines the breach to be willfully committed or concealed by the Contractor's management, a penalty may be applied.~~

(a) Two hundred dollars ($200.00) per hour or one thousand dollars ($1000.00) per day when the Contractor's web site and/or call center is not available during the hours specified in Sections 5.0 and 6.1;

(b) One hundred dollars ($100.00) per occurrence when a report required in Section 4 is incomplete, inaccurate or is not delivered to OHCA in a timely manner and an additional one hundred dollars ($100.00) for each day that a report is not received or corrected after written notification from OHCA;

(c) A minimum of one hundred dollars ($100) and a maximum of the OHCA reimbursement amount for an incorrectly authorized service when either:

i. A service which is not a covered benefit for a particular member is authorized; or

ii. An authorization is issued for a member to a provider without an active contract with OHCA;

(d) *One thousand dollars ($1000.00) for any month in which more than 2% of the prior authorizations processed are not completed within the time frames specified in Section 3.1 g;*

(e) *If for any reason, the Contractor does not meet the operational start date the Contractor shall be liable for operational costs incurred by OHCA to continue current radiology prior authorization services. The Contractor shall also forfeit all claims to operational payments for that month and each month thereafter until OHCA approves operational readiness. This shall not apply if the failure is caused substantially by the actions of OHCA.*

24. RFP Page 17-18, Section 16.7.d HIPAA allows up to 60 days for reporting of a security breach. Would OHCA be willing to change 48 hours to 5 business days?

Response: The 60 day period is what is allowed for OHCA to notify the people affected by the security breach. For the purposes of this contract, 5 business days for the Contractor to notify OHCA is acceptable. Section 16.7 f of the RFP is amended to read as follows:

Contractor shall, following the discovery of a breach of unsecured PHI as defined in the HITECH (The Health Information Technology for Economic and Clinical Health Act) or accompanying regulations, notify the OHCA of such breach pursuant to the terms of 45 CFR §164.410 and cooperate in the OHCA's breach analysis procedures, including risk assessment, if requested. A breach shall be treated as discovered by Contractor as of the first day on which such breach is known to Contractor or, by exercising reasonable diligence, would have been known to Contractor. Contractor shall provide such notification to OHCA without reasonable delay and in no event later than ~~48 hours~~ five (5) business days after discovery of the breach. Such notification will contain the elements required in 45 CFR §164.410.

25. RFP Page 20, Section 16.13.b This section refers to section 16.0.d. There is no 16.0.d. Please clarify.

Response: Sorry. The reference should read "Section 16.0.c."

26. RFP Page 7, Section 6.0 Must the actual call center be located in Oklahoma, or would it be acceptable to establish a local office presence with a few key identified staff as in Section 8?

Response: A local office presence with the Project Director in Oklahoma City is all that is required.

27. RFP Page 7, Section 6.0 If the call center must be located in Oklahoma, can the Contractor "overflow" calls to another established call center?

Response: Please see the answer to Question 26.

28. RFP Page 8, Section 6.0.f The RFP states that call center staff must be trained on OHCA benefit packages. Will call center staff be expected to quote benefits?

Response: No. Members have a help line that they can call for information about benefits. The intention was the call center staff would know enough to be able to tell a provider that a dual Medicare/Medicaid eligible member, for example, is not required to obtain a prior authorization or that a member in our family planning program is not eligible for radiology procedures. Currently, OHCA only has four separate benefit packages – SoonerCare Traditional and Choice (two programs with the same benefits), Soon to be Sooners, Insure Oklahoma Individual Plan, and Family Planning. Family Planning members are not included in the RMP.

29. General What is the projected growth for OHCA's Medicaid population through the term of the contract (6/30/13)?

Response: OHCA does not project this information, but has extensive archives of membership numbers in the RFP Library and elsewhere on its website for bidders' use.

30. RFP Page 8, Section 8.0 Please confirm that the staff requirements in Section 8 can be shared resources.

Response: Yes, staff requirements may be shared resources. Bidders should note that any limitations on the Project Director's availability must be discussed in Chapter 5 of the technical response.

31. RFP Page 8, Section 8.2 Would OHCA consider a broader range of physician reviewers than just radiologists? By offering a panel of physician reviewers that are board certified in a variety of relevant specialties (such as Cardiovascular Disease, Orthopedic Surgery, and Neurology) including Radiology, ordering providers can be more closely matched with physicians within their area of specialty.

Response: Yes. Section 8.2 is amended as follows:

Physician Reviewers

Physician reviewers shall be board certified, appropriately licensed radiologists or other board certified physicians in relevant specialties.

32. RFP Page 4, Section 3.1.j Does OHCA intend to delegate first level member appeals to the Contractor?

Response: No.

33. RFP Page 3, Section 3.1.c0 Will OHCA provide an eligibility file?

Response: Please see the answer to Question 3.

34. RFP Page 5, Section 3.8 Is it OHCA's intention that the Contractor provide quality monitoring for its network of providers?

Response: OHCA has a variety of quality assurance (QA) activities, including an internal QA department and a contracted peer review organization. QA activities required of the Contractor are limited to the RMP and to the tasks delineated in Section 3.8.

35. Section 3.1.g: NCQA and URAC requirements define urgent and emergent care and provide four hours to address these requests. Is the one hour defined in the RFP flexible based on those standards? If this requirement does not follow NCQA and URAC requirements, will the awarded contractor and OHCA define what is considered urgent and emergent? If OHCA already has a definition, please provide it?

Response: Yes, four hours is acceptable. See also Section 3.1 d which specifies that the Contractor and OHCA will develop the criteria for "expedited requests" together. NCQA and URAC definitions are generally acceptable. Section 3.1 g first bullet is amended as follows

> *Requests for PAs must be approved, denied, or additional information requested within ~~one hour~~ four hours for expedited requests and within two business days for routine requests;*

36. Section 3.1.i: This statement requires that a physician reviewer contact a provider whose request is denied to explain the denial and suggest an alternative procedure. Will you accept a physician reviewer's designated non-MD staff member to contact the provider to provide this information? If additional questions are still needed after this contact, the provider can then discuss the denial further with the physician reviewer. The denial information provided by the non-MD staff will be comprehensive.

Response: Section 3.1 i requires a physician to explain the denial "if appropriate". If the Contractor has trained non-physician staff members who can explain the denial, with backup if necessary from a physician, OHCA agrees this is appropriate.

37. Section 3.1.k: Please clarify what is meant by OHCA's authorization denial reason codes. Will OHCA consider using the denial reason codes the vendor currently offers, which are in use by other state Medicaid programs, or does OHCA currently have their own denial reason codes that must be used, which

Response: OHCA has denial codes associated with specific reasons for denial. The Contractor must use OHCA codes in the information it electronically transfers or manually inputs into the MMIS. Codes may be added when necessary. The codes and associated language will be added to the RFP Library by June 11.

38. Section 3.9 – Provider Education: What educational information does OHCA anticipate being distributed to members?

Response: Bidders may propose this in their responses.

39. Section 3.10: This section states that at this time OHCA does not intend to require PAs for services provided in hospital emergency rooms. Do you also plan to exclude PAs for in-patient care or observation at this time as well?

Response: Yes, inpatient procedures are excluded.

40. Section 4 – Reporting Requirements: If reports aren't typically provided in Word or Excel, will PDF be acceptable?

Response: Word, Excel and PDF are all acceptable.

41. Section 8.2 – Physician Reviewers: Will OHCA accept Oklahoma state-licensed physicians with applicable backgrounds, education, specialties and/or experience in utilization management to act as physician reviewers as opposed to using only radiologists? Compelling reasons exist to have a diversified staff of physician reviewers providing utilization management services. By offering physicians from different specialties as physician reviewers, a vendor can provide applicable, informative peer-to-peer discussions with ordering physicians in similar specialties, which is not possible when only using radiologists.

Response: Please see the answer to Question 31.

42. Section 8.2 – Physician Reviewers: This section states that physician reviewers will review and approve/deny prior authorization requests for radiology services that are not electronically approved. Will OHCA accept a process where, if the request is not approved electronically, it is escalated to a nurse reviewer for an additional review prior to submitting the request to a physician reviewer? This is a fairly standard process that has been adopted with most (if not all) state Medicaid, Managed Medicaid, and Commercial customers. The additional clinical expertise and review process provided by a nurse reviewer can often result in increased approval rates without escalation to a physician reviewer, which assists in keeping costs down. Through this program, a denial decision would still only be provided by a physician reviewer.

    Response: A nurse reviewer is acceptable as an intermediate step, as long as denials are provided only by physician reviewers.

43. Section 9 – Contract Compliance and Corrective Action: Is it possible to develop and submit a Corrective Action Plan within thirty days for review and approval prior to implementation, or to agree upon a timeframe for the Correction Active Plan's development and submission to OHCA? By proactively addressing the Corrective Action Plan, the Contractor can more thoroughly develop a plan to follow should this be required.

    Response: Please see the answer to Question 19.

44. Section 10 – Turnover Plan: Can OHCA provide additional insight into the Turnover Plan expectations? How would this plan address items such as software that is licensed by the Contractor, not owned by the Contractor; proprietary, intellectual property; employee-driven, not technology-driven, processes; and services, equipment, and technology that may be provided by subcontractors?

    Response: Please see the answers to Questions 20 and 21.

45. Section 11 – Payment for Services under this RFP: How will the fixed payment be affected by the addition of extra lives that could be added due to healthcare reform?

    Response: This contract terminates 6/30/2013 and new populations are not mandated until January 1, 2014. In the event that OHCA adopts new eligibility standards sooner than that, please see the answer to question 8.

46. Section 11.5 – Travel: In this requirement, it states that the contractor shall pay all expenses associated with travel and out-of-pocket expenses necessary to fulfill the requirements of this contract. Are the travel expenses to be covered only those of the contractor or for any party's travel that is associated with the fulfillment of this contract?

    Response: This includes only travel expenses for the Contractor's staff or agents that fulfill the requirements of this contract.

47. Section 13.4 – Evaluation: Can you expand on what you mean by "proven development methodologies?" (IT, the prior authorization process, new services, etc.)

    Response: For example, this might include evidence that the bidder has a successful process for developing or customizing software for the customer's needs, educating providers, or developing and implementing prior authorization criteria.

48. Would OHCA consider writing the contract on an evergreen basis?

    Response: No, the contract term is as stated in the RFP.

49. Would it be possible to receive membership by program (Traditional, Choice, IO IP) for calendar year 2009 so it matches the high-level claims information provided? If providing this information, please remove dual/crossover members from the data.

    Response: Please see the documents "Calculation Methodology for Expenditures" and "2009 Base PM Calculation" in the RFP Library. Also, enrollment data by month for past years is available on the website at okhca.org. Dual eligible members were removed from the claims information provided.

50. Would it be possible to receive the high-level claims information (number of procedures and total expenditures) by program (Traditional, Choice, IO IP)? If providing this information, please remove dual/crossover members from the data.

    Response: Please see the answer to Question 13.

51. Will unmanaged trend be applied to the calendar year 2009 per member expenditures to estimate the contract year's estimated unmanaged costs? If not, true per member savings will be understated.

Response: For the purposes of payments under this RFP, savings will be calculated as shown in Section 11. Bidders may suggest calculating savings in another manner for reporting purposes only.

52. Since the first contract year will start after the 4/1/10 provider reimbursement reduction, won't the base per member be reduced by the entire 3.25%?

Response: Section 11.1 just provides an example if the base was calculated for calendar year 2010 as if the RMP had been operating throughout 2010. The bidder is correct that the calculation for the first contract year will be reduced by the entire 3.25% in the absence of any other changes.

53. Will the minimum number of retrospective reviews required under section 3.8 increase above twenty per month as a result of item c) in that section? As an example, if the Contractor determines in July that a provider has persistent inaccurate documentation, will the Contractor continue to monitor the provider into August while reviewing twenty new records, or will the provider that is being monitored into the next month be considered part of the total twenty reviews for that month?

Response: Additional monitoring of providers with persistent inaccurate documentation is not included in the 20 record minimum. However, the reviews done under Section 3.8 c may be different in process, scope, or other features than the reviews under Section 3.8 a.

54. The RFP data showed 81,000 procedures in calendar 2009, how many SoonerCare lives were in the plan in 2009.

Response: Please see the RFP library and OHCA website for comprehensive information about membership.

55. Were the 81,000 procedures performed in 2009 exclusively the identical procedures proposed to manage in this RFP (MRI, MRA, CT, CTA, PET)?

Response: Yes, the analysis included only the codes shown in Appendix 1. Please see the document "Calculation Methodology for Expenditures" in the RFP Library.

56. In Section 3. b. Scope of Work, it reads "to make coverage decisions regarding advanced imaging services" and Section 3.1 b. Prior Authorization (PA) of Radiology Services it reads "and ensure the CPT code is a covered service within the benefit package for the member."

Response: OHCA is not sure what the question is. Section 3.1 b accurately describes the Contractor's responsibility related to coverage.

57. Please confirm the RBM contractor is to determine (1) medical necessity and appropriateness and (2) coverage eligibility for the particular imaging study requested.

Response: Yes.

58. Please confirm that in item 3.8 Retrospective Review the contractor is to physically review the patient's medical records to assess consistency with the information provided by the physician in the prior authorization request.

Response: Yes.

59. For Attachment A Cost Proposal, please confirm "Firm Fixed Monthly All Inclusive Price" is an administrative services only (ASO) pricing proposal and does not include or consider accepting risk for the Radiology Service spend.

Response: The firm, fixed price includes only the costs of operating the RMP and does not include adjudicating or paying claims for radiology services.

60. The OHCA RFP shows 576,601 covered lives for March 2010. The OHCA website shows 692,800 covered lives for April 2010. Please confirm the accuracy in this 20% increase in membership.

Response: The April website shows total enrollment as 692,800 but not all members are included in the RMP. Using the pie chart at the top right, add together the members in SoonerCare Traditional and Sooner Care Choice (219,772 plus 447,771). Then subtract dual eligible members shown at the bottom of the brown box below the pie chart (-101,399). Add Insure Oklahoma Individual Plan members shown in the black box below that (11,997). The equivalent number for April 2010 is 578,141.

61. Do they want us to affirm our ability to accommodate their preamble statements?

Response: OHCA is uncertain what the "preamble statements" are. The requirements for the technical response are in Section 12.3. If the bidder is referring to the mandatory requirements in Section 1.1, those requirements should be addressed in Chapter 4 of the technical response.

62. Does the OHCA expect a ghost branded (private label) web-based portal for processing prior authorizations?

Response: This is not a requirement for program start-up or for this contract. However, OHCA has some preference for the future ability to customize the portal so that it appears more like an OHCA site.

63. Our standard implementation of advanced imaging procedures will direct providers to our call center or web-based portal for CT, MR and PET. What is the OHCA's expectation with regard to the system transition of its current prior authorization program for PET and MRI?

Response: OHCA has an existing web site where providers can request authorizations. That web site will direct providers to the Contractor for codes and members included in the RMP. Bidders may propose other system transition activities in their responses.

64. They said not to use any pictures or graphic. Are we allowed to include our logo on the cover and on the header of the proposal as it's part of our identity?

Response: Yes, the logo of a bidder is acceptable on the cover or in a header.

65. Under Section 3.0, Criteria and Protocol. In reviewing the logic for development of criteria and algorithms, ..."Contractor"... will use claims history. The question is will OHCA supply the Contractor with a nightly feed of claims data for the Contractor to upload into their utilization management system for availability the next morning?

Response: Claims data will be available to the successful bidder. Bidders may specify what claims data they would like and in what format during the criteria development process and OHCA will attempt to accommodate the request.

66. Section 3.1 (b) Will Contractor verify Member and Provider eligibility in MMIS manually prior to each request for a PA or will OHCA send eligibility file transfers from MMIS for Member and Provider legibility?

Response: Please see the answer to Question 3.

67. Section 3.1 (d) Are any routine requests to be processed via telephone?

Response: This is not required, but is acceptable. Please see the answer to Question 10.

68. Section 3.9 Spring and Fall Provider Training Sessions approximately how many training sessions does OHCA put on each season?

Response: Each session is generally repeated six times in four separate locations in Oklahoma.

69. Is the OHCA on target to meet the timeframes such as vendor review and implementation or will the review process require additional time?

Response: Yes

70. Will the selected contractor have read and update access to the MMIS?

Response: Yes