

RFP# 305PUR-DHHRFP-DENTAL-PAHP-MVA

Addendum #2

REVISED SCHEDULE OF EVENTS, CHANGES TO RFP & Appendix H

Department of Health and Hospitals
Bureau of Health Services Financing
Dental Benefit Management Program

C. Revised Schedule of Events

DHH reserves the right to deviate from this Schedule of Events

Schedule of Events	
Public Notice of RFP	1/08/2014
Deadline for Receipt of Written Questions	11:59 p.m. CST on 1/22/2014 2/7/2014
Response to Written Questions	2/01/2014 2/12/14
Deadline for Receipt of Written Proposals	4:00 p.m. CST 3/07/2014
Proposal Evaluation Begins	3/08/2014
Contract Award Announced	3/21/2014
Contract Negotiations Begin	3/21/2014
Contract Begins	5/01/2014

Original	Revised
<p>c. Mail or deliver a computer flash drive or hard drive with a capacity of at least 16GB on which to load the historic claims data, along with the name and address to which DHH will mail the data via first class mail, return receipt requested. Alternatively, provide the name of the person who will be picking up and signing for the data at the DHH Bienville Building, 628 North 4th Street, 6th Floor, Baton Rouge, LA . The storage drive and request for routing should be routed to the RFP Coordinator.</p>	<p>c. Mail or deliver a computer flash drive or hard drive with a capacity of at least 16GB on which to load the historic claims data, along with the name and address to which DHH will mail the data via first class mail courier or US Mail, return receipt requested. Alternatively, provide the name of the person who will be picking up and signing for the data at the DHH Bienville Building, 628 North 4th Street, 6th Floor, Baton Rouge, LA . The storage drive and request for routing should be routed to the RFP Coordinator.</p>

Addendum - Appendix H - Data Used Agreement Revised 1/21/14

To receive the Limited Data Set proposers should sign and submit the revised copy of the Addendum - Appendix H - Data Use Agreement, using the information specified in the document. Only after receipt of the signed Addendum - Appendix H - Data Use Agreement, DHH will respond in accordance to Section IV J.3.

An electronic copy of Addendum - Appendix H - Data Use Agreement revised 1.21.14 is posted at the following web address:

<http://new.dhh.louisiana.gov/index.cfm/page/1663/n/383>.

Change #	Original	Revised
1	<p><u>Obligations of Data Owner:</u></p> <p>DHH, as the Data Owner, agrees to provide the following described information to the Data User. The Limited Data Set below, as defined in the HIPAA Privacy Rule, to the Data User constitutes:</p> <ul style="list-style-type: none"> a. Dental claims (claims_dental_fy12.sas7dat and claims_dental_fy13.sas7dat) b. Eligibility data (elig_dental_fy12.sas7bdat and elig_dental_fy13.sas7bdat) c. Control totals, data layout, and crosswalks (LA Contents_DHH_Dental_11 30 13.xls) d. Provider Enrollment from the FFS MMIS system (Provider_FY12_DBP.sas7bdat and Provider_FY13_DBP.sas7bdat) e. Historical Dental Prior Authorizations data from the FFS MMIS system (PA_FY12_DBP.sas7bdat and PA_FY13_DBP.sas7bdat) <p>BHSF's point of contact regarding this data set will be Brandon Bueche, Program Manager, Finance (Brandon.Bueche@la.gov). All data will be used for business nature only.</p>	<p><u>Obligations of Data Owner:</u></p> <p>DHH, as the Data Owner, agrees to provide the following described information to the Data User, via instructions explained in Section IV J.3. of the RFP. The Limited Data Set below, as defined in the HIPAA Privacy Rule, to the Data User constitutes:</p> <ul style="list-style-type: none"> a. Dental claims (claims_dental_fy12.sas7dat and claims_dental_fy13.sas7dat) b. Eligibility data (elig_dental_fy12.sas7bdat and elig_dental_fy13.sas7bdat) c. Control totals, data layout, and crosswalks (LA Contents_DHH_Dental_11 30 13.xls) d. Provider Enrollment from the FFS MMIS system (Provider_FY12_DBP.sas7bdat and Provider_FY13_DBP.sas7bdat) e. Historical Dental Prior Authorizations data from the FFS MMIS system (PA_FY12_DBP.sas7bdat and PA_FY13_DBP.sas7bdat) <p>BHSF's point of contact regarding this data set will be Brandon Bueche, Program Manager, Finance (Brandon.Bueche@la.gov) Mary Fuentes, RFP</p>

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		<p>Coordinator (Mary.Fuentes@la.gov). All data will be used for business nature only.</p>
2	<p>By signing this Agreement, the authorized representatives of DHH and the Data User agree to all of its provisions.</p> <p>By signing this Agreement, the authorized representatives of DHH and the Data User agree to all of its provisions.</p> <p>IN WITNESS WHEREOF, the parties hereto have duly executed this Agreement as of the date(s) written below.</p> <p>Louisiana Department of Health and Hospitals (DHH), Bureau of Health Services Financing (BHSF)</p> <p>By: _____ Ruth Kennedy, Medicaid Director, DHH/BHSF (225) 342-3891 Ruth.Kennedy@LA.GOV</p> <p>_____ Date</p> <p>_____ Printed Name of Data User (Proposer) Company</p> <p>By: _____ Signature of Data User (Proposer) Representative</p> <p>_____ Printed Name of Data User (Proposer) Representative</p>	<p>By signing this Agreement, the authorized representatives of DHH and the Data User agree to all of its provisions.</p> <p>By signing this Agreement, the authorized representatives of DHH and the Data User agree to all of its provisions.</p> <p>IN WITNESS WHEREOF, the parties hereto have duly executed this Agreement as of the date(s) written below.</p> <p>Louisiana Department of Health and Hospitals (DHH), Bureau of Health Services Financing (BHSF)</p> <p>By: _____ Ruth Kennedy, Medicaid Director, DHH/BHSF (225) 342-3891 Ruth.Kennedy@LA.GOV</p> <p>_____ Date</p> <p>_____ Printed Name of Data User (Proposer) Company</p> <p>By: _____ Signature of Data User (Proposer) Representative</p> <p>_____ Printed Name of Data User (Proposer) Representative</p>

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	Name, telephone number, and e-mail address of Proposer contact to receive FTP instructions/password and access to DHH s-FTP site.	Name, telephone number, and e-mail address of Proposer contact to receive FTP instructions/password and access to DHH s-FTP site.