

ADDENDUM #2
QUESTIONS AND ANSWERS
THIRD PARTY LIABILITY ACTIVITIES RECOVERY AND PREMIUM
ASSISTANCE BUREAU OF HEALTH SERVICES FINANCING
DEPARTMENT OF HEALTH AND HOSPITALS
RFP # 305PUR-DHHRFP-TPL-MVA
Proposal Due Date/Time: July 8, 2014

III.A.1.d, p. 10

Development and implementation of a collections process for seeking reimbursement from liable third party health insurance carriers or directly from Medicaid providers for medical services provided under Title XIX or Title XXI for Medicaid managed care prepaid plan members after time has expired for the managed care plans to bill and collect from responsible third parties.

1.a Please clarify how frequently the billing should be released.

ANSWER:

Billings to liable third party health insurance carriers will be conducted monthly and quarterly to Medicaid providers.

1.b How will the State direct the Contractor to match off to the managed care data to prevent duplication of recovery efforts?

ANSWER:

Contractor will check with the MCO to determine if an identical claim(s) has already been billed by the MCO plans within 60 days.

1.c Are there specific reports to be developed for these billing recoveries?

ANSWER:

Yes, please see the reporting requirements on page 26 of the RFP.

1.d Please clarify how the Contractor will collect recoveries and report the recoveries received to the State.

ANSWER:

Lockbox will be used for recoveries from liable third parties and recoveries will be reported to the state's Fiscal Management section. Voids will be done to collect recoveries from Medicaid providers through the state's Fiscal Intermediary.

1.e Should the Contractor expect recoveries to be collected using the same lockbox established for pay-and-chase billings?

ANSWER:

Yes the same lockbox will be utilized.

- 1.f The State's rule allows the Contractor to begin billing for date of service (DOS) greater than 365 days. Is this definition a correct assumption for the business rule for developing the billing?

ANSWER:

Yes

III.B.1.v, p. 11

Within ninety (90) days of contract execution provide, at a minimum, twenty-four (24) months of insurance data obtained through data match agreements with insurance carriers of Louisiana residents, searchable by social security number, for the Department to access via a web service call. The data specifications shall be determined in collaboration between the Department and the Contractor and shall be an on-going process throughout the life of the contract; however, the specifications must include the ability to access data real time;

- 2.a Please clarify if the State is seeking a one-time match for all of its members with the 24-months of data.

ANSWER:

No the state is seeking an on-going match for Louisiana residents obtained through the contractor's data match agreements with the insurance carriers with a minimum of 24 months of insurance data.

- 2.b State staff utilizes a web-based vendor system in place today to look up Commercial Insurance by entering an Social Security Number (SSN) along with other data elements. Moving to a web-services model will require collaboration between the State and its Contractor in order to develop the communication protocols and data exchange standards required to transition the current system to a web services model. The development of such standards and protocols, combined with the discussion and approval period, may require between 30 and 90 days. In addition, in order to develop such a service, the design, development, testing, and deployment period may require between 90 and 120 days. Is the State willing to extend the timeframe for deploying web services to within 180 days of contract award?

ANSWER:

No

- 2.c Please define what the State's definition is for a web services call to the portal for access to the insurance data.

ANSWER:

Documentation will be made available in the procurement library at the following link:

<http://new.dhh.louisiana.gov/index.cfm/page/1848>

2.d What is the response request time for the information to be returned to the user?

ANSWER:

Real time

2.e How many users are expected to access the portal?

ANSWER:

800

2.f The RFP requirement states that the portal access should be available real-time: please clarify if the access is for verified or unverified policy data received by Carriers.

ANSWER:

Unverified

III.B.1.x, p. 11

Provide an electronic data file to the Department of Children & Family Services (DCFS) pursuant to an interagency agreement between DHH and DCFS in accordance with Act 578 of the 2008 Louisiana Legislature. Information on Act 578 will be made available in the procurement library

3.a Please define what information should be provided electronically to DCFS.

ANSWER:

Insurance enrollment information acquired through data matches.

3.b Is there a specific format and frequency for this information?

ANSWER:

DCFS and the Department will decide the format and frequency of submission and the Department shall share this information with the Contractor. Act 578 information is in the procurement library at the following link:

<http://new.dhh.louisiana.gov/index.cfm/page/1848>.

3.c How will the file be delivered to the State?

ANSWER:

DCFS and the Department will decide how the file will be delivered and the Department shall share this information with the Contractor. Act 578 information is in the procurement library at the following link:

<http://new.dhh.louisiana.gov/index.cfm/page/1848>.

III.B.2.c.i.7, p. 16

Requirement and demonstration that the Contractor's personnel on the project are those identified in the proposal and contract.

- 4.a Please clarify what method the State would like the contractor to use to validate that personnel named in the proposal are the same as personnel actively working on the account.

ANSWER:

The Contractor's personnel will submit required documentation requesting access to any state system deemed necessary. The Department will validate employee identification through this process of submitting required documentation which will be a continuous and ongoing process throughout the life of the contract.

III.B.2.c.ii, p. 16

COMPONENT 2: Administer the LaHIPP program

- 5.a Is the State anticipating a year-end enrollment goal for premium assistance in 2015, 2016 and 2017?

ANSWER:

Yes

- 5.b If the answer to question 5.a is yes, what is the goal for each year?

ANSWER:

One thousand two hundred (1200)

III.B.3.1.b.i., p. 17

The Contractor shall provide, in a specified format, adds and updates to the resource file for all identified third party coverage of Medicaid enrollees within thirty (30) days from receipt of the file. Documentation of the adds and updates shall be maintained by the Contractor.

- 6.a Please clarify the type of Medicaid data the State will be sending the Contractor to perform the data match. (i.e., application data, Medicaid enrollment eligibility data).

ANSWER:

The Department will provide to the Contractor the Medicaid recipient file which contains all Medicaid enrollment eligibility data. The Medicaid recipient file layout is in the procurement library at the following link:

<http://new.dhh.louisiana.gov/index.cfm/page/1848>.

6.b Please specify the frequency of the data the State will send the Contractor for the match off.

ANSWER:

Monthly

III.B.3.b.iii, p. 17

Complete all insurance add/update requests from DHH, managed care plans, and/or providers as follows:

- **Emergency – policies termed within four (4) business hours (For purposes of this contract, emergency is defined as the inability of a enrollee to have a prescription filled because of incorrect third party insurance coverage on the resource file OR any emergency as determined by DHH).**
- **Non-emergency – verified add/update within five (5) business days.**

7.a Please provide the estimated total of emergency or non-emergency adds the Contractor will be responsible for processing daily/weekly/monthly.

ANSWER: Total number of emergency and non-emergency adds and updates varies monthly. Total processed for the month of May 2014 was 60,000.

III.B.3.b.vi, p. 18

Reverify all policies on the resource file on a quarterly basis – September, December, March, and June.

8.a Please specify specific reporting requirements the State will need to validate that this requirement is being met.

ANSWER:

The total count of re-verifications completed each quarter.

8.b Please clarify when the report will be due to the State.

ANSWER:

The report is due on the 15th calendar day of the month following the end of each quarter. October 15th, January 15th, April 15th, and July 15th

8.c Will the State consider less frequent reverifications if the Contractor validates 50% of the reverifications after the first quarter identifies no changes to the current policy verified?

ANSWER:

No

III.B.3.e.i, p. 19

Contractor shall make a LaHIPP eligibility decision and send notice of decision to the policyholder for all submitted LaHIPP applications within thirty (30) calendar days of receipt.

- 9.a How will the State measure and validate that applications are processed within 30 days from the date of application?

ANSWER:

The Department will have access to the Contractor's LaHIPP system and shall monitor application processing for compliance. The Department shall monitor and provide feedback to the contractor weekly.

C.3.q

Contractor shall make a LaHIPP eligibility decision and send notice of decision to the policyholder for all submitted LaHIPP applications within thirty (30) calendar days of receipt.

III.B.3.e.vii, p. 20

Contractor shall develop notices in accordance with the Department's policies and procedures. Contractor shall not utilize any notice which has not been approved by the Department. Contractor shall develop a real-time file for SFTP notice transfer to DCFS for printing. At the direction of the Department, Contractor notices shall be sent via SFTP to the Medicaid electronic case record (ECR) accompanied by a case activity log (CAL) entry. Contractor shall monitor the timeliness of the notice delivery process by using test cases for each submittal. Contractor shall monitor the notice creation and submission process for duplicative production transferred to DCFS for printing.

- 10.a The value and benefit of real-time cost avoidance is maximized if third party liability (TPL) information is obtained during the enrollment/ application process. Obtaining TPL information during the enrollment process ensures that accurate eligibility determinations are made and also minimizes the instances of Medicaid paying a claim when another commercial payer is liable. Is it the State's intention to obtain TPL information during the enrollment process, i.e., prior to the applicant being enrolled in Medicaid?

ANSWER:

Yes

III.B.3.e.ix, p. 20

Contractor shall be responsible for all outreach to designated populations certified within Medicaid and to the Medicaid provider community at the direction of the Department. Outreach and marketing of the LaHIPP program are to the benefit of the Contractor and shall remain the Contractor's responsibility. All marketing plans and materials must be approved by the Department before utilization.

11.a Are individuals enrolled in prepaid Managed Care eligible for LaHIPP enrollment?

ANSWER:

Yes and once found eligible for LaHIPP are disenrolled from managed care.

11.b If the answer to question 11.a is yes, will the State authorize the Contractor to develop outreach material to encourage those recipients to consider LaHIPP?

ANSWER:

Yes, the contractor may develop outreach material with final approval from the Department.

III.B.3.e.viii, p. 20

The Contractor shall develop a check write file to include paper check and direct deposit information in conjunction with the Department's fiscal protocols and formatting requirements. Contractor shall submit this check write file via SFTP to the Department's fiscal section according to an agreed upon timeline. Contractor shall reconcile LaHIPP cases by processing the monthly clear and void files provided via SFTP by the Department's fiscal section and shall notify the Department if the files are not received from the Department's fiscal section by the tenth (10th) day of each month. Contractor shall maintain a ninety percent (90%) or greater ratio of direct deposit to paper check payments.

12.a What is the frequency the Contractor will be required to provide a check write?

ANSWER:

Bi-monthly

12.b What is the volume of checks/ACH payments the contractor will be required to process?

ANSWER:

Volume will vary by month depending on enrollment. LaHIPP has issued 335 checks and 9228 ACH payments so far in 2014.

III.B.3.e.xi, p. 21

Contractor shall adhere to the LaHIPP Data Warehouse (LDW) extract file design for existing data elements and tables to be submitted via SFTP weekly to the state's FI. The LDW schema will be made available in the procurement library.

13.a How will the State monitor the accuracy of the file?

ANSWER:

The state's Fiscal Intermediary (FI) will monitor the file for inaccuracies. The FI will provide the Department with inaccuracies discovered.

13.b How frequently will the State provide feedback to the Contractor if issues are identified?

ANSWER:

The Department will provide feedback when issues are identified by the FI. The Department will provide feedback to the Contractor every time an issue is identified.

III.B.3.e.xiv, p. 21

Contractor shall provide LaHIPP policy information and LaHIPP begin and end dates along with all updates daily to the TPL contractor. LaHIPP contractor shall verify LaHIPP enrollee information including enrollee ID, policy number, group number (if applicable), carrier, effective date of coverage and LaHIPP begin and end dates. LaHIPP contractor shall have quality control measures in place to verify the accuracy of the LaHIPP information provided to the TPL contractor.

14.a How will the State monitor quality performance and accuracy of segments submitted to the resource file?

ANSWER:

The Department will monitor quality through a comparison between information contained within the Contractor's LaHIPP system for each LaHIPP enrollee and the information loaded in the MMIS system for each LaHIPP enrollee.

14.b How frequently will the State provide this feedback if errors or penalties are identified?

ANSWER:

The Department may provide feedback to the contractor as frequently as daily when an error or penalty is identified.

III.B.3.e.3.ii, p. 22

Provide its own office space, furniture, equipment, and supplies. The Contractor is not required to be domiciled in the Baton Rouge area; however, the Department shall have the option to require contract performance facilities within East Baton Rouge parish or a contiguous parish if the Department determines at any time that the success of the contract is dependent on immediate and extensive access to the contract staff and resources

15.a Please define the issues and/or events that would prompt the Department to determine that contract performance success is dependent on facilities being located within East Baton Rouge parish.

ANSWER:

See Addendum #3

- 15.b In the event the Department determines that contract performance facilities within East Baton Rouge parish or a contiguous parish is required, is the Department willing to renegotiate fees to accommodate the additional expense a contractor will incur to locate within this designated location relating to office space, furniture, equipment, supplies, staffing, and other related expenses that will be incurred?

ANSWER:

See Addendum #3

IV.P.3, p. 44

Proposals should define proposer's functional approach in providing services and identify the tasks necessary to meet the RFP requirements of the provision of services, as outlined in Section II.

- 16.a Please clarify that the reference in this requirement to RFP Section II (in addition to requirements IV.P.5 and IV.P.5.g) should instead be a reference to RFP Section III.

ANSWER:

See Addendum 3

VII.E.2 and VII.E.3, p. 55

Termination for Convenience and Termination for Non-Appropriation of Funds

- 17.a Please clarify that the content in VII.E.2 is accurate.

ANSWER:

Termination for Convenience is as follows: The State may terminate the Contract at any time by giving thirty(30) days written notice to the Contractor. The Contractor shall be entitled to payment for deliverables in progress, to the extent work has been performed satisfactorily.

See Addendum #3

- 17.b Please confirm that the Contractor may terminate the contract for convenience.

ANSWER:

See Addendum #3

Attachment V, p. 64

Cost Template

18.a Are there pricing options the State will consider for real-time web service verifications based on frequency of data match verification delivery? For example, a web service call delivers the request within one business day to perform the SSN verification. The request verification is returned to the user within three business days.

ANSWER:

No

18.b The State is transitioning more lives to Managed Care over the next few years. Is the State expecting to see a tiered pricing model per contract year to support the continuation of administrative cost and reporting for the Contractor?

ANSWER:

No

III.B.1.b 14

“COMPONENT 2: Administer the LaHIPP program”

19.a The RFP specifies numerous requirements for Component 1, including specific activities to be performed and timeframes for those activities. Are there general requirements for administering the LaHIPP program?

ANSWER:

Please refer to the RFP III, B.1.b

III.B.2.c.ii.1 16.

“The Contractor shall add one hundred (100) new active cases in the program each month for the life of the contract.”

20.a Please further define “active cases” as it relates to this requirement. Is the Department confident that there are unidentified or inactive cases currently available to support the addition of 100 new cases each month for the life of the contract? How will the contractor be notified of a recipient’s employment change?

ANSWER:

See Addendum 3 The Department is confident that there are unidentified or inactive cases currently available to support the addition of 100 new active cases each month for the life of the contract. It is incumbent upon the policyholder to notify the Contractor when an employment change is made.

III.B.2.c.ii.2 16.

“Contractor must redetermine LaHIPP eligibility for all active cases prior to the end of the open enrollment period for all cases which have employer open enrollment during the month.”

- 21.a Will the Department be amenable to altering the RFP reference to give 60 days to complete redetermination of LaHIPP eligibility in an effort to normalize the workload?

ANSWER:

No

III.B.3.e.2.vii 20

“Contractor shall develop notices in accordance with the Department’s policies and procedures. Contractor shall not utilize any notice which has not been approved by the Department. Contractor shall develop a real-time file for SFTP notice transfer to DCFS for printing. At the direction of the Department, Contractor notices shall be sent via SFTP to the Medicaid electronic case record (ECR) accompanied by a case activity log (CAL) entry. Contractor shall monitor the timeliness of the notice delivery process by using test cases for each submittal. Contractor shall monitor the notice creation and submission process for duplicative production transferred to DCFS for printing.”

- 22.a The RFP discusses sending printing to DCFS. Who mails the correspondence after printing, and who is responsible for the postage? Will the Contractor be responsible if DCFS prints more than one notice? Will the Contractor receive information from DCFS to assist in determining if these notifications were submitted/printed?

ANSWER:

DCFS is responsible for printing and mailing notices. Contractor is responsible to monitor only their notice submission process for duplication. DCFS will contact the Department if any issues arise in the printing process.

III.B.3.e.2.viii 20

“Contractor shall maintain a ninety percent (90%) or greater ratio of direct deposit to paper check payments.”

- 23.a What is the Department’s historical experience with electronic funds transfer (EFT), such as numbers of participants? Does the Department have a policy that payments will be sent to employers on behalf of the recipients? Is there any occurrence where the Contractor will pay the recipient? If so, how does the State see this requirement being met, if a recipient does not have a bank account?

ANSWER:

Current ratio is greater than 90%. The LaHIPP Contractor may reimburse the employer or the recipient. The policyholder may receive a paper check to reimburse his premium during the thirty (30) day period granted to open an account after case activation.

III.B.3.e.2.x p.21

“Contractor shall develop LaHIPP reports detailing case activity, enrollment data, renewals, outreach activities, check writes, notices, overpayments, system downtime, and any other metric requested by the Department. Sample LaHIPP reports will be made available in the procurement library.”

24.a The phrase “any other metric” is open-ended and introduces unidentified cost to the Proposer. As a result, the Proposer may need to address this risk by increasing its price. Would DHH consider being more specific with its requirements? In doing so, DHH can avoid this risk and the resulting increased price.

ANSWER:

See Addendum 3

III.B.4.b.viii p.24

“Assign a LaHIPP Manager dedicated to the day-to-day operations, with a minimum of three (3) years project management experience working with a project of similar size and scope and two (2) years of direct HIPP management experience.”

25.a HIPP is unique to the Medicaid program. The requirement requires the manager to have two years of HIPP management experience. To increase the potential pool of candidates and competition among Proposers, will the Department accept equivalent insurance or buy-in experience in place of the HIPP experience in a Medicaid program?

ANSWER:

Yes this is acceptable.

See Addendum 3

III.B.3.4.ix p.24

“Assign a LaHIPP Supervisor dedicated to the day-to-day LaHIPP operations with a minimum of two (2) years supervisory experience working with a project of similar size and scope and one (1) year of direct HIPP management experience.”

26.a HIPP is unique to the Medicaid program. The requirement requires the supervisor to have one year of HIPP management experience. To increase the potential pool of candidates and competition among Proposers, will the Department accept equivalent insurance or buy-in experience in place of the HIPP experience in a Medicaid program?

ANSWER:

Yes this is acceptable.
See Addendum 3

III.C.3.o p. 34

“Liquidated Damages: A two thousand eight hundred eight dollar (\$2,880) charge may be imposed on the Contractor for failure to retain and provide access to history for all status changes, MEDS system updates, payments, overpayments, CE calculations, and notices.”

27.a The wording says “two thousand eight hundred eight dollar” or \$2,808 and the numerals say “(\$2,880).” Which is correct? Please define the number of years of history that will need to be retained.

ANSWER:

The correct Liquidated Damage amount is two thousand eight hundred eighty (\$2880). See Addendum 3 All status changes, Meds system updates, payments, overpayments, CE calculations and notices must be retained for the life of the program.

III.C.3.w p.35

“Liquidated Damages: A five hundred dollar (\$500) charge to the Contractor may be imposed for each policyholder not contacted by telephone within one (1) week of notification of the date of birth for any newborn referred through the Newborn Eligibility file process or through the MEDS input file, TPL Y, or TPL U files as required.”

28.a Please provide provisions, if any, which the Department will make for cases where no policyholder telephone number is available, the provided telephone number is incorrect, or documented attempts to reach the policyholder by telephone have failed. Please identify the maximum number of attempts required to meet this requirement.

ANSWER:

One documented attempt will meet the deliverable. Contractor will not be held responsible if contact information is not available.

III.E.1p. 36

“For recovery activities, the Contractor shall own, lease or have access to computer facilities to be able to accept electronic data, bill health carriers electronically, data match electronically, and produce Medicaid adjustments and reports through Department designated electronic media.”

29.a What is the volume of adjustments that are produced per month or year?

ANSWER:

Total average of adjustments filed in 2013 was 23194 claims from 1654 providers.

III.F.2 p.37

“Vendor Contracts under Business Agreements

The Contractor shall not contract with any other vendor under a business agreement for the furnishing of any good, product, or merchandise, or the supplying of any good or service required by the contract without the express prior written approval of the Department. The Contractor shall not substitute any vendor under a business agreement without the prior written approval of the Department. For vendor(s), before commencing work, the Contractor will provide letters of agreement, contracts or other forms of commitment which demonstrates that all requirements pertaining to the Contractor will be satisfied by all vendors through the following:

- a. The vendor(s) will provide a written commitment to accept all contract provisions.**
- b. The vendor(s) will provide a written commitment to adhere to an established system of accounting and financial controls adequate to permit the effective administration of the contract.**

30.a This is a very broad requirement. According to this, the Contractor will be required to seek the Department’s written approval for “any good, product, or merchandise.” The Contractor will be required to seek written approval for anything and everything obtained for the contract, including office supplies, printer paper, break room supplies, restroom supplies, etc. Further, the requirement that “all requirements pertaining to the Contractor must be satisfied by the vendors” is confusing and broad. Please clarify this requirement to specifically address the intent of vendor compliance.

ANSWER:

Please refer to the RFP section III.F.4 which references the following language:

"to sell or furnish a specific good, product or merchandise, or supply a good or service to the public at large, for any of the work or service of a part of the principal contract, or with another contractor for the performance of a part of the principal contract."

RFP section III.F.2 which references the following language:

'any good, product, or merchandise or the supplying of any good or service required by the contract".

Prior approval is not required for general goods and merchandise obtained by a contractor who is providing a work or service to the department. Vendor under a business agreement as defined here is a contractor or subcontractor who is selling or furnishing a good, product, or merchandise to the department, in lieu of a work or service, as part of the principal contract.

III.H.4 p.39

“Insurance Covering Special Hazards

Special hazards as determined by the Department shall be covered by rider or riders in the Commercial General Liability Insurance Policy or policies herein elsewhere required to be furnished by the Contractor, or by separate policies of insurance in the amounts as defined in any Special Conditions of the contract included therewith.”

- 31.a What special hazards are anticipated? When will the Department identify those hazards requiring additional insurance coverage?

ANSWER:

See Addendum 3

III.H.5 p. 39

“Licensed and Non-Licensed Motor Vehicles

The Contractor shall maintain during the life of the contract, Automobile Liability Insurance in an amount not less than combined single limits of \$1,000,000 per occurrence for bodily injury/property damage. Such insurance shall cover the use of any non-licensed motor vehicles engaged in operations within the terms of the contract on the site of the work to be performed thereunder, unless such coverage is included in insurance elsewhere specified.” hazards requiring additional insurance coverage?

- 32.a Why is automobile insurance required? Does this project require travel?

ANSWER:

Travel by automobile may be required to fulfill duties of both component 1 and component 2.

IV.P.6.a p.46

The proposal should indicate the proposer’s firm has a record of prior successful experience in the implementation of the services sought through this RFP. Proposers should include statements specifying the extent of responsibility on prior projects and a description of the projects scope and similarity to the projects outlined in this RFP. All experience under this section should be in sufficient detail to allow an adequate evaluation by the Department. The proposer should have within the last 24 months implemented a similar type project. Proposers should give at least two customer references for projects implemented in at least the last 24 months. References shall include the name, email address and telephone number of each contact person.

- 33.a The RFP requires experience implementing a “similar type project within the past 24 months”. Since programs similar to this are not implemented with as much frequency as some other projects, would the State increase the length of time from 24 to 48 months? Will the State consider defining “similar type programs” to include programs like insurance or buy-in?

ANSWER:

See Addendum 3

IV.P.9.b p.47

“Proposal should include for each of the last three (3) years, copies of financial statements, preferably audited, including at least a balance sheet and profit and loss statement, or other appropriate documentation which would demonstrate to the Department the proposer's financial resources sufficient to conduct the project.”

- 34.a Would the Department please consider allowing Proposers to provide a link to the annual reports that are public record and provided on Proposers' websites to save the printing of these documents? Or would the Department consider only requiring an electronic copy on the CD or flash drive, with no paper copy?

ANSWER:

The proposer shall submit at a minimum one hard copy and CD or flash drive of the financial statements preferably audited, including at least a balance sheet and profit and loss statement, or other appropriate documentation which would demonstrate to the Department the proposer's financial resources sufficient to conduct the project.

B.1 7

- 35.a Please verify that it is intended that a vendor bidding on both components would submit one proposal, addressing both components that would be evaluated separately. If this contract were to be split into 2 separate components, how much would each of the separate components be worth respectively?

ANSWER:

Please refer to RFP section V. Evaluation and Selection

B.1.a.iii 10-11

- 36.a Does the Department provide assistance to obtain files from reluctant carriers? Also, does the Department have a preferred match algorithm or is the vendor free to use its own? How many carrier files are currently data matched? Are carriers currently using standard HIPAA transactions for billing purposes?

ANSWER:

The Department will assist the Contractor with reluctant carriers in accordance with the Deficit Reduction Act of 2005. No the Department does not have a preferred algorithm. The total number of carrier's is fifty three (53). Not all carriers use HIPAA transactions.

B.1.a.vi-viii 11

37.a Is it preferable for the secure, web-based portals to be linked to a database created by the Contractor or a portal used to search the MMIS?

ANSWER:

The secure web-based portal should be linked to a database created by the contractor.

B.1.a.xii 12

38.a What is an approximate 3-month volume for these transactions?

ANSWER:

Two thousand (2000)

B.1.a.xvi 13

39. Please provide a sample of the Monthly Project Summary Report.

ANSWER:

Monthly Project Summary Report will be made available in the procurement library at the following link: <http://new.dhh.louisiana.gov/index.cfm/page/1848>.

2.a 14

40.a Please provide all file layouts.

ANSWER:

File layouts will be made available in the procurement library at the following link: <http://new.dhh.louisiana.gov/index.cfm/page/1848>.

2.c.i.4 15

41.a This section states “contractor shall provide...adds/updates...within 30 days from receipt of the information.” Does this only apply to information received from the carrier/ data files? If not, what other sources of leads should be expected?

ANSWER:

No this does not only apply to the information received from the carrier/data files. The TPL information may come from other sources as well such as a provider, recipient, other carriers or the Department.

2.c.ii.1 16

42.a How many recipients are currently enrolled in LaHIPP? How many new HIPP cases are typically added per month?

ANSWER:

Approximately two thousand six hundred (2600) Medicaid recipients are currently enrolled. New LaHIPP activation totals vary by month. The current contractor activated 76 new cases in the month of May 2014.

3.1.a.iv 16

43.a Please provide the approximate quarterly volume of letters. Is the postage expense for the letters a pass-through?

ANSWER:

The approximate volume of letter per quarter is 600. The postage expense for the letters is not a pass-through.

3.1.b.ii 17

44.a What are the current call center volumes?

ANSWER:

The current call center volume is approximately 5000 calls per month.

3.1.b.iii 17

45.a In what form (electronically, hard copy, fax, call, etc.) will the “insurance add/update requests” be received from “DHH, managed care plans, and/or providers”?

ANSWER:

Update requests may be received in any of the forms referenced in the question.

3.1.b.vi 18

46.a How many active policies are currently on file? If an active policy is found on a carrier's current data file, is that considered "re-verification?"

ANSWER:

As of April 2014, there were 74900 active TPL segments on file. No, an active policy found on a carrier's data file is not considered re-verified.

3.1.b.vii 18

47.a What is the timeline for processing items where carriers either merge and/or coverage transfers from one carrier to another?

ANSWER:

Five business days.

3.2 19

48.a What is the volume received from the Newborn Eligibility file?

ANSWER:

Our current contractor received 372 TPL notifications through the Newborn Eligibility file for the first quarter (January-March) of 2014.

7.g-h 30

49.a What is the expected timeframe for the Contractor to provide a Disaster Recovery Plan and a Transition Plan? How often is the Contractor required to submit written documentation demonstrating completion of disaster recovery exercises?

ANSWER:

The Contractor should have a Disaster Recovery Plan and Transition plan in place for the contract Begin Date.

RFP Section II.D. "Schedule of Events"

50.a Implementing the requested TPL solution is a significant undertaking for any entity other than the incumbent. Would the State be amicable with extending the implementation time from 9/1/2014 (49 days) to 12/1/2014 (140 days) or later?

ANSWER:

The implementation of the TPL solution may be modified according to the timeline of the contract award process.

RFP Section III.A.1.d

“Development and implementation of a collections process for seeking reimbursement from liable third party health insurance carriers or directly from Medicaid providers for medical services provided under Title XIX or Title XXI for Medicaid managed care prepaid plan members after time has expired for the managed care plans to bill and collect from responsible third parties.”

51.a How long do the Medicaid managed care prepaid plans have to bill and collect from responsible third parties? 12 months from first date of service?

ANSWER:

Yes, 12 months from the first date of service.

RFP Section III.B.1.a.i

“Pursue TPL recoveries for federally mandated pay and chase claims which are paid by Medicaid without regard to known health insurance coverage;”

52.a Are pay & chase claims identified via a flag or some other indicator in the claim data, or is the vendor supposed to bill these claims due to the presence of TPL?

ANSWER:

Yes pay and chase claims are identified by initiator and diagnostic codes.

RFP Section III.B.1.a.ii

“Pursue TPL recoveries for claims paid and adjudicated prior to updates to the resource file denoting current and retroactive health insurance coverage. If a Medicaid enrollee has multiple types of coverage, the Contractor shall prioritize the coverage and report the information to the Department in the following order:

- Major medical or major medical without maternity coverage;**
- Pharmacy coverage; and**
- Dental only, vision only, cancer only, and other specialized types of coverage (reported only in the absence of major medical or pharmacy coverage);”**

53.a Can you please validate that if a recipient has major medical coverage and pharmacy coverage, the vendor is not to send dental, vision, cancer or other coverages?

ANSWER:

Correct, report **Dental only, vision only, cancer only, and other specialized types of coverage** only in the absence of **major medical or pharmacy coverage**

RFP Section III.B.1.a.iv

“Pursue follow-up on outstanding accounts receivables six (6) months after Contractor issues billings to carriers with the requirement of ninety (90) percent resolution of claims within sixty (60) days of six (6) month follow-up;”

54.a. Can you please validate that “resolution” means that the vendor is no longer pursuing recovery because either payment was received or the claim was determined to be unrecoverable?

ANSWER:

Yes “ninety (90) percent resolution of claims” means that the Contractor is no longer pursuing recovery because either payment was received or the claim was determined to be unrecoverable.

54.b Does an unrecoverable claim have to have a corresponding paper EOB or 835 that justifies the non-recovery?

ANSWER:

Yes

RFP Section III.B.1.a.xv

“Provide identifying information via SFTP for recoupment of claims submitted to providers for billing carriers and Medicare”

55.a Can you please explain which claims the vendor would submit to the provider? Are they just for Medicare Fee For Service (FFS) recovery since Medicaid programs are not permitted to bill Medicare FFS directly?

ANSWER:

Claims that were originally paid primary by Medicaid and contractor identifies that the Medicaid recipient had either a liable third party insurance or Medicare on the date(s) of service. Medicaid is not permitted to bill Medicare FFS directly.

RFP Section III.B.2.c.ii.3

“The Contractor must maintain a ninety percent (90%) or greater ratio of direct deposit to paper check payments for active LaHIPP cases.”

56.a Does the current vendor meet-exceed this requirement? I am not sure how this could be within the control of the vendor.

ANSWER:

Yes the current vendor meets this requirement. Current LaHIPP payment policy states that an applicant must have a checking/savings account to which premium reimbursements may be deposited. If a client does not have an account at the time of LaHIPP activation paper checks may be issued until the client opens a checking or savings account. LaHIPP allows the client a thirty (30) day period to open an account.

RFP Section III.C

“Liquidated Damages”

57.a Would the State be willing to waive any or all penalties listed in this section?

ANSWER:

No, the State will not grant a blanket waiver of liquidated damages. However, if the Contractor is found to have violated a performance standard specified in the contract, the assessment of liquidated damages is discretionary with the State, not mandatory. See Section III.C.1 and III.C.2 of the RFP.

57.b If the State is not willing to waive the penalties, would the State consider waiving the penalties or six month or a year post go-live?

ANSWER:

No. See the answer to the preceding question.

General Question

58.a Who is responsible for subrogation / casualty based recovery for the State?

ANSWER:

The Department of Health and Hospitals.