

Addendum# 3 to replace Addendum # 1

Questions and Answers

Electronic Visit Verification System

RFP # **305PUR-DHHRFP-EVVS-2014-MVA**

1. II.C / Schedule of Events **Page 6**

Deadline for Receipt of Written Proposals: August 18, 2014

Question: In order to ensure thoughtful and complete proposals, will the Department consider extending the deadline for written proposals by 30 days?

Answer: No

2. II.C / Schedule of Events **Page 6**

Deadline for Receipt of Written Questions: Wednesday, July 16th

Question: In order to promote a better understanding of the exact requirements of this procurement, will the Department consider adding a second round of written questions and answers to the procurement schedule?

Answer: No

3. II.C / Schedule of Events **Page 6**

Contract Begins: December 1, 2014

Question: What is meant by 'Contract Begins'? Is it the Department's expectations that this is the date when implementation of the EVV solutions begins? Alternatively, is this date when the Department expects the EVV solution to be live?

Answer: "Contract Begins" is when work kicks off.

Implementation is expected to begin immediately upon approval of the signed contract per the RFP schedule.

Expected go-live date is April 1, 2015 starting with the LT-PCS program.

4. E / Technical Requirements **Page 13**

"Unless explicitly stated to the contrary, the contractor is responsible for all expenses required to obtain access to DHH systems or resources which are relevant to successful completion of the requirements of this RFP. The contractor is also responsible for expenses required for DHH to obtain access to the Contractor's systems or resources which are relevant to the successful completion of the requirements of this RFP. Such expenses are inclusive of hardware, software, network infrastructure and any licensing costs."

Question: Given the short procurement window and the need to gather information from multiple external entities in order to estimate these costs accurately, will the Department consider making these costs a pass-through (without mark-up) and not part of the firm, fixed-price bid?

Answer: The Department is requesting that the proposer include the estimated costs for these technical requirements.

5. P.5 / Specific Features for DHH

Page 22

“The Department, at its option, may require the successful proposer to tailor the system to specific Medicaid waivers/services. There shall be no additional costs associated with configurations of delivered functionality for those additional features.”

Question: Will the Department consider establishing a fixed pool of CSR hours to be included as part of the base bid – for which unspecified work like that referenced above could be used to support?

Answer: As stated in the RFP DHH is seeking a system that should be configurable to meet the needs of multiple, specific Medicaid waivers/services. If customization of the EVV solution is necessary to meet these requirements of the proposal, the contractor must bear these costs in their entirety, as well as indicate the time required to implement the customizations in the work plan. If this question refers to work to be done AFTER go-live, as noted in the RFP, DHH anticipates changes in service delivery and entities providing services to our clients. The Department will consider a fixed pool for these post-implementation changes. Approval of the drawdown on the pool must be approved after submission of a Change Request.

6. E / Technical Requirements

Page 14

“The implementation fee shall be a one-time fee”;

Question: Will the Department consider changing the implementation funding to reflect a milestone based payment approach?

Answer: The Department will discuss the schedule of payment during contract negotiations. If “milestone based” means “deliverable based” that would be a good basis for contract negotiations.

7. E / Technical Requirements

Page 14

“The EVV system shall be MITA 3.0 compliant upon implementation.”

Question: what is the Department looking for to validate MITA 3.0 compliance of the EVV system?

Answer: Please refer to the following link pertaining to MITA 3.0.
<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/Medicaid-Information-Technology-Architecture-MITA.html>

8. VII.C / Retainage

Page 29

The Department shall secure a retainage of 10% from all billings under the contract as surety for performance. On successful completion of contract deliverables, the retainage amount may be released on an annual basis”;

Question: Will the Department consider releasing retainage on a quarterly basis?

Answer: No

9. III. SCOPE OF WORK

Section B. Deliverables

1. Scheduling, Billing, and Compliance Capabilities

iii. Alternative fixed location tracking device that can be in the recipient's home to provide verification coverage for those recipients who have no land line and no available cell services.

Question: Is the use of store and forward functionality on the Integrated GPS enabled device an acceptable form of visit verification, in lieu of, or as an alternative technology option to, the alternative fixed location tracking device?

In other payer environments where integrated GPS enabled devices have been used for visit verification, "store and forward" functionality has been used as an alternative to the fixed location tracking device in the rare event of no cellular coverage. "Store and forward" functionality on the GPS enabled device (provider worker's cell phone or tablet) captures the worker's exact GPS location when delivering home services, records the start and end time of the worker's authorized visit, and is subsequently transmitted upon the provider worker's return to cellular or broadband wireless service coverage area. This "store and forward" functionality provides several advantages: it reduces effort by the provider (eliminates need for provider worker to manually record multiple codes from a fixed location tracking device) and eliminates the opportunity for provider's manual error while both recording the data from the alternative fixed location tracking device and then later inputting that data into the EVV system. Additionally, it is a lower cost solution for the state as it eliminates the need for the additional expense of using fixed location tracking devices in selected circumstances.

Answer: Yes, But PHI (Identifying Information) must be encrypted and secure.

10. III. A. Project Overview

Page 7

Question: Can DHH provide the existing or "established policies and procedures" to verify that home and community-based services were delivered accordingly?

Answer: Information may be found at the link listed below, under the "Provider Manual" tab within each specific program's (Personal Care Services, Community Choices Waiver, Adult Day Health Care Waiver, New Opportunities Waiver, Children's Choice Waiver, Supports' Waiver, & Residential Options Waiver) provider manual.

<http://lamedicaid.com/provweb1/default.htm>

Currently Support Coordinators are responsible for monitoring and ensuring that the services listed in the plan of care (POC) are implemented. This monitoring is done through telephone and face to face contacts with the participants on a monthly to quarterly basis, however the frequency and intensity of monitoring is adjusted to meet the needs of the participant.

11. III.B. Deliverables (1.m.i.)

Page 9

Question: Can the State provide real world examples of these scenarios?

Answer: As an example, support coordination services provided under the NOW waiver should be reportable through the EVV, while the same services provided under the Community Choices Waiver and the State Plan for Personal Care services should not be reportable through the EVV

12. III. B. Deliverables (1.m.xi)

Page 9

Question: Can DHH please provide more detail on the mechanics of how shared personal care services work in the New Opportunities waiver, and possibly an example?

Answer: In the New Opportunities Waiver, Supported Living is a daily rate that is dependent on a supervisors visit/phone call to the recipient on a weekly/monthly basis. The EVV will take in when this occurs and will be reimbursed on a monthly basis. This is different from the personal care attendant (PCA) daily EVV which typically is done on a daily basis and will be billed daily/weekly.

Question: How does the waiver flex units from another procedure code on a “dollar for dollar” basis? For example, do the units have different values based on the billing rates for the services? Or can one simply flex a unit from a different service on a unit basis?

Answer: Statistical Resources, Inc. (SRI), the current data collection and prior authorization (PA) contractor, issues a single attendant care services (ACS) PA per fiscal quarter for ACS day 1:1, shared day 1:2, and shared day 1:3 as well as for ACS night 1:1, ACS shared night 1:2, and ACS shared night 1:3. Units for each type of ACS service are issued based on the typical weekly schedule as listed on the comprehensive plan of care (CPOC) with additional units added from the alternate schedule.

All ACS units will be considered as flex units, shareable among all six ACS procedure code / modifier combinations for ACS day 1:1, 1:2, 1:3 and ACS night 1:1, 1:2, 1:3. Each type of ACS service must be billed under its own procedure code / modifier combination.

Flexible units are converted from one procedure code to another based on the fee associated with the procedure code. Therefore, if a single unit of ACS night 1:3 is borrowed or flexed from ACS day 1:1, less than 1 unit of ACS day 1:1 will have to be required to get the one unit of nigh 1:3 services. Currently, the Louisiana Service Tracking (LAST) software calculates the borrowed flexed units to 0.1 units.

13. III. B. Deliverables (1.q)

Page 9

Question: What hours of support are expected for providers?

Answer: The Department expects live support during normal business hours (Monday – Friday, 8 AM - 5 PM CT), with caveat that providers should be trained to address problems.

14. III. B. Deliverables (3.e)

Page 10

Question: Please verify the content expected for the “Verified hour reports for payroll” report. Is this verification from the provider of the reported hours?

Answer: No, it is for the provider and contains information for each transaction which can be used by the provider to prepare payroll.

15. III.B.4 Data Retention

Page 10

Question: Does the Contractor have to have 6 years of data available to DHH at any given time or can X number of years of data be stored offline in tape backups?

Answer: The Contractor must retain data for at least six (6) years, however, most recent three (3) years of data shall be kept online and up to three (3) years of data may be stored offline.

16. III.B.13. Policy and Procedure Manual

Page 12

Question: Please provide a list of the types of policies and procedures that the Policy and Procedure Manual should cover.

Answer: This is the proposer’s internal policy and procedures manual. The proposer provides the layout and content

17. III.B.14. Key Personnel

Page 12

Question: In order to provide the proper level of effort, will DHH provide the templates and processes set forth by the DHH IT Project Management Office prior to the response due date of August 18, 2014?

Answer: DHH PMO uses the Templates located at the following link as standard project management practices.

<http://new.dhh.louisiana.gov/index.cfm/newsroom/detail/3066>

These Templates are slightly modified versions of the CMS Standard Templates. Where applicable DHH requires that our contractors use these templates as a basis for the documents they are to provide. All project documents, documentation, etc. will reside on the DHH Sharepoint site. The Selected contractor will be provided access to the directory for EVV.

Risks and Issues are tracked via DHH Sharepoint List to allow visibility across the Project Team and DHH Enterprise.

Initial Detailed Work Plans will be provided by the Contractor in Microsoft Project Format and will become integrated with DHH and other Stakeholder WBS/Tasks producing a final work plan ultimately approved for the project. This work plan will be revised weekly, at a minimum, by the Contractor and DHH Project Manager. This will be reviewed weekly during the PMO meetings to monitor the projects progress.

Proposers project status reports may be submitted with proposals. The Department may request the status report be enhanced prior to final approval.

DHH Sharepoint will be the source for all documentation related to the project. Workflows will be established during the initial week of planning for the project and will be used by the team to route documents for review and approval. Access to Final documents will be in most cases restricted to read only and will have to be checked out for additional updates.

Roles and Responsibilities Matrix and Communications plan will be drafted by the DHH PMO and revised during the initial week of planning to create a final version. Limited effort will be required to complete this on the part of the selected Contractor.

18. III.C. Liquidated Damages (1.c.)

Page 12

Question: Is the definition of “client” in this context of “client files”, the MCO, the Provider or the Consumer?

Answer: The Consumer

19. III.C. Liquidated Damages (1.e.)

Page 12

Question: Will all services have authorized amounts that must be measured against what is actually paid?

Answer: Yes, all services are prior authorized.

20. III.E. Technical Requirements

Page 13

Question: In order to include only appropriate costs, will DHH provide a list of any special hardware, software, networking, or other licenses necessary to access DHH systems?

Answer: There are no special components required to access DHH systems. The contractor will need workstations with internet connectivity and access to a Secure FTP client. In addition, VPN access may be provided and would require a VPN client as well as anti-virus software and hard drive encryption software. The contractor will also be expected to make use of web services to communicate with future DHH and/or contractor systems.

21. III.E. Technical Requirements

Page 14

Question: In order to understand and adapt to the department's architectural conceptual model, can DHH provide their current architectural conceptual model?

Answer: Please see the department's architectural conceptual model posted in the procurement library:

<http://new.dhh.louisiana.gov/index.cfm/newsroom/detail/3066>

Although we do not currently have the posted architecture in place, we do expect to implement it sometime in the near future. Once implemented, DHH would expect the EVV solution to use this.

22. IV.P.8 Corporate Financial Condition

Page 24

Question: Due to the large volume of our financial data (over 200 pages for each year), would the State accept our (3) yrs. Of financial statements on a CD in lieu of the printed version? If the CD is "not" acceptable, how many copies are required to be "separately sealed" for submission?

Answer: One (1) hard copy in addition to financial statements on a CD is required. Please see Addendum #2

23. Section N/A Data Points

Page N/A

Question: Would the state please provide the following data points:

- a) Total number of Provider Agencies : **694**
HCBS Providers -632
Case Management Agencies - 62
- b) Total number of individuals in optional self-directed programs
412 as of June 30, 2014
- c) Total number of direct care workers in optional self-directed programs
700

24. Section N/A Program Go Live

Page N/A

Question: What is the implementation start date?

Answer: Implementation is expected to begin immediately upon approval of the signed contract per the RFP schedule.

Question: What is the expected go-live date?

Answer: Expected go-live date is April 1, 2015 starting with the LT-PCS program.

25. Section N/A Claims Cost

Page N/A

Question: Please state your total claims spend on each of these programs broken out individually by:

- 1) Long Term Personal Care Services self-directed
(Currently not implemented in this program)
- 2) Long Term Personal Care Services non-self-directed
\$235,403,366 (State Fiscal Year 2014)
- 3) Community Choices Waiver Personal Assistant Services self-directed
\$1,006,703.89 (State Fiscal Year 2014)
- 4) Community Choices Waiver Personal Assistant Services non- self-directed
\$103,552,503.11 (State Fiscal Year 2014)

26. III. Scope of Work A. Project Overview Managed Care Delivery Model Page 7

This section states, "In addition, it is anticipated that a managed care delivery model will be implemented during the course of this contract for long-term supports and services."

Question: What is the timing of the cutover to managed care? Also, what is the size of the intended population to move to managed care?

Answer: The aged and adult onset disability population (CCW & LT-PCS), which includes roughly 21,000 recipients of home and community based services, is expected to transition over to Managed Care Delivery Model September 2015. The developmentally disabled population (NOW, CC Waiver, SW, & ROW), which includes roughly 12,000, is expected to transition over to a Managed Care Delivery Model January 1, 2016.

27. III. Scope of Work B. Project Overview Fiscal Employer Agent Page 7

This section states, "Under the self-direction option. A contracted Fiscal/Employer Agent (F/EA) performs the payroll functions on behalf of the recipient and pays the direct service workers directly."

Question: Who is Louisiana's current F/EA vendor and when does their current contract expire?

Answer: Acumen Fiscal Agent, LLC is the current F/EA vendor, and their contract expires on 12/31/2014.

28. III. Scope of Work B. Interface

Page 7

This section states, “The system shall interface with the State’s Prior Authorization system(s) and Medicaid Management Information System (MMIS) to authorize payment of claims based on verified service delivery and compliance with the policies and procedures associated with the service.”

Question:

1) What is the source for authorization data?

Data/Prior Authorization Contractor (currently Statistical Resources, Inc. [SRI])

2) What is the source for recipient data?

SRI and the Fiscal Intermediary (Currently Molina Medicaid Solutions-Molina Healthcare)

3) What is the source for provider data?

SRI primarily, Molina secondarily

Note: Layout will come from current data/prior authorization contractor (SRI). Upon move to managed care new layout would come from managed care organizations.

29. III. Scope of Work B. Deliverables

Timesheets

Page 8

Requirement a, iv. states, “Direct service worker timesheets generated for the provider agency” as a required technology option to address recipients in all locations where service delivery occurs.

Question: Please provide a definition of direct service worker.

Answer: Direct Service Worker (DSW) is a person who is paid to provide personal care and other direct service and support to persons with disabilities or to the elderly to enhance their well-being.

Question: Please explain why timesheets are required to be generated for provider agencies.

Answer: Expectation is that the system will be capable of generating reports at the individual worker level (i.e., timesheets) which may be generated by the provider as needed.

30. III. Scope of Work B. Deliverables

Managed Care Access

Page 9

Requirement m, xiv. states, “Permit managed care organizations to modify provider/worker schedules, cancel schedules, and receive alerts for monitoring purposes.”

Question: How many managed care organizations will need access to the system?

Answer: Three (3) – Six (6)

31. III. Scope of Work B. Deliverables Tasks Page 9

Requirement m, ii. states, "Allow for multiple groups or lists of acceptable service tasks activities to be billed and/or recorded, based on program needs and rules."

Question: Please provide an example of a service task to be billed.

Answer: Please see Procurement Library for examples of task lists

<http://new.dhh.louisiana.gov/index.cfm/newsroom/detail/3066>

32. III. Scope of Work Deliverables Key Personnel Page 12

Requirement 14 states, "The Contractor Project Manager will follow processes set forth by the DHH IT Project Management Office (PMO). Templates and processes that will be used will be given to the contractor prior to the start of the contract."

Question: Please provide examples of the templates that DHH will be expecting the Contractor Project Manager to use, including a project status template.

Answer: Please refer to DHH's response for question #17.

33. IV. Proposals Contract Award and Execution Negotiation Period Page 18

Section E.4. states, "If the contract negotiation period exceeds xx days or if the selected Proposer fails to sign the final contract within xx days of delivery, the State may elect to cancel the award and award the contract to the next-highest-ranked Proposer."

Question: Please supply the specific number of days intended by both instances of 'xx'.

Answer: If the contract negotiation period exceeds fifteen (15) business days or if the selected Proposer fails to sign the final contract within ten (10) business days of delivery, the State may elect to cancel the award and award the contract to the next-highest-ranked Proposer. Please see Addendum #2 posted on RFP website: <http://new.dhh.louisiana.gov/index.cfm/newsroom/detail/3066>

34. P. Proposal Content Provision of Services Page 21

Section P.2. states, "Proposals should define the 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."

Question: Please clarify that the reference to Section II here is a typo and should read "Section III".

Answer: The reference should read "Section III". Please see Addendum #2: <http://new.dhh.louisiana.gov/index.cfm/newsroom/detail/3066>

35. P. Proposal Content

Proposal Format

Page 21

Requirement 5. Work Plan / Project Execution states, "The proposer must provide a point-by-point detailed description of how the proposer plans to address each requirement specified in Section B, Deliverables."

Question: Is the proposer expected to respond to any other sections within III. Scope of Work? If yes, which sections?

Answer: Please respond to the entire RFP.

36. Attachment II Certification Statement

Contract Start Date

Page 34

Requirement 5. states, "Proposer understands that if selected as the successful Proposer, he/she will have 15 calendar days from the date of delivery of initial contract in which to complete contract negotiations, if any, and execute the final contract document."

Question: Yet, Section C. Schedule of Events on page 6 indicates that contract negotiations begin on September 22, 2014 and the contract begins on December 1, 2014. Please clarify the contract start date.

**Answer: DHH reserves the right to deviate from this Schedule of Events
From contract: Proposer understands that if selected as the successful Proposer, he/she will have 15 calendar days from the date of delivery of initial contract in which to complete contract negotiations, if any, and execute the final contract document. The Department has the option to waive this deadline if actions or inactions by the Department cause the delay.**

37. Attachment III Contract

Travel Expenses

Page 32

Item 8 states, "In cases where travel and related expenses are required to be identified separate from the fee for services, such costs shall be in accordance with State Travel Regulations. The contract contains a maximum compensation which shall be inclusive of all charges including fees and travel expenses."

Question: Please confirm whether or not travel and related expenses are allowed to be separate, pass-through charges to DHH for this RFP (in accordance with State Travel Regulations).

**Answer: Not applicable to this contract. Please see Addendum #2:
<http://new.dhh.louisiana.gov/index.cfm/newsroom/detail/3066>**

38. III. A

"It is anticipated that the EVV system will also be utilized for participants who have chosen the self-direction service delivery option."

Question: How many self-directed participants are anticipated?

Answer:

Program	Anticipated
NOW	650
CCW	499
ROW	60
LT_PCS	1,521
Children's Choice	250

39. B.1.v

"System to submit billing within 24 hours of service delivery."

Question: What constitutes a bill? Does certain criteria need to be matched against another system before submission?

Answer: When a service is rendered by a provider or worker, a claim should be submitted using the forms referenced in question #44 and submitted using the Standard ASC X12N format. Reference documents for this can be found at the following link: <http://www.cms.gov/>

Enter ASC X12N in the search and you will find a host of documentation related to this format. This documentation specifies the format of the records and the contents for each of the fields, etc. Further discussions may occur if needed during JAD sessions once the contract begins.

Question: Does certain criteria need to be matched against another system before submission?

Answer: In addition to the information required for billing purposes, services submitted for billing must be verified against existing prior authorization information. PA information includes a client identifier, PA begin and end dates, authorized service units, service times, etc. The PA information exists in a contractor's system - information is expected to be exchanged in an agreed-upon format. Additionally, a recipient file provided to the EVV Contractor may be used as well and EVV will need to obtain/verify information against that file as a part of the submission process. Other information may be obtained from Molina, our current Fiscal Intermediary if needed.

40. "Provide verification of:

Questions:

- i. Whether services were provided by providers in accordance with the recipient's plan of care/service plan and established policies and procedures.
- ii. Service tasks performed by the direct service worker. Whether services were provided by providers in accordance with the recipient's plan of care/service plan and established policies and procedures."
- iii. May we get a list of tasks.

Answer: Please see Procurement Library for examples of task lists.

<http://new.dhh.louisiana.gov/index.cfm/newsroom/detail/3066>

41. B.c.

Questions:

- i. What are the "established policies and procedures?"
Please see LA Medicaid website for the provider manuals:
<http://lamedicaid.com/provweb1/default.htm>
- ii. Are you seeking an electronic signature on a tablet?
The Department will consider this as part of the proposed solution; however an electronic signature on a tablet is not a requirement.
- iii. What is the expectation to be collected for paper timesheets?
The expectation is that the system will be capable of generating reports at the individual worker level (i.e., timesheets) which may be generated by the provider as needed
- iv. Is GPS required or may we propose an alternative solution?
The Department will consider an alternative solution.

42. Multi-level escalating Alerts

Question: What mechanism of delivery do Louisiana want for real time alerting, such as text, phone, email and application pop-up? Do they want multi-level escalating applicable to all mechanisms of delivery?

Answer: DHH does not require a specific mechanism of delivery, however mechanisms must be appropriate to the parties who are receiving the alert. Yes, DHH wants multi-level escalating alerts.

43. Will Louisiana be providing an interface to support claim reimbursement? If so what mechanism of data transfer will it use?

Answer: The department requires the proposer to estimate costs to interface with the fiscal intermediary (currently Molina) and file claims using the standard ASC X12N claim format transferred via an SFTP server. This data format is created from either forms CMS 1500 (Professional) or UB-04 form (Institutional). References for each of these can be found by doing an internet search or by going to the following link and performing a search.

<http://www.cms.gov/>

44. What part of the solution will Louisiana be funding as there is an overlap with the providers client management solutions?

Answer: Entire solution is being purchased with this contract with the following exceptions. Some providers do have their own client management system. The interfacing with these solutions is not included in the proposers EVV solution. The Department will not pay for special devices needed by the providers. Device expenses will be the responsibility of the provider if they chose to use them. (ie. Cell Phones, Notepads, etc). The Department would like to know the cost of these devices so that we may consider this in the event we decide to offer any concessions to the Provider in the future. If devices or specialized phone applications are required for UAT Testing, the contractor will need to account for this within their proposals.

45. Would Louisiana accept a multi-partnered EVV solution?

Answer: Please refer to the Section F, Subcontracting in the RFP

46. Is there a data feed to the state?

Answer: Automated feeds exist between the State and vendors using secure FTP and other technologies. Yes, various data may feed into the data warehouse.

47. Will providers be required to change their existing billing and authorization software?

Answer: Providers will be required to use the state level EVV system. If their existing billing and authorization software is compatible with the state system they may be able to continue to use it or certain aspects of it.