



**REQUEST FOR PROPOSAL (RFP) – BID# 7548374**

**UTILIZATION REVIEW PROGRAM FOR INPATIENT HOSPITAL CARE  
RHODE ISLAND DEPT. OF CORRECTIONS**

**SUBMISSION DEADLINE: Tuesday, January 21, 2014 at 11:00 AM (ET)**

**PRE-BID CONFERENCE:**     **NO**  
     **YES** \_\_\_\_\_

**Mandatory:**     **NO**  
                                   **YES:** Any vendor who intends to submit a bid proposal in response to this solicitation must have its designated representative attend the mandatory pre-bid conference. The representative must register at the pre-bid conference and disclose the identity of the vendor whom he/she represents. Because attendance at the pre-bid conference is mandatory, a vendor’s failure to attend and register at the pre-bid conference shall result in disqualification of the vendor’s bid proposal as non-responsive to the solicitation.

**Buyer Name:** **GAIL WALSH**  
**Title:** **CHIEF BUYER**

**QUESTIONS** concerning this solicitation must be received by the Division of Purchases at (gail.walsh@purchasing.ri.gov) no later than (Monday, January 06, 2014, 5:00 PM (ET)). Questions should be submitted in a *Microsoft Word attachment*. Please reference the bid number (Bid #7548374) on all correspondence. Questions received, if any, will be posted on the Rhode Island Division of Purchases website as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

**SURETY REQUIRED:**            **NO**

**BOND REQUIRED:**                **NO**

**DISK BASED BID:**            **NO**

**NOTE TO VENDORS:**  
Vendors must register on-line at the Rhode Island Division of Purchases website at [www.purchasing.ri.gov](http://www.purchasing.ri.gov). Offers received without the completed four-page Rhode Island Vendor Information Program (RIVIP) Generated Bidder Certification Cover Form attached may result in disqualification.

**THIS IS NOT A BIDDER CERTIFICATION FORM**

**RFP #7548374: Utilization Review Program for Inpatient Hospital Care**

**TABLE OF CONTENTS**

Section 1: Introduction.....3

Section 2: Background and Purpose.....6

    Authority to Bill for Services.....6

    Specific Requirements..... 6

Section 3: General Scope of Work.....6

    Specific Activities / Tasks.....6

    Scope of Work.....7

Section 4: Technical Proposal.....18

    Narrative and Format..... 18

Section 5: Cost Proposal.....18

    Detailed Budget and Budget Narrative..... 18

Section 6: Evaluation and Selection..... 19

Section 7: Proposal Submission.....21

## **RFP #7548374: Utilization Review Program for Inpatient Hospital Care**

### **SECTION 1 -- INTRODUCTION**

The Rhode Island Department of Administration/Division of Purchases, on behalf of the Rhode Island Department of Corrections, is soliciting proposals from qualified firms to provide oversight and utilization review for inpatient hospital care for the Rhode Island Department of Corrections. The award will be for two years with the option to renew for three additional years, subject to annual assessment and availability of funds, in accordance with the terms of the Request for Proposals and the state of Rhode Island's General Conditions of Purchase, which may be obtained at the Rhode Island Division of Purchases Home Page at [www.purchasing.ri.gov](http://www.purchasing.ri.gov).

This is a Request for Proposals, not an Invitation for Bid. Responses will be evaluated on the basis of the relative merits of the proposal, in addition to price; there will be no public opening and reading of responses received by the Division of Purchases pursuant to this Request, other than to name those offerors who have submitted proposals.

#### **Summary of Request:**

Rhode Island Department of Corrections will use the services of a selected vendor as established for the Medicaid population of Rhode Island, which will be used as the basis for Admission Screening and Utilization Review in order to determine the medical necessity, quality of care, and appropriateness of acute inpatient services rendered to the Rhode Island Department of Corrections patients. The following terms are outlined:

#### **INSTRUCTIONS AND NOTIFICATIONS TO OFFERORS:**

1. Potential vendors are advised to review all sections of this RFP carefully and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.
2. Alternative approaches and/or methodologies to accomplish the desired or intended results of this procurement are solicited. However, proposals which depart from or materially alter the terms, requirements, or scope of work defined by this RFP will be rejected as being non-responsive.
3. All costs associated with developing or submitting a proposal in response to this RFP, or to provide oral or written clarification of its content shall be borne by the vendor. The State assumes no responsibility for these costs.
4. Proposals are considered to be irrevocable for a period of not less than sixty (60) days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.
5. All pricing submitted will be considered to be firm and fixed unless otherwise indicated herein.

## **RFP #7548374: Utilization Review Program for Inpatient Hospital Care**

6. Proposals misdirected to other state locations, or which are otherwise not present in the Division at the time of opening for any cause will be determined to be late and will not be considered. For the purposes of this requirement, the official time and date shall be that of the time clock in the reception area of the Division of State Purchases.
7. It is intended that an award pursuant to this RFP will be made to a prime vendor, or prime vendors in the various categories, who will assume responsibility for all aspects of the work. Joint venture and cooperative proposals will not be considered. Subcontracts are permitted, provided that their use is clearly indicated in the vendor's proposal and the subcontractor(s) to be used is identified in the proposal.
8. All proposals should include the vendor's FEIN or Social Security number as evidenced by a W-9, downloadable from the Division's website at [www.purchasing.ri.gov](http://www.purchasing.ri.gov). **Please include with original proposal only.**
9. The purchase of services under an award made pursuant to this RFP will be contingent on the availability of funds.
10. Vendors are advised that all materials submitted to the State for consideration in response to this RFP will be considered to be Public Records as defined in Title 38, Chapter 2 of the General Laws of Rhode Island, without exception, and will be released for inspection immediately upon request once an award has been made.
11. Interested parties are instructed to peruse the Division of Purchases website on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this RFP.
12. Equal Employment Opportunity (G.L. 1956 § 28-5.1-1, et seq.) – § 28-5.1-1 Declaration of policy – (a) Equal opportunity and affirmative action toward its achievement is the policy of all units of Rhode Island state government, including all public and quasi-public agencies, commissions, boards and authorities, and in the classified, unclassified, and non-classified services of State employment. This policy applies to all areas where State dollars are spent, in employment, public services, grants and financial assistance, and in state licensing and regulation. For further information, contact the Rhode Island Equal Opportunity Office at (401) 222-3090 or [raymond.lambert@hr.ri.gov](mailto:raymond.lambert@hr.ri.gov).
13. In accordance with Title 7, Chapter 1.2 of the General Laws of Rhode Island, no foreign corporation, a corporation without a Rhode Island business address, shall have the right to transact business in the State until it shall have procured a Certificate of Authority to do so from the Rhode Island Secretary of State (401-222-3040). This is a requirement only of the successful vendor(s).
14. The vendor should be aware of the State's Minority Business Enterprise (MBE) requirements, which address the State's goal of ten percent (10%) participation by MBE's in all State procurements. For further information, contact the MBE Administrator at (401) 574-8253 or visit the website [www.mbe.ri.gov](http://www.mbe.ri.gov) or contact [Charles.newton@doa.ri.gov](mailto:Charles.newton@doa.ri.gov).

**RFP #7548374: Utilization Review Program for Inpatient Hospital Care**

15. It is the responsibility of the vendor to ensure that all subcontractors meet all Federal and State laws and regulations including Health Insurance Portability & Accountability Act (HIPAA) requirements and that the appropriate business agreements are in place.
  
16. The successful offeror may be required to certify to the Rhode Island Department of Corrections that it is in compliance with applicable civil rights laws and regulations. These laws and regulations relate to issues concerning Equal Employment Opportunity (EEO), Limited English Proficiency (LEP), and other anti-discrimination laws. The successful offeror may also be required to prepare an Equal Employment Opportunity Plan. A certification of assurances form will be provided to you upon notification of tentative award. Further information regarding these assurances may be obtained upon request from RI Department of Corrections, Office of Financial Resources (phone: 401-462-2555 or by visiting the U.S. Department of Justice, Office of Justice Programs, Civil Rights website at: <http://www.ojp.usdoj.gov/about/ocr/eeop.htm>

**RFP #7548374: Utilization Review Program for Inpatient Hospital Care**

**SECTION 2 -- BACKGROUND AND PURPOSE**

**BACKGROUND:** The Rhode Island Department of Corrections is located on the Howard Complex in Cranston R.I. There are currently 3400 sentenced and awaiting trial inmates in six facilities on a one-mile square complex. Projected population increases will likely expand the population throughout the next decade. Approximately three percent of inmates are HIV+ and 25% of entrants are Hepatitis C positive. Also, the population is aging. Facilities include the State's only jail for pre-trial detainees, four male facilities and two for women offenders. All facilities contain a medical services area, either an infirmary or dispensary. Medical programs at the Department of Corrections are under the administrative management of the Rehabilitative Services Division. Health Care Services programs operate under the direction of the Medical Program Director and the Associate Director of Health Care Services.

The Rhode Island Department of Corrections has a comprehensive medical services program in place.

**Authority to Bill for Services:**

Pursuant to Chapter 23 of the General Laws of the State of Rhode Island, the Department of Corrections is authorized to provide medical services to inmates within its jurisdiction.

**Specific Requirements:**

The vendor must possess extensive prior experience in inpatient, quality care review, and the management of an inpatient utilization review process utilizing at a minimum review the length of stay in a licensed Health Care Facility.

**REQUIREMENTS:**

**General Scope of Work:** This scope of work includes the operation and management of an Admission Screening Program, and Utilization Review and Management Program. Descriptions of each of these programs and corresponding activities including their scope, time frames, work processes, and results are explained in detail below. Reports produced as a result of these review activities are listed later in a separate "Report" section.

**Specific Activities / Tasks:**

**Deliverables:** This RFP is for the provision of the Utilization Review for Inpatient Hospital Care to include the following:

Services provided by the contractor will include administration of the inpatient hospital care.

All services will be provided according to medically accepted community standard of care.

Contractor will provide necessary equipment, administrative and clinical support.

## **RFP #7548374: Utilization Review Program for Inpatient Hospital Care**

All services will be sufficient to meet the Department's needs and are in accordance with all legal requirements, both state and federal.

The contractor will provide direction that meet or exceed the applicable standards of the National Commission on Correctional Health Care (NCCHC) for prisons, and comply with all Federal, State and local rules and regulations pertaining to inpatient hospital care.

### **SECTION 3 - SCOPE OF WORK**

This scope of work includes the operation and management of an Admission Screening Program, and Utilization Review and Management Program. Descriptions of each of these programs and corresponding activities including their scope, time frames, work processes, and results are explained in detail below. Reports produced as a result of these review activities are listed later in a separate "Report" section.

#### **Admission Screening Program**

Scope of Review -The selected vendor's Admission Screening Program will encompass all medical, surgical, rehabilitation, and psychiatric unit admissions for Department of Correction patients (including those with Medicaid).

#### **Time Frames for Initiation of Review**

The admitting physician or his/her designee (e.g., office staff, admitting hospital utilization review staff) will be responsible for initiating the review process by contacting the vendor. The admitting physician/physician designee (hereinafter referred to as the "provider") will be responsible for telephoning the vendor according to the following time frames:

- Elective admissions: at least seven calendar days prior to the proposed admission.<sup>1</sup>
- Non-elective admissions: no later than 5:00 p.m. on the second business day following admission.

#### **Process for Review**

The selected vendor will use Jiva or equivalent system, the data entry system developed by ZeOmega or equivalent, to record and maintain information from the Admission Screening Program. The system is able to access Medicaid eligibility files, provider files, and other files from the Department of Human Services' MMIS (Medicaid Management Information System) contractor during the Admission Screening process. By having access to these files during the call, the nurse reviewer is able to verify Medicaid eligibility during the review process.

---

<sup>1</sup> When it is not possible for the physician/designee to comply with the seven-day prior notice requirement, s/he will telephone the vendor by 5:00 p.m. on the first business day after the decision to admit is made and, in any event, prior to the admission.

## **RFP #7548374: Utilization Review Program for Inpatient Hospital Care**

Jiva or equivalent system employs numerous edits that include value ranges, inter-field relationships, and other types of “checks and balances” to help safeguard the validity of the information entered by the nurse. Another feature of Jiva or the equivalent system is, that it alerts the reviewer to past hospital admissions for the same patient so that this information can be considered during the screening process.

When it is not possible for the physician/designee to comply with the seven-day prior notice requirement, s/he will telephone the vendor by 5:00 p.m. on the first business day after the decision to admit is made and, in any event, prior to the admission.

Requests for authorization will be accepted both through the toll-free phone line as well as through a toll-free fax line. A worksheet has been developed and shared with providers for them to use to record patient information relevant to the review process to assist the provider and the vendor's nurse to expedite the review process.

This information includes:

- patient's name and address;
- patient's gender;
- patient's date of birth;
- patient's social security number;
- patient 's Medical Assistance identification number (where applicable);
- primary and secondary diagnoses and co-morbidities (including ICD-9-CM codes)
- primary and secondary procedures, if applicable (including ICD-9-CM codes)
- expected or actual date of admission;
- expected date of discharge;
- preliminary discharge plan;
- admitting provider's Medical Assistance provider number;
- admitting provider's type, i.e., specialty;
- hospital name;
- other information that the treating physician has taken into consideration in deciding to admit, or to perform a procedure, on an inpatient basis, e.g., available support services.

The above information will be entered into Jiva or equivalent for each case and will be updated or corrected during subsequent reviews, if necessary. In addition, the nurse reviewer will record the following information during the initial AND any subsequent reviews, e.g., assigned lengths of stay for those cases subject to concurrent utilization reviews:

- ❖ number of days assigned to the length of stay;
- ❖ any prior surgery relevant to the case;
- ❖ symptoms, lab findings, planned course of treatment to support the review decision;
- ❖ “action codes” specifying the outcome of the review (see below for explanations of each outcome);
- ❖ the criterion number upon which nurse approval was based;
- ❖ the name and telephone number of the caller or the individual submitting the fax;  
and
- ❖ any other information relevant to the case.

The nurse reviewer will consider several factors while conducting the review:

## **RFP #7548374: Utilization Review Program for Inpatient Hospital Care**

- What is the reason for the admission (the diagnosis, conditional diagnosis, symptoms)?
- What is the planned course of treatment?
- Will all treatment be provided at the admitting facility?
- Has treatment/management been attempted on an outpatient basis? If not, why not (other than for emergencies)? If yes, what was the treatment and what was the outcome?
- For readmissions involving treatment for the same condition, discussion of outpatient treatment will be expanded to explore issues of patient compliance and other factors that may have contributed to the need for readmission.
- For cases involving surgical procedures: what are the indications for the procedure? If appropriate, what non-surgical treatment has been attempted, and what was the outcome?

### Outcome of Review

The possible outcomes of the screening process are described below. Each outcome will have a corresponding “action code” in the database that will determine the next steps to be followed.

### Nurse Approval

When the nurse reviewer and provider reach agreement on the medical necessity of the actual or proposed admission, treatment site, pre-operative days, and/or LOS for the case, the nurse will enter an approval code into Jiva or equivalent system.<sup>2</sup> Jiva or equivalent systems, will assign a unique screening reference number (the PAR) as well as an authorization number to the approved case. The unique screening reference number and the authorization number will be given to the provider during the telephone conversation. The assignment of these numbers by Jiva or equivalent will preclude the duplication of numbers across patients and provide an accurate method of identifying individual cases for future reference.

A LOS assignment will also be communicated to the provider at the time of the call. This agreed-upon assignment of days will be based on either the LOS norms described above or on the provider’s expected date of discharge, whichever is shorter. When applying the LOS norms during the Admission Screening process, the nurse will assign the 50th percentile norm for the condition. When requests for authorization are received by facsimile, the review results and LOS assignment will be faxed to the provider’s designated fax number.

During the telephone call, the provider will be requested to contact vendor during the patient’s stay as follows:

if the patient’s diagnosis and/or treatment plan changes during the course of the hospital stay so that the vendor can follow the hospitalization appropriately for concurrent utilization review; and/or

---

If the case does not meet criteria for admission, but in considering the availability of supportive resources at the DOC, the vendor's nurse reviewer determines that the admission is necessary, the nurse will contact a designated individual at the DOC to discuss the case.

## **RFP #7548374: Utilization Review Program for Inpatient Hospital Care**

at least two business days prior to the expiration of the assigned LOS.

Once the approval code has been entered into the system, a written notification of approval will be generated and mailed within 24 hours of the first working day of the screening call to the physician, the hospital, and the Department of Corrections.

The information contained in the notification includes:

- ❖ patient's social security number;
- ❖ patient's Medical Assistance identification number (where applicable);
- ❖ patient's gender
- ❖ patient's date of birth;
- ❖ primary, i.e., admitting, and secondary diagnoses;
- ❖ primary and secondary procedures;
- ❖ preliminary discharge plan;
- ❖ source of payment, e.g., insurance coverage;
- ❖ admitting physician name and Medical Assistance provider number;
- ❖ admitting physician provider type;
- ❖ hospital name;
- ❖ patient's category of services;
- ❖ actual or expected date of admission;
- ❖ anticipated date of discharge (based on either the provider's expected date of discharge or on vendor's length of stay assignment, whichever is earlier);
- ❖ unique screening reference number; and
- ❖ unique authorization number.

### **Nurse Diverted Case**

If as a result of the Admission Screening process the nurse reviewer and the provider agree that the patient can receive equally safe and beneficial treatment in an alternate setting and therefore the proposed admission is not medically necessary, the nurse reviewer will record the decision as a "nurse diverted case." The nurse will also enter the corresponding action code identifying the diverted status of the case. In this type of case, neither an authorization number nor a written notice will be issued.

Should the case be related to a non-covered service as directed by the DOC or the Department of Human Services benefit policy (whichever is applicable) the nurse reviewer will indicate this to the provider, direct the provider to clarify the coverage with the DOC or the Department, and document this information. Nurse reviewers will not make denial determinations related to medical necessity in these cases.

If the nurse reviewer and the provider are unable to reach agreement on the medical necessity of the actual or proposed admission, treatment site, pre-operative days, and/or length of stay for the case, the nurse will notify the provider that the case will be referred to a physician reviewer who will contact the admitting physician for further discussion.

Whenever possible, the case will be referred to a physician who is of the same specialty as the admitting physician. The nurse reviewer will telephone the physician reviewer to discuss the case. Simultaneous with or prior to the call, the nurse reviewer will also send, via facsimile, a review form to the physician reviewer. The review form consists of a copy

## **RFP #7548374: Utilization Review Program for Inpatient Hospital Care**

of the computer screen with all of the information recorded as a result of the telephone call between the nurse and the provider, and a space that can be used by the reviewing physician to document his/her review decision and the time involved in making the decision. The review form will be used for reimbursing the reviewing physician for his/her review time.

The physician reviewer will contact the admitting physician (not the physician's designee) to discuss the case no later than the same time on the following business day. Based on this discussion, one of the five conclusions described below will be reached.

### **Physician Approval**

If, while discussing the case, the admitting physician and reviewing physician can reach agreement on the medical necessity of the admission, pre-operative days and length of stay, the reviewing physician will approve the case. The reviewing physician will document the rationale used for the approval on the review form. This information will be sent, via facsimile, to the vendor.

Upon receipt of the review form, the vendor nurse will enter a "physician approval" code and the length of stay that was agreed upon by the reviewing and admitting physicians into Jiva or the equivalent system. The system will assign a unique authorization number to the approved case, assign a new review date, and will generate the written notification of approval as described above. Also, if the hospital initiated the review request, the vendor nurse will telephone the hospital to notify them of the review decision.

### **Physician Diverted Case**

If, while discussing the case, the admitting and reviewing physicians agree that the patient can receive equally safe and effective treatment in an alternate setting and, therefore, the proposed admission is not medically necessary, the admission will be "diverted."

The reviewing physician will document on the review form the rationale for the decision. This information will be sent to vendor via facsimile. Upon receipt of the review form, the vendors nurse will enter a "physician diverted case" code into Jiva, or equivalent system. In this type of case, neither an authorization number nor a written notice will be issued. If the hospital initiated the review request, the vendor nurse will telephone the hospital to notify them of the decision to divert the case.

### **Physician Denial**

If, while discussing the case and considering all of the information offered by the admitting physician, the reviewing physician determines that s/he is unable to approve the medical necessity of the admission; the reviewing physician will inform the admitting physician that the case will be denied. The reviewing physician will also explain the appeals process, including the time frames applicable to "expedited appeals." For more detailed information on denials and appeals, refer to the sections that follow.

The reviewing physician will document the rationale used for the decision on the review form. This information will be sent to the vendor via facsimile. Upon receipt of the review

## **RFP #7548374: Utilization Review Program for Inpatient Hospital Care**

form, the nurse reviewer will enter a “physician denial” code into Jiva, or equivalent system. In addition, a letter describing the review decision will be sent to the physician, hospital, and the DOC.

If the hospital initiated the review request, the vendor's nurse will telephone the hospital to notify them of the denial decision and the appeals process.

### **Physician Approval with Concurrent Utilization Review**

If, during the telephone conversation, the reviewing and admitting physicians agree on the medical necessity of the admission, but are unable to agree on the length of stay, the reviewer will notify the admitting physician that, while the admission is approved, the case will be followed for concurrent utilization review.

The reviewing physician will document the rationale used for the approval on the review form. This information will be sent to the vendor via facsimile.

Upon receipt of the review form, the vendor's nurse will enter a “physician approval with utilization review” code into Jiva, or equivalent system. The system will assign a unique authorization number to the approved case and will generate the written notification of approval as described above. A next review date will also be assigned by Jiva, or equivalent system. This date will be two business days following admission or two business days following the physician review decision, whichever is later. If the hospital initiated the review request, the vendor's nurse will telephone the hospital to notify them of the decision to approve the case with concurrent utilization review. The Concurrent Utilization Review process is explained later in more detail.

### **Physician Denial Due to Admitting Physician Unavailability**

If the reviewing physician is unable to reach the admitting physician after at least three documented telephone calls over a period of no fewer than three business days, the admitting physician will be deemed to be “not reasonably available.” The reviewing physician will document his/her efforts to communicate with the admitting physician on the review form. The reviewing physician will then notify the vendor's nurse to issue a denial and will fax the review form back to the vendor. The nurse will telephone the hospital regarding the outcome, and the denial process will be initiated as explained below.

### **Denial Process**

Physician reviewers will render all denial decisions as explained above. The denial notice will include the following information:

- patient’s social security number;
- patient’s Medical Assistance identification number (where applicable);
- patient’s gender;
- patient’s date of birth;
- primary, i.e., admitting, and secondary diagnoses;

## **RFP #7548374: Utilization Review Program for Inpatient Hospital Care**

- primary and secondary procedures;
- preliminary discharge plan;
- source of payment, i.e., other insurance coverage;
- admitting physician name and Medical Assistance provider number;
- hospital name;
- actual or expected date of admission;
- patient's category of services;
- reason(s) for the denial decision;
  
- procedures (including time frames) to be followed to request an appeal of the denial decision;
- name and telephone number of the Manager of vendor's Review Services Department who should be contacted with regard to the appeal;
- time frame in which the appeal decision will be rendered; and
- unique screening reference number.

Denial notices will be mailed to the admitting physician, the hospital, and the DOC within one business day of receipt of the information needed to complete the review.

### **Appeals Process**

In accordance with Section 5.4.1 of Rules and Regulations for the Utilization of Health Care Services Utilization Review (R23-17.12-UR), all requests for appeals must be sent to the vendor within 60 days from the date of the denial notice.

The method and timing for completing the appeals process will depend on whether the case is defined as an "emergency" according to the Rules and Regulations for the Utilization of Health Care Services Utilization Review (R23-17.12-UR) Section 1.13<sup>3</sup> and if the request for appeal is made prior to or during the recipient's admission. If a case meets both of these conditions, then the vendor will conduct an "expedited appeal" of the case.

The admitting physician, the hospital or the recipient can make requests for an "expedited appeal" via telephone. When conducting an expedited appeal, the vendor will render its expedited appeal decision within two business days of the date on which the vendor receives the appeal request and all of the information necessary to process the appeal. A written notification of vendor's decision will be mailed no later than one business day after the decision has been rendered.

The vendor will render all "non-expedited appeals" decisions as soon as practical, but in no case later than 30 business days after receiving the required documentation of the appeal. A written notification of the vendor's decision will be mailed within this 30-day period. A physician reviewer who was not involved in the initial denial determination and who is in the same or similar specialty as the physician whose case is under review will conduct the

---

<sup>3</sup> According to the Rules and Regulations for the Utilization of Health Care Services Utilization Review R23-Section 1.12, an emergency case is defined as "the sudden onset of a medical or mental condition that the absence of immediate medical attention could reasonably be expected, by a prudent lay person, to result in placing the patient's health in serious jeopardy, serious impairment to bodily or mental functions, or serious dysfunction of any bodily organ or part."

## **RFP #7548374: Utilization Review Program for Inpatient Hospital Care**

appeal. The written appeals notification will be mailed to the admitting physician, hospital and/or the patient. The appeals notices will include the same items contained in the denial notice as explained above, and will also include information regarding the Department's fair hearing process. NOT SURE IF THIS WILL APPLY TO THE DOC non-MEDICAID CASES.

### **Utilization Review and Management Program**

The purpose of this task will be to determine compliance with the medical necessity, quality of care, appropriateness and efficiency of services rendered to patients and billed to the DOC by acute care hospitals. Under this task, the vendor will conduct Concurrent Review as described below.

### **Concurrent Utilization Review**

This activity involves a review of the medical necessity and appropriateness of services provided to patients during the course of their hospital stay.

### **Scope of Review**

The vendor will conduct Concurrent Utilization Review of the following types of cases:

- admissions for psychiatric and substance abuse diagnoses;
- emergency admissions;
- admissions flagged during the Admission Screening process by the nurse reviewer as "administratively necessary;"
- admissions flagged during the Admission Screening process where agreement could not be reached on the length of stay assignment and the length of stay is expected to exceed that assigned by the physician reviewer;
- admissions with an expected length of stay greater than 72 hours or three days;
- admissions where the admitting diagnosis has changed from one that does not need admission screening to one that has converted to an inpatient stay; e.g., conversion from observation to an admission, and
- admissions for which the provider contacts the vendor prior to the expiration of the length of stay assigned during the Admission Screening process.

The vendor will work with the DOC to modify the scope of this review whenever requested by the DOC, or if the vendor identifies and proposes the need for, and potential benefit of, a modification.

### **Time Frames for Initiation of Review**

The expected date of discharge or the date on which an assigned LOS expires will dictate when the review process will be initiated for an individual case. Close monitoring of each case will be assured by scheduling the next review on or before the discharge/LOS expiration date. Should the discharge/LOS expiration date fall on a Saturday, review will be initiated on Friday. For a Sunday discharge/LOS expiration date, the review will be

## **RFP #7548374: Utilization Review Program for Inpatient Hospital Care**

initiated on Monday. The data system will produce a daily list of cases that are subject to Concurrent Review. This listing will be faxed to or called into the provider's designated contact each morning. Only one request for concurrent review will be sent for each case/next review date to providers. No additional days will be certified for reimbursement without completion of an updated review.

### **Process for Review**

The Vendor's Concurrent Utilization Review process will involve frequent and intense monitoring to limit the number of hospital days to those that are medically necessary and appropriate. This monitoring will involve telephone contact with each hospital's Utilization Review Department or appropriate personnel, and when necessary, with the treating physician.

Jiva or its equivalent will be utilized to record and maintain information from the Concurrent Utilization Review process. Jiva or its equivalent will allow the reviewer to record information relevant to each review, including number of days assigned, the criteria used, and the action codes. Each review will be added to the patient's Admission Screening data and will be available to the reviewer for reference when conducting subsequent reviews.

When conducting the review and determining the necessity of continued stay, the vendor's nurse will ask questions similar to those that are asked during the Admission Screening process, e.g., what is the planned course of treatment, expected length of stay, etc. Emphasis will be placed on questions involving specific plans for discharge and post-hospital care.

The condition-specific ISD-ATM Criteria contain "prompts" to assist the reviewer in asking questions that focus on the patient's clinical/functional readiness for discharge and options for care outside of the hospital setting. The reviewer will also take into consideration the social factors that impact the health of the recipient, such as availability of support resources in the prison environment.

### **Outcome of Review**

The possible outcomes of the Concurrent Utilization Review process are nurse approval, physician review with approval, or physician disapproval. Each of these outcomes is described below.

#### **Nurse Review and Approval:**

If the case meets the criteria for continued stay and the vendor's nurse reviewer and the hospital agree on the length of the continued stay, the reviewer will assign a new utilization review date which will be based on either the next length of stay percentile, e.g., 75th, 90th, etc., or the expected date of discharge, whichever is earlier.<sup>4</sup>

---

<sup>4</sup> If the continued stay does not meet the criteria for an extension, but the vendor's nurse reviewer determines that the prison's resources are inadequate, the nurse will contact a designated individual at the DOC to discuss the case.

## **RFP #7548374: Utilization Review Program for Inpatient Hospital Care**

### **Physician Review:**

If the vendor's nurse and hospital are unable to agree on the need for the length of the proposed extended stay, the nurse will notify the hospital that the case will be referred to a physician reviewer who will contact the treating physician for further discussion. Whenever possible, the case will be referred to a physician who is of the same specialty as the treating physician.

The nurse reviewer will telephone the physician reviewer to discuss the case. Simultaneous with or prior to the call, the nurse reviewer will also send, via facsimile, a review form to the physician. The review form will consist of a copy of the computer screen with all of the information recorded as a result of the telephone call between the nurse and the hospital and will include a space that can be used by the reviewing physician to document his/her review decision, as well as the time involved in making the decision. The review form will be used for reimbursing the reviewing physician for his/her review time.

The physician reviewer will contact the treating physician (not the physician's designee) to discuss the case no later than the same time on the following business day. Based on this discussion, one of the three conclusions described below will be reached.

### **Physician Approval:**

If, while discussing the case, the admitting and reviewing physicians can reach agreement on the medical necessity of a specified extension of the patient's stay, the reviewing physician will approve the case. The reviewing physician will document on the review form the LOS assignment and rationale used. This information will be sent, via facsimile, to the vendor.

Upon receipt of the review form, the vendor's nurse will enter a "physician approval" code and the new length of stay assignment into Jiva, or its equivalent. The system will calculate and assign a new review date in the vendor's data system. The vendor's nurse will telephone the hospital to notify them of the review decision.

### **Physician Reviewer Assignment of Days:**

If the treating and reviewing physicians agree on the need for a continued stay but are unable to agree on the precise number of days, i.e., the reviewing physician approves fewer days than those requested by the treating physician, then the reviewing physician will notify the treating physician of the number of days approved and indicate that the hospital will be contacted prior to the expiration of the assigned stay to determine the need for additional days.

The reviewing physician will document on the review form the approved length of stay and the rationale for his/her assignment of days versus the number of days requested by the treating physician. This information will be sent to the vendor via facsimile. Upon receipt of the review form, the vendor's nurse will enter a "physician reviewer assignment of days" code and the new length of stay assignment into Jiva, or its equivalent. The system will

## **RFP #7548374: Utilization Review Program for Inpatient Hospital Care**

calculate and assign the next review date in the vendor's data system. The vendor's nurse will also telephone the hospital to notify them of the review decision.

### **Physician Reviewer Disapproval of Continued Stay:**

If the treating and reviewing physicians are unable to agree on the need for continued stay, then the treating physician will be notified of the disapproval and told that the decision will be reported to the DOC for pattern analysis.

The reviewing physician will document the rationale for the length of stay disapproval on the review form. This information will be sent to the vendor via facsimile.

Upon receipt of the review form, the vendor's nurse will enter a "physician reviewer disapproval of continued stay" code into Jiva, or its equivalent. The nurse reviewer will flag the case with the next review date and will telephone the hospital to notify them of the review decision.

On the next review date, the nurse reviewer will contact the hospital to determine if any changes to the patient's condition or treatment have occurred that indicate the need to contact the reviewing physician for consideration of a new length of stay assignment. If no new information is offered, the vendor's nurse will enter a next review date of two business days following the current review into Jiva or equivalent.

This process will continue until the vendor's nurse determines that the patient has been discharged early, or that the case requires additional review by the physician as referenced above.

### **Reports**

To Be Determined based on the DOC's needs.

The RIDOC (Rhode Island Department of Correction) will pay the vendor for services rendered.

**RIDOC Responsibilities:** The Rhode Island Department of Corrections (RIDOC) agrees to supply a daily hospital census (Monday through Friday) to the vendor and/or RIDHS.

A point of contact will be established for clinical review; a point of contact will be provided for medical claims issues.

Preparing appropriate paperwork on a monthly basis for the transfer of funds from RIDOC's account to reimburse RIDHS for services as listed

**Contractor Responsibilities:** Contractor provides all associated clerical work and submits monthly reports outlining all services rendered for the month.

## **RFP #7548374: Utilization Review Program for Inpatient Hospital Care**

**Security Requirement:** Employees of contractors who must gain entrance into correctional facilities are subject to police record checks; the Department of Corrections retains the right to refuse entrance to contractor employees with felony convictions. Access to correctional facilities also requires adherence to rigid security rules as far as property search, contact with inmates, etc.

### **SECTION 4 -- TECHNICAL PROPOSAL**

**Narrative & format:** The separate technical proposal should address specifically each of the required elements:

1. **Staff Qualifications** – Provide staff resumes / core values and describe qualifications and experience of key staff who will be involved in this project, including their experience in the field of reviewing and utilization review.
2. **Capability, Capacity, and Qualifications of the Offeror** – Provide a detailed description of the Vendor's experience. A list of relevant client references must be provided, to include client names, addresses, phone numbers, dates of service and type(s) of service(s) provided.
3. **Work Plan** – Describe in detail, the framework within which requested services will be performed.
4. **Approach/Methodology** – Define the methodology and procedures to be used.

### **SECTION 5 -- COST PROPOSAL**

**Detailed Budget and Budget Narrative:** Provide a proposal for fees charged reflecting the hourly rates and other fee structure, proposed to complete all of the requirements of this project. Explain the basis and rationale of your fee structure. Alternative fee schedule proposals will be considered; however, you must provide an understandable fee structure and explain the benefits of the alternative approach.

**RFP #7548374: Utilization Review Program for Inpatient Hospital Care**

**SECTION 6 -- EVALUATION AND SELECTION**

Proposals will be reviewed and scored by a Technical Review Committee comprised of staff from state agencies.

The Department of Corrections reserves the exclusive right to select the individual(s) or firm (vendor) that it deems to be in its best interest to accomplish the project as specified herein; and conversely, reserves the right not to fund any proposal(s).

Proposals will be reviewed and scored based upon the following criteria:

<b>Criteria</b>	<b>Possible Points</b>
Staff Qualifications	15 Points
Capability, Capacity, and Qualifications of the Offeror	15 Points
Quality of the Work plan	15 Points
Suitability of Approach/Methodology	15 Points
<b>Total Possible Technical Points</b>	<b>60 Points</b>
Cost [calculated as (lowest responsive cost proposal) divided by (this cost proposal) times 30 points]	40 Points
<b>Total Possible Points</b>	<b>100 Points</b>

Points will be assigned based on the offeror's clear demonstration of his/her abilities to complete the work, apply appropriate methods to complete the work, create innovative solutions and quality of past performance in similar projects.

Applicants may be required to submit additional written information or be asked to make an oral presentation before the Technical Review Committee to clarify statements made in their proposal.

**RFP #7548374: Utilization Review Program for Inpatient Hospital Care**

**COST PROPOSAL SUMMARY**

Offeror:	_____
Address:	_____ _____
Taxpayer ID#:	_____
Authorized Agent:	_____
Title:	_____
Telephone & Fax#:	_____
E-Mail:	_____

<b>Cost Proposal:</b>	
\$ _____	Hourly

Cost Proposal	Year 1	Year 2	Year 3	Year 4

Signature of Authorized Agent: \_\_\_\_\_

Date: \_\_\_\_\_

## **RFP #7548374: Utilization Review Program for Inpatient Hospital Care**

### **SECTION 7 -- PROPOSAL SUBMISSION**

Questions concerning this solicitation may be e-mailed to the Division of Purchases at [gail.walsh@purchasing.ri.gov](mailto:gail.walsh@purchasing.ri.gov) no later than the date and time indicated on page one of this solicitation. Please reference RFP #7548374 on all correspondence. Questions should be submitted in a Microsoft Word attachment. Answers to questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information. If technical assistance is required to download, call the Help Desk at (401) 222-3766 or [lynda.moore@doit.ri.gov](mailto:lynda.moore@doit.ri.gov).

Offerors are encouraged to submit written questions to the Division of Purchases. No other contact with State parties will be permitted. Interested offerors may submit proposals to provide the services covered by this Request on or before the date and time listed on the cover page of this solicitation. Responses received after this date and time, as registered by the official time clock in the reception area of the Division of Purchases will not be considered.

Responses {an original (1) plus four (4) copies} should be mailed or hand-delivered in a sealed envelope marked "RFP#7548374" to:

RI Dept. of Administration  
Division of Purchases, 2nd floor  
One Capitol Hill  
Providence, RI 02908-5855

NOTE: Proposals received after the previously referenced due date and time will not be considered. Proposals misdirected to other State locations or those not presented to the Division of Purchases by the scheduled due date and time will be determined to be late and will not be considered. Proposals faxed or emailed to the Division of Purchases will not be considered. The official time clock is in the reception area of the Division of Purchases.

#### **RESPONSE CONTENTS**

Responses should include the following:

1. A completed and signed four-page R.I.V.I.P generated bidder certification cover form -- downloaded from the RI Division of Purchases Internet home page at: [www.purchasing.ri.gov](http://www.purchasing.ri.gov).
2. A completed and signed W-9 downloaded from the RI Division of Purchases Internet home page at: [www.purchasing.ri.gov](http://www.purchasing.ri.gov). **Please include with original proposal only.**

## **RFP #7548374: Utilization Review Program for Inpatient Hospital Care**

3. A letter of transmittal signed by the owner, officer, or authorized agent of the firm or organization, acknowledging and accepting the terms and conditions of this Request, and tendering an offer to the State.
4. A separate Technical Proposal describing the qualifications and background of the applicant and experience with and for similar projects, and all information described earlier in this solicitation. The Technical Proposal is limited to six (6) pages (this excludes any appendices). As appropriate, resumes of key staff who will provide services covered by this request.
5. A **separate**, signed and sealed Cost Proposal reflecting the hourly rate, or other fee structure, proposed to complete all of the requirements of this project.
6. In addition to the multiple hard copies of proposals required, Respondents are requested to provide their proposal in electronic format (CDRom, diskette, or flash drive). Microsoft Word / Excel or PDF format is preferable. Only 1 electronic copy is requested and it should be placed in the proposal marked "original".

### CONCLUDING STATEMENTS

Notwithstanding the above, the State reserves the right not to award this contract or to award on the basis of cost alone, to accept or reject any or all proposals, and to award in its best interest.

Proposals found to be technically or substantially non-responsive at any point in the evaluation process will be rejected and not considered further. The State may, at its sole option, elect to require presentation(s) by offerors clearly in consideration for award.