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October 14, 2015

ADDENDUM # 2

RFP: 7549890

Title: Electronic Visit Verification System

Bid Closing Date & Time: October 27, 2015 at 11:00 AM (Eastern Time)

Notice to Vendors:

**ATTACHED ARE VENDOR QUESTIONS FROM THE PRE-BID/PROPOSAL
CONFERENCE AND OPEN QUESTION PERIOD WITH STATE RESPONSES.**

NO FURTHER QUESTIONS WILL BE ANSWERED.

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Interdepartmental Project Manager

Interested parties should monitor this website, on a regular basis, for any additional information that may be posted.

Vendor Questions for RFP #7549890

Question 1: Is there a bidders conference for this RFP? If so, what is the date and time?

Answer to question 1: There is no pre-bid/proposal conference as indicated on the cover sheet of the RFP, "PRE-BID/ PROPOSAL CONFERENCE: No".

Question 2: Pg. 8 "7. Allow provider entry of TPL information at the client (to be applied to all claims for a client) or claim level before a TPL affected claim can be submitted;"

Can the state or its 3rd party vendor, provide examples of information that may accompany or be applied to submitted claims.

Answer to question 2: Rhode Island's MMIS is the repository for all TPL data. Depending on the successful bidder's solution, TPL data may be provided.

Question 3: Pg. 7 "It is anticipated that the EVV system will be implemented in two phases. The first phase will require the "Personal Care Aide" provider type (RI MMIS Provider Type "072") to start using the new EVV solution. At present, this represents fifty (50) billing providers and covers roughly five thousand (5,000) recipients. Claims will not be validated pre-payment by the EVV system against prior authorization data during this phase, but will be subject to post-payment review and validation of services by EOHHS and our MCO partners."

Can the state provide the average number of monthly visits per each of the 5,000 recipients?

Answer to question 3:

The average weekly authorized hours per client is approximately 20. The hours may be utilized on any number of days in the week. A client may require services for 4 hours on 5 days. That could mean one visit per day for four hours or 2 visits per day of 2 hours each. The client could also use the hours over 7 days. As the needs of the client changes, the way the hours are utilized may change. A monthly average of visits per client could be anywhere from 20 visits (4 hours per day for 5 days) to 60 (2 visits per day for 30 days)

Question 4: SECTION II: BACKGROUND AND PURPOSE Subsection: Purpose states: *"The goal of this system is to enhance program efficiencies and quality assurances for the various in home and community-based care and services administered by the departments that are included under the umbrella of EOHHS, as well as our Managed Care Organization (MCO) partners."*

For each question below, please provide a unique answer.

- a) What is the role of the MCO versus the state for data flow including transmission of authorization, provider, plan of care, member data, and 837 claim submittal?
- b) How many systems is the EVV vendor expected to interface with for the purposes of data transmission to and from the EVV system?
- c) Should the EVV vendor expect to receive data (i.e., authorizations, member, and provider) from both the state and the MCO's during Phase 1 and/or Phase 2?

Answer to question 4:

- a) At the present time, the State is anticipating the MCO's and the State will be transmitting only eligibility data to the successful bidder.
- b) The solution must be able to interface will all State providers and the claims adjudication systems of the State's fiscal agent as well as both MCO's.
- c) The EVV vendor should expect to receive data from the State's MMIS system in Phase I and both the MCO's and the MMIS in Phase II.

Question 5: SECTION III: SCOPE OF WORK Subsection: General Scope of Work
The RFP states: *"Claims will not be validated pre-payment by the EVV system against prior authorization data during this phase (Phase 1), but will be subject to post-payment review and validation of services by EOHHS and our MCO partners."*

Please clarify whether this means the provider may continue to submit their claims as they do today outside of an EVV system.

Answer to question 5: Yes, the providers may continue to submit their claims as they do today outside of an EVV system.

Question 6: SECTION III: SCOPE OF WORK Subsection: General Scope of Work
The RFP states: *"In the second phase of the project, which is anticipated to begin in the thirteenth month of implementation, these claims shall be validated against prior authorization data from MMIS and our MCO partners prior to payment."*

Please confirm that the providers should start billing through the EVV vendor system with the go live of Phase 2.

Answer to question 6: Yes, the providers should start billing through the EVV vendor system with the go live of Phase II.

Question 7: SECTION III: SCOPE OF WORK Subsection: General Scope of Work
The RFP states: *"Claims will not be validated pre-payment by the EVV system against prior authorization data during this phase, but will be subject to post-payment review and validation of services by EOHHS and our MCO partners."*

Will the EVV vendor be required to provide EVV data to support post-payment review and validation? If so, how will EOHHS/MCO's access that data?

Answer to question 7: Yes, the EVV vendor is expected to provide time and attendance data. The State expects the EVV vendor to work with our fiscal agent and the participating MCO's to develop the best method for the exchange of data.

The data will be entered into the state's MMIS system through the CSM.

Question 8: SECTION III: SCOPE OF WORK Subsection: Specific Activities and Tasks Requirement 1d) reads, "*Recipient-centric digital documentation management.*"

Please define what is meant by Recipient-centric digital documentation management? Is this a Phase 1 requirement?

Answer to question 8: The recipient and care giver will have digital identities that will match in the system to ensure the right care is given to the right person at the authorized time.

Question 9: SECTION III: SCOPE OF WORK Subsection: Specific Activities and Tasks Requirement 7 states: "*Allow provider entry of TPL information at the client (to be applied to all claims for a client) or claim level before a TPL affected claim can be submitted*". Please describe the TPL process and confirm that it is required for Phase 2.

Answer to question 9: See question 2.

Medicaid is the payer of last resort. All authorized care and medical services are subject to a Medicaid lien. If there is a third party payer that is responsible for medical care, OHHS needs to be made aware that the beneficiary's care may be subject to TPL (third party liability).

When someone receives "waiver services" we do not use TPL for Medicaid authorized services. Individuals can receive Medicare services and Medicaid services similar in nature that are not duplicative.

Question 10: SECTION III: SCOPE OF WORK Subsection: Specific Activities and Tasks Requirement 12 reads, "*Provide for real-time capabilities to collect activities or services at the facility or in the home and develop an electronic record*". Please clarify what facilities are included?

Answer to question 10: At this time, the State does not anticipate home and community based services being provided at facilities.

Question 11: SECTION III: SCOPE OF WORK Subsection: Specific Activities and Tasks Requirement 13 reads: "*Provide an integrated system that includes scheduling, care planning, authorization monitoring, visit verification, reporting and billing*".

For each question below, please provide a unique response.

- a) Please clarify what the requirements are for care planning.
- b) What is the intent of this data?

What 'Plan of Care' data is expected?

Answer to question 11: Remove 'Plan of Care' from the scope of work.

Question 12: SECTION III: SCOPE OF WORK Subsection: Specific Activities and Tasks Requirement 14 states: *"Have the capability to receive and store daily updates of participant, provider, and plan of care data sent from provider agencies, support coordinators, MCO's and the state's fiscal agent"*. For each question below, please provide a unique response.

a) What is a "support coordinating agency"?

What level of access to the system will they need?

Answer to question 12: A support coordinating agency is the agency that employs the participant's case manager. They will not need access to the EVV system.

Question 13: SECTION III: SCOPE OF WORK Subsection: Specific Activities and Tasks Requirement 17 states: *"Have the capability of enforcing the following edit checks:*
a. The caregiver is not providing services to multiple recipients at the same time
b. The same recipient is not receiving the same services from multiple caregivers at the same time"

For each question below, please provide a unique response.

- a) Will checking the caregiver providing services to multiple recipients need to be checked across all provider agencies?
- b) If yes, how will the caregiver be uniquely identified across agencies?
- c) Please provide an example of the scenario(s) for this requirement.

Is this check intended to occur in real-time or retrospectively?

Answer to question 13:

- a) Yes
- b) Social Security Number, Name, Date of Birth
- c) See a and b above

This check is intended to occur retrospectively.

Question 14: SECTION III: SCOPE OF WORK Subsection: Specific Activities and Tasks Requirement 26 states: *"The EVV system shall be MITA 3.0 compliant upon implementation"*

Please provide a copy of the MITA 3.0 requirements as the link in the PDF does not work.

Answer to question 14:

<http://www.medicaid.gov/medicaid-chip-program-information/by-topics/data-and-systems/mita/medicaid-information-technology-architecture-mita-30.html>

Question 15: SECTION III: SCOPE OF WORK Subsection: Specific Activities and Tasks Requirement 25 states: “*Supply a data extract formatted to EOHHS specifics for use with Rhode Island’s predictive modeling and analytics implementation*”. Please provide a copy of this data extract format.

Answer to question 15: It is anticipated to be a flat file with the date fields to be determined in the design stage.

Question 16: SECTION III: SCOPE OF WORK Subsection: Specific Activities and Tasks Requirement 28 states: “*Describe a detailed plan for security of data and compliance with Rhode Island Division of Information Technology policies and HIPAA requirements, including the HITECH Act amendments*”. Please provide a copy of the Rhode Island Division of Information Technology policies other requirements as the link in the PDF does not work.

Answer to question 16:

Rhode Island State Division of Information Technology

<http://www.doit.ri.gov/>

Question 17: Is there a Fiscal Agent managing the Consumer Directed program or will members need access to EVV data directly?

Answer to question 17: Yes, there are fiscal agents managing provider payments for the Consumer Directed Program. No, members will not need access to EVV data.

Question 18: For each question below, please provide a unique response.

- a) Please provide a list of the services covered in the RFP.
- b) Do all services in the EVV program require a prior authorization?

Please provide a document that details the rules and regulations for each service.

Answer to question 18:

- a) See page 5, paragraph 4 of the RFP. See also Home and Community Based Services.
- b) Yes, all services in the EVV program will require prior authorization.

Question 19: Please provide a unique response to each question below.

- a) Please provide the membership numbers for each program.
- b) For each program in your response to a), please provide a breakout of the number of members that are Fee For Service and the number of members that are managed by MCO's.

For each program in your response to a), please provide a breakout of the number of members that are expected to be part of the EVV program in Phase 1 and Phase 2.

Question 20: State's General Conditions of Purchase Section 17 Product Acceptance. What is meant by "*all contract deliverables specified for procurements of services shall be construed to be work products*"? Does this mean it is considered a work for hire, or does this mean that contracts for services are still considered a deliverable subject to non-conformance, acceptance, etc.?

Answer to question 20: All the provision of Section 17 items A-D apply to services as they would to merchandise. Vendors who have questions regarding the General Conditions of Purchase should consult with their legal consul.

Question 21: State's General Conditions of Purchase Section 22 Claims. Can you please expand and provide an example on what you mean by "*the Purchasing Agent may assess dollar damages against a vendor or contractor determined to be non-performing or otherwise in default of their contractual obligations equal to the cost of remedy incurred by the State*"?

Answer to question 21: Language in Section 22 speaks for itself and can't be expound upon. Hypotheticals shall not be given. Vendors who have questions regarding the General Conditions of Purchase should consult with their legal consul.

Question 22: How many MCO partners does RI interact with for HCBS? (p. 7)

Answer to question 22: Two. Neighborhood Health Plans of Rhode Island and United Health Care.

Question 23: How do MCOs fit into billing process, in particular as it concerns third-party liability (TPL)? Are the MCOs billed through clearinghouses? Which ones? (p. 7)

Answer to question 23: Yes, the MCO's utilize Optum and First Recovery for third party liability. Additionally, UHC uses the following vendors and insurance types they deliver:

- HMS- Commercial Medical, Pharmacy and Medicare
- OptumInsight-Commercial Medical and Medicare
- Syrtis- Pharmacy
- CES-Medicare
- Connolly- Medicare
- State file-All coverage types listed in the State Systems however not all coverage types are housed in the CSP Claims Platform due to system limitations

Question 24: Phase 1 - how many individual caregivers will participate in the EVV system? (p. 7)

Answer to question 24: EOHHS is not able to determine the number of caregivers at this time.

Question 25: Phase 2 - how many additional recipients, provider agencies, and caregivers will be processed in the EVV system? (p. 7)

Answer to question 25: Approximately 5,000 additional recipients will be included in Phase II. EOHHS does not anticipate a significant change in the number of provider agencies from the number reported in the RFP. EOHHS is not able to determine the number of caregivers at this time.

Question 26: What percentage of caregivers do you expect to use a mobile device for EVV?

Answer to question 26: Approximately 75%

Question 27: What is "recipient-centric digital documentation management"? Please provide specific examples of documents that are expected to be stored, who has access to the documents, their retention period, and the volume of new documents per month. (p. 7)

Answer to question 27: See the response to question #8.

Question 28: "Provide visit verification [...] in the home and other settings." Please define "other settings" - does it refer to a place of residence such as a nursing home, or does it refer to non-residential settings such as a doctor's office? (p. 7)

Answer to question 28: See the response to question #10.

Question 29: Please define the scope of the billing activity for the EVV vendor. Are we supposed to take the EVV data and create the 837, pass it along to the payer(s) and process the remittance file? Will agencies be permitted to use third party software and/or services to process their billing? (p. 7)

Answer to question 29: No, the EVV vendor will not be expected to take the EVV data and create the 837, pass it along to the payer(s) and process

the remittance file. The use of third party software will be determined based on vendor proposals. This remains an open issue.

Question 30: Since we are asked to cover over 40 topics in the technical proposal, we ask that the page limit will be raised to at least the same number of pages as required responses. (p. 14)

Answer to question 30: The pages and excluded appendices should be adequate.

Question 31: May application screen examples, sample reports, and other figures be moved to an appendix? (p. 14)

Answer to question 31: Yes.

Question 32: Given the relatively short turnaround time, would you consider extending the deadline to November 13th? (p.1)

Answer to question 32: The RFP submission date has already been extended to October 27. No additional extension will be granted.

Question 33: What is the targeted budget amount for the system to be provided and managed under the RFP?

Answer to question 33: The budget for the system to be provided and managed under the RFP will be dependent upon proposals received. As always, budgeted dollars are subject to the availability of funds authorized by the General Assembly.

Question 34: Can the Staff resumes be included as an appendix rather than as part of the 15 page limit? (p. 10)

Answer to question 34: Yes

Question 35: Can you be more specific as to the estimated number of annual transactions to be processed by the system (1-2 million)? (p.16)

Answer to question 35: No, EOHHS cannot be more specific as to the estimated number of annual transactions.

Question 36: The RFP calls for transaction fee-based pricing. Would you consider allowing alternative pricing options including fixed price and/or transaction fee and/or maintenance fees? (p.11)

Answer to question 36: Yes

Question 37: The RFP indicates that the proposed Electronic Visit Verification (EVV) System will be provided and managed for home and community based services (HCBS). Do you anticipate that this system will be made available for other departments or Agencies in the future? (p.3)

Answer to question 37: Yes. It is expected to expand.

Question 38: Can you provide estimated transaction totals for each of the departments and/or divisions covered under this RFP? (p.11)

Answer to question 38: Transactional totals for each of the departments and/or division covered under this RFP are not available.

Question 39: If regulatory and/or statutory changes are required during the term of the contract, will you have a process in place to address them or should they be included in the proposal response?

Answer to question 39: This issue will be discussed during contract negotiations.

Question 40: If we identify/develop new technologies/innovations that could result in cost savings and improved program efficiency, will there be a mechanism in place to introduce them during the contract period? If so, would that require a new competitive procurement? (p.10)

Answer to question 40: This issue will fall under the contract amendment section of the negotiated contract. It depends on whether the change materially affects the RFP or contract.

Question 41: P.10, #31- asks for a 90 day implementation after the purchase order is issued. Is the PO issued at the time the lowest bidder is identified? Can we get a process timeline from the time the contract is awarded to the 90 day implementation?

Answer to question 41: No, the PO is not issued at the time the lowest bidder is identified. The PO is issued after negotiations are complete and all required data is submitted to State Purchasing.

Question 42: Section III, Certifications. If there are terms and conditions that we would like to negotiate, may we accept the Contract terms and conditions, subject to specific exceptions?

Answer to question 42: No.

Question 43: Section III, Certifications. Will the selected Bidder have the opportunity to negotiate the requirements in the RFP and/or the State's Terms and Conditions? If the State does not permit negotiations or negotiations are not successful, is the selected Bidder free to choose to not to execute the Contract?

Answer to question 43: No.

Question 44: Section I, #14. Where should information about our proposed MBE utilization be placed in the response? What specific information is required to be included?

Answer to question 44:

The successful vendor will be expected to work with the MBE Office once the tentative selection letter has been issued.

Question 45: Section III, General Scope of Work Volume projections for "Personal Care Aide" provider type (RI MMIS Provider Type "072") were documented to be about fifty (50) billing providers and roughly five thousand (5,000) recipients. For subsequent programs to be added, please provide expected timing and volume projections by timeframe.

Answer to question

The time frame is dependent on the first implementation of fee for service claims followed by MCO claims.

Question 46: Section III, Specific Tasks, # 1(d) For the requirement for "Recipient-centric digital documentation management", can the state clarify what types of digital documentation are to be stored, and how the recipients would expect to access this documentation? How many documents would be expected to be stored and for what duration?

Answer to question 46: Authorizations for services, hours authorized and types of services required are typical of the documentation management. The documentation is expected to be stored for 10 years.

Question 47: Section III, Specific Tasks, #9 Can EOHHS expand on the specific requirements for interfacing with third-party agency management applications?

Answer to question 47: We expect the selected vendor to work with our providers. EOHHS cannot expand on specific requirements.

Question 48: Section III, Specific Tasks, #13 Please describe the functionality expected for ‘care planning’ in the solution.

Answer to question 48: Please see question #11.

Question 49: Section III, Specific Tasks. #14. Typically client and provider eligibility information, along with authorization data, is sent to EVV from one centralized source. Can EOHHS confirm this truly will not be the case for Rhode Island? If so, will the format of the data sent be the same from the different sources?

Answer to question 49: Data will be provided from multiple sources, but EOHHS anticipates the data will be formatted the same way.

Question 50: Section III, Specific Tasks, #15 Can EOHHS provide a complete list of services that will be applicable to EVV?

a) Answer to question 50: See Home and Community Based Services.

Question 51: Section III, Specific Tasks, #17 In the two scenarios given in (a) and (b) – is it EOHHS’s intent not to allow a caregiver to check in and report service that would be in conflict with one of these two scenarios, or is the intent to allow the visits to be reported and then “flag” the given scenario through the “claim scrub” exception process?

Answer to question 51: See question #13.

Question 52: Section III, Specific Tasks, #18 Can EOHHS confirm that when a client is linked to multiple providers there will be a separate authorization to establish each client-provider relationship?

Answer to question 52: Authorizations are based on the number of hours authorized for each client. Authorizations are not based on a client-provider relationship.

Question 53: Section III, Specific Tasks, #24 Can EOHHS supply specific requirements for the format of this data extract?

Answer to question 53: The selected vendor must work with the State’s fiscal agent (HPE) to determine the format of the data extract.

Question 54: Proposal Submission Can EOHHS provide an anticipated date for the release of responses to the questions that are submitted?

Answer to question 54: See RI State Purchases website State of Rhode Island: Division of Purchases:

Question 55: Proposal Submission. Can EOHHS confirm that one (1) original and five (5) copies of both the technical and cost proposals are required?

Answer to question 55: Yes

Question 56: Response Contents, #3. Will EOHHS confirm that the entire technical proposal (including all four sections listed on pages 10-11) cannot be more than 15 pages?

Answer to question 56: Yes

Question 57: Response Contents, #5. Are the technical and cost proposals permitted to be on one CD, or do they need to be on separate CDs?

Answer to question 57: No, the cost (hard and electronic copies) should be separately submitted in a sealed envelope.

Question 58: General Question. Are Bidders permitted to include exceptions to the RFP as part of their bid proposal?

Answer to question 58: No.