



**State of Rhode Island
Department of Administration / Division of Purchases
One Capitol Hill, Providence, Rhode Island 02908-5855
Tel: (401) 574-8100 Fax: (401) 574-8387**

February 12, 2016

ADDENDUM # 1

RFP #: 7550196

Title: Medicare and VA Identification within existing Medicaid Population

Bid Closing Date & Time: February 25, 2016 at 10:00 AM (Eastern Time)

Notice to Vendors:

**ATTACHED ARE VENDOR QUESTIONS WITH STATE RESPONSES.
NO FURTHER QUESTIONS WILL BE ANSWERED.**

**David J. Francis
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 #7550196 Medicare and VA Identification within existing Medicaid Population

Question 1: Does RI EOHHS intend that the selected respondent identify potential SSDI-eligibles and assist these individuals in applying for and enrolling in SSDI?

- a. Follow-up Question: If so, how does RI EOHHS intend to compensate the selected respondent given that the average time spent on SSDI prior to Medicare enrollment is 2 years? Will an SSDI Award from SSA that indicates the Medicare start date be satisfactory for compensation?

Answer to question 1:

Yes.

- a. Payment will be made upon Medicare enrollment. SSDI award from SSA is not satisfactory for compensation.

Question 2: Page 6, under Medicare/VA Identification, number 2 states, “The vendor will be compensated at a fixed rate per identified Medicaid client newly and correctly enrolled into Medicare A and/or B, and a fixed rate per identified Medicaid client newly enrolled with the VA.”

- a. Question: Can RI EOHHS force a Medicaid recipient that is eligible for VA benefits to enroll and utilize those benefits in place of Medicaid?
- b. Question: Does this include vendor payment of a fixed fee for both identification AND enrollment? The reason we ask is that enrollment into Medicare and VA can take many months to be completed – especially when enrolling someone into SSDI as a precursor for Medicare. These scenarios, in addition to potentially not being able to force a recipient to enroll in VA benefits, make it difficult to ensure that the vendor costs related to this work can be covered by the contract.

Answer to question 2:

a: RI EOHHS is evaluating policy options related to coordination of benefits between Medicaid and the VA.

b: EOHHS’s intends to pay a fixed rate per enrolled member, and vendors should submit cost responses accordingly. Vendors may also submit alternative pricing proposals for our consideration, so long as the mandatory pricing model is provided.

Question 3: Additionally, on page 6, it states, “The vendors work will assist the state to ensure that Medicaid appropriately recovers its deductible and coinsurance payments when the Medicare primary paid claims have been recovered by CMS through post-payment review activities, and review Medicaid payments for dual eligible clients to ensure that Medicaid does not issue a duplicate payment if Medicare adjusts the amounts of its primary payment and processes it as a separate and new claim. The state requires the Vendor to complete this work in a complete and timely fashion.”

- b. Question: This work is separate from the core Medicare and VA identification/enrollment work being requested. How is the vendor supposed to be compensated for this work?
- c. Question: Is this work to occur supplemental to any on-going Medicare recoupment efforts, or will this be the primary Medicare recoupment effort?

Answer to question 3:

- b. [See answer to question 2A](#)
- c. [See answer to question 2A](#)

Question 4: Again, on page 6, number 3, was the intent to use the term “social worker” or is the intent that the vendor must have knowledgeable “staff” who are able to direct clients to available resources?

Answer to question 4:

[We did not intend to specify a particular staff qualification.](#)

Question 5: Can the Dept. of Administration/ Division of Purchase provide interested vendors with the following RI EOHHS Medicaid recipient demographic information?

- a. Total RI Medicaid eligible population
- b. Current Dual eligible population (Medicare and VA)
- c. Any baseline expectations or project target thresholds per year (Medicare and VA)

Answer to question 5:

- a. [Yes, approximately 260,000](#)
- b. [Medicare, approximately 34,000. VA, not available at this time](#)

c. State and EOHHS expect to work with the successful bidder.

Question 6: On page 6, under Medicare/VA Identification, number 1, it states, “The EOHHS will provide the vendor with all information made available to EOHHS by clients for the purposes of determination of eligibility on a weekly basis...”

- d. Question: This will include the Medicaid eligibility file and claims data, correct?
- e. Question: Specifically, will the vendor have access to existing Medicare information and files that are currently leveraged across EOHHS, such as the MMA/EDB files?
- f. Question: Specifically, will the vendor have access to PARIS match results data, VDSA data, and CHAMPUS/DEERS match results info?
- g. Question: Specifically, would the vendor be provided present and historical claim information? This data is necessary for initiating certain claims analysis and exploratory transactions that will identify recipients potentially eligible for Medicare and/or VA...

Answer to question 6:

- d. Yes
- e. MMA file is available. Please define EDB files
- f. Interstate PARIS match file is available. Other data is not available at this time.
- g. This information may be available depending on the need of the successful bidder.

Question 7: On page 7, requirement 8, it states, “The vendor will be responsible for costs associated with postage, and other related forms and/or correspondences within an appropriate timeframe.”

- h. Question: This references costs associated with mailing outreach. Are other forms of outreach (telephonic, web, etc.) also acceptable forms of outreach for this contract?

Answer to question 7:

h: Yes, vendor is responsible for all costs associated with outreach activities.

Question 8: On Attachment A: Cost Proposal Form, the first fee line item reads “Fee per newly enrolled Medicaid beneficiary for Medicare benefits”.

1. On Attachment A: Cost Proposal Form, the first fee line item reads “Fee per newly enrolled Medicaid beneficiary for Medicare benefits”.
 - a. Question: Is the same fee amount paid for identification of clients who have Medicare eligibility identified through data mining and for those who are made eligible through representation and enrollment onto Social Security Disability benefits (SSDI)?
 - b. Question: When a person is awarded SSDI benefits they become eligible for Medicare, however there is generally a 24 month waiting period before Medicare coverage begins. Will the vendor be paid the fee at the time they have assisted the client in becoming SSDI eligible and can provide a Medicare start date?
 - c. Question: Has the state initiated any activities previously to identify potential Medicare or Veteran’s benefits-eligible Medicaid recipients?
 - i. If so, can the State please describe these activities and the results?

Answer to question 8:

- a. Yes, fees should be provided in the Cost Proposal.
- b. See answer to Question #1.
- c. No, see answer to 5C.