

Responses to questions 209 through 217 (submitted timely) were excluded inadvertently from the first publication of responses to questions.

Updates have been made to responses to the following questions: 37, 142, 209, 213 and 214.

Count	RFP Page	RFP Section	Question	Response	Submitter
1.	7 (Contract)	9, Attachment O, 8.5 Limitation of the State's Payment Obligations	Would the State consider amending 8.5.c to include State reimbursement of Contractor startup costs, overhead or other costs associated in the State terminates the contract for its convenience?	No.	Maximus
2.	15 (Contract)	9, Attachment O, 14.1 General Indemnification	Would the State consider amending this Article to confine the instances where the Contractor must indemnify the State to damages arising from the willful misconduct or negligent acts of Contractor employees only?	No.	Maximus
3.	15 (Contract)	9, Attachment O, 14.1 General Indemnification	Would the State consider amending or negotiating the terms of this Article to limit the assessment of damages required by Contractor indemnity to direct damages only?	No.	Maximus
4.	15 – 16 (Contract)	9, Attachment O, 14.1 General Indemnification	Would the State consider amending this Article to limit the Contractor's damages in performance of the contract to the contract value?	No.	Maximus
5.	68	4.3.3	How long in duration does the Department anticipate the turnover phase will be – or how long before the end of the operations contract(s) does the state anticipate the turnover will begin?	The Department anticipates that the turnover phase will begin 60 days prior to the end of the contract. Contractors should expect that the Department will request a turnover plan six months prior to the end of the contract.	Maximus
6.	99	6.1.1.1	Is the Member Services Medical Director a full-time position, 100% dedicated to the IME?	The bidder is to propose the appropriate staffing for this position.	Maximus
7.	99	6.1.1.1	Does the Member Services Medical Director have to be onsite with Member Services?	The Member Services medical director must be on site for the amount of time sufficient to meet the requirements of the contract.	Maximus

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8.	100	6.1.3.1 b.3	Please explain the inconsistency between the liquidated damages to be assessed in Article 6.1.3.1.b.3, and Withholding Payments Article 7.4.	No inconsistency exists, they are different remedies. RFP Section 6.1.3.1 b.3 refers to liquidated damages that will be assessed based on the performance of the contractor and that are nonrefundable. Contract Section 7.4 (which is in Attachment O) refers to a payment withhold that may be refundable to the Contractor as determined by the Department.	Maximus
9.	105	6.1.3.4.3.4	How will the data for cost savings and cost avoidance be calculated and who will define the parameters of the data and the calculation?	The question appears to refer to item d, which is the only part of 6.1.3.4.3.4 that discusses state savings and cost avoidance. At the onset of the contract, the contractor will propose the parameters and calculations for the Department's review and approval.	Maximus
10.	106	6.1.4.2.4	What data or sources will be used for the purpose of measuring quantifiable cost savings and cost avoidance?	The question appears to refer to 6.1.3.4.3.4.d. The contractor should consider all available data to substantiate state savings and cost avoidance as reflected by actual Medicaid program expenditures, particularly finalized claims.	Maximus
11.	159	6.4.1.1	Please provide citations to the state and federal regulations referenced in this section that relate to enrolling new providers into Iowa Medicaid programs.	The Department expects to see the bidder's knowledge and understanding of the appropriate regulations demonstrated in the bidder's proposal. Bidders have access to all of the IME operational procedures through the IME Resource Library.	Maximus
12.	160	6.4.1.1(c)	How does the incumbent credential providers to ensure they are qualified to participate in the Medicaid Program. Do they do it internally or use a third party vendor?	The incumbent contractor performs the function internally. The Department wishes to see the bidder's proposed approach to the credentialing requirements rather than a	Maximus

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				restatement of the incumbent contractor's current practice. The Department also wishes to see the bidder's proposed subcontractors, if any.	
13.	160	6.4.1.1(d)	Please explain in what instances the Contractor would deny provider participation in Iowa Medicaid programs based on the Department's "decision". What are the types and the parameters of these Department decisions?	Bidders have access to all of the IME operational procedures through the IME Resource Library.	Maximus
14.	160	6.4.1.1(e)	Is the Contractor responsible for drafting the provider agreement? If so please provide a copy of the current agreement. Please also provide a copy of the provider application referenced in this section.	No. The contractor is responsible for keeping both the agreement and the application up to date. Copies of the current provider agreement and application, along with other provider materials, are available via the Provider page on the IME web site.	Maximus
15.	160	6.4.1.1	On average, how many new provider applications, provider changes and terminations, and reinstatements are received monthly?	Bidders have access to Iowa Medicaid Workload Statistics and IME Quarterly Reports through the IME Resource Library and IME performance reports through the Reports page that is selectable throughout the IME web site. Quarterly reports for the Provider Services area list the application receipts and terminations. Changes and reinstatements are not tracked.	Maximus
16.	160	6.4.1.1(d)	How many provider applications are denied on a monthly basis? What are the reasons for denial?	Bidders have access to Iowa Medicaid Workload Statistics and IME Quarterly Reports through the IME Resource Library and IME performance reports through the Reports page that is selectable throughout the IME web site. Quarterly reports for the Provider Services area list denial counts. Reasons for denials are not tracked.	Maximus

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17.	163	6.4.1.1.2(z)	Please provide citations for the applicable state and federal licensing standards referenced in this section.	The Department expects to see the bidder's knowledge and understanding of the appropriate regulations demonstrated in the bidder's proposal. Bidders have access to all of the IME operational procedures through the IME Resource Library.	Maximus
18.	163	6.4.1.1.2(dd)	Please provide copies of the current enrollment approval/denial letters and the letters requesting additional information.	The Department has posted the letters in the IME Resource Library.	Maximus
19.	164	6.4.1.1.3. a	Approximately how many provider enrollment applications requests are received within a 30 day period?	Bidders have access to Iowa Medicaid Workload Statistics and IME Quarterly Reports through the IME Resource Library and IME performance reports through the Reports page that is selectable throughout the IME web site. The Provider Services quarterly reports and performance reports present applications receipts.	Maximus
20.	165	6.4.1.2	What is the scope of the CDAC provider criminal background checks? Does the incumbent do this internally or utilize a third party vendor? If an outside vendor, does the Department have a preferred vendor?	Bidders have access to all of the IME operational procedures through the IME Resource Library. The Department expects to see the bidder's proposed approach to the CDAC provider criminal background checks rather than a restatement of the incumbent contractor's current practice. The Department also expects to see the bidder's proposed subcontractors, if any.	Maximus
21.	165	6.4.2.1(b)	Please provide some examples of a "claim situation" that would require Contractor follow-up?	Problem claim situations are any communication that Department staff receives from providers, members or other IME contractors that indicate a billing problem.	Maximus
22.	166	6.4.2.2(a)	How many calls and written inquires are received	Bidders have access to Iowa Medicaid	Maximus

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			from providers each month. What are the major issues/concerns received?	Workload Statistics and IME Quarterly Reports through the IME Resource Library and IME performance reports through the Reports page that is selectable throughout the IME web site. The statistics include calls that are broken out by type. Written inquiries are included in summary counts of provider inquiries, but type of written inquiry is not tracked.	
23.	168	6.4.3	Please define "stale-dated check".	As defined in the operational procedure for stale-dated checks, the Department standard for a stale-dated check is any check that is not cashed or deposited within 180 days of the date on the check. Bidders have access to all of the IME operational procedures through the IME Resource Library.	Maximus
24.	169	6.4.4.2	What is the approximate number of materials being printed for the current Iowa Medicaid Program? Is the contractor responsible for printing costs?	All manuals and related provider publications that are not specific to an individual provider are available online. Minimal printing occurs. The volume has not been tracked. 95 percent of the material printed that is not specific to individual providers is informational letters, and they will not be printed after July 1, 2010. The Department is responsible for the printing expense.	Maximus
25.	169	6.4.4.1(b)	Please provide a list and copies of newsletters, bulletins, informational letters and other provider related publications currently produced by the incumbent.	All of the requested information is available through the IME web site via the Providers web page or the IME Resource Library web page. The Department has posted the letters in the IME Resource Library.	Maximus
26.	175	6.4.6.3.2(h-j)	Does the Department expect the Contractor to provide legal expertise to perform these tasks	The bidder should be knowledgeable of such issues. The bidder can determine whether the	Maximus

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			related to the provider contracts?	bidder's counsel is involved in review of such contracts. The AG's office will be involved in the review and approval process.	
27.	175	6.4.6.3.2(m)	Please provide a copy of the appointment survey(s) and educational letters currently used by the program.	The Department has posted the survey form and letters in the IME Resource Library.	Maximus
28.	176	6.4.7	How many Office of Field Support staff currently performs the ISIS help desk and quality assurance functions?	The Department expects to see the bidder's approach to staffing for these requirements in the proposal.	Maximus
29.	192 - 199	6.5	Will the contractor use an electronic information operating system provided by the state, or will the contractor need to provide proprietary software for Lock-in, Disease Management, MHEP, and enhanced primary care management?	As described in the RFP, the contractor will have appropriate access and training to use the IME data systems described in RFP Section 5 Operating Environment. The bidder may choose to propose additional software as part of its approach. RFP Amendment 4 includes an update on the pricing schedule to reflect the price of additional software that the bidder may choose to propose and that the Department will need to approve. The current Medical Services operations procedures describe how these business functions are performed today. The procedures are available via a link on the IME Resource Library web page.	Maximus
30.	192 - 199	6.5	Please provide current information of the volumes in each category of Lock-in, MHEP, Disease Management, and Enhanced Primary Care Management?	Bidders have access to Iowa Medicaid Workload Statistics and IME Quarterly Reports through the IME Resource Library web page and IME performance reports through the Reports web page that is selectable throughout the IME web site. These categories are reported within the Medical Services	Maximus

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				component currently.	
31.	192 - 199	6.5	Please provide current contractor staffing levels for Lock-in, MHEP, Disease Management, and Enhanced Primary Care Management?	The Department expects to see the bidder's approach to staffing for these requirements in the proposal.	Maximus
32.	192	6.5.5.	Will the anticipated volumes and work partnerships be defined for Medicare buy-in?	A link for Medicare Part A and Part B buy-in statistics is available on the IME Resource Library web page to the only tracked statistics for Medicare buy-in. No work partnerships are defined at this time.	Maximus
33.	194	6.5.2.2	There is an apparent conflict between 6.5.2.2q and 6.5.2.3b. Which is correct?	RFP Amendment 4 modifies 6.5.2.2.q to state 20 business days.	Maximus
34.	246	7.1.f	Are fold-out pages allowed?	No	Maximus
35.	246	7.1.g	The RFP Requirement states: The Technical Proposal materials shall be presented in a spiral, comb, or pasteboard binder ...Can DHS give an explanation of pasteboard binding?	Pasteboard binders are cardboard covered in a decorative paper. They are bound with bendable metal posts under one cover that are passed through pages and the other cover and that are slid under clips on a metal strip inside the other cover.	Maximus
36.	246	7.1.m	If the Cost Proposal is marked as confidential, should it still be included in the 'sanitized' CD?	One CD can contain all sanitized volumes. Please also refer to 7.1.i for what to include in the sanitized version of the proposal.	Maximus
37.	247	7.2	Where should additional information supplemental information, such as., attachments/appendices, be included?	RFP Amendment 4 modifies RFP Section 7.2.9.5 Certifications and Guarantees to state that bidders will include Attachments B through J in the Corporate Qualifications section of the Technical Proposal. Attachments L and M are addressed in RFP Section 7.2.3 Checklist and Cross-References. Attachment N is addressed in RFP Section 7.3.3 Pricing Schedules. The Department does not wish to receive any appendices in the proposal volumes.	Maximus

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				Amendment 5 of the RFP modifies section 8.3.2 to remove the phrase "including appendices."	
38.	247	7.2.2	Transmittal letters should be numbered in sequence with the remainder of the Technical Proposal. Does the numbering need to be sequential from beginning to end (1 – 1000), or can it be within each Tab (Tab 5 Page 1 – 100, Tab 6 Page 1 – 100, etc)?	Sequential numbering within sections is allowable so long as the page number also includes a designation for the section.	Maximus
39.	247 and 256	7.2 and 7.2.6	Tab 5 is referred to as <i>Professional Services Requirements</i> on page 247 and on page 250 it is referred to as <i>Operational Requirements</i> . Does the Department have a preference of what this section is called?	Section 7.2.6 should be Professional Services Requirements. RFP Amendment 4 includes this update.	Maximus
40.	256	7.4.a	Can the audited financial reports (10K) be included as an Appendix/Attachment of the section?	No. Refer to the paragraph at the end of RFP Section 7.4 Company Financial Information.	Maximus
41.	257-258	8.3.1 and 8.4	Explain how the weighting and/or the points for each section will be determined. Is only the Weight a variable number based on the proposal quality and the number of points a fixed number?	The evaluation team will score sections of the RFP using a 1-to-5 scale. That scale score will be multiplied by the points assigned to the section to arrive at the total points. If a section had 100 points available, a scale score of 1 equates to 100 points, whereas a scale score of 5 equates to 500 points.	Maximus
42.	275 - 282	9, Attachment B - Attachment H	Where in the Technical Proposal should these Attachments be submitted?	RFP Amendment 4 modifies RFP Section 7.2.9.5 Certifications and Guarantees to state that bidders will include Attachments B through J in the Corporate Qualifications section of the Technical Proposal. Attachments L and M are addressed in RFP Section 7.2.3 Checklist and Cross-References. Attachment N is addressed	Maximus

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				in RFP Section 7.3.3 Pricing Schedules.	
43.	287	9, Attachment J	Where in the Technical Proposal should Attachment J be submitted?	RFP Amendment 4 modifies RFP Section 7.2.9.5 Certifications and Guarantees to state that bidders will include Attachments B through J in the Corporate Qualifications section of the Technical Proposal.	Maximus
44.	302	9, Attachment N-2	Please clarify if the contractor will be paid separately for any startup/transition costs. If yes, please clarify how the contractor should submit startup/transition price. If not, please clarify if you have any recommendation about where such costs should be included in the Attachment VI-A Cost Detail Summary Sheet.	RFP Amendment 4 includes updated pricing schedules in Attachment N that indicate where to provide the transition price. This RFP does not include an Attachment VI-A Cost Detail Summary Sheet.	Maximus
45.	134	6.3.1.2 RetroDUR Contractor Responsibilities, Requirement b.5	Are the patient profiles to be given to the Department for review with the agenda and meeting packet 30 days prior to the meeting date? Or are they only to be included in the packet that is mailed to the Commission members?	Patient medication profiles in a Department-approved format must be included in the packet prior to delivery to the Department for review.	GHS
46.	135	6.3.1.2 RetroDUR Contractor Responsibilities, Requirement b.7	This requirement states the contractor “must generate letters to providers based on patient-focused profile reviews for a minimum of 65% of the profiles reviewed.” Is this 65% of the profiles reviewed by Commission members, or 65% of the total number of profiles reviewed by both the DUR staff and the DUR Commission members? Does the State require 65% of the profiles for each meeting, or 65% of all profiles generated annually?	Must generate letters to providers based on patient-focused profile reviews for a minimum of 65 percent of the profiles reviewed for each of the six meetings.	GHS
47.	139	6.3.1.2 RetroDUR Contractor	Please define what it means by “allow for timely retrieval by the Department and physician and	The statement reads “These letters are to be generated at the Iowa	GHS

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		Responsibilities, Requirement f.1	physician reviews”?	Medicaid Enterprise (IME) by the administrative staff to allow for timely retrieval by the Department and physician and pharmacist reviewers”. This means electronic versions of letters sent to providers must be readily available to the Department and IME staff.	
48.	143	6.3.3.2 PDL and Supplemental Rebate Contractor Responsibilities, Requirement c	Please define the desired format and required level of detail for the therapeutic reviews?	The format and level of detail of the Therapeutic Reviews are required to be similar to the existing format used, at a minimum. However, enhancements to this format may be required as requested by the members of the Pharmaceutical and Therapeutics (P&T) Committee and/or the Department. Bidders can view the associated operational procedures for Pharmacy Medical Services via the IME Resource Library web page.	GHS
49.		6.9.2 b	“hardship” – it says the Department determines undue hardship; how does that work?	Please refer to the last sentence of 6.8.2.b and to 6.8.3.1.e. Those decisions are not a contractor responsibility.	Hagan Benefits
50.		6.9.2 g	Interest accrued – what is the rate and does vendor retain it or is that paid back to the State?	As stated in the requirement, the rate is provided in Iowa Code section 535.3. Bidders can access the Iowa Code at <a href="http://www.legis.state.ia.us/iowaLaw.html">www.legis.state.ia.us/iowaLaw.html</a> . The interest is payable to the Department.	Hagan Benefits
51.		6.9.3.2.a.4	Provide education to the Public about estate recovery; what is the expectation here?	The contractor will address various industry associations on request.	Hagan Benefits
52.		6.9.3.2.c	must comply with requirements Iowa Code section 249A.5 – What does the Iowa Code say?	Please refer to the response to question 50.	Hagan Benefits
53.	General		It appears any legal action taken must be “pre-approved” by the AG office. What is the	Please refer to 6.8.3.2, items e and f.	Hagan Benefits

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			requirements (minimum dollar amount, age etc..)		
54.	General		Total number of cases referred each month.	Bidders have access to the Revenue Collections Quarterly Reports at the bottom of the IME Resource Library web page. The reports include the only information tracked.	Hagan Benefits
55.	General		Total dollar amount referred each month	Bidders have access to the Revenue Collections Quarterly Reports at the bottom of the IME Resource Library web page. The reports include the only information tracked.	Hagan Benefits
56.	General		Average age of (how old is the debt when placed – 90 days, 1 year?)	Bidders have access to the Revenue Collections Quarterly Reports at the bottom of the IME Resource Library web page. The reports include the only information tracked.	Hagan Benefits
57.	General		Current contract contingency fee charged.	7.5 percent	Hagan Benefits
58.			A copy of their current work plan/flow executed by their current vendor.	Bidders have access to workflow process maps via a link on the IME Resource Library web page. Estate recovery is addressed in the Revenue Collections file.	Hagan Benefits
59.	General		On average, how many hardship cases are requested, approved and denied each month?	For SFY2009: 647 Spouse and Disabled Child waivers were requested, and all were approved; 33 Hardship waivers were requested, and 32 were approved	Hagan Benefits
60.	General		Current recovery by dollars and cases. Provide your formula on how your calculate recovery.	Bidders have access to Iowa Medicaid Workload Statistics and IME Quarterly Reports through the IME Resource Library and IME performance reports through the Reports page that is selectable throughout the IME web site. Estate recovery numbers currently are reported within Revenue Collections sections. Dollar amounts are reported. Case counts are not	Hagan Benefits

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				tracked. Dollars received are counted as recovered.	
61.	General		What percent of claims go to TPL today?	The information is not tracked.	Hagan Benefits
62.	General		What is the TPL claim volume per quarter?	The information is not tracked.	Hagan Benefits
63.	General		What is the current cost to process a claim through the Noridian system?	This contract is not based upon claim cost. The correct system is the Iowa MMIS described in section 5.	Hagan Benefits
64.	General		What, if any, TPL functions does Nordian currently perform?	The MMIS performs claim editing that includes cost avoidance edits.	Hagan Benefits
65.	General		What is the HMS Disallowance shown on the Revenue statements?	It refers to inpatient hospital paid claim amounts that the Department paid that were due from another insurer or Medicare Part A for which the provider has 60 days to respond.	Hagan Benefits
66.	General		Are all of the 6.6 Revenue Collection Activities currently with one vendor or vendor+sub?	The incumbent contractor has a subcontractor. The Department expects to see the bidder's proposed approach to meeting requirements in the bidder's proposal, not a reflection of the incumbent contractor's current approach.	Hagan Benefits
67.	General		What is a CMS approved TPL Action Plan and when would it apply?	Every state Medicaid program is required to have a TPL action plan. Please refer to the CMS web site for more information about TPL action plans in Medicaid.	Hagan Benefits

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68.	General		Who is responsible for filing the lien and is it post or pre recovery?	Please refer to RFP Section 6.6.3 Lien Recovery.	Hagan Benefits
69.	General		What happened in FY 07-08 to increase lien recovery and decrease Insurance recovery - carrier?	The information is not available.	Hagan Benefits
70.		6.6	Based on TPL recovery, annually, what is the original TPL identified recovery values and what percentage of the original value is being recovered? Example: Did the current contractor find \$50 million of TPL qualified claims in 2008 and recover \$20 million?	The information is not available at that granular a level.	Hagan Benefits
71.	General	9, Attachment D	Per Attachment D: Certification Regarding Debarment Suspension Ineligibility and Voluntary exclusion, paragraph 4, on page 277 of the above referenced RFP, bidders are permitted to request a copy of the regulations pertaining to Executive Order 12549.	Title 2 of the Code of Federal Regulations Part 180 (2CFR180) provides the base rule: <a href="http://www.access.gpo.gov/nara/cfr/waisidx_09/2cfr180_09.html">www.access.gpo.gov/nara/cfr/waisidx_09/2cfr180_09.html</a>  Title 2 of the Code of Federal Regulations Part 376 (2CFR376) is the HHS implementation of the rule: <a href="http://www.access.gpo.gov/nara/cfr/waisidx_09/2cfr376_09.html">www.access.gpo.gov/nara/cfr/waisidx_09/2cfr376_09.html</a>	HMS
72.	General		If a vendor is interested in submitting proposals to provide services relating to multiple components is the State open to receiving a single proposal with separate cost proposals?	The Department expects that bidders will follow the instructions in RFP Section 7 Proposal Format and Content.	HMS
73.	Attachment N	Cost Proposal?	Will the State please provide examples of Attachments N-1, N-2, and N-3, completed with sample dollar amounts, to clarify how the State expects contractors to complete the forms?	The pricing schedules indicate where to include component names, dollar values, and percentages.	HMS
74.	Attachment	Cost Proposal?	Is the referenced dollar threshold based on total	The amount is based on total savings.	HMS

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	t N-2		savings or State savings?		
75.	Attachment N-2	Cost Proposal?	To be clear, is it the responsibility of the contractor to propose a threshold?	Yes	HMS
76.	Attachment N-2	Cost Proposal?	The paragraph on page 301 references collections. Does the contingency fee apply to both recovery collections and cost avoidance savings, or just cost avoidance savings? If the contingency fee includes recovery collections, should a threshold be proposed for each type of recovery, for example: Commercial Insurance, Provider Overpayments, Lien Recoveries, Credit Balance Recoveries, etc.?	The contingency fee applies to recovery collections only. No threshold is necessary for each type of recovery.	HMS
77.	Attachment N-2	Cost Proposal?	How will the State measure cost avoidance savings? For example, will the savings only include other insurance information submitted by providers on paid claims, or will it also include claims denied for cost avoidance? Also, does the State currently use a report to track these savings, and if so, what is the name of the report used?	Cost avoidance is measured by summing third-party payment information submitted by providers on claims and claim dollars denied for TPL. There are various reports generated by the MMIS that are used for tracking purposes.	HMS
78.	Attachment N-2	Cost Proposal?	Once the threshold is exceeded, does the contingency fee payment replace the fixed fee payment, or is it in addition to the fixed fee payment?	It is not mandatory for a contingency fee payment to be provided for each year of the contract. If one is provided, then a threshold in total collections fiscal year to-date must also be included. This will represent the starting point for additional contractor payments, in the form of a contingency based payment, for those months in each fiscal year that 1) the threshold has been obtained and, 2) the cost avoidance amount is double the amount of collections for that month. The contingency fee payment will	HMS

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				be in addition to the fixed price, which is payable in twelve equal installments.	
79.	Attachment N-2	Cost Proposal?	The second sentence in the paragraph on page 301 states, "Contingency fee depends upon an increase of cost avoidance that is double the percentage increase of collections above the threshold." Will the State please provide an example of its expectation as to how this formula would work?	EX: Identified threshold = \$15M in collections. Achieved in month 10 of SFY.  SFYTD Cost Avoidance = \$45M  Month 11 totals = Collections = \$1,500,000 (10% above collections SFYTD), then  Cost Avoidance >= \$9M (20% above cost avoidance SFYTD)	HMS
80.			May we please see the RFP Section 6.1.8 Banking Policies so that we can be certain that we can comply with requirements 6.6.3.3.i?	RFP Section 6.1.8 Banking Policies remains available in the original and amended RFP files that are posted on the web.	Ingenix
81.			Will another part of the Ingenix team be able to process the credits of adjustments in the MMIS system?	The bidder is welcome to propose their preferred approach to staffing, assuming that the approach meets all RFP requirements.	Ingenix
82.			Will Ingenix subrogation be able to receive a complete paid claim file for these beneficiaries at least once each month?	Please refer to RFP Section 6.1 General Requirements for All Components, particularly items d and e.	Ingenix
83.			Will the State of Iowa allow Ingenix to reach out to members to investigate suspect claims?	The Department assumes that this question relates to RFP Section 6.6 Revenue Collections. Please refer to RFP Section 6.6.2.2 Contractor Responsibilities, item b. In addition, bidders have access to all of the IME operational procedures through the IME Resource Library.	Ingenix
84.			Will Ingenix subrogation be able to receive access and training to the claim system?	Please refer to RFP Section 6.1 General Requirements for All Components, particularly	Ingenix

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				items d and e.	
85.			If Ingenix Subrogation is not given access and training for the claim system, can we have a contact who will answer questions about claim payment?	Please refer to RFP Section 6.1 General Requirements for All Components, particularly items d and e.	Ingenix
86.	General		Iowa statistics-SFY 09 details on Drug Prior Authorization volumes Per the IME SFY 09 data, total PA volume for 1 <sup>st</sup> quarter was 17,569. Are the numbers for PA/PDL call center calls received or PA volume processed? If for calls received, what is the call center volume of PA requests received for 2008?	PA Volume represents PA requests received by fax. All PAs must be submitted by fax.	Health Information Designs
87.	General		Iowa statistics-SFY 09 details on Drug Prior Authorization volumes Per the IME SFY 09 data, what do the numbers for POS Call Center Call Received represent? Automated PA volumes?	The POS Call Center Calls Received represents calls to the POS Help Desk with questions regarding claims processing (including overrides), drug coverage issues, etc.	Health Information Designs
88.	1	1.1 ... contracts for professional services will expire on June 30, 2010 ....	For which professional services and vendors will contracts expire on June 30, 2010? Specifically, will the Goold Health Systems contract for pharmacy POS expire at that time?	The RFP lists the services that the Department is procuring now because they expire on June 30, 2010. The Pharmacy POS contract does not expire at that time. Please refer to RFP Section 5.15. Pharmacy Point-of-Sale (POS) System for a description of what the Pharmacy POS contractor continues to provide.	Health Information Designs
89.	50	3.3.46 Entire text for this section.	Is Manage Drug Rebate one of the professional services responsibilities covered under this RFP? If so, in which section is its requirements included? If not, who will manage this responsibility after June 30, 2010?	No. Please refer to RFP Section 5.15. Pharmacy Point-of-Sale (POS) System for a description of what the Pharmacy POS contractor continues to provide, which includes drug rebate functions.	Health Information Designs
90.	91	5.15 The POS system includes the	Does the POS system actually perform "smart PA edits" today? Who will be responsible for	Yes. Also please refer to the response to question 88.	Health Information

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		following functions: ... Ability to implement smart PA edits using patient profiles and therapeutic classes....	performing smart PA edits after June 30, 2010? Is this functionality included in this RFP? If so, where?		Designs
91.	91-92	5.15 "Preferred drug list and recommended drug list support" and "administration of federal and supplemental rebates"	Please provide details on these two functions provided by the Pharmacy POS System. How is this different than what is to-be provided by the selected vendor for PDL/Supplemental Rebate Services as outlined in section 6.3.3.2?	RFP Amendment 4 changes the following items in RFP Section 5.15 Pharmacy POS System:  13. Preferred drug list and recommend drug list support <b>enforcement through claims processing</b>  15. Administration of <b>all aspects of</b> federal and supplemental rebates <b>excluding supplemental rebate negotiation and contracting.</b>	Health Information Designs
92.	98	6.1.1.1.1 Account Manager Special Requirements	Must the Account Manager reside in Iowa?	Please refer to item a in RFP Section 6.1 General Requirements for All Components.	Health Information Designs
93.	98 and 99	6.1.1.1.1 Special Requirements for Account Manager (May also serve as transition manager) Transition Manager (May also serve as account or operations manager) and	For the Pharmacy Medical Services component, may a single qualified person serve in all three positions?	No. The transition manager also can serve as either the account manager or the operations manager. The same person cannot serve as both account manager and operations manager. RFP Amendment 4 includes an update to Figure 4 in section 6.1.1.1.1 that states that the operations manager may serve as the transition manager.	Health Information Designs

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		Operations Manager May not serve in any other capacity).			
94.	101-102 and 142-143	6.1.2.1.1 and 6.3.2.2 6.1.2.1.1 Requirement that “all staff directly associated with the provision of contract services to the IME during the Operations and Turnover Phases be located at the IME permanent facility (with the exception of Medical Services field staff) versus 6.3.2.2 requirement for providing a call center to respond to pharmacy prior authorization requests.	Does this mean that PA call center staff must be located at the IME permanent facility? This seems to be unrealistic given the system and telecommunication requirements of the call center as well as requiring call center staff to be located there rather than in another already established call center in a separate vendor’s location.	Yes, the Department requires the staff to be on site.	Health Information Designs
95.	107	6.1.3.4.3.2.b State savings calculations related to rebate billing	How was the 2009 state savings number calculated?	PDL/PA savings are calculated based on three major sources of savings within the PDL including federal (CMS) rebates, supplemental rebates and pre-rebate script costs.	Health Information Designs
96.	135	6.3.1 General question	Does the DUR Commission currently receive compensation for their service? If so, who provides this compensation, IME or the current contractor?	Please refer to RFP Section 6.3.1.2.b.10 “Contractor staff is responsible for providing all commission member reimbursement associated with the meetings”, which includes	Health Information Designs

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				\$400.00 stipend per meeting per member plus mileage. Also see 6.3.1.2.b.11 "Provide lunch during the meeting for commission members and other staff in attendance". This expense is a cost that the bidder should include in their pricing.	
97.	135	6.3.1 General question	Who provides reimbursement for DUR Commission members' expenses related to DUR Commission meetings, including travel expenses?	See response to 96.	Health Information Designs
98.	135	6.3.1.2 General question	How many people currently attend the DUR Commission meetings not including DUR Commission members, for example, administrative support staff, etc?	Current DUR Administrative Staff is two pharmacists and an Administrative Assistant. Other key staff in attendance is the IME Medical Director, Mental Health Medical Director, a POS staff representative, a PA/PDL staff representative and Lock In staff representative.	Health Information Designs
99.	135	6.3 General question	How many staff members, including licensed clinical pharmacists, administrative, and support staff, support the current pharmacy medical services programs?	The current PDL/PA staff is a part-time physician, data analysts, three full-time pharmacists, two full-time pharmacy technicians and one half-time administrative assistant. The Retro-DUR staff is 1.25 full-time pharmacists, a part-time administrative assistant and data analysts.	Health Information Designs
100.	135	6.3.1.2.a.1 Secure the services of a professional staff to serve on the DUR Commission.	Is the "professional staff" the 10 people listed in 6.3.1.2.a? Or is this in addition to them?	It is the same 10 people.	Health Information Designs

Count	RFP Page	RFP Section	Question	Response	Submitter
101.	137	6.3.1.2.b.15 ... secure outside expertise and information when necessary from professionals ....	Is it correct to assume that these professionals do not have to be located at the IME permanent facility (see 6.1.2.1.1)?	Yes	Health Information Designs
102.	137	6.3.1.2.b.16 ... periodic newsletters ....	How often do you expect these newsletters to be produced and what is the expected total number to be produced and mailed for each issue?	See 6.3.1.2.f.3 "Production of an electronic provider newsletter at least three times per year to communicate prevalence information, drug therapy information, and appropriate medication use to Iowa Medicaid physicians and pharmacy providers. These newsletters will be posted on the IME web site".	Health Information Designs
103.	138	6.3.1.2.b.19 ... one full-time dedicated Iowa-licensed pharmacist ... considered the project coordinator ....	Can the person meeting this requirement also serve as the Account Manager as described in 6.1.1.1.1 Key Personnel Requirements?	No because if this individual served as the account manager they would not meet the requirement of being dedicated full-time to DUR activities.	Health Information Designs
104.	141	6.3.1.2.f.3 Production of an electronic provider newsletter at least three times per year to communicate prevalence information, drug therapy information, and appropriate medication use to	Please confirm that IME wishes to provide provider newsletters only in electronic format via the website and not by any other means.	Yes	Health Information Designs

Count	RFP Page	RFP Section	Question	Response	Submitter
		Iowa Medicaid physicians and pharmacy providers. These newsletters will be posted on the IME web site.			
105.	141, 138	6.3.1.2.f.2 ... at least one IME-located Iowa-licensed pharmacist ....	Can the person meeting this requirement be the same person who is the project coordinator as described in 6.3.1.2.b.19?	Yes.	Health Information Designs
106.	141, 137	6.3.1.2.f.3 ... electronic provider newsletter ....	Is this the same newsletter as described in 6.3.1.2.b.16?	Yes.	Health Information Designs
107.	141	6.3.1.2.f f. Prior Authorization: The DUR commission....	Should this sub-section be labeled "g."?	Yes. RFP Amendment 4 addresses the numbering irregularity.	Health Information Designs
108.	142	6.3.2 General question	Please confirm that the POS system vendor provides the automated prior authorization system, not the selected PMS vendor as per this RFP. If the selected PMS vendor is to provide the automated prior authorization system, please indicate where in the RFP those requirements are listed.	The POS system vendor performs adjudication of pharmacy claims with edits, including application of prior authorization requirements.	Health Information Designs
109.	142	6.3.2.2.a Monitor toll-free telephone line and facsimile access and respond to contacts from providers regarding drug PA 24	Is it the state's desire to have a true 24/7 help desk for manual prior authorizations or a help desk with standard business hours and 24/7 on call availability for emergencies?	Regular working hours for the provider help desk are Monday through Friday, 8:00 a.m. to 5:00 p.m. After-hours calls for emergency requests and emergency requests on state-recognized holidays are routed to the pharmacy pager voicemail system, where an on-call pharmacist is available for assistance.	Health Information Designs

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		hours a day, seven days a week			
110.	142-144	6.3.2.2 Entire section	Can all acceptance of and response to PA requests be handled by qualified staff located at a vendor call center that is not located at the IME?	The Department requires the staff to be on site.	Health Information Designs
111.	142	6.3.2.2 Provide prior authorization review by a licensed pharmacist	Will the state allow prior authorization requests to be reviewed by nationally certified pharmacy technicians?	No. Please refer to RFP Section 6.3.2.2.e.3. "Provide prior authorization review by a licensed pharmacist to ensure that all predetermined clinically appropriate criteria have been met before approving or denying the drug PA".	Health Information Designs
112.	143	6.3.2.2.e.3 ... licensed pharmacist ...	Do all pharmacists reviewing PA requests have to be licensed in Iowa?	Yes.	Health Information Designs
113.	143	6.3.2.2.e.15 "Collaborate with the Pharmacy POS contractor to provide an automated approval process for PA based on the member's specific drug history with an emphasis on reduction of transactions and manual interventions."	What is meant by the term "collaborate"? Will the Pharmacy POS contractor provide the automated approval process or is providing this process expected from the vendor selected as the Pharmacy Medical Services provider?	The Department expects IME contractors to work together in performing their respective requirements. As stated in responses to other questions, the Pharmacy POS system remains in place. The Pharmacy Medical Services contractor will specify criteria for member-specific prior approvals that the Pharmacy POS system will apply. Please refer to RFP Section 5.15. Pharmacy Point-of-Sale (POS) System for a description of what the Pharmacy POS contractor continues to provide.	Health Information Designs
114.	144	6.3.3 General question	Please provide more detail about the rebate process work flow of SSDC.	This process is in development. It will not impact the contractor. The SSDC vendor	Health Information

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				handles the entire negotiation process with manufacturers/labelers with input from each State member representative, including finalization of the offers (supplemental rebates) accepted. That information is provided to the State, which is responsible for completing the contracting process (Pharmacy Medical Services vendor) and which must then transmit the details of that contract to the POS vendor, which performs all drug rebate functions as prescribed by federal and state regulations.	Designs
115.	144	6.3.3 General question	6.3.1.2.b.11 requires that the selected Pharmacy Medical Services vendor provides lunch during DUR Commission meetings. Although many of the administrative tasks relating to preparation of the P & T Committee meetings are similar to those relating to the preparation of the DUR meeting, there is no mention of providing lunch. Is it the wish of the State that the selected PMS vendor provide lunch during P & T Committee meetings?	No, the members of the P&T Committee purchase their lunch and are reimbursed for that expense.	Health Information Designs
116.	144	6.3.3 The Department participates in the Sovereign States Drug Consortium (SSDC).	How will participation of the Department in the SSDC affect the work of the vendor selected to perform the services described in this part of the RFP?	Please refer to the response to question 114. Also please refer to RFP Section 6.3.3 to understand the relationship of the vendor's work to Supplemental Rebates and thus the interrelationship with the SSDC. Since the vendor will support the administration and maintenance of the PDL, which is heavily impacted by the Supplemental Rebate Program, the vendor will be closely involved with the DHS in the SSDC process.	Health Information Designs

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117.	145	6.3.3.2.e Develop a strategy to collaborate with the supplemental drug rebate negotiation vendor to incorporate the rebate information into the analyses and P&T meetings.	From this I take it the vendor selected for the Pharmacy Medical Services component of this RFP is not expected to negotiate supplemental rebates with manufacturers. Is this correct? If so, who is the negotiation manager?	That is correct. The Department participates in the SSDC, who negotiates supplemental rebates. Please refer to RFP Section 6.3.3 to understand the process of the negotiation of Supplemental Rebates.	Health Information Designs
118.	146	6.3.3.2.r.1 Assist the Department during analysis and negotiation of state supplemental rebate agreements with pharmaceutical manufacturers annually and as needed.	This is rather open ended. Can you be more precise in defining what is expected here, especially in negotiating with manufacturers?	Please refer to the response to question 114. Also please refer to RFP Section 6.3.3 Introduction to understand the process of the negotiation of Supplemental Rebates. The Department participates in the SSDC, who negotiates supplemental rebates. The vendor assists the Department with the state specific strategy and analysis of these supplemental rebates.	Health Information Designs
119.	147	6.3.3.2 Contractor staff is responsible for coordinating all commission member reimbursement associated with the meetings	Will the contractor be responsible for all member reimbursement or administrative coordination of IME reimbursement for members?	RFP Section 6.3.3.2.q.3 for the P&T Committee refers to coordination only, the members of the P&T Committee are reimbursed through the State reimbursement process.	Health Information Designs
120.	147	6.3.3.2 This responsibility	Are P&T subcommittee staff currently reimbursed for their services? If yes, is the contractor	There is no reimbursement for "subcommittee" staff.	Health Information

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		includes securing the professional staff to serve voluntarily on these subcommittees.	expected to manage this cost?		Designs
121.	148-149	6.3.3.2.r.1-15 All sections.	If in fact there is a separate supplemental rebate negotiation vendor, it would seem that many of these responsibilities would be more appropriate for that vendor to handle (communicate with manufacturers, maintain agreements, ensure that supplemental rebates are over and above the federal rebates, maintain the terms of the agreements, etc.). Can you elaborate on the division of responsibility between the supplemental rebate negotiator and the vendor selected for the work of this section of the RFP?	The separate supplemental rebate negotiation vendor, in this case the SSDC, is just that, the negotiation vendor. All other functions are the responsibility of the Pharmacy Medical Services vendor as listed in 6.3.3.2.r.	Health Information Designs
122.	149	6.3.3.2.r.7 Provide supplemental drug rebate billing data quarterly in a Department-approved format in accordance with timelines established by the Department. Ensure system interface with the IME pharmacy POS system for the receipt of data to track and invoice the	Is the selected PMS vendor to provide the POS system with NDCs and supplemental rebate amounts to be billed so that the POS vendor creates invoices and mails them? Does the POS vendor handle all of the billing, invoices, ROSIs and PQAs?	Yes to both questions.	Health Information Designs

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		supplemental rebates.			
123.	151	6.3.3.3 Methodology for calculating savings.	Are the savings described here part of the savings described in 6.1.3.4.2?	RFP Amendment 4 changes RFP Section 6.3.3.3 as follows: a. Be able to demonstrate annual savings in the total outlay for prescription drugs (including an explanation of the Department-approved methodology for calculating savings). [ <del>\$9.3 million in State Savings in SFY 2008 over a SFY 2004 base</del> ]. <b>The Pharmacy Medical Services contractor will provide state savings as follows:</b> 1. <b>\$12.5 million in state savings in SFY 2011 (2009 number increased by 7 percent for 2010 and again for 2011)</b> 2. <b>In every subsequent base and option year, an increase of 7 percent more than the SFY 2011 state savings or an increase of 7 percent more than the highest overall state savings in any year after SFY 2011, whichever is higher</b>	Health Information Designs
124.	18	3.1.1 Iowa Dept of Human Services	Figure 2 displays the IME organizational structure. Can the Department provide an organizational chart for each of the current contractors with FTE counts and job titles?	No. It is the expectation that the bidder provide the Department with the necessary staff to perform all functions within any business component.	Noridian
125.	28	3.3 Summary of Program	RFP Section 3.3 references the January 2009 IME MITA State Self-Assessment. Are the results	The final report of the MITA State Self-Assessment is available via the IME Resource	Noridian

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		Responsibilities	of the SS-A available to potential bidders?	Library.	
126.	97	6.1 General Requirements for All Components	There is no requirement 6.1.j listed in Section 6.1 of the RFP. Please confirm this requirement is not missing from the section.	RFP Amendment 4 addresses the numbering omission.	Noridian
127.	99	6.1.1.1.1 Key Personnel Requirements	In the "operations managers" row in the table on page 99, it states the operations manager may not serve in any other capacity. However, in the "transition manager" row, it states the transition manager may serve as account or operations manager. Please clarify if the operations manager may also serve as the transition manager.	The transition manager also can serve as either the account manager or the operations manager. RFP Amendment 4 includes an update to Figure 4 in section 6.1.1.1.1 that states that the operations manager may serve as the transition manager.	Noridian
128.	158	6.4.1.1.3 Performance Standards	The RFP does not contain performance standards 6.4.1.1.3.e through 6.4.1.1.3.g. Please confirm no performance standards are missing from the list in the RFP.	RFP Amendment 4 addresses the numbering irregularity.	Noridian
129.	163	6.4.4 Provider Outreach and Education	This section indicates that, "This function also includes the development and maintenance of a provider web site". Please clarify if "development" refers only to website content development, or if it is the expectation that contractors would develop a new web site.	The contractor is responsible for maintaining the IME Provider web site.	Noridian
130.	165	6.4.5 Provider Training	The introductory paragraph indicates that, "The Provider Training function consists of .....and conducting formal statewide training sessions during the implementation of the new contract and annually thereafter". Does the Department require training to take place during transition, or only upon assumption of operations?	It is the expectation that the contractor develops the training plan for the providers and implements training once the contractor enters operations.	Noridian
131.	170	6.4.7 ISIS Support	Since this will be a new requirement for the Provider Services contractor, can the	Workload volume is an average of 1,600 emails and telephone calls per month. Duration	Noridian

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			Department provide workload statistics for this function for the past year? i.e. # of phone calls, length of calls, # of emails, # of FTEs currently doing the work, etc.	of calls and separate email volume were not tracked. One FTE for help desk with back-up as necessary and three to four FTEs for QA.	
132.	170	6.4.7 ISIS Support	The RFP states that, "It is the Department's intent that the Provider Services contractor take over the ISIS help desk and quality assurance functions that the staff from the Office of Field Support currently perform". We can identify specific requirements for the ISIS support however cannot find any quality assurance functions other than maintaining certain performance standards in this section. Can the Department please expand on what is meant by the "quality assurance functions"?	Quality assurance in this context refers to providing a venue for the contractor to make corrections in the system on behalf of the field staff. The information is in 6.4.7.2 Contractor Responsibilities.	Noridian
133.	166	6.4.5.2 Provider Training	Requirement 6.4.5.2.f states the contractor is responsible to assume all costs associated with training sessions unless expressly noted by the Department. In order to determine the Other Costs for Provider Outreach and Education (Figure 18: Pricing Schedule), could the Department provide what the historical costs have been to the contractor for these activities? (e.g. travel and facilities)	It is the expectation that the bidder provide the Department with a solution to train the Providers and incorporate the cost associated with the training solution as part of the bidder's price.	Noridian
134.	242	7.1 Instructions	7.1.m states "electronic proposal files must be submitted as protected PDF files". Please indicate the security settings the PDF files should contain.	The electronic proposal files should be submitted as read-only files. The files should be able to be copied and moved as necessary.	Noridian
135.	242 and 243	7.1 Instructions	Requirement 7.1.n states the "Service Overview" and "Corporate Organization, Experience, and Qualifications" sections of the Technical	RFP Amendment 4 changes the statement to specify the "Executive Summary" and "Corporate Qualifications" sections.	Noridian

Count	RFP Page	RFP Section	Question	Response	Submitter
			Proposal allow bidders to expound in greater detail about past or current project. Please confirm these sections correlate to Tab 6 - Professional Services Requirements and Tab 9 - Corporate Qualifications		
136.	248	7.2.8.3 Key Personnel	Section 7.2.8.3 states "The bidder must provide resumes and references for all identified key personnel, including the bidder's project manager who will be involved in providing the services contemplated by this RFP." Section 6.1.1.1 Key Personnel does not list a project manager as one of the required personnel. Please clarify if the project manager is required key personnel in addition to the ones listed.	RFP Amendment 4 changes "project manager" to "account manager".	Noridian
137.	248	7.2.8.1 Organization Charts	Requirement 7.2.8.1 states "The bidder will provide a narrative description of the proposed organization, roles and responsibilities of key personnel, and representative job descriptions for all positions within the organization for all phases of the contract." For job descriptions that go across all three phases, are bidders required to submit the same job description three times, or is it acceptable to submit the job description once, and indicate on the job description which phase(s) it's for?	It is acceptable to submit the job description and indicate the phases to which the job description applies.	Noridian
138.	247	7.2.7 Project Plan	Section 7.2.7 states bidders should express the timeframe for tasks during operations in quarters. As most tasks in an operations phase are day-to-day ongoing activities, is it acceptable to list task durations for longer than a quarter to eliminate many redundancies in the submitted work plan?	Yes	Noridian

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139.	251	7.2.9.5 Certifications and Guarantees	<p>Section 7.2.9.5 of the RFP states "The bidder must include a statement that indicates the bidder's agreement to the certifications and guarantees that appear in RFP Section 9 Attachments. However, question 29.e through 29.i on Attachment L: Bid Proposal Mandatory Requirements Checklist indicates a signed copy of Attachments E, D, C, B, and J are to be submitted in Tab 9. Please clarify what bidders should submit in Tab 9: a) a statement only, b) the signed, completed attachments, or c) both a statement and the attachments.</p> <p>Please also clarify if bidders should include a statement on Attachment F, G, and H as they are not mentioned in RFP Section 7.2.9.5 of the RFP or Attachment L: Bid Proposal Mandatory Requirements Checklist.</p>	RFP Amendment 4 modifies RFP Section 7.2.9.5 Certifications and Guarantees to state that bidders will include Attachments B through J in the Corporate Qualifications section of the Technical Proposal.	Noridian
140.	252	7.4 Company Financial Information	Item G in this section references the company's five-year business plan. Please clarify what the Department is expecting to see in a five-year business plan. Is five years of pro-forma financial statements acceptable?	The Department expects to see the bidder's business plan that is a forecast of the next five years of activity including the award of this contract, as stated in the requirement.	Noridian
141.	254	8.3.1 Scoring Technical Proposals	Figure 8: Technical Proposal Scoring lists the sections, points, and weighing factors for scoring. We assume Tab 7 Project Plan and Tab 8 Project Organization are scored together as "Project Management". Please clarify how the points are split between the two sections.	The sections will be evaluated together. The points will not be split.	Noridian
142.	255	8.3.1 Executive Summary	Section 8.3.1 Executive Summary states each evaluation committee will review the proposal's	The Department does not wish to receive any appendices in the proposal volumes.	Noridian

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			executive summary, the overall quality of the proposal (including appendices), and the general qualifications of the bidder. Please clarify what is meant by "appendices" as Figure 5: Technical Proposal Sections on page 241 does not indicate the Technical Proposal will have an "appendices" section.	Amendment 5 of the RFP modifies section 8.3.2 to remove the phrase "including appendices."	
143.	261	9 Attachments	Figure 10: IME Professional Services RFP Attachments lists attachments A through T. However, the attachments in the RFP only go through Attachment O, which is the Sample Contract (not Check Stock Specifications). Please clarify if the Figure 10 table is incorrect, or if bidders will receive the additional attachments in a later amendment. Specifically, Attachment O - Check Stock Specifications, Attachment P - Payment File Definitions, Attachment Q - Check Extract Layout, Attachment R - Sample RCF Letter, and Attachment S - EFT Layout.	RFP Amendment 4 removes attachments P through T from Figure 10.	Noridian
144.	286	Attachment L: Bid Proposal Mandatory Requirement Checklist	Requirement 5.c RFP title of Attachment L states to use the title of Iowa Medicaid Enterprise Procurement as the RFP title on the box labels. However, letter "d" in Section 7.1 Instructions states to use the title Iowa Medicaid Enterprise Professional Services Procurement. Please clarify which title the Department prefers to see on the box labels.	RFP Amendment 4 modifies Attachment L, Bid Proposal Mandatory Requirements Checklist, item 5.c to require Iowa Medicaid Enterprise Professional Services Procurement on the box label.	Noridian
145.	287	Attachment L: Bid Proposal Mandatory Requirements	Requirement 11 of Attachment L states, "Is one sanitized copy of the proposal volumes included if any bid proposal information is designated as	RFP Amendment 4 updates item j in RFP Section 7.1 and requirement 11 of Attachment L to specify that a sanitized copy of the	Noridian

Count	RFP Page	RFP Section	Question	Response	Submitter
		Checklist	confidential?". Section 7.1.j of the RFP (page 246) states bidders will submit one sanitized copy of the Technical and Cost Proposals. Please confirm that bidders are not required to submit a sanitized version of the Company Financial Information if information in that volume is designated as confidential. If so, please update requirement 11 on Attachment L to indicate which proposal volumes require a sanitized copy.	Technical Proposal, Cost Proposal or Company Financial Information is necessary if the bidder chooses to designate information in that volume as confidential.	
146.	288	Attachment L: Bid Proposal Mandatory Requirements Checklist	Requirement 15 of Attachment L states "Are all bid proposals also submitted on CD ROM copies per bid proposal?" Does this mean for each component? Please clarify this statement.	Yes. The Bidder must submit a CD ROM for each individual bid proposal.	Noridian
147.	288	Attachment L: Bid Proposal Mandatory Requirements Checklist	Requirement 16 of Attachment L states "Does one submitted CD-ROM contain one full version of each bid proposal part and the other submitted CD contain one sanitized version of each bid proposal part?" Section 7.1.m (page 246) of the RFP states only the Technical Proposal and Cost Proposal must be submitted on CD-ROM. Please confirm that the Company Financial Information is not required to be submitted on CD-ROM. If so, please update Attachment L to indicate which bid proposal parts are required to be submitted on CD-ROM in full version, as well as sanitized version.	RFP Amendment 4 modifies Attachment L, Bid Proposal Mandatory Requirements Checklist, item 16 to require the Technical Proposal and Cost Proposal on the CD-ROM.	Noridian
148.	288	Attachment L: Bid Proposal Mandatory Requirements Checklist	Requirement 17 of Attachment L states "Are all electronic files in PDF format or in Microsoft Word 2000 format (or a later version)? Section 7.1.m (page 246) of the RFP states electronic proposal files must be submitted as protected	RFP Amendment 4 modifies Attachment L, Bid Proposal Mandatory Requirements Checklist, item 17 to require read-only PDF files only.	Noridian

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			PDF files. Please clarify if Microsoft Word files are also acceptable. If not, please update Attachment L to indicate only PDF formats are acceptable.		
149.	288	Attachment L: Bid Proposal Mandatory Requirements Checklist	Requirement 18c of Attachment L indicates electronic proposal files are identified by "version". Section 7.1.m (page 246) of the RFP states electronic proposal files must identify the full or excised status. Please confirm that "version" is synonymous with "status". If not, please update Attachment L to indicate the electronic proposal files must be identified with the status of full or excised.	RFP Amendment 4 modifies Attachment L, Bid Proposal Mandatory Requirements Checklist, item 18.c to specify status (original, copy or sanitized).	Noridian
150.	290	Attachment L: Bid Proposal Mandatory Requirements Checklist	Requirements 26 and 27 of Attachment L refer to the cross-reference tables. Requirement 26 refers to the general requirements cross-reference table in Tab 5, and 27 refers to the professional services cross-reference in Tab 3. Please clarify if the cross-reference tables are only required to be submitted in Tab 3, or if they are required to be submitted in Tab 3, in addition to Tab 5 and Tab 6. If the cross-reference is only submitted in Tab 3, please update requirement 26 on Attachment L.	RFP Amendment 4 modifies Attachment L, Bid Proposal Mandatory Requirements Checklist, items 26 and 27 to require all cross-references behind Tab 3.	Noridian
151.	291	Attachment L: Bid Proposal Mandatory Requirements Checklist	Requirement 29d of Attachment L indicates signed felony disclosures should be included in Tab 9 Contractor Qualifications. However, Section 7.2.9.4 of the RFP just states that bidders must state whether it or owners have ever been convicted of a felony. There is no mention of a signed statement. Please clarify if	RFP Amendment 4 removes item 29d from Attachment L, Bid Proposal Mandatory Requirements Checklist.	Noridian

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			the statement must be signed. If so, please update the requirement listed in Section 7.2.9.4 to indicate a signature of an individual authorized to legally bind the bidder must be obtained. If not, please remove the "signed" requirement from Attachment L.		
152.	291	Attachment L: Bid Proposal Mandatory Requirements Checklist	Requirement 29k of Attachment L indicates a guarantee regarding the availability of services remaining firm for 120 days should be submitted in Tab 9. However, Section 7.2.9 of the RFP does not indicate this statement is required. Please clarify if bidders are required to include this guarantee, and if the guarantee requires a signature of an individual authorized to legally bind the bidder. If so, please add this requirement to the language in Section 7.2.9.5. If it is not a requirement, please remove the statement from Attachment L.	RFP Amendment 4 removes item 29k from Attachment L, Bid Proposal Mandatory Requirements Checklist and adds item p to section 7.2.2 to require a statement in the transmittal letter. The transmittal letter requires signature of a person authorized to bind the company.	Noridian
153.	292	Attachment L: Bid Proposal Mandatory Requirements Checklist	Requirement 33 of Attachment L asks if the proposal bid bond is payable to DHS in an amount equal to 5% of the total costs identified by Pricing Schedule A of the Cost Proposal. Please clarify if the requirement should refer to Attachment N Pricing Schedules, rather than Schedule A. If so, please update Attachment L.	RFP Amendment 4 modifies Attachment L, Bid Proposal Mandatory Requirements Checklist, items 33 to specify Attachment N.	Noridian
154.	291	Attachment L: Bid Proposal Mandatory Requirements Checklist	Requirement 29j of Attachment L indicates a statement that stipulates the bidder acknowledges the acceptance of all term and conditions stated in the RFP should be submitted in Tab 9. However, Section 7.2.9 of the RFP does not indicate this statement is a requirement.	RFP Amendment 4 removes item 29j from Attachment L, Bid Proposal Mandatory Requirements Checklist and adds item q to section 7.2.2 to require a statement in the transmittal letter. The transmittal letter requires signature of a person authorized to bind the	Noridian

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			Please clarify if bidders are required to include this statement, and if the statement requires a signature of an individual authorized to legally bind the bidder. If so, please add this requirement to the language in Section 7.2.9.5. If it is not a requirement, please remove the statement from Attachment L.	company.	
155.	165	6.4.1.2.1	Does this requirement apply to only CDAC-type providers or to all provider types?	As stated in RFP Section 6.4.1.2 Criminal Background Checks, the contractor must perform criminal background checks on all CDAC providers and on CCO providers at the request of the CCO contractor.	PSI
156.	174	6.4.6.2.1.f	Ongoing license verification for all licensed professional Medicaid Providers is covered in section 6.4.1.1.2.hh on page 163. Is the responsibility listed in 6.4.6.2.1.f different from that in some way?	No. Although the requirement essentially is the same for each business functional area, the associated task could be different.	PSI
157.	163	6.4.1.1.2.u	Nonprofit status is not on the current enrollment application. Should this data element be added to the application and when does DHS anticipate adding it?	The Department anticipates adding the data element at a date to be determined.	PSI
158.	177	6.4.7.2	Can the state provide the number of FTE currently allocated to completing ISIS support?	Please refer to the response to question 131.	PSI
159.	178	6.4.7.3	Regarding ISIS support, is the performance expectation rolled into the overall call center performance or is it a standalone? Will the State please provide historical data on volume of requests, average call handle time, number of escalated calls, call pattern, etc.?	Please refer to the response to question 131, which provides all tracked information that is available.	PSI
160.	178	6.4.7.3	The RFP sets performance standards at 100% resolved within 3 days (ISIS), 15 days	Please refer to section 18.1 in the sample contract.	PSI

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			(inquiries), 30 days (pending and denied claim). The expectations here are manageable only if other departments in the IME are able to resolve their pieces within a shorter timeframe. Please provide more clarification as to how the Department will measure the Provider Services vendor's performance in the cases where the vendor depends on other departments to meet these expectations.		
161.	255	7.2.9.5	Also see Attachment L requirements for Technical Proposal, item 29. Both of these sections require bidders to include RFP attachments B, C, D, E, and J with their proposals. Are bidders also required to submit RFP attachments F, G, and H with their proposals?	RFP Amendment 4 modifies RFP Section 7.2.9.5 Certifications and Guarantees to state that bidders will include Attachments B through J in the Corporate Qualifications section of the Technical Proposal.	PSI
162.	176	6.4.7	Can the state please provide the average number of password resets, questions about ISIS screens, policy questions and updates to program type, level of care and date spans received by Office of field support each month for the preceding twelve months?	Please refer to the response to question 131, which provides all tracked information that is available.	PSI
163.		General	Can the State provide information on how recent MIPPA legislation effective 1/1/10 will affect the scope of work and performance of the various IME components and the State's expectations for same?	The Department cannot anticipate the impact of the recent legislation at this time.	PSI
164.		General	What impact will the Correct Coding Initiative RFP have upon any of the IME contracts?	The Department expects the CCI implementation to be complete prior to the onset of the IME contracts and anticipates the impact on that contract to be minimal.	PSI

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165.		General	Would the State please inform bidders of any State furlough days near the proposal due date that may affect proposal delivery?	No government-wide furloughs are foreseen at this time. If it occurs, the Department will review the proposal timeline.	PSI
166.		Contract Template	Would the State agree to pay the undisputed amount of an invoice within thirty calendar days after receipt of that invoice?	No	PSI
167.	Contract Template page 15	Contract Template Section 13	What assurance other than a bond or letter of credit would the State accept? Bonds and letters of credit cost the State money because a Contractor must include fees in its pricing. Additionally, ambiguity in payment terms associated with bonds and letters of credit often results in litigation. Finally, other methods better protect the State against poor performance, including excellent Contractor qualifications, thorough testing of systems, financial penalties for delays and guarantees issued by a contractor's parent company.	None	PSI
168.		Contract Template	Would the State agree to limit the Contractor's liability to the Contractor's revenue from the Agreement?	No	PSI
169.		Contract Template	Would the State agree that neither party will be liable for special, indirect, incidental, consequential, punitive, or exemplary damages (including loss of profits, loss of revenue, or loss of good will) for any claim, whether based on warranty, contract, tort (including negligence), strict liability, or otherwise, even if the party has been advised of the possibility of such damages?	No	PSI
170.	Contract Template	Contract Template Section 8	Would the State agree that Contractor may terminate for cause after providing the State with	No	PSI

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	page 4		30 days' notice of default and an opportunity to cure?		
171.		Contract Template	Would the State agree that if rules, policies, procedures, guidelines or changes in regulations in laws affect the cost of providing the services, the State shall make an equitable adjustment in compensation?	No	PSI
172.		6.4 Provider Enrollment	The Provider Enrollment workload statistics in the IME Resource Library indicates that an average of 1,218 applications was received in FY09. The statistics also show a significant increase in the number of applications received in FY09 vs. FY08. Are these all new applications or a combination of new and change applications? If all new, what is the volume of changes received? What was the cause of the significant increase in the number of applications received in FY09?	The number is a combination of new and changed provider applications. No individual cause is apparent for the increase.	Riverbend
173.		6.4 Provider Enrollment	The Provider Enrollment workload statistics in the IME Resource Library list stats for "Applications Pending" and "Applications waiting to be processed". Please clarify the difference between pending and waiting to be processed?	These titles refer to statuses in the process work flow. "Applications Pending" are applications ready for the contractor to work. "Applications Waiting to be Processed" are applications for which the contractor has requested information that the contractor has not yet received.	Riverbend
174.		6.4 Provider Enrollment	Section 6.4.1.1.2(a)- Page 155 Will the contractor be provided with a block of numbers for provider ID assignment?	The MMIS will generate an available provider number. If a specific number is desired and available, the Provider Services contractor can assign a number.	Riverbend
175.		6.4 Provider	Section 6.4.1.1.2(v) Page 157 – requires the	DHS currently performs a full reenrollment	Riverbend

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		Enrollment	contractor to "Renew provider agreement periodically, as determined by the Department. Currently, this is a minimum of every six years." What is the annual workload volume associated with this task?	every six years. The process will involve more than 38,000 unique Medicaid providers.	
176.		6.4 Provider Enrollment	Is the Provider Enrollment procedures manual supposed to be available in the IME Resource Library? It currently lists a section for IME Operational Procedures; however, no files appear to be available for downloading.	The files are available.	Riverbend
177.	109	6.1.3.4.3.6.a	Requires \$20.4 million in state savings through collection of overpayments or avoidance of overpayments in SFY 2011 with a 10% increase each year. What is the past 10 year history of savings?	The IME began operation in 2005, so 10 years of reported performance for this function is not available. The posted IME quarterly reports on the IME Resource Library page, the IME workload statistics on the IME Resource Library page, and the IME Performance Reports posted on the Reports and Publications page available from the IME home page all include savings statistics for PCA. RFP Amendment 4 changes the required amount of state savings for SFY2010 to \$850,000.	Riverbend
178.	109	6.1.3.4.3.6.b	Requires \$7.8 million in state saving for SMAC in SFY 2011 with a 7% increase each year. What is the past 10 year history of savings?	The IME began operation in 2005, so 10 years of reported performance for this function is not available. The posted IME quarterly reports on the IME Resource Library page, the IME workload statistics on the IME Resource Library page, and the IME Performance Reports posted on the Reports and Publications page available from the IME home	Riverbend

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				page all include savings statistics for PCA.	
179.		6.7	Are the current and historical audit and rate files stored electronically or hardcopy? If electronically, what electronic system is being utilized? What is the volume of data in both hardcopy and electronic?	<p>Cost report data stored electronically in IMCARS: Nursing Facilities, Residential Care Facilities, Intermediate Care Facilities for the Mentally Retarded, Adult Rehab Option, Habilitation, Remedial, Home and Community Based Waivers, Targeted Case Management.</p> <p>Cost report data stored in hardcopy: Psychiatric Medical Institutions for Children, Rural Health Clinics, Federally Qualified Health Centers, Critical Access Hospitals, Community Mental Health Centers, and Home Health Agencies.</p> <p>IMCARS (Iowa Medicaid Cost and Rate System) was developed using FoxPRO software. It is a database with tracking, calculation and reporting capabilities that has been customized for Iowa Medicaid-specific data.</p> <p>One report exists for each provider. The rate files are stored electronically in the MMIS Please refer to the response to question 182 for the volume of data for SFY 2009.</p>	Riverbend
180.		6.7	Is there a different timeliness standard for	Please refer to 6.8.1.3 for desk reviews. When	Riverbend

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			completing desk reviews versus field audits? Please provider timeliness standards for the expected workloads.	the Department requests the field audit, the Department will provide a guideline for timely completion.	
181.	213	6.7.1.1	Where the Department will provide the contractor with a list of providers covered by the scope of work, what is the number of providers covered under this section broken out by provider type described in section 6.7.1.2.b, Page 214?	Please refer to the Provider Type Summary available on the IME Resource Library page.	Riverbend
182.	214	6.7.1.2	What is the typical number of desk reviews and audits completed per year by provider type and does this number typically vary between contract years?	Cumulative data from SFY ending June 30, 2009. These numbers may vary, depending on the number of providers enrolled: Targeted case management = 104 Rural health clinics = 241 Federally qualified health centers = 44 Home health agencies = 374 Psychiatric medical institutions for children = 13 Critical access hospitals = 227 Nursing facilities = 501 ICF/MR facilities = 110 Residential care facilities = 189 HCBS waiver providers = 613	Riverbend
183.	215	6.7.1.2.g and h	Refers only to the 2552 Medicare cost reporting form. Are any of the other Medicare cost reporting forms utilized? For example, the 2540 (nursing facilities), 2088 (independent rehab), 1728 (home health), 222 (rural health clinic).	Yes, the 1728 and the 222 are utilized.	Riverbend
184.	215	6.7.1.2. j and k	Do all of the providers file the cost reports electronically?	No.	Riverbend
185.	217	6.7.1.2.u	Once providers have been notified of an overpayment, which contractor performs the debt	The Provider Cost Audits and Rate Setting contractor who identified the overpayment	Riverbend

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			collection process?	performs the debt collection.	
186.	217	6.7.1.2.w	What is the typical number of cost report reopenings and appeals for the last several years by provider type and what is the average number of hours spent per reopening and/or appeal?	<p><u>Reopenings – amended cost report:</u>  RSP – 6  HAB – 7  PMIC – 1  HCBS – 53  CMHC – 2  NF – 94  RCF – 26  ICF/MR – 2  HHA – 40</p> <p><u>Appeals:</u>  RSP – 1  ARO – 2  HCBS – 4 but 3 were subsequently dropped  HHA – 4</p> <p>The resources required vary depending on the nature of the appeal and whether or not discovery is involved.</p>	Riverbend
187.	217	6.7.1.2.bb	“Prepare annual compilation reports of costs and other statistical data taken from the cost reports for NFs, hospital-based NFs, ICFs/MR, RCFs, and HCBS waiver services.” Are these reports currently being produced and will the data from the reports be available to the incoming contractor? Are these reports produced on DHS hardware or the contractor’s hardware?	Yes, the reports are being produced and are available to the new contractor. Yes, the reports are produced on Department hardware.	Riverbend
188.	219 and 109	6.7.1.3.b and 6.1.3.4.3.6.a	What is the difference in Section 6.7.1.3.b, Page 219 savings and 6.1.3.4.3.6.a, Page 109	RFP Amendment 4 modifies the amount in RFP Section 6.1.3.4.3.6, item a, number 1, to	Riverbend

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			savings? The amounts listed are two vastly different numbers.	\$850,000.	
189.	225	6.7.3	Does Iowa Medicaid utilize the Medicare DRG and APC rates or are specific Iowa DRG and APC utilized?	For DRG, the Department uses Medicare DRG system but the weights and rates are Iowa-Medicaid specific. For APC, the Department uses Iowa- Medicaid rates and Medicare weights.	Riverbend
190.	225	6.7.3.1	Is DHS or the contractor responsible for obtaining the new version of the DRG and APC groupers?	The Department pays for them and the contractor is responsible for acquiring them.	Riverbend
191.	225	6.7.3.2	What versions of the DRG and APC groupers are currently in use? Do you update the versions annually or just at the triennial rebasing?	DRG – version 24; weights are Medicaid specific and are mapped to the version that went into effect at the time of the triennial rebase/recalibration.  APC – version 10; weights are updated quarterly using Medicare's updates.	Riverbend
192.	225	6.7.3.2	Requires triennial rebasing for disproportionate share rates? Are disproportionate share eligibility criteria in place or will the contractor be required to establish new eligibility criteria?	The eligibility criteria are in place.	Riverbend
193.	228	6.7.4.2.1.b.1	Requires the maintenance of the monitoring and reporting system for nursing facilities. Is this system already in place and who houses the system – DHS or the contractor? If this system is to be housed by the contractor, what are the system requirements?	The IMCARS system (see description of system in response to question 179) was developed for and is owned by the Department. It resides on the DHS network. The IMCARS system is not to be housed by a contractor.	Riverbend
194.	228	6.7.4.2.1.b.2	Requires assistance with the modified price-based case-mix system for nursing facilities. Please provide the specifics of this system and	See the description of the IMCARS system in response to question 179. This system resides on the DHS network.	Riverbend

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			who houses the software.		
195.	228	6.7.4.2.1.f	Are there currently any “new reimbursement methodologies” under review by DHS? If so, please identify these and the stages of development.	PMIC is under development. Policy is being developed in collaboration with interest groups.	Riverbend
196.	230	6.7.5.2 and 6.7.5.3	Require the “annual reconciliation of IowaCare funding sources after receipt of the annual Medicare cost report, including all Medicaid supplemental schedules and disproportionate share survey data.” Medicare cost reports are due to the fiscal intermediary/Medicare Administrative Contractor within five months after the provider’s fiscal year end. Is this an annual report after a year’s worth of the providers cost reports have been submitted? If not, what is the timing of this report?	Yes	Riverbend
197.	121 and 122	6.2.3.2.b	Is the current annual volume of reviews (pre-procedure, transplant, and prior authorization) significantly different from the volume in SFY07? This is the last year of figures listed in the bidders library. If the volume is significantly different, can you provide an estimated average annual volume for these services?	Please refer to the posted IME quarterly reports on the IME Resource Library web page, the IME workload statistics on the IME Resource Library web page, and the IME Performance Reports on the Reports and Publications web page. The Department has updated the files to provide all years of available data.	Unknown
198.	114	6.2.1.2.e	Is the current volume of appeals processed annually significantly different from the volume in SFY07?	Please refer to the posted IME quarterly reports on the IME Resource Library web page, the IME workload statistics on the IME Resource Library web page, and the IME Performance Reports on the Reports and Publications web page. The Department has updated the files to provide all years of	Unknown

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				available data.	
199.	115	6.2.1.2.m	Is the current annual volume of claims reviewed related to hysterectomies, abortions, and sterilizations significantly different from the volume in SFY07?	Please refer to the posted IME quarterly reports on the IME Resource Library web page, the IME workload statistics on the IME Resource Library web page, and the IME Performance Reports on the Reports and Publications web page. The Department has updated the files to provide all years of available data.	Unknown
200.	115	6.2.1.2.n	Is the current annual volume of orthodontia claims suspended for discrepancy between the prior authorization and the claim significantly different from the volume in SFY07?	Please refer to the posted IME quarterly reports on the IME Resource Library web page, the IME workload statistics on the IME Resource Library web page, and the IME Performance Reports on the Reports and Publications web page. The Department has updated the files to provide all years of available data.	Unknown
201.	115	6.2.1.2.o	Is the current annual volume of other claims suspended for review of documentation and pricing significantly different from the volume in SFY07?	Please refer to the posted IME quarterly reports on the IME Resource Library web page, the IME workload statistics on the IME Resource Library web page, and the IME Performance Reports on the Reports and Publications web page. The Department has updated the files to provide all years of available data.	Unknown
202.	116	6.2.1.2.p	Is the current annual volume of claims reviewed quarterly for private duty nursing and personal care significantly different from the volume in SFY07?	Please refer to the posted IME quarterly reports on the IME Resource Library web page, the IME workload statistics on the IME Resource Library web page, and the IME Performance Reports on the Reports and Publications web page. The Department has	Unknown

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				updated the files to provide all years of available data.	
203.	116	6.2.1.2.v	In conducting retrospective reviews of the referenced provider types, is this to be a statistically valid random sample?	Please refer to the posted IME quarterly reports on the IME Resource Library web page, the IME workload statistics on the IME Resource Library web page, and the IME Performance Reports on the Reports and Publications web page. The Department has updated the files to provide all years of available data.	Unknown
204.	117	6.2.1.2.aa	Is the current annual volume of claims reviewed for medical necessity or appropriateness significantly different from the volume in SFY07?	Please refer to the posted IME quarterly reports on the IME Resource Library web page, the IME workload statistics on the IME Resource Library web page, and the IME Performance Reports on the Reports and Publications web page. The Department has updated the files to provide all years of available data.	Unknown
205.	118	6.2.2.2.a	Are the required data systems in place at IME for tracking purposes, or is the contractor expected to provide a data tracking system?	Please refer to RFP Section 5.1.10 Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Function as well as the other parts of RFP Section 5.	Unknown
206.	125	6.2.4.2.l	Are there significant changes to the volume of Medicaid-eligible recipients in certified nursing facilities since SFY07?	Please refer to the posted IME quarterly reports on the IME Resource Library web page, the IME workload statistics on the IME Resource Library web page, and the IME Performance Reports on the Reports and Publications web page. The Department has updated the files to provide all years of available data.	Unknown
207.	126	6.2.4.2.o	Are there significant changes to the volume of	Please refer to the posted IME quarterly	Unknown

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			remedial services progress notes reviewed since SFY07?	reports on the IME Resource Library web page, the IME workload statistics on the IME Resource Library web page, and the IME Performance Reports on the Reports and Publications web page. The Department has updated the files to provide all years of available data.	
208.	128	6.2.5	Are there currently any HMOs in place for Iowa Medicaid?	No.	Unknown
209.	96 – 97	6.1.1.1.3	Our key personnel have provided similar services exclusively to the Iowa Department of Human Services during the past five years. Are bidders allowed to use current Iowa DHS staff as references?	Yes with the exception of current IME staff.	Myers & Stauffer
210.	106, 217	6.1.3.4.3.6 (a) & (b)	Please clarify the amount of state savings the PCA is expected to provide and how the amount was determined. Section 6.1.3.4.3.7 appears to be in conflict with page 217, Section 6.7.1.3 (b).	Please refer to the response to question 188.	Myers & Stauffer
211.	212	6.7.1.2 (b)	Should CMHCs be added to the list of providers in subsection (b)? Should rehabilitation agencies be removed from this list since this provider type no longer submits a cost report?	Amendment 5 to the RFP modifies 6.7.1.2.b to add: <b>“18. Community mental health centers.”</b> Retained items 6.7.1.2.b.17 and 6.7.1.2.c.15 Adult rehabilitation option providers on the list in the event that some close-out or retroactive work is required of this provider type. Amendment 5 to the RFP modifies 6.7.1.2.c to add: <b>“16. Community mental health centers.”</b>	Myers & Stauffer
212.	212	6.7.1.2 Subsection (b)	Does DHS intend for the PCA to perform both a desk review and a settlement for critical access hospitals, rural health clinics, federally qualified health centers, and home health agencies? The current contractor performs a tentative and final	No, whichever is necessary.	Myers & Stauffer

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			settlement for these provider types relying on the Medicare finalized cost report with adjustments. Adding a requirement to complete a desk review would significantly increase State resources to perform work that the Medicare fiscal intermediary has completed		
213.	216	6.7.1.2 Subsection (pp)	Given the extent of changes to Pay for Performance this year, the June 15 deliverable due date will be very difficult for contractors to meet. Will DHS consider changing the due date for the annual pay for performance report?	Amendment 5 to the RFP modifies item pp in 6.7.1.2 to state September 15 as the due date.	Myers & Stauffer
214.	217	6.7.1.3 (a)	As written, this section requires all reviews/settlements to be completed within 90 days of receipt of cost report. Currently, there are approximately 520 reviews/settlements with a performance requirement to be completed within six or 12 months that will now be due within 90 days. The new measure will require significantly more State resources. Will DHS consider changing the requirement to reflect current practice?	Amendment 5 to the RFP modifies 6.7.1.3 as follows: The contractor will be required to meet the following standards. <del>a. Perform annual desk reviews of all providers including cost settlements and calculation of interim rates; settle cost reports for all institutional providers; and notify the provider and the Department of the new payment rate (if applicable) by sending a rate sheet within 90 days of receipt of the financial and statistical report.</del> a. Settle cost reports for all institutional providers within three months after receipt of the final Title XVIII Medicare cost report or if no Title XVIII Medicare cost report is submitted, within twelve months after receipt of the submitted Medicaid report. b. For NF, ICF/MR, RCF and HCBS providers, notify the provider and the Department of the	Myers & Stauffer

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				<p>new payment rate by sending a “rate sheet” within two months of the end of the month after receipt of the financial and statistical report.</p> <p>c. For NFs a “rate sheet” shall be sent to each NF on a quarterly basis based on the case mix index by the fifteenth day of the first month of the quarter.</p> <p>db. In SFY 2011, Iowa shall realize state savings through collection of overpayments or avoidance of overpayments by the Provider Cost Audits and Rate Setting contractor of no less than \$850,000. These savings are expected to result from the more intense scrutiny provided by the cost and payment audit activity described in the RFP. In SFY 2012 and thereafter, the amount of the state savings shall be increased by 10 percent a year over the previous year’s state savings.</p> <p>e. Settle cost reports for remedial service providers, habilitation waiver service providers, and community mental health centers within six months after receipt of the submitted Medicaid report.</p> <p>f. Perform annual desk reviews of all providers under the purview of the Iowa Departments of Education (LEAs and AEAs) and Public Health (Infant and Toddler), including cost settlements and calculation of interim rates, within 90 days after receipt of the annual financial and statistical report.</p>	
215.	218	6.7.2.2.1 (c)	Will DHS please clarify its definition of the term	Amendment 5 to the RFP modifies 6.7.2.2.1.c	Myers &

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			"audit" in this section?	by removing "...conduct audits and..."	Stauffer
216.	226	6.7.4.2.1 Subsection (d)	Currently, ICD-9 updates are performed on October 1 (not January 1). Also, coverage status for annual CPT/HCPCS procedure code changes effective January 1 of each year is determined by Medical Services. Will DHS consider changing the requirement in this section to reflect current practices?	The "fourth quarter of each calendar year" begins on October 1. Amendment 5 to the RFP modifies 6.7.4.2.1.d to read: "Upon request, assist the Medical Services Unit in analyzing new CPT, ICD and HCPCS codes in the fourth quarter of each calendar year by evaluating and providing the pricing amount or logic if incorporated into an existing reimbursement system."	Myers & Stauffer
217.	250	7.4 (a)	As a certified public accounting firm, we do not have audited financial statements. Will DHS accept internally-prepared financial statements?	Yes	Myers & Stauffer