Amendment #5
Issued on: July 12, 2006

Request for Proposal RFP-MQD-2007-002
QUEST Managed Care Plans to Cover Medicaid and Other Eligible Individuals Who Are Not Aged, Blind, or Disabled

#	RFP Section #	RFP Language	Amendment
1	Appendix B	On page B-1, under Form A, #4 delete Capitated expenses may not be available at the level of detail identified on the summary report. However, these amounts should be provided on the subtotal line for each major type of service (e.g. physician/other). Capitated records should be summarized at the procedure code grouping level.	On page B-1, under Form A, #4 add: For services not paid on a fee-for-service basis, such as those delivered by subcapitated or staff providers, expenditures may not be available at the level of detail identified on Form A. The utilization counts for these services should be reported from the encounter data as requested, but the associated costs can be reported in the subtotal line. Costs reported in the subtotals should be consistent with actual paid subcapitation amounts or with the allocated staff model expenses.
2	Appendix B	Encounter Data/Financial Summary Reconcilation Form A	Delete page B-2 and replace with the following page.

Health Plan	
Reporting Period	
Contact Name	
Contact Phone Number	
Contact Email Address	

Hawaii QUEST, QUEST-Net and QUEST-ACE
Encounter Data/Financial Summary Reconciliation Form A

Type of Service	*Requested Data Elements*							
	Fee-for-Service Claims				*Capitated/Staff Model*			
Inpatient Hospital	*Admits*	*Days*	*Billed*	*Paid*	*Days*	*Expenses*	*TPL*	*Total Expenses*
All Inpatient Facility Claims	xxx	x,xxx	$x,xxx,xxx	$x,xxx,xxx	xxx	$xxx,xxx	$xx,xxx	$x,xxx,xxx

	Fee-for-Service Claims				*Capitated/Staff Model*			
Outpatient Hospital	*Claims*	*Claim Records*	*Billed*	*Paid*	*Claims*	*Expenses*	*TPL*	*Total Expenses*
Emergency Hospital	xxx	x,xxx	$x,xxx,xxx	$x,xxx,xxx	xxx	$xxx,xxx	$xx,xxx	$x,xxx,xxx
Other Outpatient Hospital	xxx	x,xxx	$x,xxx,xxx	$x,xxx,xxx	xxx	$xxx,xxx	$xx,xxx	$x,xxx,xxx
Outpatient Hospital Total	xxx	x,xxx	$x,xxx,xxx	$x,xxx,xxx	xxx	$xxx,xxx	$xx,xxx	$x,xxx,xxx

		Fee-for-Service Claims				*Capitated/Staff Model*			
Physician/Other	*Procedure Codes*	*Records*	*Units*	*Billed*	*Paid*	*Records*	*Expenses*	*TPL*	*Total Expenses*
Anesthesia	00100-01999	xxx	x,xxx	$x,xxx,xxx	$x,xxx,xxx	xxx	$xxx,xxx	$xx,xxx	$x,xxx,xxx
Surgery	10000-58999, 60000-69999	xxx	x,xxx	$x,xxx,xxx	$x,xxx,xxx	xxx	$xxx,xxx	$xx,xxx	$x,xxx,xxx
Maternity	59000-59999	xxx	x,xxx	$x,xxx,xxx	$x,xxx,xxx	xxx	$xxx,xxx	$xx,xxx	$x,xxx,xxx
Radiology	70000-79999	xxx	x,xxx	$x,xxx,xxx	$x,xxx,xxx	xxx	$xxx,xxx	$xx,xxx	$x,xxx,xxx
Pathology	80000-89999	xxx	x,xxx	$x,xxx,xxx	$x,xxx,xxx	xxx	$xxx,xxx	$xx,xxx	$x,xxx,xxx
Medical	90000-99199	xxx	x,xxx	$x,xxx,xxx	$x,xxx,xxx	xxx	$xxx,xxx	$xx,xxx	$x,xxx,xxx
Evaluation/Management	99201-99499	xxx	x,xxx	$x,xxx,xxx	$x,xxx,xxx	xxx	$xxx,xxx	$xx,xxx	$x,xxx,xxx
Home Health Care	99500-99999	xxx	x,xxx	$x,xxx,xxx	$x,xxx,xxx	xxx	$xxx,xxx	$xx,xxx	$x,xxx,xxx
Ambulance	A0021-A1999	xxx	x,xxx	$x,xxx,xxx	$x,xxx,xxx	xxx	$xxx,xxx	$xx,xxx	$x,xxx,xxx
Outpatient PPS	C1000-C9999	xxx	x,xxx	$x,xxx,xxx	$x,xxx,xxx	xxx	$xxx,xxx	$xx,xxx	$x,xxx,xxx
DME/Prosthetics	E1000-E9999, K0000-K9999, H0001-H2037, L0000-L9999	xxx	x,xxx	$x,xxx,xxx	$x,xxx,xxx	xxx	$xxx,xxx	$xx,xxx	$x,xxx,xxx
Drugs	J0000-J9999	xxx	x,xxx	$x,xxx,xxx	$x,xxx,xxx	xxx	$xxx,xxx	$xx,xxx	$x,xxx,xxx
Other	Other Level II HCPCS	xxx	x,xxx	$x,xxx,xxx	$x,xxx,xxx	xxx	$xxx,xxx	$xx,xxx	$x,xxx,xxx
Physician/Other Total		xxx	x,xxx	$x,xxx,xxx	$x,xxx,xxx	xxx	$xxx,xxx	$xx,xxx	$x,xxx,xxx

	Fee-for-Service Claims				*Capitated/Staff Model*			
	Scripts	*Days Supplied*	*Billed*	*Paid*	*Scripts*	*Expenses*	*TPL*	*Total Expenses*
Prescription Drugs	xxx	x,xxx	$x,xxx,xxx	$x,xxx,xxx	xxx	$xxx,xxx	$xx,xxx	$x,xxx,xxx

Total Claim Expenses $x,xxx,xxx