

RFP-MQD-2008.005
Behavioral Health Services
Q&A (07/26/07)

NO.	SECTION	PAGE#/PARA	QUESTION	RESPONSE
1.	10.100 Purpose of the Request for Proposal	Page 7 2 nd paragraph	<p>There was a mention of a second RFP/carve out plan for Children/Youth, "A separate behavioral health carve out plan is available for those children/youth ages 3 to 18 or 20 (depending on their educational status) who are eligible for Department of Health- Child and Adolescent Mental Health Division (DOH-CAMHD) services."</p> <p>I was wondering if there was any more information on this carve-out opportunity that you might be able to forward to us, or at least point me in the right direction in order to obtain more information.</p>	This is the only RFP. The carve out for children and youth is provided via a Memorandum of Agreement with the Department of Health, Children and Adolescent Mental Health Division which is a BBA compliant behavioral managed care plan.
2.	10.100 Purpose of the Request for Proposal	Page 7	Will this RFP be awarded to just one agency or several agencies? It is our understanding that in the past, a similar RFP has been broken into smaller pieces.	The contract will be awarded to one bidder.
3.	10.100 Purpose of the Request for Proposal	Page 7	Is it possible to submit a proposal establishing service for only 100 patients? 300 patients? 500 patients? Or must it be unlimited?	The proposal must explain how the offeror intends to provide the services to the SMI population. The scope of services must be provided regardless of the number being served.
4.	10.100 Purpose of the Request for Proposal	Page 7	What can we do to maximize our chances of being awarded this contract? Is there anything in particular that would be a positive or negative factor that should not be included in the proposal?	All proposals will be scored based on Section 80.
5.	10.100 Purpose of the Request for Proposal	Page 7	Would we be able to limit our clientele to those residing on Oahu?	No. The Offeror must be able to provide services statewide.

RFP-MQD-2008.005
Behavioral Health Services
Q&A (07/26/07)

6.	40.200 Qualification of the Behavioral Health Third Party Administrator	Page 39	Our organization is a NCQA and URAC accredited Managed Behavioral Health Organization. We are not an HMO or Independent Review Organization. According to Elma Lasack at the Hawaii Insurance Division, they do not specifically license third party administrators (“TPAs”). The Hawaii Insurance Division does not issue a TPA license. Our organization has received approval from the State of Hawaii Department of Commerce and Consumer Affairs to conduct business as a foreign limited liability company in Hawaii. Is this sufficient to meet the requirements outlined in Section 40.200?	Yes.
7.	40.300 Reimbursement	Page 39-40	RFP states: 1 – 500 active members per month \$75,000 Is the \$75,000 based on 500 members? If the number of members fluctuates each month, are administrative fees prorated?	The fees will be based on the number of members enrolled in the program at the beginning of the month. Enrollment into the program is always the first of the month.
8.	40.300 Reimbursement	Page 39-40	Payment for Direct Service, with the exception of care coordination services, shall not exceed 60% of Medicare year 2006 base year rates. Please interpret, I have no idea what this means. Is this pertaining to the case management fees that cannot exceed \$375 per member per month?	The 60% of 2006 Medicare Fee Schedule is the Medicaid Fee Schedule for payment to direct service providers based on procedure code. Payment by the contractor to providers shall not exceed that ceiling. The case management fee is not part of the Medicare Fee Schedule and is not to exceed \$375.

RFP-MQD-2008.005
Behavioral Health Services
Q&A (07/26/07)

9.	40.300 Reimbursement	Page 39-40	<p>Facility reimbursement fees shall not exceed current Medicaid base rates by more than 10%.</p> <p>What are current Medicaid base rates? Does this mean that our facility rental is not part of the administrative expenses or the \$375 per member rate?</p>	<p>Facility means medical facilities. i.e. – Hospitals, special treatment facilities. This does not pertain to the cost of your office space.</p> <p>Medicaid “base rates” refers to the statewide weighted average for hospital payments. The statewide weighted average is \$616.39 per day.</p> <p>The Med-QUEST Division will provide the facility rates to the contractor. Your office rental is part of your administrative expenses.</p>
10.	40.300 Reimbursement	Page 40 Paragraph 2	<p>Reimbursement for care coordination/case management services shall not exceed \$375 per member per month. Section 40.450 on page 45 says that BHPTA may refer its members to the ACT team (if available) if they meet DOH criteria. Is there a different reimbursement rate for BHPTA care coordination/case management services should the ACT team be unavailable?</p>	<p>ACT (Assertive Community Treatment) is a global service. In ACT, case management is integrated into behavioral treatment and evaluation. Thus, the case management component must be done by the ACT team and not the BHPTA. The payment arranged by the BHPTA for ACTG team services must include case management as well as treatment.</p>
11.	40.410 Required Services	Page 43 1 st paragraph	<p>The RFP states that, “Residents, interns, and students must work under the direct supervision of a licensed or certified professional of the same discipline...” Does MQD have specific protocol regarding use of such individuals?</p>	<p>Residents, interns, and students cannot be paid directly by Medicaid or its BHPTA—if the service they provide is part of their training program. However, Medicaid reimburses for services provided to the supervisor, who is a licensed/certified professional if he/she directly supervises the care—sees the patient, is responsible for the development, implementation, and monitoring of the patient, writes and signs or co-signs all progress notes written by the resident, intern or student, and is available to provide advise when needed.</p>

**RFP-MQD-2008.005
Behavioral Health Services
Q&A (07/26/07)**

12.	40.430 Department of Health (DOH_AMHD)	Page 44 2 nd paragraph	The RFP states that, “The BHPTA will coordinate with the AMHD for medically appropriate admissions to the State Hospital ...” As we understand the current process, DOH contracts out HSH services. Does the BHPTA need to contract with HSH for this level of service or is this covered under the MOA between DHS and DOH?	Medicaid is unaware the extent of the HSH services that are contracted. Thus, it is the BHPTA’s responsibility to coordinate with AMHD or (if it has contracted this function) its contractor for medically appropriate admissions.
13.	40.450 Assertive Community Treatment (ACT)	Page 45	ACT (or those who are of ACT acuity but not in ACT) members often require daily medication. If the ACT team is unable to take a member, will the BHPTA be able to administer or dispense medication?	If the ACT team is unable to administer medication that the recipient’s treatment plan requires and the BHPTA has on staff or can contract with qualified individuals who can perform this service, the BHPTA can assume this responsibility. The ACT team and BHPTA must revise the recipient’s treatment plan to reflect this modification. Also, this service cannot be claimed and reimbursed to both ACT team and the BHPTA/ BHPTA’s contractor for medication administration.
14.	40.500 Care Coordination/Case Management System	Page 47 1 st paragraph	Bullet 4 states that “Identifying levels of case management according to member needs and ensuring at least monthly face-to-face case manager contact. Currently, members of certain acuity (Level IV) must be seen at minimum quarterly. Does MQD plan to do away with this level of acuity?	No
15.	40.510 Care Coordination/Case Management	Page 47	Does DHS have a pre-determined or suggested number of clients per case manager?	No

RFP-MQD-2008.005
Behavioral Health Services
Q&A (07/26/07)

16.	40.620 Supporting Staff and Systems	Page 51	Bullet 3 indicates a pharmacist must either be on staff with the BHTPA or on contract to address pharmacy needs. Currently, members go to the pharmacy of their choice. Will the BHTPA assume responsibility for dispensing and administering medication? Is it possible to contract with local pharmacies?	The pharmacist on staff/contract is to ensure that the appropriate medication is being prescribed to the participating members and to be available to respond to inquiries from contracted providers. The BHTPA will be responsible for overseeing the appropriateness of the medication and for the utilization patterns, etc. The contractor may contract with local pharmacies to dispense medications.
17.	40.620 Supporting Staff and Systems	Page 51	Bullet 4 indicates the QA/UR Coordinator needs to be a Hawaii licensed RN. With the nursing shortage, would MQD consider an LPN, LSW or someone with a past experience?	LPNs/ LSWs can work on QA/UR issues but cannot be the BHTPA's QA/UR Coordinator.
18.	40.620 Supporting Staff and Systems	Page 52 2 nd paragraph	Are there any educational and/or licensing requirements for Care Coordinators/Case Managers?	The RFP does not require certification or specific education.
19.	40.700 Scope of Behavioral Health Services	Page 52	How are we required to provide comprehensive services? Through Memorandum of Agreements?	The contractor must have signed contracts or agreements with the provider network before the implementation of the contract. DHS will ensure that the contractor has an adequate provider network.
20.	40.720 Department of Health Alcohol and Drug Abuse Division	Page 56 1 st paragraph	"DOH-ADAD will continue to fund...certain substance abuse treatment programs...." DOH has maintained they are the payers of last resort. Will this change?	DOH-ADAD funds certain services that are NOT covered by the Medicaid program such as residential beds for alcohol/substance abusing persons. Thus DOH-ADAD is correct that it is the payer of last resort for services it covers that are NOT covered by Medicaid.

RFP-MQD-2008.005
Behavioral Health Services
Q&A (07/26/07)

21.	60.110 Services to be Provided	Page 99-100 3 rd Paragraph	A. Administrative The contractor will be responsible to provide administrative duties to include claims payment, eligibility verification, coordination of benefits, third party liability recovery, outreach and other duties specified in this RFP. Please define claims payment.	The contractor will be responsible for processing and adjudication of the claims. The contractor will then invoice the state and then issue the payments to the provider based upon the payment rates approved by the state. The contractor will also have the ability to produce a paid claims file to interface into the HPMMIS.
22.	61.400 Warranty of fiscal Integrity	Page 102	The RFP states that the vendor will need to, “to prove its financial solvency and shall comply with the solvency standards established by the State Insurance Commissioner for private health maintenance organizations.” Since this is not a risk-based contract how will solvency standards be assessed?	Financial solvency will be based on the financial statement submitted as stated in Section 70.500 of this RFP.
23.	Appendix I	I-5 Question 12	Please provide clarification on any required performance bond.	Please disregard any reference to the performance bond in this appendix.
24.	Appendix J	J-5	Section J – QIP asks for written policies for the treatment of minors. We request clarification as it did not appear this RFP included minors	Please disregard any reference to treatment of minors as this is a contract to provide behavioral health services to SMI adults.

**RFP-MQD-2008.005
Behavioral Health Services
Q&A (07/26/07)**

25.	General		How is the member formulary determined and/or will there be a change from the current formulary?	The formulary includes all psychotropic medications. These are medications with FDA indications for the treatment of behavioral health conditions. Also included are certain medications with FDA indications to treat the side effects of psychotropic medications. The current formulary was developed by the BHTPA with the State's approval and the state does not anticipate a change unless it is to add new medications approved by the FDA or to remove medications no longer approved by the FDA for the treatment of behavioral health conditions or side effects of psychotropic medications.
26.	General		Is there an incumbent for this requirement-particular task order? If so, would you kindly identify the contractor, the period of performance and the dollar value of the contract?	The current contractor is Hawaii Medical Service Association. The period of performance is 7/1/02-12/31/07. The value of the contract for the period 7/1/02-12/31/07 is approximately \$7.1 million.
27.	General		What are the specific lab categories required and what is the number of job titles needed?	<p>Lab work is based on the assessment of the treating therapist and the requirement of lab work based on the psychotropic medications which require such work.</p> <p>Job titles are referred to the RFP, however, the state does not prescribe a number of titles. The contractor must determine the most efficient and effective positions necessary to carry out the requirements of this contract and explain such position in the proposal to the state's satisfaction.</p>