

Amendment #3
Request for Proposal
RFP-MQD-2008-011
Hawaii Infant & Children Health Care Program
Issued: January 28, 2008

Number	RFP Section #	RFP Language	Changes to RFP
1	30.200 Act 236 of the 2007 Legislative Session	Page 21, 3 rd paragraph Please explain why the language in Act 236 and the language in the RFP differ with respect to payments to managed care plans participating in the HCHCP. Act 236 states that the Department of Human Services and the managed care plans shall share equally in the cost of the premium for each child enrolled in the program subject to the appropriation of general funds for the program. The RFP states that for the HCHCP the state will pay \$25.50 per member per month for children enrolled in the plan. Setting the PMPM rate in the RFP does not seem to comply with Act 236's requirement of equal sharing if the PMPM amount is set in the contract. Can this be changed to be an equal sharing of premium cost as intended in Act 236?	Page 21, 3 rd paragraph is amended to read: The State contribution of \$25.50 per member per month (pmpm) in the HCHCP will not be changed. In the two years that HCHCP was considered by the Legislature and the Governor, all stakeholders represented that the HCHCP would be a three-year pilot project based on the HMSA Children's Plan premium of \$51 pmpm and that the State would equally share that premium. The intent of the Department is to provide coverage to as many of the uninsured children as possible with the limited funds made available through Act 236. If the State allowed the premium to be increased above \$51 pmpm by the managed care plan(s), fewer uninsured children would have the opportunity for HCHCP coverage due to the limited funds made available through Act 236. An amendment is added to clarify the intent of the Department. Section 30.200 paragraph 3 is amended to read: The Hawaii Children Health Care Program (HCHCP) will be a partnership between the State and the selected managed care plan(s) which shall equally share in the cost of the program which is determined at \$51 per member per month (pmpm). The Department, acting on behalf of the State, will pay \$25.50 of the managed care plan(s)' premium pmpm for members who will be provided health care coverage by the managed care plan(s). The DHS payment of \$25.50 pmpm shall not exceed \$700,000 State expenditure for SFY 2008 and up to \$900,000 for SFY 2009.

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			<p>Section 30.200, Page 22 is amended to insert a new paragraph to follow page 21, 3rd paragraph to read:</p> <p>While the Offeror cannot charge the member any premium in the HCHCP and the State will not contribute more than \$25.50 pmpm during this three-year pilot project, the Offeror may propose an increase in the co-payment schedule, in lieu of increasing the premium contribution of the State, to accommodate any increase in HCHCP costs, not to exceed \$2 pmpm or \$24 per member per year.</p>
2	30.400	<p>4th bullet:</p> <p>This section states that in order for a child to be eligible for the HCHCP they must have a family income of greater or equal to 300% FPL but Appendix J (J-1) states that there is no financial requirement. Per Act 236, there is no financial requirement to be eligible for HCHCP. Can this bullet be deleted?</p>	<p>1st paragraph, and bullets are amended to read:</p> <p>To be eligible to participate in the HCHCP three year pilot program, a child must be:</p> <ul style="list-style-type: none"> • At least thirty-one days old, but less than nineteen years of age; • Living in Hawaii; • Uninsured since birth if the child is at least thirty one days of age but under six months old; • Ineligible for any Federal or State medical assistance programs which are available for children at or below 300% fpl during the required period of being uninsured for health care; • Uninsured for at least six consecutive months if the child is older than six months. The following children shall be eligible for the HCHCP without being subject to the requirement of being uninsured for the precedent six months: <ul style="list-style-type: none"> ○ All children enrolled in a managed care plan's children plan as of the effective date of this Act; ○ Any child enrolled in the Hawaii Infant Health Care Program shall be eligible for enrollment in the HCHCP when they age out of the Hawaii Infant Health Care Program; ○ All children who have become ineligible for a medical assistance³ program administered by the Department due to increased income.

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3	Section 40.200 Offeror's Role in Hawaii Children Health Care Program (HCHCP)	1 st paragraph, 7 th bullet The quarterly reporting requirements in this section are expanded to include reporting on problems with crowd out, the amount of funding used and for what, problems encountered with administration and proposed legislation to strengthen access. Act 236 required that this report be generated annually prior to legislative session. Will the Department amend the RFP to delete this section to match the requirements in Act 236?	1 st paragraph, 7 th bullet is amended to read: Provide an annual report to the Department identifying on pilot project effectiveness to include, but not be limited to: (sub-bullets to remain the same)
4	40.720A HCHCP Medical Services to be Provided	Item A, 4 th bullet This section outlines the gynecological services that are to be provided by the HCHCP. Gynecology visits are limited to one per calendar year. Can the RFP be amended to clarify this?	Item A, 4 th bullet is amended to read: Gynecology Exam No co-payment. One gynecology exam per year. Counts toward 12 office visits per calendar year.
5	40.720E HCHCP Medical Services to be Provided	Item E, 5 th bullet This section outlines the dental services that are to be provided by the HCHCP. Dental sealants are listed as being provided on one tooth per lifetime. Under the HCHCP this service should be provided for permanent molars only. Can the RFP be amended to clarify this?	Item E, 5 th bullet is amended to read: Dental Sealants On permanent molars, 12 years of age and under – 1 per tooth per lifetime.

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6	40.720F HCHCP Medical Services to be Provided	Item F This section outlines a vision care benefit that is to be provided by the HCHCP. Since visits for vision care count towards the twelve office visits per year provided in the HCHCP, can the RFP be amended to clarify this?	Item F is amended to read: Vision care is limited to vision test as part of a routine pediatric examination and which counts toward the 12 office visits per calendar year.
7	40.720H HCHCP Medical Services to be Provided	Item H, Title Line This section outlines how covered services must be provided in accordance with the RFP but are in a section entitled "Services Not Covered." Could this section be renamed?	Item H, Title is amended to read: H. Services Covered
8	40.800 Excluded Services for HIHCP and HCHCP	1 st paragraph, 1 st bullet This section discusses services not offered such as those considered experimental and investigational. The existing definition conflicts with the state statute on medical necessity (HRS 432E-1.4). Can the definition in the RFP be amended to adopt the state definition of medical necessity?	1 st paragraph, 1 st bullet is amended to reflect state statute HRS 432E-1.4: Experimental, investigational, or services of generally unproven benefit, supplies, equipment, devices and drugs of unproven benefit, unless determined medically necessary;
9	40.900 Emergency Services	Paragraph 2, all bullets This section defines an emergency medical condition which differs from the definition of "emergency" in the glossary on page B-3. Can the definition within the text of the RFP be amended to match the definition in the glossary?	2 nd paragraph and bullets are amended to read: An emergency medical condition is a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in placing the health of the individual (or with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, serious impairment to body functions or serious dysfunction of any bodily organ or part.

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10	42.200 Reporting Requirements	<p>Item 1</p> <p>The quarterly reporting requirements in this section are expanded from the requirements of Act 236 requesting that plans submit members' social security numbers. Will the Department amend the RFP to delete this section to match the requirements in Act 236?</p>	<p>Item 1 is amended to read</p> <p>1. Quarterly eligibility/enrollment report that shall include:</p> <ul style="list-style-type: none"> • Recipient's name • Social security number, optional for member to submit • Date of enrollment • Date of birth • Gender <p>Ethnicity, optional for member to submit</p>
11	42.200 Reporting Requirements	<p>Item 2</p> <p>The quarterly reporting requirements in this section are expanded from the requirements in Act 236 to include reporting on encounter data for each plan member. Will the Department amend the RFP to delete this section to match the requirements in Act 236?</p>	<p>The Department is tasked by the Legislature to perform Contractor responsibilities. As such, the Department requires specific information be provided by the Offeror(s). Encounter data is required in other Department contracts. For this RFP, the Department is willing to forego requiring submission of encounter ICD-9 and CPT codes. The Offeror(s) will instead be required to provide a summary report of the chief reason for medical, dental or hospital visits along with date of service and recipient and provider identification.</p> <p>Item 2 is amended to read:</p> <p>2. Quarterly encounter data report that shall include for each billable visit:</p> <ul style="list-style-type: none"> • Recipient's identifier (name or number) • Provider identifier, per Department approval. • Date of service • Summary report of the chief reason for medical, dental or hospital visit.

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12	42.200 Reporting Requirements	Item 5 The quarterly reporting requirements in this section are expanded to include reporting on problems with crowd out, the amount of funding used and for what, problems encountered with administration and proposed legislation to strengthen access. Act 236 required that this report be generated annually prior to legislative session. Will the Department amend the RFP to delete this section to match the requirements in Act 236?	Item #5 1 st paragraph is amended to read: 5. Provide an annual report to the Department on pilot project effectiveness to include, but not be limited to: (The bullets remain the same.)
13	42.200 Reporting Requirements	Item 6 Plans are required to provide a monthly invoice of the number of enrollees. Since the plans will only be receiving payment on a quarterly basis can the RFP be amended to match the quarterly invoice requirement in Act 236?	Item 6 is amended to read: Provide a quarterly invoice of number of enrollees. MQD shall monitor the number of enrollees to assure the programs do not exceed the overall expenditure caps.
14	42.300 Administrative Requirements	3 rd paragraph, 2 nd bullet This section requires a plan's office hours to be from 8:00 a.m. - 4:30 or 5:00 p.m. Our health plan office hours are from 8:00 a.m. - 4:00 p.m. Extending office hours would increase a plan's administrative costs considerably. Can the office hours requirement be changed to 8:00 a.m. - 4:00 p.m.?	Paragraph 3, 2 nd bullet 3 rd paragraph 3, 2 nd bullet is amended to read: Office hours during Hawaii business hours of 8:00 am – 4:00 pm, Monday through Friday, except holidays.

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15	50.600 Subcontracts/ Provider Agreements	<p>3rd paragraph</p> <p>The RFP requires that the contractor notify DHS at least fifteen days prior to adding or deleting provider or subcontractor agreements or making any changes which materially affect the ability of the plan to fulfill the contract. A requirement of this type would be extremely burdensome on plans given the large number of provider contracts a plan may have in place at a given time. Given the large administrative cost impact this could have on a plan can this requirement be deleted from the RFP?</p>	<p>3rd paragraph is amended to read:</p> <p>The contractor shall notify DHS on a quarterly basis of any provider or subcontractor agreement changes.</p>
16	50.800 Provider Director	<p>1st paragraph</p> <p>This section outlines the requirements a plan must have for its provider directory including listing languages spoken. This information may not be available for the majority of a plan's providers. Compiling this information would increase a plan's administrative costs considerably. Can this language requirement be deleted from the RFP?</p>	<p>1st paragraph is amended to read:</p> <p>The managed care plan(s) shall produce a provider directory for the DHS to provide assistance to members selecting a PCP or other provider. For the purposes of this RFP this can be a Letter of Intent of Provider List when the RFP is due. The health plan shall include in the provider directory information on providers by island, including the names, location, telephone numbers and, if the information is available the non-English languages spoken by current contracted providers (including specialists, PCPs, pharmacists, FQHCs and RHCs and mental health and substance abuse providers, and hospitals).</p>

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17	51.330 Invoice for HCHCP	<p>1st paragraph</p> <p>This section details capitation information which must be submitted to DHS on a monthly basis. This capitation information is outside of the scope of what Act 236 required plans to submit. Additionally, it is unclear why a plan would be required to submit capitation information since the plans will be sharing equally in the cost with the State. Can this section be deleted from the RFP?</p>	<p>1st paragraph and bullets are amended to read:</p> <p>The contractor shall submit a quarterly invoice to the State based on number of enrollees for a quarter. The contractor shall submit the following information which includes at minimum:</p> <ul style="list-style-type: none"> • first name • last name • date of birth • age • begin enrollment date • end enrollment date • island • address
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