

Hawaii Infant & Children Health Care Program
RFP-MQD-2008-011
Q&A's
01/28/08

Ques. #	Section #	Page #	Para #	Question	Response
1	20.970	13	1	This section notes the proposal deadline as February 15, 2008. Shouldn't this be February 8, 2008?	See #1 of Amendment #1.
2	20.980	14	2	This section asks that an Offeror include a certified statement in the proposal certifying that the bid was arrived at without any conflict of interest. Since the plans bidding on the RFP are already aware of the cost constrictions built into the contract, what type of specific documentation is the Department seeking to fulfill this requirement?	A sentence stating there is no conflict of interest will suffice in meeting this standard requirement.
3	30.200	21	3	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?	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.

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					<p>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.</p> <p>An amendment is added to clarify the intent of the Department.</p> <p>See #1 of Amendment #3</p> <p>Section 30.200 paragraph 3 is amended to read:</p> <p>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</p>
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					<p>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.</p> <p>Section 30.200 is amended to insert a new paragraph to follow paragraph 3 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>
4	30.400	22	1, 4 th bullet	<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>See #2 of Amendment #3</p>

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5	40.200	26	1, 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?	See #3 of Amendment #3
6	40.420	28	1	This section stipulates that the Department will make payments to plans for services provided by the HCHCP. Will the Department amend the RFP to include the quarterly dates of when a plan can expect to receive payment for services provided?	No Amendment. The Department will make timely payments for services upon receipt and approval of quarterly invoices for services rendered.
7	40.600	29	2	This section allows for a "parent, legal guardian or other representative of the infant or child" to sign an application certifying that the information on the application is not false. "Other representative" remains undefined and could potentially be an individual with no legal responsibility for the child. Can this language be deleted from the RFP?	No Amendment. Note: Section 40.600 relates to completing applications and verification would still be a part of the eligibility determination process.
8	40.700	29	2	This section requires that plans participating in the HCHCP provide access to services such as prenatal and perinatal care. In the HCHCP benefit package, maternity services are subject to a twelve month waiting period. Can the RFP be amended to include language clarifying that these services are available subject to appropriate waiting periods?	No Amendment. Page 32, Paragraph 2 and Pages 36-37 clearly define the maternity benefits and the indicated waiting periods.

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9	40.720A	32	1, 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?	See #4 of Amendment #3
10	40.720E	33	4, 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?	See #5 of Amendment #3
11	40.720F	33	5	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?	See #6 of Amendment #3
12	40.720H	34	2	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?	See #7 of Amendment #3
13	40.800	35	1, 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?	See #8 of Amendment #3
14	40.900	35	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?	See #9 of Amendment #3

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15	42.200	41-42	all	The language in Act 236 and the language in the RFP differ with respect to the quarterly reporting requirements to be submitted. Act 236 only requires that a managed care plan provide a quarterly report to DHS on the number of children enrolled in the program. The RFP expands the reporting requirements tremendously. Will the Department amend the RFP to delete this section to match the requirements in Act 236?	No Amendment. Please see the responses to Questions 16-24 for specific amendments to reporting requirements.
16	42.200	41	number 1	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?	See #10 of Amendment #3
17	42.200	41	number 1	The quarterly reporting requirements in this section are expanded from the requirements of Act 236 requesting that plans collect information on a member's ethnicity as part of the quarterly reporting requirements. Will the Department amend the RFP to delete this section to match the requirements in Act 236?	See #10 of Amendment #3
18	42.200	41	number 2	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?	See #11 of Amendment #3
19	42.200	41	number 3	The quarterly reporting requirements in this section are expanded from the requirements in Act	No Amendment.

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				236 to include reporting on complaints, grievances and appeals. Will the Department amend the RFP to delete this section to match the requirements in Act 236?	
20	42.200	41 - 42	number 4	The quarterly reporting requirements in this section are expanded from the requirements in Act 236 to include reporting on changes in a plan's provider network that impact its ability to ensure accessibility to services statewide. Will the Department amend the RFP to delete this section to match the requirements in Act 236?	No Amendment. The Department wants to ensure that coverage is accessible in rural areas.
21	42.200	42	number 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?	See #12 of Amendment #3
22	42.200	42	number 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?	See #13 Amendment #3

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23	42.200	42	number 7, 1 st bullet	The quarterly reporting requirements in this section requests that plans submit the number of children who were provided services. Act 236 required that plans submit enrollee data only. Will the Department amend the RFP to delete this section to match the requirements in Act 236?	No Amendment. The Department wants to know when/if the two categories differ in counts.
24	42.200	42	number 7, 2 nd bullet	The quarterly reporting requirements in this section requests that plans submit a list of health care providers or managed care plans participating in the program. It is unclear why a participating plan would submit to DHS a list of other plans participating. Can this requirement be removed?	No Amendment. Note: The Offeror, if doing both the infant and child health care plans, may subcontract the infant health care program. The Department is not asking an Offeror to report on participation outside of its own network.
25	42.300	43	3, 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. The health plan's 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.?	#14 of Amendment #3
26	50.600	48	3	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	See #15 of Amendment #3

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				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?	
27	50.800	49	1	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?	See #16 of Amendment #3
28	51.330	52	1	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?	See #17 of Amendment #3
29	60.510	64	2 & 3	This section lists the personnel a plan must submit information to include job functions which may not be included in the scope of the HCHCP such as individuals providing Case Management and QA/UR Personnel. Can this section be deleted from the RFP?	No Amendment Note: If the Offeror does not have specific positions such as Case Management of QA/UR Personnel, then indicate vacant position.

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30	60.520	65	1	This section details the resumes to be submitted including the CC/CM and QA/UR Director. This seems out of the scope of this proposal. Can this be deleted from the RFP?	No Amendment See comment in Question #29.
31	80.100	70	2, 3 rd bullet	This section makes reference to a "readiness assessment" which is not mentioned anywhere else in the document. Can this section be deleted from the RFP?	No Amendment. The Department will perform a brief assessment to ensure that the Offeror is prepared to deliver the required services.
32	80.700	74	3	This section outlines the contract award process. How many plans does the Department expect to award contracts to?	Per Act 236, SECTION 3, (h) the department shall ensure that other private organizations have the opportunity to partner with the State to offer coverage to uninsured children under the program; provided that plan benefits to be provided shall be equal to or better than those offered through the program established by the State and managed care plans under subsection (a). There will be a minimum of one award and maximum of three.