

**Amendment #4**  
Request for Proposal  
RFP-MQD-2008-011  
Hawaii Infant & Children Health Care Program  
Issued: January 30, 2008

Number	RFP Section #	RFP Language	Changes to RFP
1	51.310  Payments	Concern has been raised on how the Offeror would manage the capped benefit of \$10,000 per infant in the Hawaii Infant Health Care Program.	<p>There are a number of considerations each Offeror should be aware:</p> <ol style="list-style-type: none"> <li>1. Emergency care at birth: If the child is born at the hospital and emergency services are required, the services will be provided by the facility. The HIHCP will allow up to \$10,000 to be used to help defray costs incurred by the hospital and its staff. Because emergency services usually utilize multiple providers, it is recommended that invoices be paid on a first come, first served basis. When the cap is reached, then no more payments are to be made.</li> <li>2. Non-emergency care newborns: It is strongly recommended that the Offeror develop a mechanism whereby Providers of non-emergent care can contact the Offeror prior to providing services to check on the \$10,000 per infant benefit level to avoid denial of payment of the claim. This could be a call-in service managed by the Offeror or web-based mechanism in which the Provider must describe the services to be provided and the maximum amount to be billed.</li> <li>3. NOTE: Offerors are reminded that HIHCP is for infants not eligible for any other federal or state program. However, an infant, previously deemed ineligible for a public program but is now in need of critical and extensive medical care that requires institutional care that extends beyond 30 days may possibly qualify, retroactively, for Medicaid assistance.</li> </ol> <p>Section 51.310 , 3<sup>rd</sup> paragraph is added to read:</p> <p>It is strongly recommended by the Department that the Offeror develop a mechanism whereby Providers of non-emergent care contact the Offeror prior to providing services to check on the \$10,000 per infant benefit level to avoid denial of payment of the claim. This could be a call-in service managed by the Offeror or web-based mechanism in which the Provider must list the services to be provided and the amount to be billed. As part of its responsibility, the Department will be available to issue a Provider Memo outlining the Offeror's requirements in managing the capped \$10,000 per infant benefit.</p>