Question and Answer- #3
Technical Proposal Question & Answer on Amendment #1

Issued on: October 4, 2013

For Request for Proposals RFP-MQD-2014-005
QUEST Integration (QI) Managed Care to Cover Eligible Medicaid and Other Eligible Individuals

Question #	**# (first column of list of amendments)**	**Question**	**Answer**
1	5	Can the term 'primary client' be defined?	Primary client is the term that is used on the 834 file to identify the primary individual of the case.
2	15	Should the new sentence read 'The health plan shall submit all **providers** that were denied credentialing for any reason on their quarterly report.'? (added the word **'providers'**)	See #1 of Amendment # 2.
3	20	In reference to the table on page 411, row 10: Since row 15 was added that specifies the DHS action that will be taken 'Enrollment cap for auto-assignment'. Should row 10 also be updated with the word cap since it is an action that the DHS will be taking ('Enrollment cap for auto-assignment')?	See #2 and #3 of Amendment # 2.
4	22	Please explain the evaluation method under this bullet which currently states 'HEDIS validation measures shall be evaluated based upon 75th percentile for Medicaid nationally'. Which validation measures will this method be applied to and in what way?	The Health Services Advisory Group (HSAG) validated six (6) HEDIS measures for the health plans that are currently participating in the QUEST and QUEST Expanded Access (QExA) programs. These HEDIS measures are: - Chlamydia screening in women - Controlling Blood Pressure - Comprehensive Diabetes Care - Well-Child visits in the first 15 months of

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			life - Ambulatory Care: Total - Childhood Immunization Status The results of the six (6) validated HEDIS measures are included in the most recent HEDIS® 2013Compliance Audit™ . DHS will review the results of the six (6) validated measures, compare them to HEDIS 2013 75th for Medicaid, and apply evaluation criteria.