

Question & Answer- #4

Technical Proposal Question and Answer on Additional questions to DHS' response to previous questions

Issued on: October 4, 2013

For Request for Proposals RFP-MQD-2011-003

QUEST Managed Care Plans to Cover Eligible Medicaid and Other Eligible Individuals who are not Aged, Blind, or Disabled

Question #	Q&A Posting Date	Question # (related to Q&A)	Question	Answer
1	9/20/2013	42	Since there is a significant penalty to the health plan for violation of marketing requirements, can the DHS provide some additional clarification that could hold the reporting health plan 'harmless' from the actions of a provider if the health plan is not at fault for the marketing materials of the provider? We support that the health plans should monitor the materials used by their contracted providers, but the actions of the provider should not have a major impact to the health plans.	Sections 50.620, 50.640 and 72.220 only describe sanctions related to health plans not following DHS requirements for marketing and advertising. If a provider is acting independently, then a health plan will not be held accountable for actions of their provider. However, DHS will hold a health plan accountable when they are working collaboratively with a provider and do not receive prior approval from DHS for marketing materials. DHS requires necessary language in health plan contracts with providers and may monitor health plan oversight of those contracts. The health plan's failure to comply with its contractual requirements with DHS is subject to sanctions as described in the contract.
2	9/20/2013	65 and 66	The RFP states that adults and children with SHCNs shall not have disease-specific service coordinators. Each member shall have a single primary service coordinator. MQD's response to	Yes.

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			questions 65 and 66 states that the assigned primary service coordinator may be augmented by a care team. If the member has a disease-specific condition and could benefit from a care team member who has experience in the care of the condition and assists the member in this aspect of care, would this be allowed?	
3	9/20/2013	66	Question 66 introduces a new term of ' <b>community case manager.</b> ' Please provide definition and required certification of this position.	The potential applicant who asked question #66 introduced the term "community care manager." DHS responded to the question by allowing health plans to use additional team members to support the service coordinator. The term "community case manager" is not a term that DHS will be including in the QUEST Integration RFP.
4	9/20/2013	88	If a health plan estimates that its enrolled SHCN population is significantly more than the DHS' projection of 5%, should the health plan follow the DHS' 5% estimate or the health plan's estimate when determining their staffing model?	The health plan should use their own estimate when determining their staffing model.
5	9/20/2013	88	Please provide more detail on what the DHS estimates are in terms of categories of care and the related population size of the SHCN population. For example, how many of the SCHN estimate will be children or adult?	DHS does not have this level of detail regarding adults or children with SHCN at this time. The response to question #88 was an estimate that could be applied for answering question 80.345.3. However, health plans may develop their own estimates as described in question #4.

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6	9/20/2013	105	<p>In the response to our previous question, DHS indicated that “The intent [of the request in the final paragraph of Section 80.220] is that the applicant provides information on any affiliated company of the applicant (i.e., parent company) and its subcontractors.” Thank you for the response; the previous response clarifies that DHS wants information regarding the applicant’s parent company. Please confirm that the applicant does not have to include information regarding other affiliated companies (such as “sister” companies that are under common ownership with the applicant) that are not parent companies of the applicant and unrelated to the services to be provided pursuant to the RFP. For example, if the applicant’s parent company also owns a New Jersey subsidiary that provides services only in New Jersey, we do not see that information regarding such New Jersey subsidiary would be helpful in evaluating the applicant’s proposal.</p>	<p>DHS is not interested in receiving information on “sister” companies that are not parent companies of the applicant and unrelated to the services provided in the QUEST Integration RFP. In the example provided, DHS is not interested in the New Jersey subsidiary.</p>
7	09/20/2013	112 & 113	<p>Med-QUEST's response to Question #112 and #113 is that "The ACA identifies several new regulations for LTSS providers. Some of these regulations include but are not limited to Section 2301 and 6201." ACA Section 2301 does not</p>	<p>Thank you for identifying this mistake. The correct reference is to Section 1150B of the ACA.</p>

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			<p>seem to apply to LTSS. It describes improvements to Medicaid Services such as coverage for freestanding birth center services. Did Med-QUEST mean to reference ACA Section <b>2401</b> instead? Section 2401 outlines state's options for providing LTSS, including options for home and community based attendant services and supports.</p>	
8	9/20/2013	125	<p>In the first set of questions, a plan asked about Certificates of Good Standing. The response indicated that “The Insurance Division will issue a Certificate of Good Standing for health plans. This Certificate of Good Standing will only be issued if a health plan meets the solvency standards identified in Chapters 431, 432, or 432D of the Hawaii Revised Statutes (HRS).” However, we have requested a Certificate of Good Standing from the Insurance Division and the Insurance Division responded to our request by writing to us that “We only issue the Certificate of Compliance and there is no fee for that. You can only request through us and it is not available online.” What should an applicant do in the case where the Insurance Division has indicated to the applicant that it does not issue Certificates of Good Standing?</p>	<p>See #4 of Amendment # 2.</p> <p>For proposal submission, obtain a Certificate of Compliance from the Insurance Division, Department of Commerce and Consumer Affairs.</p>

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9	9/20/2013	130	<p>In the response to our previous question regarding the Background Check Information form, DHS indicated that the applicant “should include their CEO, Medical Director, and Financial Officer of their health plan and any affiliates (or parent companies).” We respectfully request that DHS reconsider requiring that the CEO, Medical Director, and Financial Officer of non-parent affiliates be included the Background Check Information Form. The information required by that form (in particular, SSN and DOB) is very sensitive and we try to minimize disclosure of such information except when necessary. Where an applicant’s parent company also has subsidiaries in other states that will not be providing services or otherwise involved in the applicant’s operations, is it necessary for DHS to collect the personal information of the CEO, Medical Director, and Financial Officer of such “sister” plans?</p>	<p>Applicants shall submit Background Check information on their CEO, Medical Director, and Financial Officer for their health plan. In addition, applicants shall submit Background Check Information for CEO, Medical Director, and Financial Officer for any part of the organization that participates in the RFP that is being bid on. DHS does not need information on “sister” plans that are not participating on the QUEST Integration RFP. See response to question #6 as well.</p>