

**State of Hawaii
Department of Human Services
Med-QUEST Division**

Amendment # 1
Issued on: October 22, 2007

For Requests for Proposals RFP-MQD-2008-006

QUEST Expanded Access (QExA) Managed Care Plans to Cover Eligible Individuals Who Are Aged, Blind or Disabled

#	RFP Section #	RFP Language	Amendment
1	20.200 Orientation		Add paragraph inbetween first and second paragraph: A second orientation for applicants will be held on November 9, 2007 from 9:30 am to 11:30 am (H.S.T) in room 577 in the Kakuhihewa Building, 601 Kamokila Boulevard, Kapolei, Hawaii. The second orientation will be an opportunity for applicant to meet with the State's contracted actuaries. Participation via teleconference will not be made available at the second orientation.
2	21.400, Last bullet Disqualification of Applicants	Last bullet reads: Failure to show proof of accreditation by National Committee for Quality Assurance (NCQA), American Accreditation HealthCare Commission/URAC or Joint Commission on Accreditation of HealthCare Organizations (JCAHO) in any state in which the applicant is currently operating.	Last bullet is amended to read: Failure to show proof of accreditation by National Committee for Quality Assurance (NCQA), American Accreditation HealthCare Commission/URAC, Accreditation Association for Ambulatory Health Care (AAAHC) or Joint Commission on Accreditation of HealthCare Organizations (JCAHO) in any state in which the applicant is currently operating.

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3	50.510, 1 st sentence Accreditation	1 st sentence reads: The health plan shall obtain NCQA or URAC accreditation for its QExA program by January 1, 2012.	1 st sentence is amended to read: The health plan shall obtain NCQA, URAC or AAAHC accreditation for its QExA program by January 1, 2012.
4	51.120, 1 st paragraph, 2 nd sentence Reporting and Investigating Suspected Fraud and Abuse	1 st paragraph, 2 nd sentence reads: The health plan shall use the report form to be provided by the DHS to report or refer suspected cases of Medicaid fraud or abuse.	1 st paragraph, 2 nd sentence is amended to read: The health plan shall use the report form to be provided by the DHS to report or refer suspected cases of Medicaid fraud or abuse. At a minimum, this form will require the following information for each case: <ul style="list-style-type: none"> • Name; • ID number; • Source of complaint; • Type of provider; • Nature of complaint; • Approximate dollars involved; and • Legal and administrative disposition of the case.

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5	60.120.4, 1 st paragraph Coordinating Care for High Acuity Level Members Meeting a Nursing Facility Level of Care	1 st paragraph reads: For SFY 2009, the health plan shall collaborate with hospitals and nursing facilities to ensure that members with high acuity levels meeting a NF LOC are transitioned from a hospital placement to a nursing facility placement in a timely manner.	1 st paragraph is amended to read: For SFY 2009, the health plan shall collaborate with hospitals and nursing facilities to ensure that members with high acuity levels meeting a NF LOC are transitioned from a hospital to a nursing facility and/or HCBS environment in a timely manner.
6	70.100, 4 th paragraph, 2 nd sentence General	4 th paragraph, 2 nd sentence reads: In the event of a conflict among the contract documents, the order of precedence shall be as follows: (1) Agreement (form AG Form 103F-Comp (9/06)) including all general conditions, special conditions, attachments, and addenda; (2) the RFP, including all attachments and addenda; and (3) applicant's proposal.	4 th paragraph, 2 nd sentence is amended to read: In the event of a conflict among the contract documents, the order of precedence shall be as follows: (1) Agreement (form AG Form 103F-Comp (9/06)) including all general conditions (see Appendix K), special conditions, attachments, and addenda; (2) the RFP, including all attachments and addenda; and (3) applicant's proposal.

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7	80.220 G Company Background Narrative	Item G reads: A list of the states in which it is accredited by either National Committee for Quality Assurance (NCQA), American Accreditation Healthcare Commission/URAC or Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and indicate the accreditation status by product line. The applicant shall also list the states in which it has applied for accreditation by one (1) of the three (3) accrediting bodies listed and the status of the application(s) by product line; and	Item G is amended to read: A list of the states in which it is accredited by either National Committee for Quality Assurance (NCQA), American Accreditation Healthcare Commission/URAC, Accreditation Association for Ambulatory Health Care (AAAHC) or Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and indicate the accreditation status by product line. The applicant shall also list the states in which it has applied for accreditation by one (1) of the three (3) accrediting bodies listed and the status of the application(s) by product line; and
8	100.400 Technical Proposal Evaluation		Replace points table with the table on the following page at (A).
	Appendix K		Replace current Appendix K with revised version of AG Form 103F-Comp (9/06).

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(A)

Section/Title	Total Points Possible	Points Needed to Pass
80.310 - Experience and References	300	225
80.315 - Provider Network	75	56
80.320 - Provider Services	40	30
80.325 - Covered Benefits and Services	70	52
80.330 - Service Coordination, Assessments and Care Plans	70	52
80.335 - Other Services	10	7
80.340 - Transition of Care	25	18
80.345 - Member Services	40	30
80.350 - Quality Assessment and Performance Improvement	55	41
80.355 - Utilization Management/ Prior Authorization	20	15
80.360 - Information Technology	30	22
80.365 - General Administration	40	30
80.370 - Financial Responsibilities	25	18
80.375 - Oral Presentations	200	150