

Amendment # 6
 Issued on: November 21, 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	21.400, final bullet Disqualification of Applicant	Final bullet, as amended by #5 of Amendment # 4 reads: 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 Associations (JCAHO) in any state in which the applicant (including an affiliate company (as defined in Section 30.200) or a company with the same parent company as the applicant) is currently operating. Applicants not accredited but in the process of becoming accredited may submit proof that they are in the process.	Bullet is further amended to read: Failure to show proof of accreditation that the applicant, or any of its affiliate companies (as defined in Section 30.200), or its parent company, is currently accredited, or is in the process of becoming accredited, by the 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 Associations (JCAHO), in any at least one (1) state in which the applicant (including an affiliate company (as defined in Section 30.200) or a company with the same parent company as the applicant) is currently operating. for at least one (1) product line. Applicant shall submit proof of accreditation or pending accreditation status that complies with this requirement. Applicants shall submit a copy of the actual accreditation certificate or any other documentation from the accrediting body that confirms the accreditation or the pending accreditation status. Applicants not accredited but in the process of becoming accredited may submit proof that they are in the process. Example 1: If an applicant offers any product line in three states, and is accredited in only one of

Amendment # 6
 Issued on: November 21, 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
			<p>those states for at least one product line, then the applicant must submit proof of accreditation in that one state.</p> <p>Example 2: If an applicant offers any product line in three states, and is not accredited in any of these states, but an affiliate or parent company is accredited for at least one product line in any state (including a state in which the applicant itself is not operating), then the applicant must submit proof of the affiliate or parent company’s accreditation.</p> <p>Example 3: If an applicant offers any product line in three states, and is not accredited in any of these states, and the applicant has no affiliate or parent company that is accredited in any other state, but the applicant or its affiliate or parent company is in the process of applying for accreditation, then the applicant may submit proof of the pending accreditation status.</p>
2	80.310 A. Experience and References	Item, as amended by Item #69 of Amendment #4, reads: A narrative of its experience providing services to Medicaid and Medicare populations in Hawaii and in other states. As part of this narrative the applicant may include experience of an	Item is further amended to read: A narrative of its experience providing services to Medicaid and Medicare populations in Hawaii and in other states. As part of this narrative, please indicate specific enrollment numbers if not provided elsewhere in Section 80.310. Also aAs

Amendment # 6
 Issued on: November 21, 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
		<p>affiliated company, a company with the same parent company as the applicant, and any subcontractors who will be providing direct services.</p>	<p>part of this narrative the applicant may include experience of an affiliated company, a company with the same parent company as the applicant, and any subcontractors who will be providing direct services and that the applicant intends to use in the QExA program.</p>
3	80.310 B. Experience and References	<p>Item, as amended by Item #70 of Amendment #4, reads:</p> <p>A listing, in table format, of contacts for all Medicaid program clients (including those served by an affiliated company, a company with the same parent company as the applicant, and any subcontractors providing direct services), past and present. This listing shall include the name, title, address, telephone number and e-mail address of the client and/or contract manager, the number of lives the applicant has or had broken down by the type of membership (e.g. TANF and TANF related, ABD), and the number of years the applicant has been providing or had provided services for that program. In the interest of space, if the applicant has ten (10) or more contacts for Medicaid programs which entail the provision of direct services, it is not necessary to include all contacts which do not entail direct service provision (e.g. administrative service arrangements);</p>	<p>Item is further amended to read:</p> <p>A listing, in table format, of contacts for all Medicaid program clients (including those served by an affiliated company, a company with the same parent company as the applicant, and any subcontractors that are or have provideding direct services and that the applicant intends to use in the QExA program), past and present. This listing shall include the name, title, address, telephone number and e-mail address of the client and/or contract manager, the number of lives the applicant has or had broken down by the type of membership (e.g. TANF and TANF related, ABD), and the number of years the applicant has been providing or had provided services for that program. In the interest of space, if the applicant has ten (10) or more contacts for Medicaid programs which entail the provision of direct services, it is not necessary to include all contacts which do not entail direct service provision (e.g. administrative service arrangements);</p>

Amendment # 6
Issued on: November 21, 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
4	80.310.C Experience and References	Item, as amended by Item #71 of Amendment #4, reads: Information on (1) whether or not any contract (including those for an affiliate of the company, a company with the same parent company as the applicant), or subcontractor providing direct services) has been terminated or not renewed for non-performance or poor performance within the past five (5) years and (2) whether the applicant (including an affiliate of the company, a company with the same parent company as the applicant or subcontractor providing direct services) failed to complete a full contract term or self-terminated mid-contract. Please include information on the details of the termination, non-renewal, failure to complete a full contract term or self-termination.	Item is further amended to read: Information on (1) whether or not any contract (including those for an affiliate of the company, a company with the same parent company as the applicant), or any subcontractors (that are or have provided direct services and that the applicant intends to use in the QExA program) has been terminated or not renewed for non-performance or poor performance within the past five (5) years and (2) whether the applicant (including an affiliate of the company, a company with the same parent company as the applicant or subcontractor providing direct services) failed to complete a full contract term or self-terminated mid-contract. Please include information on the details of the termination, non-renewal, failure to complete a full contract term or self-termination.
5	80.310.D Experience and References	1 st sentence of the item, as amended by #72 of Amendment #4, reads: Its most recent EQRO evaluations from states in which it has previously or is currently operating. The applicant shall also include EQRO evaluations of an affiliated company, a company with the same parent company as the applicant or any subcontractors.	1 st sentence of the item, as amended by #72 of Amendment #4, reads: Its most recent EQRO evaluations from states in which it has previously or is currently operating. The applicant shall also include EQRO evaluations of an affiliated company, a company with the same parent company as the applicant or any subcontractors that the applicant intends to use in the QExA program.

Amendment # 6
Issued on: November 21, 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
6	Appendix L		Amend appendix L as follows: Delete page L-2 from amendment #4 and add L-2 from amendment #6, delete page L-20 from amendment #4 and add L-20 from amendment #6, delete pages 32-37 from amendment #4 and insert pages 32-36 (deletes page 33).
7	Data Book		Insert new cost model into data book.

Amendment # 6
Issued on: November 21, 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

Clarifications		
1	80.315.2	<p>We have received several questions regarding Provider Network Attachment: Letters of Intent (LOI). The following clarifies the LOI requirement of the QExA RFP.</p> <p>The LOI section was developed to have applicants document to the DHS that they had initiated communication with the MQD Fee-For-Service (FFS) providers. The following points demonstrate how the DHS will determine if applicants have met this requirement:</p> <ol style="list-style-type: none">1. A LOI of a single provider will be counted as 1 LOI towards the provider type of the service the provider offers.2. A LOI from a group practice signed by 1 member of the group practice for all providers in the group practice would be counted as one 1 LOI of the type of service the provider offers.3. If the group practice provides more than 1 specialty service, the 1 LOI would be counted towards the specialty that the applicant has chosen for which it to apply. For example, an LOI submitted and signed by 1 physician representing a group practice of 3 physicians (1 a oncologist, 1 cardiologist, and 1 surgeon) would count as 1 LOI and the applicant would determine what provider type to which the LOI should apply.4. If the group practices provides services that address more than 1 provider type (i.e., home health agency and nursing facility) the 1 LOI would be counted as 2 LOIs. One for each provider type.5. If the group practice has each provider sign their own LOI (and provides evidence of authority such as an individual business license or their own Medicaid Provider number), the number of LOIs that are provided would be counted towards the provider type described. For example, 3 physicians in a group practice (1 oncologist, 1 cardiologist, and 1 surgeon) each sign and submit individual LOIs (and met the requirements identified above) would count as 3 LOIs: 1 oncologist, 1 cardiologist, and 1 surgeon.6. If a group practice has providers on multiple islands, the 1 LOI would be counted for each island that the group practice is located on. For example, if a group practice has PCPs on Kauai, and Oahu and in Maui County 1 PCP LOI would be counted as 3 PCP LOIs: 1 for Kauai, 1 for Oahu and 1 for Maui County

Department of Human Services

PROPOSAL LETTER

We propose to furnish and deliver any and all of the deliverables and services named in the attached Request for Proposals for medical services. The administrative rates offered herein shall apply for the period of time stated in said RFP.

It is understood that this proposal constitutes an offer and when signed by the authorized State of Hawaii official will, with the RFP and any amendments thereto, constitute a valid and legal contract between the undersigned applicant and the State of Hawaii.

It is understood and agreed that we have read the State's specifications described in the RFP and that this proposal is made in accordance with the provisions of such specifications. By signing this proposal, we guarantee and certify that all items included in this proposal meet or exceed any and all such State specifications. We also affirm, by signing this proposal, that we have reviewed the reference materials in the State's documentation library and that we have used this documentation as a basis for submitting our firm fixed price cost proposal.

We agree, if awarded the contract, to deliver goods or services which meet or exceed the specifications.

Authorized Applicant's Signature/Corporate Seal

Date

d) Are management letters on internal controls issued by the accounting firm?

Yes _____ No _____

If yes, attach a copy of the management letter from the latest audit. This must be on the auditor's letterhead and the applicant, by its submission, certifies the letter is unaltered.

If no, the applicant shall provide a comprehensive description of internal control systems. The applicant is responsible for instituting adequate procedures against irregularities and improprieties and enforcing adherence to generally accepted accounting principles.

e) Do you have any uncorrected audit exceptions? Yes _____ No _____

If yes, provide a copy of the auditor's management letter (see 4 [d] of this form for instructions regarding submittal).

5) Does the applicant have an accounting manual? Yes _____ No _____

If no, the applicant must explain, if it has proper accounting policies and procedures, and how it provides for the dissemination of such accounting policies and procedures within its organization and what controls exist to ensure the integrity of its financial information. The applicant agrees to furnish copies of such written accounting policies and procedures for inspection upon request from the DHS.

6) Does the applicant have a formal basis to allocate indirect costs reflected in your financial statement? Yes _____ No _____

Explain principal allocation techniques used or to be used. Note the allocation base used for each type of cost allocated.

7) What types of liability insurance does the applicant have?

(a) With what Company(s)? _____

(b) What is the amount of coverage for each type of insurance?
\$ _____

8) Provide a complete analysis of revenues and expenses by business segment (lines of business) and by geographic area (by county) for the applicant or its owner(s).

**Elimination of Barriers to Contracting Between FQHC/RHCs and
Health Plans**

Health Plan Name: _____

1. Does the health plan assure that it will make payments for services to FQHCs and RHCs in its network that are no less than the level and amount of payment which the health plan would make for like services furnished by a provider which is not an FQHC or an RHC?

2. Identify any FQHC or RHC that has an ownership or control interest in the health plan, as defined in Section 72.400 of RFP-MQD-2008-006.

3. Attach signed attestations from each entity (using the form provided in Appendix L-33) identified in paragraph 2 confirming that the identified entities have agreed to participate or will, if requested, participate in the network of any other health plan participating in the programs to provide services to eligible QExA members, so long as the requesting health plan has offered payment terms that comply with the requirements of Section 60.220 of RFP-MQD-2008-006.

Chief Executive Officer Name: _____

Chief Executive Officer Signature: _____

Date

Elimination of Barriers to Contracting Between FQHC/RHCs and Health Plans

Name of FQHC or RHC: _____

I hereby certify that I have read and understand the requirements of Section 72.400 of RFP-MQD-2008-006 and further certify that the above-named entity has agreed to participate or will, if requested, participate in the network of any health plan participating in the programs to provide services to eligible QExA members, so long as the requesting health plan has offered payment terms that comply with the requirements of Section 60.220 of RFP-MQD-2008-006. I further certify that I am authorized to make this attestation on behalf of the above-named entity.

Name

Date

Title

WAGE CERTIFICATION

Pursuant to Section 103-55, Hawaii Revised Statutes, I hereby certify that if awarded the contract In excess of \$25,000, the services to be performed will be performed under the following conditions:

1. The services to be rendered shall be performed by employees paid as wages or salaries not less than wages paid to the public officers and employees for similar work, if similar positions are listed in the classification plan of the public sector.
2. All applicable laws of the Federal and State governments relating to worker's compensation, unemployment insurance, payment of wages, and safety will be fully complied with.

I understand that all payments required by Federal and State laws to be made by employers for the benefit of their employees are to be paid in addition to the base wages required by Section 103-55, HRS.

Applicant: _____

Signature: _____

Title: _____

Date: _____

**PROVIDER'S
STANDARDS OF CONDUCT DECLARATION**

For the purposes of this declaration:

"Agency" means and includes the State, the legislature and its committees, all executive departments, boards, commissions, committees, bureaus, offices; and all independent commissions and other establishments of the state government but excluding the courts.

"Controlling interest" means an interest in a business or other undertaking which is sufficient in fact to control, whether the interest is greater or less than fifty percent (50%).

"Employee" means any nominated, appointed, or elected officer or employee of the State, including members of boards, commissions, and committees, and employees under contract to the State or of the constitutional convention, but excluding legislators, delegates to the constitutional convention, justices, and judges. (Section 84-3, HRS).

On behalf of _____, PROVIDER, the undersigned does declare as follows:

1. PROVIDER is is not a legislator or an employee or a business in which a legislator or an employee has a controlling interest. (Section 84-35(a), HRS),
2. PROVIDER has not been represented or assisted personally in the matter by an individual who has been an employee of the agency awarding this Contract within the preceding two years and who participated while so employed in the matter with which the Contract is directly concerned. (Section 84-15(b)),
3. PROVIDER has not been assisted or represented by a legislator or employee for a fee or other compensation to obtain this Contract and will not be assisted or represented by a legislator or employee for a fee or other compensation in the performance of this Contract, if the legislator or employee had been involved in the development or award of the Contract. (Section 84-14 (d), HRS),
4. PROVIDER has not been represented on matters related to this Contract, for a fee or other consideration by an individual who, within the past twelve (12) months, has been an agency employee, or in the case of the Legislature, a legislator, and participated while an employee or legislator on matters related to this Contract. (Sections 84-1 8(b) and (c),HRS).

Reminder to agency: If the 1 block is checked and if the Contract involves goods or services of a value in excess of \$10,000, the Contract may not be awarded unless the agency posts a notice of its intent to award it and files a copy of the notice with the State Ethics Commission. (Section 84.15(a), H.RS).

PROVIDER understands that the Contract to which this document is attached is voidable on behalf of the STATE if this Contract was entered into in violation of any provision of chapter 84, Hawaii Revised Statutes, commonly referred to as the Code of Ethics, including the provisions which are the source of the declarations above. Additionally, any fee, compensation, gift, or profit received by any person as a result of a violation of the Code of Ethics may be recovered by the STATE.

DATED: Honolulu, Hawaii, _____

PROVIDER

By _____
(Signature)

Print Name _____

Print Title _____

Name of Provider _____

Date _____