

Technical Proposal Question & Answer- #4- Amendments

Issued on: September 30, 2011

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 #	Amendment #	# (first column of list of amendments)	Question	Answer
1	1	61	<p>Amendment states that the health plan shall report to the Investigations Office (INVO) of the Benefit, Employment and Support Services Division (BESSD) any suspicion of recipient fraud.</p> <p>Is this limited to suspected eligibility fraud (member falsified information to obtain eligibility), or is all suspected fraud and abuse committed by the member submitted to BESSD (for example: fraudulently obtaining controlled substances or other medical services)?</p> <p>No. All suspected fraud and abuse committed by a member should be reported to the appropriate entity. Eligibility fraud for, medical assistance, financial assistance, or Supplemental Nutrition Assistance Program (SNAP) should be reported to INVO. Fraudulently obtaining controlled substances, other medical services, or collusion between provider and member to obtain services would be</p>	<p>Yes.</p> <p>See #1 of Amendment #3.</p>

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			<p>reported to the Med-QUEST Division (MQD).</p> <p>QUESTION: <i>Could this clarification be placed in a formal amendment, for clarity of interpretation throughout the term of the contract?</i></p>	
2	2	4	<p>The Hawaii State Law in regards to parity 431M-4 states a specific covered benefit including 30 days of in-hospital services per year, no less than 24 outpatient visits per year. The current QUEST RFP allows for only 10 inpatient visits per year and a maximum of 26 behavioral health visits or 20 medical visits. Under these limits, the patient's access to services is restrictive. Please address this discrepancy.</p>	<p>QUEST Adult replaces QUEST-ACE and QUEST-Net as MQDs new limited benefit package. Section 431M-4, HRS does not apply for policies for limited specialized coverage (see Section 431 M-2, HRS).</p>
3	2	8	<p>DHS has amended the eligible diagnoses listed in Appendix G to include those with diagnosis of opioid dependence. Given that 90% of our members receiving Methadone maintenance do not have a mental health diagnosis, do we still need to provide them with case management services?</p> <p>Many of these members are higher functioning than the true SMI's, and do not need case management. This would be an additional cost for the plan.</p>	<p>Methadone maintenance therapy for individuals with a primary narcotic addiction as medically necessary is covered without limitations. Methadone for the treatment of chronic pain would be covered under the prescription drug benefit. The health plan shall be required to cover additional behavioral health services, including case management, for behavioral health indications only if medically necessary.</p>

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4	2	9	Does the addition of eligible diagnosis in Appendix G of opioid dependence to persons eligible for additional SPMI services refer only to methadone treatment or is it intended to also pertain to services of case management and IOP?	See answer to question #3 of Q&A #4-Amendments.
5	Q&A Amendment 1	9	What specific information will DHS obtain from Adult Mental Health Division (AMHD) to transition behavioral health services to the health plan? What is the expected time frame that the health plan should receive the information? On what date is the expected transition to occur on or before? Ideally, we would like to know what services the member is currently authorized to receive, which providers are currently providing the service, how long the service has been provided and a copy of any treatment/recovery plans.	<p>DHS will obtain member demographics (i.e., name, Medicaid ID#), paid claims (service provider, diagnosis), and prior authorization transition of care files.</p> <p>DHS does not have responses to the rest of the questions asked at this time. These questions refer to program implementation and not to submission of proposals. DHS will respond to these questions after contract award.</p>
6	Q&A Amendment 1	14	Is there a process to facilitate transition to QExA if the transition does not occur within the expected time frame? Is there a way to facilitate entry into the HAWI eligibility system? In the past year, we have identified a number of people who have been determined eligible for SSI based on disability, but whose transition to QExA has taken much longer than expected.	DHS will be reexamining its ADRC processes in the future and does not have information to answer this question at this time. In addition, this question refers to program implementation and not to submission of proposals. DHS will respond to this question after contract award.