

Responses to Bidder Questions
Request for Proposals
Preferred Provider Organization (PPO) Network Services

CALIFORNIA PRISON HEALTH CARE SERVICES

Medical Contract Management

RFP Number 09340 - Addendum # 5

Please note there are additional questions pending a response, they will be addressed in subsequent addendum(s)

Question	Question	Response
RFP-Q01	In No. 38, p. 98, the language provides, "If this Agreement is exempt from DVBE requirements..." Has the CDCR waived the requirement for DVBE participation for this contract?	The Disabled Veteran Business Enterprise (DVBE) requirements are exempted for the purposes of selection and award for this RFP. However, the Receiver does reserve the right to consider a DVBE proposal for selection and award if it is in the best interest of the CPHCS and the CDCR.
RFP-Q02	In No. 41, p. 98-99, can you please clarify the requirement? Must the bidder be a California based small business? Or does this mean that if you do business with a California based small business that such business must comply with CA statutes? Is an out of state bidder required to bid with a CA small business and if so what portion of the work must be done by the CA small business?	This section Small Business and DVBE Participation – Commercially Useful Functions is used when a proposer is submitting a proposal as a Small Business and/or DVBE and relates to the requirements under these classifications and is not relevant to a proposer who is not a Small Business or DVBE. A proposer need not be a small business or do business with a small business to participate in this RFP. Additionally, the proposer selected for award would not be required to ensure they do business with a Small Business or DVBE under the terms of the contract.
RFP-Q03	Are there any utilization and/or claims dollar value reports that can be provided by CPHCS or can CPHCS provide assistance and guidance in navigating through the data on the CMD Data Disk to find this information	Historical utilization data is contained in the CMD disk the bidders can request. Expenditure data is not provided.
RFP-Q04	Please provide TEIN information for all Providers utilized in the past year a) For the provider list, please provide their specialty	Confidential Information – Not for Release
RFP-Q05	Please provide TEIN Information for all Facilities utilized in the past year	Confidential Information – Not for Release

RFP-Q06	Please provide sample contracts for professional and facility	The contract requirements will be different as the PPO will be responsible for contracting directly with the network providers to perform services. CPHCS/CDCR will have some contract language requirements that will need to be included in the individual contracts between the PPO and the Network Provider. Once award is made to the PPO, the CPHCS Medical Contracts Branch will work with the PPO to ensure all requirements are provided. Current boilerplate contracts are not sufficient to provide a sampling of the requirements as they are not singled out and could result in confusion. CPHCS/CDCR has included in the RFP (Section G Service Delivery - page 11 through 16) service delivery requirements for the Network Providers' that will need to be included to ensure continuity of care. Additionally, included in the attachments are requirements that will need to be included in the PPO contracts with its Network Providers. These are Section 15, Exhibit C - HIPAA requirements and Section 16, Exhibit D - Special Terms and Conditions & Additional Provisions which includes specific language that will need to be included in the individual contracts, including the insurance and licensure requirements which are contained in our standard boilerplates.
RFP-Q07	Please provide monthly experience and large claims data for the past year	Historical utilization data is contained in the CMD disk the bidders can request. Expenditure data is not provided.
RFP-Q13	Describe the process of how inmates are presented at the provider locations. What information is given when an appointment is made	Patient/inmates are typically transported in a custody transportation vehicle or ambulance and are usually wearing red or orange clothing with their wrists secured by handcuffs or other metal restraints. One to four custody staff escorts the Patient/inmates at all times, including inside the operating room. Restraints can be temporarily removed for surgeries, x-rays, MRI's, etc. Confidential medical history, x-rays and other supporting health care documentation is normally hand carried by one of the correctional officers in a sealed envelope and delivered to the contracted off-site health care provider.
RFP-Q16	There is a reference that the State may not pay for services that do not have prior authorization (4.1 G.8) How does the department / TPA handle prior-authorizations today and what, if any, changes do they foresee	CPHCS will not pay for services that are not medically necessary. There is no current interface between UM authorizations and the claims TPA. A process would have to be developed
RFP-Q17	Under 8.8.2. Technical Proposal Contents, you have not defined where you would like us to place our response to the questionnaire (7.2 Evaluation Requirements).	This has been clarified and sections 8.8.1 and 8.8.2 have been amended

RFP-Q18	<p><i>Section 6. Approach to Scope of Service</i> – what form shall our response to this section take, 1) a narrative that addresses each component of Section 4 of the RFP or 2) should we duplicate the scope of services and acknowledge compliance or exception for each item (A – H)</p>	<p>Section 4 Scope of Service outlines the CPHCS/CDCR requirements and expectations for PPO implementation of the Network. Vendor(s) submitting a proposal will be expected to have acknowledged these requirements and expectations through the submittal of the proposal. Vendor proposals may outline any areas they disagree with and/or have recommendations for in Section 4 or any other sections of the RFP. If a vendor submits a proposal with no disagreements or recommendations to Section 4 it will be expected of the vendor that they have agreed to the requirements and expectations. Additionally, upon award, final negotiations on contract language may occur as recommendations may be incorporated in the final contract.</p>
RFP-Q19	<p><i>Section 8. Proposed Changes to Scope of Services</i> – Please clarify what documents you would like placed in this section of our response documents</p>	<p>Section 4 Scope of Service outlines the CPHCS/CDCR requirements and expectations for PPO implementation of the Network. Vendor(s) submitting a proposal will be expected to have acknowledged these requirements and expectations through the submittal of the proposal. Vendor proposals may outline any areas they disagree with and/or have recommendations for in Section 4 or any other sections of the RFP. If a vendor submits a proposal with no disagreements or recommendations to Section 4 it will be expected of the vendor that they have agreed to the requirements and expectations. Additionally, upon award, final negotiations on contract language may occur as recommendations may be incorporated in the final contract Sub-section</p>
RFP-Q20	<p><i>Section 9. Agreement</i> – Should the agreement which appears to be made up of Exhibits A – G be placed in this section of our response</p>	<p>It is at the discretion of the proposer if they want to include the exhibits in their proposal. In Section 8 - Submittal Requirements contains an outline with expectations and requirements of what must be followed in the submittal requirements for all proposals. Item 8.8 - Proposal Format is a detailed outline of the requirements and expectations that are to be followed in formatting the proposal with sub-sections that outline each item needed. Sub-section 8.8.2 - Technical Proposal Contents which contains Item #9 Agreement indicates that the contractor/vendor should include a completed proposed Scope of Work as Exhibit A to the Agreement. The contractor/vendor will need to review the complete RFP in development of its Agreement noting that the RFP Section 4 Scope of Services will need to be taken into consideration when developing the Scope of Work, along with the Exhibits. Particular attention needs to be given to Section 16, Exhibit D - Special Terms and Conditions & Additional Provisions which includes specific State Contracting Requirements PPO will need to be able to meet and incorporate into the individual contracts with Network Providers, including the insurance and licensure requirements which are contained in our standard boilerplates.</p>
RFP-Q23	<p>We are assuming that we can rely on our contracts to meet the RFP</p>	<p>Your assumption is correct; you need not use a specific template.</p>

	requirements; is this correct or is there an expectation that we have to use a specific CDC template	
RFP-Q24	On Page 6 under 4.1 General Scope of Services the RFP refers to facilities in Oregon, Nevada and Arizona; please provide us their exact locations	PBSP is at 5905 Lake Earl Dr. Crescent City, Ca. 95532. Presently PBSP transports Patient/inmates to Grants Pass, Oregon for various health care services. CCC and HDSP are at 711-045 Center Road, Susanville, CA. 96127. Presently CCC and HDSP transport Patient/inmates to Reno, Nevada for various health care services. ISP and CVSP are at 19025 Wiley's Well Road, Blythe, CA. 92225. ISP and CVSP are approximately 45 minutes from a large Hospital in Yuma, AZ and are located approximately 2.5 hours from Phoenix, AZ. Neither ISP nor CVSP presently transport Patient/inmates into Arizona for health care services as no facilities in that state are under contract.
RFP-Q25	Can we get an Excel version of the provider listing posted on the website? It's item BL16 in the Bidder's library.	This has been completed and posted in the Bidders Library section on the CPHCS web page.
RFP-Q26	Page 26 Item 12 refers to a Top 10 Provider listing and refers us to BL18 which is not the top 10 listing. Is this information posted somewhere or do we need to request it	Top 10 Provider Listing should be BL 16, corrected in RFP
RFP-Q27	On Page 27 Item 2 You ask us to complete Exhibit A with the total number of network providers; we assume you mean Table C (page 41). By the way the question is phrased the numbers we will be entering will be our entire network and not just those providers available to CPHCS. Is this what you're looking for	Yes, it should read Table C. And, yes it should be all of your providers. RFP has been updated.
RFP-Q28	For the proposal format: Do you want the cost proposal and technical in the same binder? If so, does it matter which proposal is presented first	Yes, the proposal should be one binder broken out into sections with cost proposal. Please refer to Section 8 - Submittal Requirements - Sub-section 8.8 Proposal Format - (Paragraph 5 - All Contractors are requested to follow the order and format specified below. Please tab each section of the submittal to correspond to the numbers/ headers shown below) and (Paragraph 6 - Contractors are advised to adhere to submittal requirements. Failure to comply with the instructions of this RFP may be cause for rejection of submittals.). The Technical Proposal Contents order should be followed first with the Cost Proposal Contents after in a separate tab section. Each Tab Section should correspond to the RFP Sections and Item

		Numbers.
RFP-Q30	<p>The claims processing timeliness standard located within Attachment B – Performance Guarantees appears to be for the TPA because the Contractor does not process claims. It is assumed that this standard does not apply to the Contractor as it only prepares claims for submission to the TPA. The Contractor expects to receive some volume of incomplete or invalid claims from providers and it is assumed the Contractor will return these claims to the provider for correction or develop for the correct information. It is also assumed that the requirement to submit claims to the TPA within five days is only for claims that are “clean” and need no further correction or development. Please confirm. Will the TPA ever conduct any development either with the NA or provider if additional information is needed? Under what circumstances would this development occur and what are the obligations for the NA and provider</p>	<p>The Performance Guarantees do apply to the network contractor. Because the claims will first be submitted from the health care provider to the network contractor for re-pricing, we are requiring performance guarantees for that re-pricing function. Your assumption is correct regarding submission timelines for “clean claims”</p>
RFP-Q34	<p>Is there an existing authorization and referral process (hardcopy or electronic) that the contractor is expected to use? What is the flow of the current process? Is the bidder permitted to describe an authorization and referral process of our own design</p>	<p>The referral process is described in Chapter 8 and in the narrative. The bidder is permitted to describe enhancements to the authorization process that could be designed.</p>
RFP-Q35	<p>It is assumed that the CPHCS is requesting a separate description and pricing proposal for On-site Health Care Services and that pricing for these services should not be included in the offeror’s claim rate for the base PPO healthcare services. Please</p>	<p>Yes, CPHCS/CDCR would prefer that all Optional Services pricing proposals be done individually and separate from the base PPO healthcare services. However, they must be included in the same proposal binder with a separate section area.</p>

	confirm	
RFP-Q36	Section 4.2.1.8. states that the Contractor may need to receive claims from the TPA. Please provide an example of when this would be expected, what purpose this would be for and what actions are expected of the Contractor when claims are received from the TPA	If the electronic data is incorrect, TPA would need to send back to PPO to correct information e.g.: Provider name does not match billing address in system.
RFP-Q37	What type of provider information should a Contractor expect to send and in what HIPAA format? What would be the frequency of the transmission? Does the contractor maintain a provider database that is shared with the TPA for claims processing purposes? What is the method of connectivity required for sharing that data and what is the frequency required of the contractor to provide the TPA with updates	HIPAA formats 837i and 837p will be used; Yes, we would expect the bidder to propose a solution.
RFP-Q38	The Claims Administration Performance Guarantees appear to be applicable to the TPA. Is the Contractor subject to these same processing standards and requirements when the claims are not adjudicated by the Contractor? Who is responsible for providing answers to questions when related to how the TPA has processed a claim? Can providers file disputes with the TPA or must the Contractor coordinate these disputes? Who at the TPA is responsible for the research and reply to these issues and what are the timeliness requirements? What is the elevation process if the Contractor disagrees with the TPA? Will the Contractor have access to view the claims processed by the TPA through the internet? Will the Contractor have access to view the networking information the TPA has entered	The network contractor is only responsible for presenting accurately priced claims with correct billing information. Any adjudication issues will be handled by CPHCS staff.

	for the Contractor's network providers?	
RFP-Q39	Page 27, Section 15 requests a description of a complaint resolution process Does this include coordination with the claims TPA? What is the current resolution processes expected of the claims TPA? It would be beneficial to understand those requirements	CPHCS will handle all exceptions and appeals.
RFP-Q42	Under the direction of the primary contact, who else will be on the account service team? Please provide name, address, phone number and email address for each of the team members. Who at the CDCR will be contacting the Contractor and what level of assistance will be required? Will the contact be for billing questions, claims questions, network questions? The level of support provided will be based on the level of support needed	This level of detail will be shared during the implementation process. However, we would expect the bidder to treat our business as any other who utilizes a network PPO and requires customer service plans, such as a Help Desk, Provider Relations rep, contract rep, etc.
RFP-Q43	Please clarify that submission of information regarding proposed solutions for UR and UM are for informational purposes only and are not considered required or included in the bid price for the PPO network per claim rate.	While CPHCS/CDCR currently provides UR and UM, we are looking at the possibilities of outside resources that may be able to provide for improvements to this service. As an Optional Service we are requesting vendors to provide responses and provide an individual pricing proposal for these services to allow CPHCS/CDCR to determine if it would like to incorporate these services into the PPO contract.
RFP-Q44	Can the CPHCS provide a description of the current scope of UM currently applied? Aside from medical necessity, what other UM rules are in place either by the CPHCS, TPA or other entities that would affect a proposed Contractor developed UM plan	Please refer to Chapter 6.
RFP-Q45	What are the current guidelines used by the Corrections UM oversight staff? Is the Contractor required to develop a UM plan without regard to any existing processes or procedures	Development of a UM plan would need to be a collaborative process between CPHCS and the Contractor.

RFP-Q46	Where on the website will the Q&A's be posted	Under the RFP section for CPHCS Medical Contracts - PPO Network Services, http://www.cphcs.ca.gov/project_rfp.aspx .
RFP-Q47	Is only one electronic copy of the proposal required	One Electronic Copy is Sufficient.
RFP-Q48	Which consulting services are you referring to that you prefer to be from the Sacramento area? Will these services be used by the CPHCS or by the Contractor and under what conditions would you require a Contractor to disclose privately contracted consulting terms	It is the Contractor's Consulting Services to CPHCS.
RFP-Q50	Re: Substance Abuse Treatment: Are these services included in the regular medical or mental health treatment services or should they be addressed separately	Mental health and substance abuse are treated in house by the medical and mental health teams.
RFP-Q51	Is this solicitation exempt from DVBE requirements	Yes, refer to Q01 & Q02
RFP-Q52	Must the winning bidder qualify as a California certified Small Business, Micro-business and DVBE? Is it required that the winning bidder be located in California or have the primary location of operations be located in California	Please refer to Q01, Q02, & Q51
RFP-Q53	Welfare and Institutions Code, Section 11200 et seq.: Question: Does this code only apply to companies located within the state of California	It applies to any company doing business with the State of California
RFP-Q54	Does the CPHCS consider claims to be health records and is the Contractor required to retain both hardcopy and electronic copy claims for the retention period of 7 years	Yes, the claims are considered to be part of the health record. As CPHCS/CDCR reserves the right to conduct medical treatment and accounting audits as part of the contract the vendor would need to maintain all medical related data including pricing claims in either paper or electronic format. The records would need to be maintained throughout the term of the contract and at term end all documents not previously submitted to CPHCS/CDCR regarding patient-inmate care would need to be turned over to CPHCS/CDCR as agreed upon in the terms of the contract.
RFP-Q55	The patient eligibility check is a component of step 3 on this flow	Currently there is not a process for confirming eligibility at a PPO

	<p>chart and is a function of the claims TPA. Is there a method for confirmation of eligibility at the PPO prior to submission of the claim to the TPA? If so, what is that method and what is the process to be taken in the event a patient is deemed in eligible? Should bidders assume that any inmate referred to outside care is eligible or is there some type of process the PPO should take to ensure eligibility? Is there a good faith clause that ensures any patient referred for outside care is considered 'eligible'</p>	<p>level.</p>
RFP-Q56	<p>Is the fixed fee that will be quoted expected to be good for the two year base period and the possible three one-year extensions</p>	<p>Section 8.8.1 Cost Proposal Contents states that any cost escalation proposed by the bidder, must be clearly defined.</p>
RFP-Q57	<p>Re: Attachment B: Can bidder's propose an alternative method of auditing that would focus on the type of error (payment error vs. non-payment error)</p>	<p>Yes, but it should be in addition to the method set forth in the RFP.</p>
RFP-Q58	<p>Will the Contractor be responsible for any claims or services rendered prior to the start work date of the contract? Is it correct to assume that any claims for services rendered prior to the contract start date would be returned to the submitting provider? If claims for services rendered prior to the contract are to be processed, under what contract terms shall they be paid</p>	<p>Yes, any services rendered by a provider prior to the start date of the contract will not be the responsibility of the contractor.</p>
RFP-Q60	<p>Information published on the CPHCS website indicates that the corrections' expenditures have increased by almost 32 percent in the last three years while the inmate population has decreased by 1 percent during the same period. How much of this increase can be attributed to medical care of the inmates</p>	<p>The 32 percent increase relates to all CDCR expenditures, not just medical.</p>

RFP-Q61	We are not seeing a complete billed or paid or allowed amount in the database. There are fields with amount in the field name but there are either no data or most of them are "\$0".	Expenditure data will not be provided.
RFP-Q63	How does the existing law which mandates provider reimbursement relate to this RFP	Refer to SBX4_13 in the Bidders Library. The contract resulting from this procurement will not be subject to the maximum reimbursement rates set forth in this statute.
RFP-Q64	What is referenced in BL11 in the Bidders Library, number of days stayed	Census days
RFP-Q65	Do you rule out the possibility of more than one contractor doing business such as Northern, or Southern	The bid calls for a statewide PPO Network Administrator; joint bids are allowed within the guidelines stated in the RFP.
RFP-Q66	In Addendum two, Lab & Rad are under optional services; can this be carved out and a separate RFP issued later	These are optional services and may be contracted for at the State's request. The State will determine what is in its best interest. If the optional services meet the State's needs, there would be no reason to bid separately at a later date.
RFP-Q67	Are you looking for hospitals to be prison specific; or the community at large	Community at large
RFP-Q69	What is your provisions when an inmate is in the hospital at the same time is paroled	By law, CDCR cannot pay for an inmate that has been paroled.
RFP-Q70	Would a hospital with a locked unit be given preferential status for having this service	This is not part of the evaluation criteria; this would be between the provider and PPO administrator.
RFP-Q71	What does the Receiver perceive to happen with current contracts with providers and hospitals	Current contracts will be phased out based on the PPO's implementation strategy and network availability.
RFP-Q72	If the PPO creates a contract with current providers, would the contracts with the state go away	Please refer to Q71.
RFP-Q73	There was a statement in the media several months ago the Clark Kelso cancelled many contracts; what exactly did that mean	This is not applicable to the PPO RFP.
RFP-Q74	Is there an intent to have electronic access with providers in	Yes, but it is not a requirement of this RFP.

	the future?	
RFP-Q75	The TPA does what, vs. CPHCS	The TPA adjudicates and prices the claims. CPHCS handles all exceptions and appeals.
RFP-Q76	During the transition period, how will the provider know when to send the claims to the PPO and not the TPA	CPHCS will work with the PPO and TPA on announcements to all stakeholders in a timely manner.
RFP-Q77	Can we get a list of provider names and contract expirations so we can recruit	Reference the contract medical database in the bidder's library (BL18).
RFP-Q78	What is the process for asking questions now to the end of the bid period	Use the current process of sending questions via e-mail to the project manager.
RFP-Q79	Service to Invoice – Link on InvoiceID: What types of information are we suppose to glean from the two tables? Since no dollar amount information was included in the Invoice table, I don't understand the need of the Invoice table.	Historical utilization data is contained in the CMD disk the bidders can request. Expenditure data is not provided.
RFP-Q80	Are the administrative requirements outlined in the RFP (reporting, pre-approvals, waiting room wait times, etc.) all requirements in place today with contracted providers? (i.e., require NO change in providers' current processes to continue to see these patients). If there are some additional new requirements, what are these?	No, CPHCS/CDCR has been modifying individual contract terms and conditions language as needed to update renewal and new contracts with administrative requirements based on type of service and locations. However, not all contracts may include the administrative requirements as part of the terms and conditions due to new update requirements based on current CPHCS/CDCR policy changes for patient-inmate care.
RFP-Q81	Are there providers with whom the state has attempted to contract (i.e., providers they deem as desirable to have under contract) but who have declined to contract to date? Who are these providers?	Yes, as with any service industry there are vendors/providers not willing to contract with CPHCS/CDCR based on rates negotiated, not wanting to see patient-inmates, not being available due to increased patient workload, etc. At this time, CPHCS/CDCR, due to confidentiality reasons and on-going negotiations, cannot release this information.
RFP-Q82	Can you clarify in the provider data base: If a provider/contractor appears as single line listing and also within a provider/contact group listing; does that mean that	We can have individual contracts with providers who may also belong to medical groups that we contract with.

	the single line provider may have their own contract with CDCR/CPHCS as well as an agreement to be a provider for the group?	
RFP-Q84	Can TIN's be provided for the Access Contractor table	Please refer to Q4 & Q5.