

Medical Care Management ASO RFP - Combined Questions and Answers						
Question #	RFP Section Name	Section #	Section Heading	Page #	Question	Answers
1	General Question				Multiple sections of the RFP reference "the Department's goals". Can the Department please clarify which specific goals are being referenced? Are they the goals introduced on page 21, Section B.1.1?	Yes. The primary and secondary goals for the program are set forth in Section B.1.1
2	General Question				In addition to the Exhibits, there appears to be minor discrepancies between the Scope of Work (SOW) listing found on page 49 Section IV - B. Section Two, Section V and the SOW synopsis provided with Exhibit B. In responding to this opportunity which listing of the SOW takes precedent, the Section IV - B. Section Two listing on page 49, the SOW found in Section V or the SOW synopsis?	To the extent there are any discrepancies, Section V, the description of the Scope of Work should prevail.
3	General Question				Will Exhibit J - "Proposal Template" provide guidance on the format for the response and how to address the inconsistencies between the sections related to the SOW (Section IV- B. Section Two, Section V and Exhibit B) and the duplication of many of the "Bidder Shall" statements with the narrative response required for Section IV C Section Three - required narratives C 19 page 58?	Yes. The Proposal Template should reflect all of "The Bidder Shall" requirements.
4	General Question				When will exhibits D, E, H, I, J, L, and M be released?	Exhibits E (Reporting Matrix) and M (Proposal Evaluation Tool) remain outstanding. Exhibit E will be released the week of the 16th and Exhibit M the week of the 23rd.
5	General Question				What are proposal requirements for Section V. Do we respond only to subsections that begin with "The Bidder Shall:" or all requirements?	The bidder must respond to all subsections that begin with "The Bidder Shall." Subsections that do not include "The Bidder Shall" language do not require a specific proposal response.
6	General Question				Has a phased-in implementation approach been considered since there are approximately 600K recipients? Perhaps phase in the current managed care eligible recipients first and remaining populations over time?	The Department would consider a phase in of utilization management requirements by service type. The Department is unable to phase in by population.

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7	General Question				Please confirm eligibles by county. The RFP attachment had 417,000.	The claims extract provides eligibles by zip code, which can be aggregated to county.
8	General Question				What are the Medicaid enrollees by category – i.e. Adult ABD, Child ABD, Developmentally Disabled, Dual, etc.	Refer to the data extract provided.
9	General Question				We request that the State provide utilization data by provider and member category to assist developing the proposal and cost estimate.	Refer to the data extract provided.
10	General Question				How many plans do you plan to award?	Refer to Section I -B Program Description - subsection 1.3 on page 22 of the RFP
11	General Question				Will State provide member claims history with member enrollment to allow rapid risk analysis, predictive modeling and case management for complex conditions.	Refer to the data extract provided.
12	General Question				Is there a FFS network for the Charter Oak program or will CMAP agreements be modified to include this population?	There is no separate FFS Charter Oak network. The CMAP network will serve as the Charter Oak network.
13	General Question				In addition to the waiver programs administered by the Department, will the Contractor also manage recipients in the two Development Disabilities waivers administered by the Department of Developmental Services, the Mental Health Waiver administered by the Department of Mental Health and Addiction Services, as well as the new waivers being added this year (DDS Supports, 3 Autism waivers, and an HIV waiver)?	The DDS waivers will be subject to the Coordination Requirements in Section V M1.1. of the RFP and the HIV waiver will be subject to the Coordination Requirements in Section V M.2.
14	General Question				In the savings estimate in the budget, are cost of care savings factored in? Many of the services within scope are not conducted today (care coordination for ABD, duals, etc.)	The savings reflected in the budget are independent of any new investment in the provision of care coordination and other services through the ASO and medical homes.
15	General Question				Will the Department provide the bidders any Pre-authorization data so that they can evaluate staffing/resources requirements?	Refer to the data extract provided.
16	General Question				Will vision be a carve out as well?	No

Question #	RFP Section Name	Section #	Section Heading	Page #	Question	Answers
17	General Question				Because we still do not have your templates, we would like to request a two week extension in the due date of the proposal.	As the bidders were notified on May 13, 2011, the proposals are due on June 6, 2011 at 3:00 p.m. EST.
18	General Question				There does not appear to be any requirements around providing or supporting a vision program. Can the State confirm this is not a requirement for bidders as it will be carved out? What is the Department's expectation of the Contractor relative to vision services?	Vision is not being carved out and is a covered medical service that will be under the ASO.
19	General Question				Per the email received on April 28 th , since exhibits D, E, and M are not going to be posted until next week and exhibits J and O are still not on your website yet (but were supposed to be posted April 7), we would request that the final due date be moved to June 26 th rather than May 26 th .	As the bidders were notified on May 13, 2011, the proposals are due on June 6, 2011 at 3:00 p.m. EST.
20	General Question				At the Bidder's conference, Dr. Schaefer stated total enrollment for the Medical ASO contract is 575,000. Please provide a breakout of this number by program.	Refer to Exhibit F.
21	General Question				What percentage of the total State does DSS anticipate will operate as Medical Homes at the end of the five year ASO contract?	100%
22	General Question				Will the Department consider raising physician reimbursement rates to encourage enrollment as a Medicaid provider?	Not immediately. Note that primary care physician reimbursement will increase to 100% of Medicare effective January 1, 2013. Depending on the state budget and savings, an increase in physician specialty reimbursement will be considered.
23	General Question				Does the Department have any data on the use of EHRs by physicians currently enrolled as Medicaid providers?	Not at this time.
24	General Question				Key Positions: There are several references in the RFP to "key positions". Besides the Medical Director and project manager, are there other positions that the Department considers key to the contract?	Refer to Section III -C- 1.2 on page 50 of the RFP - the Bidder is to identify those positions that will be responsible for the operation and success of the ASO.
25	General Question				What percentage of the current Medicaid population is followed in the federally qualified health care centers?	The data extract includes FQHC claims data.

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26	General Question				For the reduced scope proposals, how limited a scope would the Department consider? For example, would the Department consider a reduced scope proposal which covered only the management of the top 10% of the population or which covered only technical assistance for helping providers move away from fee-for-service arrangements only? Would the Department consider only a limited-scope proposal?	The Department will not accept a limited scope proposal except as described in the RFP.
27	General Question				What is the Department's PMPM target or target range, excluding profit margin?	The Department will not disclose the target or target range as this is a competitive procurement.
28	General Question				Is the Department requiring the ASO to distribute printed materials (eg, Member Handbooks, Provider Handbooks, newsletters) in addition to electronic posting? Or would the Department consider electronic-only distribution for efficiency?	We would consider electronic-only distribution of provider materials, but member handbooks must be distributed in print.
29	General Question				Can the Department elaborate on its envisioned methodology for geographically dividing responsibilities if it awards more than one contract?	The bidder should assume that they will be assigned recipients residing in the assigned geographic area equal to one half of the state. The bidder would manage services for these recipients regardless of provider location. In other words, recipients will have access to the entire CMAP network.
30	General Question				According to Section C.9.1, the RFP states that Bidders shall provide documentation of any accreditation by a nationally recognized accrediting body and licenses held relative to functions required by this RFP. Which accreditations are accepted under this RFP? Are these accreditations required, recommended, or optional?	Bidders are required to be a QIO or a QIO-like entity. DSS will also require that the successful bidder be licensed by the Connecticut Insurance Department as a utilization review company, to the extent required by Connecticut law. In addition, URAQ or similar accreditation in health management utilization or other relevant areas is desirable and may be disclosed in the bidder's response..

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31	General Question				For Dual Eligible members, what is the overlap between their Medicare providers and the Department's FFS network? What percentage of Dual Eligible members are currently enrolled in Medicare Advantage programs?	The Department does not have that information.
32	General Question				There is no current data of membership breakdown by county/geographic area. Is there a significant case-mix difference based on geographical areas as part of the partial bids?	Eligibility data by zip code has been provided in the data extracts.
33	General Question				When will the remaining Exhibits be released? Specifically for the development of the proposal, Bidders will need Exhibit J; in lieu of the Exhibit, can the DSS provide guidance on how Bidders should develop the response to the proposal? For instance, should Bidders develop their response based on the instructions in Section IV, including the scope of work specified in Section V? We would also like to know the number and type of reports required (Exhibit E).	Exhibit J has been released and Section III of the RFP beginning on page 44 of the RFP specifically sets forth the Proposal Format Requirements.
34	General Question				Has a phased-in implementation approach been considered since there are approximately 600K recipients? Perhaps phase in the current managed care eligible recipients first and remaining populations over time?	The Department would consider a phase in of utilization management requirements by service type. The Department is unable to phase in by population.
35	General Question				Please confirm the number of eligible members by county.	Eligibility data by zip code and claims data by client id has been provided in the data extract.
36	General Question				When operational, will the DSS provide member claims history with member enrollment data? This information will allow for rapid risk analysis, predictive modeling and case management for complex conditions.	The ASO will have access to interChange, the Department's Medicaid Management Information System.
37	General Question				Will the DSS provide Bidders with pre-authorization data so that they can evaluate staffing/resources requirements?	Refer to the data extract.

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38	General Question				Will the Contractor be required to have all member and /or provider materials reviewed and approved by the DSS prior to mailing/distribution?	The Department will review and approve all member and provider materials for general distribution. Templates for notices sent to all members will also require review and approval. Information and communications sent to individual members will not require approval.
39	General Question				Will the provider file that is provided to the Contractor include information on whether providers are accepting new recipients?	No. This is information that the bidder would be expected to compile and maintain.
40	General Question				In the savings estimate in the budget, are cost of care savings factored in? Many of the services within scope are not conducted today (for example, care coordination for ABD and Duals).	See response to number 14.
41	General Question				Please provide additional detail on the benefit packages that will be offered to the membership. Will there be differences in scope? What are the Medicaid benefits for the Duals?	The bidder can obtain detailed information regarding Medicaid covered provider types, regulations governing covered services (Chapter 7), and fee schedules that identify specific covered procedures on the www.ctdssmap.com website. These documents are available in the publications section of the website. HUSKY B/CHIP coverage is very similar to Medicaid, except that there are cost-sharing requirements, some limits on home health services and short term rehab services, and no EPSDT benefits. We have not completed a mapping of current Charter Oak benefits to our current Medicaid benefits, so a detailed description of Charter Oak coverage is not available. Waiver services are not available to LIA, CHIP and Charter Oak recipients.

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42	General Question				Since the Contractor will handle UM and Prior Authorization activities, how will the DSS' and the Contractor's systems communicate to ensure that information is passed and up-to-date for the purpose of processing claims (on the DSS system)?	The ASO will be required to use its own clinical care management system and send an output file to the Department's MMIS. Daily feeds (business day) to the MMIS will be required including authorization updates.
43	General Question				Will the DSS provide the Contractor with network listings of providers with sufficient demographic information so the Contractor can conduct the network gap analysis (name, DOB, specialty, TIN, group name, etc.)? If yes, how often will such reports be provided? If yes, in what manner (excel sheet, disc or other electronic means)?	Yes. The DSS will provide the Contractor with network listings of providers with sufficient demographic information so the Contractor can conduct the network gap analysis. The frequency and format of the listing will be determined by DSS and the ASO.
44	General Question				Will the Contractor be required to develop written educational materials and offer provider seminars as part of education? If yes, would this be in partnership with the DSS?	Yes. The Contractor will be required to develop written educational materials and offer provider seminars as part of education. This would be in partnership with DSS.
45	General Question				There is a good amount of language specifying requirements related to Utilization Management, Quality Management and Quality Program Implementation and Maintenance. How will the DSS engage with the Contractor from a system perspective to ensure that the infrastructure exists to support the requirements of the Contractor? For example, to perform member attribution to PCPs for a Person Centered Medical Home/Health Home Program (as referenced in the RFP), the Contractor will need to have significant network and claim information housed in its system and updated regularly. Additionally, effective case management requires active and ongoing claims data for predictive modeling, stratification and interventions; we are interested in how DSS envisions interoperability between the Contractor and the claims and other vendors (such as behavioral health and pharmacy).	It is correct that the Contractor will have to establish a comprehensive provider file and compile claims information in its system and update this file regularly. The Contractor will also be permitted to access the Department's data warehouse.

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46	General Question				<p>The RFP includes reference to negotiation of single case agreements and trouble-shooting payment problems. Without being party to the contract with the providers and without having responsibility for claims adjudication, the Contractor will need to have access to contract and claims information in order to perform these duties. How will this access be provided?</p>	<p>While the ASO may assist with the negotiation of single case agreements, the actual agreements will be entered into by the providers and the Department. The Contractor will be provided access to the Department's provider enrollment agreements and the regulations that govern payment for providers, although these typically are not needed for troubleshooting authorization related payment problems. Payment problems will be triaged by a team comprised of representatives of the Contractor, HP and the Department. HP will address issues related to claims problems that result from various claims edits (e.g., timely filing, NCCI coding requirements). The Contractor will focus on authorization related claims payment problems. In our experience, when the auth to claims connection is established correctly, there should not be a high volume of authorization related problems.</p>
47	General Question				<p>Is the Contractor responsible for creating and distributing member ID cards and if so, is the PCP's name required to be listed on the ID card? If so, if a member has 30 days to select a PCP, when is the ID card due to them? Would the requirement be to mail a welcome packet upon enrollment and then after the 30 day window, to then mail an ID card w/ either the name of the PCP the member selected or if none was selected, with the name of the PCP that the ASO Contractor selected?</p>	<p>Please see revised Section Q.7 for general requirements on Member ID cards.</p>

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48	General Question				Could DSS provide more details on how it envisions the ASO performing these functions, which are usually performed by an at-risk health plan that directly contracts with the provider network?	Many of the functions proposed in this RFP are typically undertaken by entities with a contracted network. However, we believe that all of these functions can be carried out through efficient data exchange. They will require that the Contractor build and maintain a complete provider file with primary care assignment and other assignment information (medical home). In addition, the resultant contract with the Department will provide confer authority on the ASO to act as the Department's agent in many of the activities that comprise the scope of this RFP, including activities in which the Contractor directly engages with providers in the CMAP network.
49	General Question				What is the significance of the Upper and Lower bounds? Should the bidder develop its bid price based on the projection?	The corridor summary reflects the expected enrollment range. If enrollment exceeds the upper bounds or falls below the lower bounds, this would lead to a negotiation to determine what changes are necessary and any such changes would be reflected in change order to the contract.
50	General Question				Since the go live date is January 1, 2012, we assume the data for CY 2011 is for informational purposes.	Yes. See Response to No. 63.
51	General Question				Can the Department explain the heading "Full Scope Option A- Half Enrollment"?	Refer to Section I B.1.3 - Bidders' are required to submit a Full Scope Option for half the total enrollment, allowing DSS to consider awarding to more than one bidder
52	General - Add to RFP				The RFP should make it clear that families are entitled to the full range of reproductive health services, including contraceptive services and devices, and access to abortions as required by state and federal law.	There is no question here for which a response is necessary. The Department agrees, however, with the content of the statement and implementation will be consistent with this statement.

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53	General - Add to RFP				The RFP should make it clear that children and pregnant women are entitled to treatment for tobacco dependence, including counseling and pharmacologic therapies to help them quit.	While the Department agrees, there is no question here for which a response is necessary.
54	General - Add to RFP				The RFP should make it clear that children who are newly in the custody of the Department of Children and Families should have a comprehensive multi-disciplinary health exam and that the ASO will be responsible for working with DCF to ensure that the exams take place in a timely fashion.	While the Department agrees, there is no question here for which a response is necessary
55	Exhibit A		ASO Performance Targets: Year One		Can the State please clarify and define the types of targets that will make up the remaining 4%? Also, please clarify and define the process that DSS will use to establish these targets. Please define the role of the bidder in this process. Does DSS have a timeframe for this process? Will changes to the targets be subject to the contract amendment process?	The Department and the ASO will negotiate to establish the targets. Targets might relate to service utilization, quality, access, customer service, satisfaction or cost. At times, the targets may be written for the production of certain projects or deliverables. It is our intent to negotiate targets that improve performance, but also targets that would be achievable. Changes to the targets will be made using a change order.
56	Exhibit A		ASO Performance Targets: Year One		Please provide more specifics on the criteria and thresholds related to the section titled "Targets 4 through X to be negotiated" (the remaining 4% related to the 7.5% withhold). Achieving these measures will require time to change patient and provider behavior, and to achieve improvements; thus, we recommend the DSS phase-in the targets over the first 18-24 months.	All of the 7.5% will be at-risk the first year. However, this amount will likely be spread over fewer targets in the initial year, as compared to subsequent years. It is correct that additional targets may be phased in as the Department and the Contractor accrue experience necessary to establish such targets. Exhibit E identifies measures that will likely be included as Exhibit A performance targets in the first or subsequent years.

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57	Exhibits A & F		Exhibit A: ASO Performance Targets: Year One Targets Exhibit F: Budget Template		In the Budget Template, there is a column labeled "CY 2010." Under this column, it appears to define start up costs as follows: "Start-up - contract execution to 12/31/10." Contract Reimbursement (Exhibit A) indicates start-up costs prior to contract execution are permissible ("1/5 of the start-up budget upon contract execution). Please clarify that all start-up costs irrespective of when they are incurred are eligible for reimbursement (within DSS allowable threshold).	Start-up costs are eligible for reimbursement from the date of contract execution forward. The Department cannot reimburse for any costs incurred prior to the effective date of the contract, which will be 8/1/11 or later. Start-up costs may be eligible for reimbursement after go-live (1/1/12) if these costs can be readily distinguished from the ongoing operating expenses.
58	Exhibit E		Reporting Matrix		Can the state please provide Exhibit E or the date when it will be released as there are many requirements referencing it?	Exhibit E will be released no later than the week of May 16, 2011.
59	Exhibit F		Budget Template		Will the State provide Excel templates for Exhibit F. The Excel templates must be provided in order to complete as requested per the RFP.	The Department has provided these templates. Any bidder who has not received them should contact the issuing office.
60	Exhibit F		Budget Template		The ASO is permitted to use subcontractors. In the budget template, where should bidders identify subcontractor expenses?	If the subcontract is for a significant portion of the scope, e.g., utilization review or intensive care management, the bidder must provide subcontractor cost information using the format of Exhibit F to detail the direct, other direct, corporate allocation, and profit for the subcontracted activity. The subcontract may be listed as an expense on the spreadsheet that comprises the bidder's comprehensive response to the cost proposal. However, this line would then need to be detailed in a separate budget sheet that conforms to the established budget format.
61	Exhibit F		Budget Template		Please confirm the time period from which the Base Enrollment data was derived (e.g., December 2010, March 2011, other).	December 2010.

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62	Exhibit F		Budget Template		If DSS' implementation date for the Medical ASO program goes beyond January 1, 2012, how will DSS reimburse an ASO during the potential interval between the start-up period (ending 12/31/11) and the actual implementation date (if beyond 1/1/12)?	No additional reimbursement will be available if the implementation date is extended beyond 1/1/12, if the Contractor is responsible for the delay. An accommodation may be made if the Department is responsible for the delay.
63	Exhibit F		Budget Template		CY 2010 is shown with a bid cost. We assume this is left blank since the contract start date is projected to be August 1, 2011. Please clarify.	There are errors in each of the Exhibit F templates. The column labelled CY 2010 start-up should be labelled CY 2011 start-up. No enrollment data is provided for CY 2011 start up because enrollment is not a cost factor during start up. The CY 2011 base period column with enrollment figures has been hidden in the corrected exhibits and excluded from the grand total calculations. It was included in the exhibits because it provides the base year for trending purposes. The "Bid Annual Contract Cost" cells have been modified to point to the correct cost sheets. The PMPM cells have also been modified to reflect bid annual costs divided by average monthly enrollment.
64	Exhibit F		Budget Template		CY 2011 enrollment data is shown and a cost. Since the Contract start date is projected to be August 1, 2011 to go live January 1, 2011, we assume the cost figure the Department is looking for is the aggregate implementation costs figure. Please confirm. Also, does the Department want detail on implementation costs? Does it have a prescribed format for displaying implementation costs?	See response to question 63. Also, the bidder should use <u>or adapt</u> the CY11 start-up sheet provided for the purpose of showing start-up costs. Limits on other direct costs do not apply during this period.

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65	Exhibit F		Budget Template		For the PMPM column, does the Department want a PMPM based on the projected annual enrollment from the prior chart? What is the significance of the upper and lower bound enrollment data?	PMPM should be bid annual costs divided by average monthly enrollment. The corrected spreadsheets include a corrected formula for PMPM. Upper and lower bound data provide the corridor in which the Department would expect the Contractor to meet the scope requirements without an adjustment to the amount of the contract.
66	Exhibit F		Budget Template		Is the contract dollar figure in the 72 month column inclusive of implementation costs? Also, since the contract does not start until January 1, 2012, should this not be for 60 months?	The total number of months column has been modified from 72 to 65, assuming an 8/1/11 start date and a maximum of 65 months.
67	Exhibit F		Budget Template		On the detailed annual pricing schedules, it shows Full Scope-Half Enrollment. Please clarify what is meant by half enrollment?	See Response No. 51.
68	Exhibit F		Budget Template		Our understanding is that the Department expects four sets of prices-Full Scope, single vendor and multiple vendors; Reduced Scope, single vendor, multiple vendors. Please confirm.	Your understanding is correct.
69	Exhibit F		Budget Template		Can the Department provide additional explanation of the Corridor Summary, Upper and Lower bounds?	See Response No. 49.
70	Exhibits		D, E, J, M		When will the following exhibits be made available to respondents? D, E, J, M ?	Exhibits E and M remain outstanding - M (Evaluation Tool) will be released once the Department has finalized the Q & A's and any edits to the RFP that may impact the evaluation of proposals.

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71	Appendix E, Part II, Paragraph D(1)(c)				If the Agency decides to reduce the compensation, the Agency shall send written Notice to the Contractor. Within twenty (20) Days of the Contractor's receipt of the Notice, the Contractor and the Agency shall negotiate the implementation of the reduction of compensation unless the parties mutually agree that such negotiations would be futile. If the parties fail to negotiate an implementation schedule, then the Agency may terminate the Contract effective no earlier than sixty (60) Days from the date that the Contractor receives written notification of Termination and the date that work under this Contract shall cease. If the parties fail to negotiate an implementation schedule, will the original compensation rate continue to apply (whether the Agency decides to terminate or not)?	This depends on the circumstances. The Contractor should assume that the original compensation rate shall apply within the contract maximum established in Contract.
72	Appendix E, Part II, Paragraph D(2)(a)(2)(C)				(a) The Contractor shall notify the Agency in writing...no later than ten (10) days from the effective date of any change in...the individual(s) in charge of the performance. Is it accurate to understand "the individuals in charge of performance" to mean the executive officers of the plan?	Yes.
73	Appendix E, Part II, Paragraph D(3)(b)(c)				The Contractor shall return all unexpended funds to the Agency no later than thirty (30) calendar days after the Contractor receives a demand from the Agency. Does the term "all unexpended funds" here refer to any payments made to Contractor for services not yet rendered?	Yes
74	Appendix E, Part II, Paragraph D(3)(b)				If the Agency believes that the Contractor has not performed according to the Contract, the Agency may: withhold payment...etc.Are the remedies identified in this section intended to apply where the Contractor fails to cure a breach, or even before the Contractor has an opportunity to cure, as set forth in paragraph (a)?	The remedies may be applied before the Contractor has the opportunity to cure.

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75	Appendix E, Part II, Paragraph D(3)(b)(e)				The Contractor shall deliver to the Agency any deposits, prior payment, advance payment or down payment if the Contract is terminated by either party within thirty (30) days after receiving demand from the Agency. The Contractor shall return to the Agency any funds not expended in accordance with the terms and conditions of the Contract and, if the Contractor fails to do so upon demand, the Agency may recoup said funds from any future payments owing under this Contract or any other contract between the State and the Contractor. Allowable costs, as detailed in audit findings, incurred until the date of termination for operation or transition of program(s) under this Contract shall not be subject to recoupment. Does the term "any funds not expended" here refer to any payments made to Contractor for services not yet rendered? Also, please define "allowable costs" as used in this context and provide additional clarification.	The term "any funds not expended" does refer to payments to the Contractor for services not rendered. "Allowable costs" are the costs that are outlined in your budget for the operation of the program.
76	I. Overview A. Definitions	A.2, A.7 & A.64	Definitions	6,12, 13	The references to "MCO" should be eliminated. In A. 70. "managed care" is also referenced.	That is correct. The RFP has been amended to reflect this change.
77	I: Overview A. Definitions	A.50.	EPSDT	11	The EPSDT benefit extends to Medicaid LIA members under 21 as well.	That is correct. The RFP has been amended to reflect this change.
78	I: Overview A. Definitions	A.104.	Peer Advisor	17	The definition of a "Peer Advisor" is a doctor-level licensed health professional employed by the Contractor. Can the ASO also use physicians who are consultants for the organization, but not direct employees?	Yes
79	I: Overview A. Definitions	A.112.	Primary Care Provider (PCP)	18	Primary care providers should include Advanced Practice Registered Nurses (APRNs) and certified Nurse Midwives.	The Department agrees and the ASO language does not preclude this.
80	I: Overview B. Program Description	B.1.2.	Summary of Proposed Initiative	21	At the bidder's conference, a question was asked about streamlining the response which would permit submittal of a single proposal for Full Scope-Option A services and than a separate section within each section of the RFP to identify Reduced Scope-Option B level of services. The spokespersons for the State indicated this would be acceptable. Please confirm that our understanding that this is an acceptable approach for responding to the RFP.	That is correct.

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81	I: Overview B. Program Description	B.1.2.	Summary of Proposed Initiative	22	Our understanding from the bidder's conference is that a bidder could submit a single narrative response to the proposal for Full Scope-Option A, with a narrative description in each RFP section where the scope would be reduced for Reduced Scope-Option B. Our understanding that this approach was acceptable to the State. Can the State reconfirm this, with a bidder submitting a single proposal but with pricing to reflect the two different levels of service and numbers of vendors. 1. Full Scope, Option A-one vendor selected; 2. Full Scope, Option A-two or more vendors selected; 3. Reduced Scope, Option B-one vendor selected; 4. Reduced Scope, Option B-two or more vendors selected. For ease of proposal development, if a vendor can submit a single proposal, that would contribute to a more efficient approach for completion of the proposal and would save paper.	Yes
82	I: Overview B. Program Description	B.1.2.2	Summary of Proposed Initiative	22	For "REDUCED SCOPE – OPTION B", could "easing proposed timeframes" include phased enrollment of the eligible populations (TANF, ABD, Dual Eligibles)?	No. The language on easing proposed timeframes refers to reporting timeframes and other deliverable due dates. All populations need to be included as of the start-date even if certain contract functions or scope of functions (e.g., UM) are phased in.
83	I: Overview B. Program Description	B.2.1.1.	Description of Proposed Program	22	This paragraph states that the benefits for members who qualify for Medicaid on the basis of age or disability status, as well as low-income adults, are managed under a fee-for-service program. The word "managed" should be changed to "administered".	There is no question posed.

Question #	RFP Section Name	Section #	Section Heading	Page #	Question	Answers
84	I: Overview B. Program Description	B.2.1.3	Description of Proposed Program	22	The RFP states that pharmacy benefits will be administered directly by DSS and HP. Will the ASO be <u>managing</u> home infusion pharmacy?	Home infusion therapy is comprised of professional, medical equipment and supplies, and pharmacy components. The bidder will be responsible for managing home infusion services, including pharmacy.
85	I: Overview B. Program Description	B.2.1.3	Description of Proposed Program	22	The RFP states that pharmacy benefits will be administered directly by DSS and HP. Will the ASO be <u>managing</u> any specialty pharmacy (for example, synagis)?	No.
86	I: Overview B. Program Description	B.2.2.2	Description of Proposed Program	22	Does this mean that by January 1, 2012, all of Connecticut's Medicaid Managed Care enrollees will be enrolled in the new ASO program covered by this RFP?	Yes
87	I: Overview B. Program Description	B.2.3.	Description of Proposed Program	22. & 23.	Will the successful vendor(s) have to perform a health risk assessment (HRA) on each enrollee or only those identified at risk through predictive modeling? Our assumption would be that HRAs would be done on those identified as at risk.	The Department does not believe that every client requires a HRA, however, the Bidder shall propose a methodology to determine which clients/members would require a HRA.

Question #	RFP Section Name	Section #	Section Heading	Page #	Question	Answers
88	I: Overview B. Program Description	B.2.5.	Description of Proposed Program	23	The ASO will be required to facilitate monitoring and expansion of the provider network in order to ensure access to necessary medical services. How will the actual coordination of the contracting occur? In the event a provider is needed, what flexibility will the ASO have regarding reimbursement for services?	Refer to Section V - Scope of Work, subsection P - Provider and Medical Home/Health Home Network Development. The ASO will be expected to identify qualified prospective providers, but will not be able to negotiate prices. The Department may occasionally make pricing exceptions, e.g., when necessary to provide access to a special service under EPSDT.
89	I: Overview B. Program Description	B.2.6.	Description of Proposed Program	24	What is the relationship between the current primary care case management option and the transition to person centered medical homes and health homes envisioned under the RFP?	The Department's current PCCM program does not require that providers meet medical home standards (e.g., NCQA). There will be more of an emphasis on these standards under the new program, although standards for the new program have yet to be established. The term PCCM has no relationship to the standards established by the state. It simply refers to the mechanism for obtaining federal funds to support monthly provider payments. The new medical home program will most likely be implemented under PCCM federal authority.
90	I: Overview B. Program Description	B.3.	Overview of the Department of Social Services	25	Missing is a description of the responsibilities and procedures for eligibility determinations for all of the Department's programs that will be included in this contract.	Eligibility determinations will remain the responsibility of the Department.
91	I: Overview B. Program Description	B.3.7	Overview of the Department of Social Services	27	Is there a FFS network for the Charter Oak program or will provider agreements be modified to include this population?	It is the Department's expectation that CMAP providers will serve the entire member population.

Question #	RFP Section Name	Section #	Section Heading	Page #	Question	Answers
92	I: Overview B. Program Description	B.3.7.	Overview of the Department of Social Services	27	Can the Department advise as to the expected date for transitioning the Charter Oak Health plan services to the ASO? Knowing that date is important for purposes of accurately pricing our bid response. Does the Department expect the costs of administering this portion of the program to be included in the pricing or will this be done at some future point once the transition date is known?	The transition date for all programs is January 1, 2012, therefore the Department expect the pricing for Charter Oak to be included in all bids.
93	I: Overview B. Program Description	B.3.13	Overview of the Department of Social Services	29	In addition to the waiver programs administered by the Department, will the Contractor also be expected to manage recipients in the two Development Disabilities waivers administered by the Department of Developmental Services, the Mental Health Waiver administered by the Department of Mental Health and Addiction Services, as well as the new waivers being added this year (DDS Supports, 3 Autism waivers, and an HIV waiver)?	Same as Q13
94	I: Overview B. Program Description	B.5.1	The Role of the Administrative Services Organization	29	The RFP says "The ASO's main function will be to support access to primary and preventive care and specialty care on both an inpatient and outpatient basis, maintain the delivery of high quality and high value services and prevent unnecessary utilization of care, especially in inappropriate settings."	There is no question here for which a response is necessary.
95	I: Overview B. Program Description	B.5.2.	The Role of the Administrative Services Organization	29	What assignment parameters should be used in the case of members where no claim history exists or for members not assigned to a PCP? Can the State also please provide general PCP assignment methodology?	The most appropriate provider based upon member's age, gender and place of residence. See Scope of Work, Section V, F - Primary Care Provider Assignment.

Question #	RFP Section Name	Section #	Section Heading	Page #	Question	Answers
96	I: Overview B. Program Description	B.5.2	The Role of the Administrative Services Organization	29	The RFP states that "Those Members who do not choose a PCP will be assigned one by the ASO based on where the individual has gone for care in the past and existing provider capacity. As a network of Patient-Center Medical Homes and Health Homes (PCMH/HH providers) emerges, the ASO will also be responsible for administering the attribution (otherwise known as assignment) of individuals to a PCMH/HH. This attribution may be in addition to specific assignment to a PCP within the PCMH/HH. It is anticipated that members will have the opportunity to opt out of PCMH/HH attribution. This remains a point of discussion between the Department and Connecticut's advocacy community." Please provide a status update on the opt-out provision that is being discussed between the Department and the Advocacy Community.	This matter is still under discussion and should not impact the bidder's response to this RFP.
97	I: Overview B. Program Description	B.5.2.	The Role of the Administrative Services Organization	29 & 30	Will the ASO have to maintain a network of PCPs who are available to serve members of this program? It appears that the Department expects the ASO to coordinate this activity with the Department. Additional information on this would be helpful.	The network for all providers is the CMAP network. The Contractor is expected to work with the Department to assist in enrolling new providers and identifying gaps in the provider network.
98	I: Overview B. Program Description	B.5.2.	The Role of the Administrative Services Organization	29 & 30	Does the Department expect that the PCP attribution will be based upon geographic access criteria?	Assignment will be based first on client choice. Failing client making an affirmative choice, see answer #95.
99	I: Overview B. Program Description	B.5.2.	The Role of the Administrative Services Organization	30	Can the State please define "administering the attribution" as used in this statement? How will the State work with the Contractor to assist them in attributing individuals to a PCMH/HH?	The method of attribution to PCMH/HH remains under discussion. Any attribution will not be binding on the client nor will it impact payment of claims or referrals to other providers. Please note that PCP assignment and PCMH/HH attribution may follow different methodologies.

Question #	RFP Section Name	Section #	Section Heading	Page #	Question	Answers
100	I: Overview B. Program Description	B.5.2.	The Role of the Administrative Services Organization	30	Please advise how the Contractor would be expected to communicate assignment of a PCMH/HH to a member. Will this information be printed on the member's ID card?	This matter is still under discussion and should not impact the bidder's response to this RFP.
101	I: Overview B. Program Description	B.5.3	The Role of the Administrative Services Organization	30	Can the Department clarify what is meant by "registration"?	Registration is a process by which a provider notifies the ASO of the initiation of a service that includes information such as evaluation findings and a plan of treatment. Registration may serve in lieu of authorization if a service is designated as requiring registration only. The bidder should propose services for which a registration process might be effectively used.
102	I: Overview B. Program Description	B.5.4	The Role of the Administrative Services Organization	30	This section indicates" many members will receive Intensive Care Management Services." However, in section B.5.6 , the RFP indicates "Only a small percentage of members will need ICM services." Please clarify.	Intensive care management is intended for those members with complex medical or social needs; not every member has such needs. The bidder needs to describe its approach to ICM.
103	I: Overview B. Program Description	B.5.4 & B.5.6	The Role of Administrative Organization	30 & 31	Page 30 (B.5.4) Intensive Care Management- "Many members will receive ICM. Then on Page 31 (B.5.6) It states only a small percentage of members will need ASO-directed ICM. What percentage of the population is expected to need ICM?	See answer above.
104	I: Overview B. Program Description	B.5.17.	The Role of Administrative Organization	32	Data analytics. There is a reference to Exhibit E although it has not been published as yet. Will there be an opportunity to comment regarding the content of Exhibit E once it is published on-line?	Yes.

Question #	RFP Section Name	Section #	Section Heading	Page #	Question	Answers
105	I: Overview B. Program Description	B.5.18	The Role of Administrative Organization	33	This section states "Performance measurement will support the payment of bonus or other financial incentive payments to providers and will need to be in place at the earliest stages of this initiative. The Department is interested in the bidder's proposed performance measures for monitoring local provider and system performance." Please clarify the DSS' expectations for the development of incentive programs for providers. Will the Contractor be allowed to implement incentive programs or will incentive programs be solely administered by the DSS?	Incentive payments will be paid by the Department, however, the administration of such programs will be a collaborative effort between DSS and the Contractor.
106	II: Overview of the Procurement Process	C.	Bidders' Conference	35	Will the DSS post a list of attendees at the bidders conference?	Yes
107	II: Overview of the Procurement Process	E.1.	Mandatory Letter of Intent	36	Will the DSS post a list of bidders who have submitted the mandatory letter of intent?	Yes
108	II: Overview of the Procurement Process	F.	Procurement Reference Library	37	When will the procurement library be available?	There is no procurement reference library. The necessary data has been provided to those organizations that have stated their intention to submit a response and have executed a data use agreement.
109	II: Overview of the Procurement Process	F.	Procurement Reference Library	37	Has the "Procurement Reference Library" been posted at www.ct.gov/dss ?	There is no procurement reference library. The necessary data has been provided to those organizations that have stated their intention to submit a response and have executed a data use agreement.
110	II: Overview of the Procurement Process	I.3.	Acceptance of Proposal Content	37	Can the Department clarify the length of the contract? We assume it is for five years since that is the length of time in the pricing schedules. Also, is there an implementation period?	The contract will be a five year contract plus start-up for a total of up to 65 months. There will be two one year extension options.

Question #	RFP Section Name	Section #	Section Heading	Page #	Question	Answers
111	II: Overview of the Procurement Process	O.1.4	Bidder Assurances	41	Are any potential contractors excluded by their having had a part in developing the RFP?	A potential Bidder/Contractor would be disqualified from consideration if they participated in the development of the RFP. In the case of this RFP no potential Bidders/Contractors participated in the development of the RFP.
112	III. Proposal Format Requirements	A.3.	General Requirements	44	Since the RFP stated the response template would be available at the Department's website by April 7, 2011, and it is still not available as of April 28, 2011, we would like an extension to the proposal due date equal to the delay of this essential tool. I.E., approximately 3 weeks, moving the proposal due date from May 26 to June 16.	The Department has revised the proposal due date to 3:00 pm on June 6, 2011.
113	III. Proposal Format Requirements	D.2.	Proposal Construction Requirements	45	How is the State defining a subsection?	Using the Table of Contents as a guide - there are six (6) sections, identified by Roman Numerals. The subsections follow the sections and each subsection heading is identified by a letter.
114	III. Proposal Format Requirements	D.4.	Proposal Construction Requirements	45	Should the respondent follow the order laid out in the RFP or follow the order listed in Section IV: Proposal Contents?	The format requirements are set forth in Section III - Proposal Format Requirements beginning on page 44 of the RFP.
115	III. Proposal Format Requirements	D.5.	Proposal Construction Requirements	45	Are sample documents and exhibits contained in Section IV included as part of the consecutive page numbering sequence?	No
116	III. Proposal Format Requirements	D.5.	Proposal Construction Requirements	45	Should required appendices such as forms be page numbered as part of the consecutive page numbering sequence?	No
117	III. Proposal Format Requirements	D.6.2.	Proposal Construction Requirements	46	Due to the complexity of the response required for this section, can this section be increased from 65 pages (double-sided) to 100 pages (double-sided)?	We have agreed to revise the page limitation for this section to 80 pages (double-sided).

Question #	RFP Section Name	Section #	Section Heading	Page #	Question	Answers
118	IV: Proposal Contents Section Two: Scope of Work	B.3.	Scope of Work	49	<p>Scope of Work clarification In the RFP there appears to be a discrepancy between the Scopes of Work outlined in the following:</p> <ol style="list-style-type: none"> 1. Scope of Work in Section IV - B. Section Two: Scope of Work (pg 49) 2. Section V: Scope of Work and Work Plan Management (pg 63) 3. Exhibit B – Scope of Work Options Synopsis <p>In responding to this opportunity which Scope of Work takes precedent?</p> <p>Exhibit J – Proposal Template Will Exhibit J - "Proposal Template" provide guidance on the format for the response and how to address the inconsistencies between the sections related to the Scope of Work?</p> <p>In addition, will Exhibit J also provide clarification on the duplication of many of the "Bidder Shall" statements that are included with the narrative response required for Section IV: C Section Three – C.19 "Identifiable Narrative Examples and Samples" (pg 19)?</p>	See responses to Nos. 2 and 3.
119	IV: Proposal Contents Section Two: Scope of Work	B.3.8.	Analytics/Health Informatics	49	What part of section 5 goes under subsection B.3.8 Analytics/Health Informatics	Section Two - subsection B3 has been revised to properly reflect the Scope of Work requirements in Section V. Analytics/Health Information in B.3.8 in Section Two has been deleted.
120	IV: Proposal Contents Section Three: Organization, Project Management; Key Personnel	C.4.	Availability of Staff	52	What staff (or categories of staff) need to be available twenty-four hours a day, seven days per week?	The Department does not have specific requirements or recommendations for the type of staffing necessary to provide client services 24/7, but rather wishes to see what staffing the Bidder's propose in the context of the full scope and partial scope bids.

Question #	RFP Section Name	Section #	Section Heading	Page #	Question	Answers
121	IV: Proposal Contents Section Three: Organization, Project Management; Key Personnel	C.4.	Availability of Staff	52	Can the Department clarify the 24/7 requirement. Normal business hours for the majority of business operations of this nature would be Monday-Friday, 9 a.m.-5 p.m. The call center would be operated during normal business hours with 24/7 coverage provided through back up facilities.	See above. It is expected that the call center would be operated during normal business hours. 24/7 coverage has been eliminated as a requirement.
122	IV: Proposal Contents Section Three: Organization, Project Management; Key Personnel	C.9.	Accreditation, Licensure and QIO-Like Status	53	Please provide the reference for QIO or QIO-like entity requirements in Connecticut.	There are no state-specific requirements for QIOs or QIO-like entities in Connecticut. The QIO and QIO-like designations are federal designations, which would apply to such designation in Connecticut.
123	IV: Proposal Contents Section Three: Organization, Project Management; Key Personnel	C.9	Accreditation, Licensure and QIO-Like Status	53	Could an ASO fulfill the QIO requirement through a third party relationship? For example: If an ASO maintains a relationship with a subcontractor and that subcontractor possesses a QIO designation, would this requirement be satisfied?	The Department would consider QIO or QIO-like designation of a subcontractor rather than the bidder if the subcontractor were performing all functions that could potentially qualify for federal enhanced match (75%) and the subcontracting of such functions would not diminish the contractor's ability to meet the requirements of the contract scope.
124	IV: Proposal Contents Section Three: Organization, Project Management; Key Personnel	C.9.	Accreditation, Licensure and QIO-Like Status	53	If two or more organizations are submitting a joint response to the RFP and at least one of the organizations has QIO-Like Status, will this satisfy requirement C.9.2?	Yes. Also, see above.
125	IV: Proposal Contents Section Three: Organization, Project Management; Key Personnel	C.9. & C.10	Accreditation, Licensure and QIO-Like Status; and Organization: Qualifications and Corporate Experience	53	Can any organization/entity that meets the accreditation, and organization and corporate experience requirements specified in the RFP qualify to become the ASO or are certain organizations/entities prohibited, e.g., insurance companies, health plans, etc.?	Any entity that meets the requirements specified in the RFP may be awarded a contract. Insurance companies, health plans and other similar entities are not precluded from participating in this procurement.

Question #	RFP Section Name	Section #	Section Heading	Page #	Question	Answers
126	IV: Proposal Contents Section Three: Organization, Project Management; Key Personnel	C.9.1.	Accreditation, Licensure and QIO Like Status	53	Which accreditations are accepted under this RFP? Are these accreditations required, recommended, or optional?	Bidders are required to be a QIO or a QIO-like entity. Other accreditations or licenses are not mandatory but those which the Bidder feels are appropriate or relevant to the scope of work may be disclosed.
127	IV: Proposal Contents Section Three: Organization, Project Management; Key Personnel	C.9.2.2.	Accreditation, Licensure and QIO-Like Status	53	What is meant by "time study?"	A time study is a statistical method for estimating the distribution of an employee's time. Time studies are required for example, when an employee's time is devoted to more than one program and the time spent engaged in a particular program qualifies for a different level of federal reimbursement.
128	IV: Proposal Contents Section Three: Organization, Project Management; Key Personnel	C.10.	Organization: Qualifications and Corporate Experience	53	Does the state wish Bidder's to disclose any sanctions, fines, penalties, etc. issued against it?	Yes.
129	IV: Proposal Contents Section Three: Organization, Project Management; Key Personnel	C.10.2.2.	Organization: Qualifications and Corporate Experience	53-54	In reference to C.10.2 "Disclose all other state agency's) in all states or commercial vendors with which bidder had a contract for the administration of Medicaid programs or other public health care programs in the past five years..." The Question - For companies that manage a large volume of State Medicaid programs, shall bidders submit the requested information on their top 10 largest contracts by annual revenue?	Yes.
130	IV: Proposal Contents Section Three: Organization, Project Management; Key Personnel	C.10.2.2.	Organization: Qualifications and Corporate Experience	54	The Bidder is requested to provide a signed release allowing the Department to access any evaluative information, etc. Will the Department be providing a Release form or should the Bidder create its own release?	The Department does not have a specific release form for this purpose. The Bidder may create its own release.

Question #	RFP Section Name	Section #	Section Heading	Page #	Question	Answers
131	IV: Proposal Contents Section Three: Organization, Project Management; Key Personnel	C.11.1.	Bidder References	55	The Bidder is asked to supply references for all contracts identified in Section C.12.2 of this RFP, which relates to subcontractors. Section C.10.2 relates to the Bidder's corporate experience with other state agency public health care program contracts. Should the reference to Section C.12.2 be C.10.2?	Yes.
132	IV: Proposal Contents Section Three: Organization, Project Management; Key Personnel	C.11.1.	Bidder References	55	It appears the reference to "C12.2" should be "C.10.2".	Yes, that is correct.
133	IV: Proposal Contents Section Three: Organization, Project Management; Key Personnel	C.14.1.	Customer Service, Training, and Education	56	Our understanding is that customer service is carved out and the ASO is not responsible. However we see customer service responsibilities in the scope of service. What services does the ASO need to perform? (i.e. will call center representatives need to do anything regarding claims issues?).	Member or customer services is a core function of the ASO and is not carved out. Please refer to Section Q of the RFP. The ASO will not need to perform extensive member services on issues that exceed the scope of work. For example, claims issues would be redirected to HP, the Department's MMIS vendor responsible for the payment of claims.
134	IV: Proposal Contents Section Three: Organization, Project Management; Key Personnel	C.14.1.	Customer Service, Training and Education	56	The Bidder is requested to provide examples of its "member Training and Education program" activities. Should this be "member services" training and education activities?	Yes. The sentence in the RFP has been clarified.

Question #	RFP Section Name	Section #	Section Heading	Page #	Question	Answers
135	IV: Proposal Contents Section Three: Organization, Project Management; Key Personnel	C.16.1.	Small, Minority or Women's Business Enterprise	57	(Contractor) describe its effort to set aside a portion of the contract resulting from this RFP for a small, minority or women's business enterprise as a subcontractor. During the evaluation process special consideration will be given to those bidders who document their utilization of a certified small business and/or demonstrate the bidder's commitment to, whenever possible, utilize a certified small business. Extra credit in evaluation process.	This does not appear to be a question.
136	IV: Proposal Contents Section Three: Organization, Project Management; Key Personnel	C.19.4.	Identifiable Narrative Examples and Samples	58	Will the provider file that's provided to the Contractor include information on whether they are accepting new recipients?	No.
137	IV: Proposal Contents Section Five Business Cost	E.1.	Business Cost	61	The RFP states that "The bids in this proposal are to remain fixed by phase for the term of the contract and represent ..." Please clarify these phrases.	The negotiated contract amounts for start-up and for each year of the contract (i.e., the contract periods) are fixed price. The Contractor will be reimbursed for costs, corporate allocation and profit up to the maximum for each period, regardless of changes in enrollment. The Contractor will be required to return any unspent funds for the contract period following the submission of annual audited financials. The Contract will provide some flexibility with the Department's approval to reallocate funds from one period to another.

Question #	RFP Section Name	Section #	Section Heading	Page #	Question	Answers
138	IV: Proposal Contents Section Five Business Cost	E.2.5.	Business Cost	62	Although a PMPM calculation is required in the response template, the final contract will be fixed costs. Please confirm that our compensation will be the total dollar amount proposed in our relevant budget template, regardless of actual enrollment.	The compensation will be the total dollar amount proposed as indicated in response to question 140. Unspent funds must be returned to the Department. This is regardless of enrollment, unless enrollment in excess of the corridor results in a negotiated change in the contract cost.
139	IV: Proposal Content Section Five Business Cost	E.2.6.	Business Cost	62	Describe how the contractor will monitor and respond to increases in enrollment that surpass projected enrollment in terms of deploying or adjusting staffing for specific administrative functions. This response must specifically address how the additional administrative revenues would be distributed to the administrative functions. This appears to contradict E.2.5 stating that the contract will be fixed cost. Please clarify.	In the event enrollment exceeds the upper corridor, the Department and the ASO will meet to review options, including, but not limited to an increase in the contract cost or a modification of the scope to accommodate the demands and remain within the fixed cost.
140	V. Scope of Work and Workplan Management	A.	Overview and Five year Strategic Plan	63	Pricing an option which the work is divided among two or more bidders will vary based on whether the number is two, three, etc. Can the Department be more specific as to how many bidders it anticipates selecting to carry out the Scope of Work?	The bidder should assume two ASO contractors for the purpose of the reduced enrollment bid.
141	V. Scope of Work and Workplan Management	B.	Contract Management and Administration	64	Under what subsection in section two does section B go under?	Section Two - subsection B3 has been revised to properly reflect the Scope of Work requirements in Section V. Section Two of the Bidder's Proposal shall contain the Bidders' responses to each "The Bidder Shall.." requirements in Section V - Scope of Work of the RFP.

Question #	RFP Section Name	Section #	Section Heading	Page #	Question	Answers
142	V. Scope of Work and Workplan Management	B.1.3.	Contract Management and Administration: Contract Oversight	64	The Department may, at its discretion, station one or more of its employees on-site at the Contractor's place(s) of business to provide consultation, guidance and monitoring regarding the administration of the contract resulting from this RFP. What are the criteria that would be used to assist in the discretionary placement?	The primary purpose of such co-location would not be for contract compliance monitoring. Outstationing might be arranged in order to allow for closer coordination with waiver or other DSS programs or to support the Department's input in ongoing operational meetings. The bidder should recognize that the Contractor's scope depends on the Department's provider contracts, regulations and other policies, and other related programs and contracts that are not under the Contractor's direct control. Consequently, co-location can support more effective coordinated decision making and avoid unnecessary travel to and from the Contractor's location.
143	V. Scope of Work and Workplan Management	B.3.	Contract Management and Administration: Key Positions and Personnel	65	RFP Section IV, Proposal Content, Section B. 2. page 51, C.2. Resumes - The Bidder Shall Include proposed personnel job descriptions and resumes for key personnel (including the Project Manager) indicating contract-related experience, credentials, education and training, and work experience. This section requires the bidders to submit resumes for key personnel in addition to job descriptions with the proposal including the project manager. Yet Section B.3 above indicates the Contractor's key positions and key personnel must be approved by the Department by November 1, 2011. Is it permissible to submit job descriptions for proposed key personnel with the bid and resumes once the contract is awarded and key staff are hired and assigned to the contract? This would permit organizations who do not have existing operations in connecticut to compete for this project. This would maximize competition and enable the Department to consider bidders with experience in ophther States which would benefit Connecticut.	Yes.

Question #	RFP Section Name	Section #	Section Heading	Page #	Question	Answers
144	V. Scope of Work and Workplan Management	B 3.2.	Key Positions and Personnel	65	During the course of the contract resulting from this RFP the Department reserves the right to require the removal or reassignment of any Contractor personnel or subcontractor personnel assigned to the contract resulting from this RFP found unacceptable by the Department. Such removal shall be based on grounds which are specified in writing to the Contractor and which are not discriminatory. Can the Department please clarify what conditions/grounds/domains will be used to assess unacceptability of personnel?	The Department's discretion. It is not the Department's intention to arbitrarily require the removal of Contractor staff; but rather for reasons of poor performance, malfeasance, etc. to be "based on grounds which are specified in writing to the Contractor and which are not discriminatory."
145	V. Scope of Work and Workplan Management	B.6.1	Contract Management and Administration: Committee Structure	66	Does the Department envision the period from July 1- November 1, 2011 as an implementation period? And, does the Department envision that the Committee described above will meet in person, meet on a quarterly basis and meet in different locations of the State? We want a better understanding as to the expectation so these costs can be factored into our price proposal. Also, does the Department envision that Committee members will be reimbursed for their participation? Will the contractor reimburse the members or will this be done by the Department?	The Department envisions the period from when the winning bids are announced through December 31, 2011 as the implementation phase. The Department expects that the committees will meet as often as necessary to be able to advise the ASO and the Department on the implementation and ongoing performance of the ASO, such as monthly in the first few months and as infrequently as twice yearly once the the ASO is established. The Department does not envision reimbursement to committee members for participation.
146	V. Scope of Work and Workplan Management	B 9.1	Contract Management and Administration: Policy Manual	67	Is there a determined number of the Department's staff that would require access to the Contractor's online Policy and Procedure Manual?	Not at this time. The number of staff would be those who participate in the management and oversight of the contract and the Contractor.
147	V. Scope of Work and Workplan Management	B.9.1.	Contract Management and Administration: Policy Manual	67	The RFP envisions that some policies and procedures of the ASO may be exempt from publication. Can you please provide an example of what types of policies and procedures would be exempt?	The Department has not yet determined which policies and procedures will be exempt from this requirement.

Question #	RFP Section Name	Section #	Section Heading	Page #	Question	Answers
148	V. Scope of Work and Workplan Management	C.2.2.	Eligibility: Eligibility Verification and Authorization Requests	68	We urge the Department to improve the processes for resolving third party liability issues before the implementation of the ASO since we know that this is a coverage issue that can cause delay in access to health care for children and adults.	This is not a question.
149	V. Scope of Work and Workplan Management	D.6	Utilization Management: Clinical Review Availability and Timelines	72 & 73	While the contractor is required to meet clinical review timing requirements, are the providers required to meet any timing requirements for the submission of review and registration requests? If so, please specify what the timing requirements will be and if there is any affect on payment if they fail to meet them.	It is the Department's expectation that the bidders will propose their expectations of the time frames in which authorization requests are to be submitted. It is expected that if providers do not submit requests within the required time frame that the request will not be authorized for administrative reasons and payment may be denied.
150	V. Scope of Work and Workplan Management	D.6.4.6.	Utilization Management: Clinical Review Availability and Timelines	73	There needs to be a provision for expedited review of coverage for durable medical equipment. As written the ASO has up to 14 days to make the authorization decision. We can envision circumstances, such as the need for specialty equipment for babies being discharged from hospitals that would require an expedited process.	It is the Department's expectation that the bidders will propose requirements and methodologies for utilization review within the statutory requirement of medical necessity defined in the RFP.
151	V. Scope of Work and Workplan Management	D 7.3.	Utilization Management: Peer Review Requirments	73	Is it the Department's intent that all potential reductions or denials have physician peer review or desk review (in the event that a provider peer is not available)?	It is the Department's expectation that the bidders propose requirements and methodologies for utilization review.
152	V. Scope of Work and Workplan Management	D 7.4.	Utilization Management: Peer Review Requirments	73	Please clarify whether this requirement is for 2 calendar days or 2 business days.	Business days.
153	V. Scope of Work and Workplan Management	D 8.2.2.2.	Utilization Management: Out-of-State Providers	74	Please indicate the required method of providing this information (i.e., verbal, written, fax, email, other).	It is the Department's expectation that the bidders propose requirements and methodologies for utilization review.
154	V. Scope of Work and Workplan Management	D.9.1 & BB.4.4.3	Utilization Management: Written Notice	74 & 164	These two items appear to conflict in terms of whether or not written notices are meant to be sent to providers. Please clarify.	Notice of authorization decisions may be sent in either a paper or electronic format.

Question #	RFP Section Name	Section #	Section Heading	Page #	Question	Answers
156	V. Scope of Work and Workplan Management	D.9.3.	Utilization Management: Written Notice	74	Is it the Department's intention that written denial notices be sent to members for medical necessity denials for emergency hospital admissions? Currently, denial letters are sent to a fee-for-service patient only when there is a denial of a non-emergency admission.	If the denial is issued after the service has been rendered, a notice of action to the member is not required. In all other instances, notice is required.
157	V. Scope of Work and Workplan Management	D.10.2.	Utilization Management: Web-Based Automation	75	Please indicate the scope of persons from the Department who would have access (e.g liaison, MD, RN,admin). How many of the Department staff can we expect would require access?	The scope of persons would be those who oversee or participate in the work of the Contractor; the number of staff remains to be determined.
158	V. Scope of Work and Workplan Management	D.11.1.	Utilization Management: Staff Credentials, Training and Monitoring	75	Please confirm this section relates to physicians only.	It does not refer only to physicians.
159	V. Scope of Work and Workplan Management	D.11.1.4.	Utilization Management: Staff Credentials, Training and Monitoring	76	It is our understanding that MDs in CT only require 25 annual CME hours, while RNS require 50 hours. Please advise why this requirement has been indicated as 50 hours?	25 hours are adequate for physicians.
160	V. Scope of Work and Workplan Management	D.11.1.4.	Utilization Management: Staff Credentials, Training and Monitoring	76	Licensed physicians in CT are required to earn 50 hours of Continuing Medical Education every two years. Is DSS requiring this training to be annual for physicians?	25 hours are adequate for physicians.
161	V. Scope of Work and Workplan Management	D.11.3.	Utilization Management: Staff Credentials, Training and Monitoring	76	Does the Department allow sampling or are all clinical decisions to be reviewed?	Sampling is acceptable unless there is evidence of performance not meeting a standard and then a more indepth review is expected.

Question #	RFP Section Name	Section #	Section Heading	Page #	Question	Answers
162	V. Scope of Work and Workplan Management	D.11.4.	Utilization Management: Staff Credentials, Training and Monitoring	76	The RFP assumes one medical director onsite for an ASO. This position could be split among part-time physicians. This seems inadequate for a program that will serve well over 600,000 individuals – including almost 260,000 children. Whether or not more than one ASO is funded, each ASO should be required to employ an adult internist and a pediatrician, with access to consultation services by other specialists. Ideally, there should be two full time medical directors to cover such a large and diverse population. With regard to pregnant women and children, the ASO should be required to contract for perinatal medicine and pediatric specialists.	There is no question here for which a response is necessary.
163	V. Scope of Work and Workplan Management	D.11.4.	Utilization Management: Staff Credentials, Training and Monitoring	76	If the Department accepts a reduced scope or awards to more than one vendor, would the Department still envision the need for a full time Medical Director devoted 100% to this project?	Yes. Note that full time is full time equivalent, which may be met by more than one physician.
164	V. Scope of Work and Workplan Management	D.11.5	Utilization Management: Staff Credentials, Training and Monitoring	76	We assume that the services of the described specialists could be retained on a less than full time basis, particularly if more than one vendor is selected or a reduced scope of work is awarded.. Please confirm.	The bidder should demonstrate that its physician coverage meets the clinical oversight required for the population covered
165	V. Scope of Work and Workplan Management	D.13 & D.13.2	Utilization Management: Inpatient Census Report	78	We assume the daily hospital census information that is obtained will be subject to HIPAA and Privacy Act rules in terms of who the information can be shared with. Will the ASO have to obtain HIPAA related release information for sharing of information with the PCPs from the member or will the Department do this when in its direction to the hospitals?	The ASO will not need to obtain a release for sharing this information with PCPs.
166	V. Scope of Work and Workplan Management	D.14.2.1.	Utilization Management: Transitional Care Management	79	Discussion of anticipated discharge plans with inpatient providers within two days of admission; Please clarify whether this requirement is for 2 calendar days or 2 business days.	It is the Contractor's responsibility to ensure the transitional care needs are met, therefore this refers to calendar days unless the bidder can demonstrate this requirement can be adequately met within 2 business days.

Question #	RFP Section Name	Section #	Section Heading	Page #	Question	Answers
167	V. Scope of Work and Workplan Management	D.14.2.2.	Utilization Management: Transitional Care Management	79	Will the Contractor be held responsible for providing this service information or would this be the responsibility of the discharging facility?	It is the Contractor's responsibility to determine if the discharging facility provides this information. If the discharging facility does not, it will become the Contractor's responsibility to do so. The Department may establish such requirements for providers through policy transmittal or regulation if this is necessary to support transitional care management.
168	V. Scope of Work and Workplan Management	D.14.2.7.	Utilization Management: Transitional Care Management	79	Transitional coordination shall ensure that necessary member education regarding the care plan has occurred post-discharge, and include condition specific self-management education. When necessary for the success of the aftercare plan, the Contractor will be expected to meet with the member to educate them about their care plan. Please clarify at what juncture the Contractor would be expected/required to meet with the member in order to educate them about their care plan?	"When necessary for the success of the aftercare plan..."
169	V. Scope of Work and Workplan Management	D.14.2	Utilization Management: Transitional Care Management	79	Does the Department expect the Contractor to establish the working relationships with the identified hospitals and seek their cooperation in furnishing the required discharge information? Or will the Department facilitate this with the Connecticut hospitals to assure all provide the required information in the timeframes specified?	The Department expects the Contractor to establish the necessary relationships to perform the requirements of the RFP.
170	V. Scope of Work and Workplan Management	D.14.3.	Utilization Management: Transitional Care Management	79	Discharge Planning from In-Patient Hospitalization. In addition to discharge planning and follow-up from in-patient hospital stays, the ASO should provide meaningful follow-up for discharges from emergency departments	There is no question here for which a response is necessary. The Department agrees with the statement.

Question #	RFP Section Name	Section #	Section Heading	Page #	Question	Answers
171	V. Scope of Work and Workplan Management	D.15.6	Utilization Management	81	Is it the expectation that the "bypass program" would be by individual provider or by practice address or TIN?	A bypass program may be established by individual provider, facility, clinic or practice, depending on the approach that the Contractor feels would be most effective given the target service or program.
172	V. Scope of Work and Workplan Management	D.15.6.	Utilization Management	81	Does the Department have any requirements that would preclude a provider to be exempt from utilization management via the contractor's proposed "by-pass" program?	No. It should be noted however, that inpatient admission reviews will always be required, per federal requirements.
173	V. Scope of Work and Workplan Management	E.	Intensive Care Management: General Provisions	81	The RFP indicates that patients in "special populations" will be included in the ICM program. Please provide the volume of patients in these categories.	The Department expects the bidder to determine the populations that will benefit from ICM services.
174	V. Scope of Work and Workplan Management	E. & N.	Intensive Care Management and Quality Care Management	81 & 97	The RFP indicates the vendor is expected to provide an ICM plan and a QM plan by the end of the year....over 6 months after the RFP response is provided to the State. Since neither of these plans will be completed by the due date of the RFP response, what should the vendor put in their Technical Proposal for these sections? How can the vendor be expected to develop a budget for these program components for inclusion in our overall Cost Proposal when the final design of the programs will not be finalized until 6 months after the Cost Proposal is due?	The bidders should propose a vision of how provision of Intensive Care Management and Quality Management should be approached, given the Department's outline of expectations and requirements. The budget should then describe the cost of the bidder's proposal as envisioned
175	V. Scope of Work and Workplan Management	E.1.3.	Intensive Care Management: General Provisions	82	Will the Department provided daily claims feeds from its MMIS system to the Contractor to facilitate timely analysis of claims data to for predictive modeling purposes?	Yes, if this is required by the Contractor to fulfill its scope.

Question #	RFP Section Name	Section #	Section Heading	Page #	Question	Answers
176	V. Scope of Work and Workplan Management	E.1.7.	Intensive Care Management	82	Please define "support and local hubs" as referenced in this section.	<p>Intensive care management initially will be conducted by the contractor at a central location. As medical homes and health homes are developed and accredited, much of the care management will be conducted by the homes, however there may be some providers who do not become medical homes and health homes as well as recipients who wish not to be cared for in a medical or health home. For this latter group, ICM will remain the ASO's responsibility. It is expected that the ASO ICM functions could be performed in local sites around the state, rather than at the central ASO service center location to allow for better integration of ICM services with providers, either practicing in medical homes or not. The local non-medical home practices will receive greater ICM support in the ASOs local sites (or "hubs") than will the medical or health home practices that have their own ICM capability.</p>

Question #	RFP Section Name	Section #	Section Heading	Page #	Question	Answers
177	V. Scope of Work and Workplan Management	E.1.7.	Intensive Care Management: General Provisions	82 & 83	The RFP requires pricing functions at four different options- Full Scope-Single Vendor, Multiple Vendors; Reduced Scope-Single Vendor, Multiple Vendors. Since the date of transition of certain care management functions to PCMH/HH practices is unknown, should the bidder price its proposal on the basis of continuing the service levels throughout the five years of the contract? Or can the Department provide guidance as to when the service levels required of the Contractor may be reduced for pricing purposes. Without this information it would be difficult to provide an accurate price for the timeframe when Contractor staffing levels may be reduced, i.e. shift of care management functions to PCMH/HHs.	The Department's goal is to have medical homes available to 30% of members during 2012, 60% during 2013 and 100% or nearly so by 2014. However, ICM will still be necessary even for members participating with medical homes because medical homes probably will not have dedicated nurse care managers. Nurse care managers or the equivalent will be an element of health homes. Health homes may begin sometime in the latter half of 2012. For the purpose of this RFP, the bidder should assume that about 15% of members on average have access to medical homes during year one ("base year") and that no members have access to health homes. From this "base year" assumption, the bidder should assume 80% of these resources in year two, 60% in year three, 40% in year four, and 20% in year five.
178	V. Scope of Work and Workplan Management	E.2.	Intensive Care Management: Program Development and Approval	83	For pricing purposes, is the bidder to assume the staffing of the ICM program will not be in place prior to December 1, 2011? The RFP is not clear as to whether there is an implementation period for the program. This impacts pricing the staffing for the ICM function.	Bidders should price this aspect of their bids based upon their estimate of when the ICM program they are proposing will need to be staffed in order to begin serving the needs of members by January 1, 2012. The bidder may at its discretion propose a 120 day phase in to achieve full capacity for this function.
179	V. Scope of Work and Workplan Management	E.2.7.	Intensive Care Management: Program Development and Approval	83	Please indicate the frequency at which the Contractor would be expected to convene the multi-disciplinary care team?	As often as necessary based upon the clinical needs of the individual recipient.

Question #	RFP Section Name	Section #	Section Heading	Page #	Question	Answers
180	V. Scope of Work and Workplan Management	E.2.8	Intensive Care Management: Program Development and Approval	84	Once these individual and others eligible for the ICM program are identified, does the Department expect the Contractor to "enroll" to enroll these members in the program. Normally, we would provide outreach, face-to-face meetings, mailings, etc as a part of their intensive care management program. Can the Department elaborate on this?	The overall program requirements are outlined in the RFP; the Department is asking bidders to elaborate on the creative ways that bidders seek to better serve these recipients.
181	V. Scope of Work and Workplan Management	E.4.	Intensive Care Management Reporting	84	Since Exhibit E is not available, will we have an opportunity to ask questions about this form if it is released after the close of the Q & A deadline which is April 28th?	Yes. Bidders will have until May 24, 2011 to submit questions on Exhibit E.
182	V. Scope of Work and Workplan Management	E.4.2.2.	Intensive Care Management: Reporting	84	Reporting related to Intensive Care Management (ICM). The ASO is supposed to report on new or promising coordination and care delivery models that "have been used in one or more areas of the state to resolve care problems". It would make sense for the Contractor to report on promising models that have been developed anywhere – not just within Connecticut.	There is no question here for which a response is necessary.
183	V. Scope of Work and Workplan Management	F.	Primary Care Provider Assignment	86	Under what section 2, scope of work subsection should we respond to these questions?	Section Two of the Bidder's Proposal shall contain the Bidders' responses to each "The Bidder Shall.." requirements in Section V - Scope of Work of the RFP.
184	V. Scope of Work and Workplan Management	F.	Primary Care Provider Assignment	86	Will the vendor be required to assign a PCP for all Medicaid members (approx 575,000) or only for new Medicaid members who become eligible after the beginning of this contract? What is the average volume of new Medicaid members per month?	Please see Scope of Work Section V, F - Primary Care Provider Assignment and Exhibit F.

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185	V. Scope of Work and Workplan Management	F.2.2.	Primary Care Provider Assignment: Requirements of the Contractor	86	How will the Contractor know which members do not have a PCP? Will the Contractor have to identify members without a PCP through the analysis of claims data? Will the Contractor be responsible for identifying PCPs for all members in the Full Scope or in its service area? Or will it have to review all members to assure they a PCP? Additional information on this process would be helpful for pricing purposes? We assume members may currently have a PCP through existing programs such as Husky A, etc. Can the Department provide additional information about this.	Please see Scope of Work Section V, F - Primary Care Provider Assignment and Exhibit F.
186	V. Scope of Work and Workplan Management	F.2.2.1.	Primary Care Provider Assignment: Requirements of the Contractor	86	The contractor is supposed "to review the member's office visits (if any) over the previous 24 months and shall base the assignment on the most recent or most frequent visit." We recommend an alternative method of assignment for the many new enrollees for whom the Department and the contractor will not have utilization history. For example, in 2008-09, there were 172,059 new adults and child enrollees in HUSKY A and B who had not been enrolled in the previous 12 months (unpublished data from Connecticut Voices for Children).	This does not appear to be a question.
187	V. Scope of Work and Workplan Management	F.2.3.	Primary Care Provider Assignment: Requirements of the Contractor	86	What are the content requirements of the "welcome packets"?	The precise contents have not yet been determined, but at a minimum, the welcome packet will describe the services available through the ASO and how to access those services.
188	V. Scope of Work and Workplan Management	F.2.5.	Primary Care Provider Assignment: Requirements of the Contractor	87	Is there an established standard that indicates when culturally specific materials would need to be produced by the ASO? If so, will the State please provide further information relative to the standard(s)? How is the Department defining "culturally appropriate"?	The bidder is expected to use nationally-recognized standards, such as the National Standards on Culturally and Linguistically Appropriate Services (CLAS) issued by the HHS Office of Minority Health.

Question #	RFP Section Name	Section #	Section Heading	Page #	Question	Answers
189	V. Scope of Work and Workplan Management	F.2.6.	Primary Care Provider Assignment: Requirements of the Contractor	87	While we understand that the Contractor will be expected to allow a member to change PCPs at any time, please provide clarification as to when the PCP change would become effective (e.g., day of request, first day of the following month, etc.)	Since a member's PCP is not binding or determinative of authorization or payment, the PCP change may not require a specific effective date.
190	V. Scope of Work and Workplan Management	F.2.7.1.	Primary Care Provider Assignment: Requirements of the Contractor	87	Please clarify the term "appropriate action" as used in this section.	Assess adequacy of access to the provider by measures such as asking the practice how far in advance they are scheduling preventive and acute visits.
191	V. Scope of Work and Workplan Management	G.	Person-Centered Medical Home and Health Home Attribution	88	Can the Department confirm that the supplementary payments will be paid through the Department and not through the ASO program Contractor funding?	That is correct.
192	V. Scope of Work and Workplan Management	G.	Person-Centered Medical Home and Health Home Attribution	87	Under what section 2, scope of work subsection should we respond to these questions	Section Two - subsection B3 has been revised to properly reflect the Scope of Work requirements in Section V. Section Two of the Bidder's Proposal shall contain the Bidders' responses to each "The Bidder Shall.." requirements in Section V - Scope of Work of the RFP.
193	V. Scope of Work and Workplan Management	H.1.	Early and Periodic, screening, Diagnostic, and Treatment (EPSDT) Services: Requirements	89	This section discusses education and information to members about EPSDT services. We assume the Department expects the Contractor to also coordinate with PCPs who provide the EPSDT services. Can the Department comment on its expectation in working with providers?	The Department does expect the ASO to coordinate with providers to promote completion of EPSDT requirements and expects the bidders to describe how it plans to meet this expectation.
194	V. Scope of Work and Workplan Management	H.1.1.	Early and Periodic, screening, Diagnostic, and Treatment (EPSDT) Services: Requirements	88	The ASO should be required to describe how it will improve screening rates and participation in the program for teenagers and other hard-to-reach HUSKY populations, including young adults 19-20 in Medicaid LIA.	There is no bidder's question here requiring an answer.

Question #	RFP Section Name	Section #	Section Heading	Page #	Question	Answers
195	V. Scope of Work and Workplan Management	H.3.3.	Early and Periodic, screening, Diagnostic, and Treatment (EPSDT) Services	90	The Bidder is asked to describe its processes for ensuring that EPSDT clients are generally informed within 60 days of the client's eligibility determination. Would the ASO be expected to inform clients 60 days from the date the ASO receives the eligibility file?	Yes.
196	V. Scope of Work and Workplan Management	H.3.3.	Early and Periodic, screening, Diagnostic, and Treatment (EPSDT) Services	90	The Bidder is required to describe how it will inform families that EPSDT services are available within 60 days of a child being eligible for such services. However, it limits annual notification of EPSDT guarantees to those who "have not used EPSDT services". Families should be reminded annually about the availability of EPSDT services whether or not they utilized services in a given year.	There is no bidder's question here requiring an answer.
197	V. Scope of Work and Workplan Management	I.	Requirements for Other Programs and Populations	91	Does this go under section 2, subsection B.3.6? If not, what subsection does it go under?	Section Two - subsection B3 has been revised to properly reflect the Scope of Work requirements in Section V. Section Two of the Bidder's Proposal shall contain the Bidders' responses to each "The Bidder Shall.." requirements in Section V - Scope of Work of the RFP.

Question #	RFP Section Name	Section #	Section Heading	Page #	Question	Answers
198	V. Scope of Work and Workplan Management	I.I.	Requirement for Other Programs and Populations	91	Please explain what is meant by the Contractor "shall facilitate administration of the co-insurance benefit with the Department or its agent" as it relates to HUSKY Plus. Specifically, what is meant by "co-insurance"? More importantly, please explain the necessity for retaining a separate wrap-around HUSKY Plus benefit once the ASO is implemented. HUSKY Plus was created as a carve out from managed care plans in order for HUSKY B children with special health care needs (under 300% FPL) to access additional specialized physical health services. When the ASO was developed for behavioral health services, HUSKY Plus behavioral was rolled into the CTBHP. Given that so few children ever access the Plus program (approximately 200 per month) we would urge the Department to consider folding the Plus benefit package into the ASO so that families could more easily access all medically necessary services.	There does not appear to be a question, but the Department will consider the concern raised.
199	V. Scope of Work and Workplan Management	I.1.2.4.	Requirements for Other Programs and Populations	91	Special provision must be made for clients and their families who have limited English proficiency, or are hearing or vision impaired. Oral informing techniques may include face-to-face contact, public service announcements, community campaigns and other media. Whose purview will this fall under?	The ASO will be responsible for effectively informing members of the program and services, including oral informing techniques as necessary.
200	V. Scope of Work and Workplan Management	I.1.3.2.	Requirements for Other Programs and Populations: Coordination of CHIP Benefits	91	The ASO is required to collect and transfer data on cost sharing with the Department and/or its agent. Since the ASO is not processing claims, would this be the responsibility of the fiscal agent?	Yes.
201	V. Scope of Work and Workplan Management	J.	Prenatal Care	92	Does this go under section 2, subsection B.3.6? If not, under what subsection does it go under?	Section Two - subsection B3 has been revised to properly reflect the Scope of Work requirements in Section V. Section Two of the Bidder's Proposal shall contain the Bidders' responses to each "The Bidder Shall.." requirements in Section V - Scope of Work of the RFP.

Question #	RFP Section Name	Section #	Section Heading	Page #	Question	Answers
202	V. Scope of Work and Workplan Management	I.1.4.6.	Describe its processes for coordinating benefits across all entities administering the CHIP benefit.	92	Please clarify the term "all entities administering the CHIP benefit". Does this reference vendors to whom services are carved out? Can the Department also please define "coordinating", as used in this context.	Yes. This refers to the coordination of benefits for CHIP members with the dental and behavioral ASOs and the Department for pharmacy.
203	V. Scope of Work and Workplan Management	J.	Prenatal Care	92	There is no Bidder Shall requirement in sections J (Prenatal Care), M (Coordination with Home and Community Based Waiver Programs), V (Provider Appeals), X (Contract Compliance, Performance Standards and Sanctions) and BB (Staffing, Resources and Project Management). Is the Bidder required to make a general statement of acceptance when there is no Bidder Shall requirement?	The will be an addendum posted shortly to the RFP which lists the "Bidder shall" requirements in these sections.
204	V. Scope of Work and Workplan Management	J.1.	Prenatal Care	92	How will the Contractor be expected to identify pregnant women as early as possible in their pregnancies? How will the ASO coordinate with the patient's prenatal care provider who would typically be expected to provide the services and referral information mentioned in this section. How will the ASO coordinate with the Healthy Start program? Will the ASO make referrals to and coordinate care with the Connecticut Dental Health Partnership?	The Bidder is expected to describe to the Department how it proposes to meet these requirements.
205	V. Scope of Work and Workplan Management	K.	Coordination of Physical and Behavioral Health Care	93	Does this go under section 2, subsection B.3.6? If not, what subsection does it go under?	Section Two - subsection B3 has been revised to properly reflect the Scope of Work requirements in Section V. Section Two of the Bidder's Proposal shall contain the Bidders' responses to each "The Bidder Shall.." requirements in Section V - Scope of Work of the RFP.

Question #	RFP Section Name	Section #	Section Heading	Page #	Question	Answers
206	V. Scope of Work and Workplan Management	K. 1.1. & K.2.2.	Coordination of Physical and Behavioral Health Care	93 & 94	How will the Contractor determine whether the delivery of behavioral health medication in a primary care setting is "medically appropriate"? This is a very important area that needs monitoring and input from the right experts, e.g., psychiatrists, pharmacists, et al. Who decides whether "such care can be provided safely and appropriate by [primary care] providers"?	PCPs cannot be required to prescribe in areas that they do not feel comfortable, regardless of whether the Department feels that primary care prescribing might be medically appropriate in a given instance. Our goal is to better support PCPs so that they are comfortable taking a more active role in psychiatric prescribing. This might include strengthening relationships with mental health professionals who can support PCPs in this role.
207	V. Scope of Work and Workplan Management	K.2.6.	Coordination of Physical and Behavioral Health Care: Behavioral Health-related Responsibilities of the ASO	94	The Contractor is not responsible for management of home health services for a member when the member has a diagnosis of autism as one of the first three diagnoses. Who is responsible? Does this exclusion apply to children, as well as adults with autism?	The Behavioral Health Partnership has this responsibility for both children and adults.
208	V. Scope of Work and Workplan Management	K.3.3.	Coordination of Physical and Behavioral Health: Coordination with CT BHP	95	Please confirm the intended date for the submission of the Behavioral and Physical Health Coordination Program is April 1, 2012.	That is correct.
209	V. Scope of Work and Workplan Management	K.3.3	Coordination of Physical and Behavioral Health: Coordination with CT BHP	95	This asks for the Contractor to submit "its Behavioral and Physical Health Coordination Program" to the DSS by April 1, 2011. Please revise the date appropriately.	The correct date is April 1, <u>2012</u> .
210	V. Scope of Work and Workplan Management	L.	Coordination With the Dental Health Partnership	96	Does this go under section 2, subsection B.3.6? If not, what subsection does it go under?	Section Two - subsection B3 has been revised to properly reflect the Scope of Work requirements in Section V. Section Two of the Bidder's Proposal shall contain the Bidders' responses to each "The Bidder Shall.." requirements in Section V - Scope of Work of the RFP.

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211	V. Scope of Work and Workplan Management	L.1.	Coordination with Dental Health Partnership: Coordination with the DHP	96	There is nothing specific about children or pregnant women in this section. It also does not acknowledge that pediatricians are already providing and billing for dental assessments and fluoride treatments for young children.	There is no bidder's question here requiring an answer.
213	V. Scope of Work and Workplan Management	M.2.2.	Coordination with Home and Community Based Waiver Programs: Other Coordination Responsibilities	97	The Contractor is required to track clients who could potentially benefit from waiver participation, but are not able to due to waiting list and capacity. Is the Contractor required to only track clients it refers to such programs?	Yes, however, the Contractor may also wish to keep a record of waiver program referrals that are wait listed.
214	V. Scope of Work and Workplan Management	N.1.3.	Quality Management	97	Performance measurement of PCMH/HH providers, and regional provider consortia such as integrated care organizations with respect to access, quality and cost; and N.1.4. Statewide performance measurement with respect to access, quality and cost. Please indicate what these performance metrics will be based on. Will they include HEDIS indicators? Will the performance indicators be developed in concert with the stakeholders as well as the Department?	These measures are to be developed collaboratively by the Department, the Medicaid Care Management Oversight Council, providers and other interested parties. This process is not yet completed.
215	V. Scope of Work and Workplan Management	N.2.3.	Quality Management Oversight	98	What methodology will be employed to develop these indicators? Will the process be ASO or Department driven? Will the process be a collaboration involving all stakeholders?	These measures are to be developed collaboratively by the Department, the Medicaid Care Management Oversight Council, providers and other interested parties. This process is not yet completed.
216	V. Scope of Work and Workplan Management	N.3.4.	Quality Management: General Provisions	98	In many instances, an individual with significant experience adds value to our team. Will DSS permit experience to substitute for an advanced degree?	The Department would accept a candidate with significant experience.
217	V. Scope of Work and Workplan Management	N.3.4.	Quality Management: General Provisions	98	Please clarify and define the term "advanced degree" as it is used in this context.	Clinical training based upon the service being managed. For instance, for a medical service, R.N. or above.

Question #	RFP Section Name	Section #	Section Heading	Page #	Question	Answers
218	V. Scope of Work and Workplan Management	N.7.1.	Quality Management: Clinical Issue Studies	100	What is the expectation of clinical issues studies in regard to special needs groups, i.e. ABD population?	The Bidder is expected to describe to the Department how it proposes to meet these requirements. Clinical issues studies refers to a broad range of techniques that can be used to identify problems and to formulate recommendations for resolution. The focus will typically be on quality or access problems for the overall population or sub-populations or conditions.
219	V. Scope of Work and Workplan Management	N.9.3.	Quality Management: Quality Improvement Initiatives	102	Please clarify the term "quality improvement initiatives" as used in this context.	The Bidder is expected to describe to the Department how it proposes to meet these requirements.
220	V. Scope of Work and Workplan Management	N.9.3.	Quality Management: Quality Improvement Initiatives	102	Indicates nine categories for quality improvement initiatives. Will the vendor be required to conduct an initiative in all nine categories every year?	Yes, the nine categories are for the first year of the resultant contract. The initiatives for future years may be different.
221	V. Scope of Work and Workplan Management	N.10.5.	Quality Management: Provider Profiling	103	Please define "self-profiling" as used in this sentence.	Enabling providers to review their quality indicator results compared to their peers locally and statewide. Self-profiling refers to giving providers the tools to formulate their own comparisons, which may be different than the profiles routinely prepared by the Contractor.
222	V. Scope of Work and Workplan Management	N.10.5.	Quality Management: Provider Profiling	103	Is the intent of the Department to have the provider profiles available for review only or will data need to be available for DSS and the provider to conduct self-profiling?	Enable self-profiling.
223	V. Scope of Work and Workplan Management	N.11.4	Quality Management: Person Centered Medical Home/Health Home Performance Measurement	103	Please define "self-profiling" as used in this sentence.	Enabling providers to review their quality indicator results compared to their peers locally and statewide. See response to 221.
224	V. Scope of Work and Workplan Management	N.15.1.	Quality Management: Critical Incidents	105	What is the definition and scope of critical incidents that require notification within one hour?	The Bidder is expected to describe to the Department how it proposes to meet these requirements.

Question #	RFP Section Name	Section #	Section Heading	Page #	Question	Answers
225	V. Scope of Work and Workplan Management	N.16.2.	Quality Management	105	Please provide clarification relative to the term "quality indicators" and its use in this context.	Measures that allow the Department, contractor, and providers to review the quality of the care provided and the health outcomes of that care.
226	V. Scope of Work and Workplan Management	O.2.1.8.	Provider Relations: General Aims	108	The ASO is required to conduct provider satisfaction surveys and share the findings with "provider advisors." Please define "provider advisor."	Providers invited by the Contractor to serve on the ASO's committees in an advisory capacity.
227	V. Scope of Work and Workplan Management	O.8.2.	Provider Relations	110	May we receive the entire statement? What if a provider complaint pertains to claims payment? Since the contractor is not paying claims, are they expected to provide the complainant the appropriate number to see resolution or are they supposed to work directly with the claims processing vendor to ensure resolution of the issue?	If a complaint pertains to claims payment and the problems is unrelated to authorization, the ASO will not be expected to work directly with the Department's claims processing vendor to ensure resolution. The ASO will be expected to provide the complainant with a referral to the appropriate contact at HP.
228	V. Scope of Work and Workplan Management	O.8.3	Provider Relations	110-111	What if a provider complaint pertains to claims payment? Since the Contractor is not paying claims, is the Contractor expected to provide the complainant with the appropriate number to see resolution or is the Contractor supposed to work directly with the claims processing vendor to ensure resolution of the issue?	See response to No. 227.
229	V. Scope of Work and Workplan Management	O.9.4.4.	Provider Relations: Web-based Communication Solution	112	The Contractor's ASO website is required to have certain transactional capabilities, including Electronic Transport System. Does the Department want the ASO to allow providers to submit electronic claims to HP through the ASO website?	No.
230	V. Scope of Work and Workplan Management	O.10.5.	Provider Relations	113	Please provide additional information regarding the "biannual regional community meetings" as referenced in this question. Who will be included in these meetings?	The Contractor should propose representation, but it must include beneficiaries, providers and advocates/advocacy organizations.

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231	V. Scope of Work and Workplan Management	O.10.7.	Provider Relations	113	Please clarify the term "communication needs" as used in this section.	The ASO's obligations to meet the communication needs of providers are outlined in O.9. This subsection is seeking to ensure that the ASO will develop a website in such a way that it is easily used and navigable by providers; links easily and logically to the ASO's main website if applicable.
232	V. Scope of Work and Workplan Management	O.10.7.	Provider Relations	113	Can the State please clarify what the difference is between a bidder's "Connecticut website" and the "ASO Website"? Is the ASO website referencing a State site?	If the ASO is part of a larger entity, it may maintain a general website, and if, so, must also maintain a Connecticut website specific to the Connecticut Medical ASO project.
233	V. Scope of Work and Workplan Management	P	Provider and Medical Home/ Health Home Network Development	113	Can DSS share the criteria that practices must meet to qualify as a Medical Home?	The Department does not have established criteria. As the program is developed, the Department will be looking at criteria developed by bodies such as NCQA and adapting them, as needed.
234	V. Scope of Work and Workplan Management	P.	Provider and Medical Home/ Health Home Network Development	113	Does the Department expect the Contractor(s) to formally contract with providers to build a network similar to an MCO network?	No.
235	V. Scope of Work and Workplan Management	P.	Provider and Medical Home/ Health Home Network Development	113	What is the rationale for not permitting the Contractor(s) to include providers in the Connecticut Medical Assistance Program Provider network in the ASO network of PCPs?	This question refers to subsection P.1.5. The Department has deleted that subsection as it was included in error.
236	V. Scope of Work and Workplan Management	P.	Provider and Medical Home/ Health Home Network Development	113	Please clarify whether the providers in the ASO network are formally under "contract" similar to an MCO network? Or are they merely enrolled as a provider would in a PCCM network?	Providers will not be under contract with the ASO.
237	V. Scope of Work and Workplan Management	P.3.1.2.	Provider and Medical Home/ Health Home Network Development	114	Will the CMAP provider file from DSS include the service type/level of care field?	Yes. Please see data extract.

Question #	RFP Section Name	Section #	Section Heading	Page #	Question	Answers
238	V. Scope of Work and Workplan Management	P.4.3.3.	Provider and Medical Home/ Health Home Network Development	115	How does this process differ from the current contractual requirement for a formal Provider Availability/Access survey?	There is no difference, however the Department and the Contractor will need to review and likely update the current methodologies.
239	V. Scope of Work and Workplan Management	P.8.1	Provider and Medical Home/ Health Home Network Development	117	What is meant by "Recipient Services unit?"	Member services unit as described in Section Q.
240	V. Scope of Work and Workplan Management	P.8.5.	Provider and Medical Home/ Health Home Network Development	118	We are unable to locate Section F.7.1.2, as referenced in this section of the RFP. Please advise the correct section reference.	The correct reference is P.7.1.2.
241	V. Scope of Work and Workplan Management	Q.	Member Services	118	Will the ASO be required to issue Member ID Cards and if so, at what frequency?	Please refer to the RFP Addendum on PCP assignment.
242	V. Scope of Work and Workplan Management	Q.1.	Member Services: General Requirements	118	There does not appear to be anything describing the process for members to obtain ID Cards in the RFP. Can the State please confirm that this will not be a requirement for bidders? Please clarify the ID card process.	Please refer to the RFP Addendum on PCP assignment.
243	V. Scope of Work and Workplan Management	Q.1.	Member Services	118	Will the Contractor be required to inform members that the ASO is available to assist with scheduling appointments? Where will eligibility questions be referred? To DSS? HUSKY Infoline? Other entity?	The Contractor will be required to advise members of its availability to assist with scheduling appointments. The Contractor will be expected to answer basic eligibility questions and to resolve eligibility problems in consultation with DSS and/or ACS, depending on the program.
244	V. Scope of Work and Workplan Management	Q.3.1.1.	Member Services: Transportation	120	Please clarify the eligibility populations that are eligible for transportation services.	Only Medicaid clients are eligible for non-emergency medical transportation.
245	V. Scope of Work and Workplan Management	Q.5.1.	Member Services: Member Brochure	121	Please clarify if the "reading level" will be fourth grade rather than the current 7th grade requirement. What is the State's rationale for changing reading levels?	The correct reading level is 7th grade, not 4th grade.

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246	V. Scope of Work and Workplan Management	Q.5.1.	Member Services: Member Brochure	121	Please confirm the grade level for the member brochure is written at no greater than a 4th grade level. Currently for the HUSKY program, the grade level requirement is 7th grade.	Please see response to 245.
247	V. Scope of Work and Workplan Management	Q.6.3.4.	Member Services: Member Handbook	122	Please advise whether the intent of the Department is for the Contractor to have a "read only" website or an interactive one. Also, please identify the "security provisions" referenced in this section, along with the criteria used in their selection.	Please see section W of the RFP.
248	V. Scope of Work and Workplan Management	Q.7.1.1. & Q.7.2.	Member Services: Bidder Shall	122	Does the reference to "on-call staff" mean clinical staff available during routine business hours or clinical staff who are on-call after hours?	The Department has eliminated the requirements for after hours coverage contained in R.1.2.
249	V. Scope of Work and Workplan Management	Q.7.6.	Member Services	123	Please advise the specific website capabilities referenced in this question. Is it the Department's desire that the ASO be able to post videos for providers to access as training opportunities?	The Department expects the bidders to describe their vision for the proposed services.
250	V. Scope of Work and Workplan Management	Q.7.6.	Member Services	123	Can the Department clarify what specific web based video capabilities it is looking for?	See above.
251	V. Scope of Work and Workplan Management	R.1.2.	Telephone Call Management	123	Can the State please specify which services must be provided on a 24x7 basis?	The Department has eliminated the requirements for after hours coverage contained in R.1.2.
252	V. Scope of Work and Workplan Management	R.2.1.1.	Telephone Call Management: Line Specifications	123	Please clarify and define the term "limited menu" as used in this requirement.	Please disregard the use of the term "limited menu."
253	V. Scope of Work and Workplan Management	R.2.1.3.	Telephone Call Management: Line Specifications	123	Please define and/or provide examples of "local departmental offices."	A listing and description of the Department's three (3) Regional Offices and the sub-offices in the regions is available on the Department's Website: http://www.ct.gov/dss/cwp/view.asp?a=2345&q=304888

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254	V. Scope of Work and Workplan Management	R.2.2.1.	Telephone Call Management: Line Specifications	124	What is the Department's definition of a "crisis call?"	Calls from members who are seeking immediate assistance.
255	V. Scope of Work and Workplan Management	R.2.3.1.	Telephone Call Management	124	Will the Department consider allowing the contractor's web portal that is required to accept authorization and registration requests 24/7 in lieu of the 24/7 authorization request telephone line?	Please see response to #251.
256	V. Scope of Work and Workplan Management	R.3.1.3.1.	Telephone Call Management: Performance Specifications	125	Does this requirement include weekends for mobile crisis? Can a referral be made to EMS/911?	No. The Department has eliminated the requirement for after hours management of crisis calls. No coordination with mobile crisis is required.
257	V. Scope of Work and Workplan Management	R.3.1.7 and R.3.3.	Telephone Call Management: Performance Specifications	125	The RFP states in R.3.1.7. that during non-business hours when a staff person is not available for routine calls, the AVR shall respond with a recording within 10 seconds of the AVR call activation instructing the caller to call back during normal business hours. Section R.3.3. requires that access is provided to a language line 24/7 to serve Members. Does the after-hours requirement in R.3.3. apply to after-hours crisis calls only?	The Department has eliminated the requirement for after hours call management including crisis call management; consequently the language line service is required only during normal business hours.
258	V. Scope of Work and Workplan Management	R.4.1.4.	Telephone Call Management: Automatic Call Distribution Reporting	128	Standard ACD functionality distributes calls to the next available service individual, therefore call wait times are not staff member specific; is this requirement meant to capture average wait time per customer? If not, please provide clarification regarding this requirement.	The Department expects to assess the average wait time per customer.
259	V. Scope of Work and Workplan Management	S.1.1.	Data Reporting Requirements: General Requirements	127	Please clarify and define the term "easy data capture" as used in this requirement. Also, please advise what the Department's intent is relative to this requirement.	The Department expects that the Contractor's data systems will readily allow for data exchange between the parties to support the full range of contracted functions.

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260	V. Scope of Work and Workplan Management	S.2.1.	Data Reporting Requirements:Report Production, Integrity and Timeliness	128	Please advise if Bidders should assume the "Key Person" responsible for coordination and transmission of reports under this section is the same "Key Person" identified under Section V.B.2 , or is this another position that would be required as part of the DSS' Key Personnel requirement.	These are different Key Persons.
261	V. Scope of Work and Workplan Management	S.2.2.2.	Data Reporting Requirements:Report Production, Integrity and Timeliness	128	Please provide clarification relative to the term "certain reports" as used in this requirement.	Required reports as outlined in the in the Bidder Shall sections of the RFP, Exhibit E, and other reports as required from time to time by the Department.
262	V. Scope of Work and Workplan Management	S.2.5.	Data Reporting Requirements:	128	This section requires documented processes and controls implemented by the Contractor to ensure data integrity. Please advise if a report attestation that attests to the accuracy and completeness of each data report is sufficient to meet this requirement.	The Department strongly prefers review and approval of the Contractor's proposed processes and controls prior to their implementation.
262	V. Scope of Work and Workplan Management	S.2.6.	Data Reporting Requirements:Report Production, Integrity and Timeliness	128	This section requires certain reports regarding the Contractor's activities under this contract. This is very broad and does not give any indication of the scope of this requirement. Can the DSS provide more information and detail around the reporting requirements under this section?	Required reports as outlined in the Bidder Shall sections of the RFP, Exhibit E, and other reports as required from time to time by the Department.
264	V. Scope of Work and Workplan Management	S.2.12.	Data Reporting Requirements:Report Production, Integrity and Timeliness	129	This section states, "The Contractor shall not be held liable for the failure to comply with a reporting requirement set forth in Exhibit E, as changed by agreement of the parties from time to time, in the event that the Contractor's failure is a result of the Department's failure to provide the necessary data and/or data extracts." This section should include language that excuses the Contractor from liability if significant time is needed to make system changes needed to produce new or revised reports. We suggest adding the following to the end of this section: "and/or the Department's failure to allow adequate time for the Contractor to make any necessary system changes required to produce the revised or new report."	The Department will consider the suggestion, however the Department believes this concern is adequately addressed in section S.2.4.

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265	V. Scope of Work and Workplan Management	S.3.and S.3.1.9.	Data Reporting Requirements: Data Storage and Elements	129-130	Elements should also include the individual's primary language and an SSI indicator. Why are the terms "Family" and "CHIP" used as data elements rather than HUSKY A and HUSKY B, respectively?	CHIP and HUSKY B are interchangeable. However, the HUSKY A program designation which has historically been associated with enrollment in capitated Medicaid managed care will cease to be relevant when capitated managed care is eliminated in January 2012. Instead, the Department will refer to "family coverage" including those federally recognized eligibility coverage groups for children, parents, and pregnant women. This includes most individuals who were formally enrolled in Medicaid managed care as well as a number of family coverage recipients who were exempt from managed care (about 3,000 to 6,000 individuals).
266	V. Scope of Work and Workplan Management	S.3.1.8.	Data Reporting Requirements: Local Areas as Defined by the Department	130	Please define the term "local areas" as it is used in this context.	Local areas will reflect the local services areas for the purposes of ICM and support of medical and health homes. These areas are yet to be defined by the Department.
267	V. Scope of Work and Workplan Management	S.4.1.	Data Reporting Requirements: Data Aggregation	130	What are the standard human service regions in Connecticut?	A map of standard service regions is not available at this time and should not be necessary for the purpose of this RFP, which will not necessarily define local areas in accordance with existing human service region boundaries.
268	V. Scope of Work and Workplan Management	T.4.2	Information System: Data Extracts from the Department	135	Will the Contractor be able to receive claims data on a greater frequency than bi-monthly in support of responding to member and provider calls? We suggest the DSS provides daily data feeds for claims and pharmacy in order for the Contractor to provide effective utilization and case management.	The Department will produce claims feeds at a frequency necessary to enable the Contractor to meet the requirements of the contract, including daily feeds (business days only) if required. Note that claims are adjudicated daily but payments are made twice monthly.

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269	V. Scope of Work and Workplan Management	U. 2.	Notices of Action, Denial, Appeals and Administrative Hearings: Notices of Action and Denial Notices	140	Why is there no mention that HUSKY B families may appeal a termination or reduction in services, as well as outright denials? They should be entitled to appealing such adverse decisions by the ASO.	There is no change in the benefits or appeal rights for HUSKY B/CHIP clients.
270	V. Scope of Work and Workplan Management	U.7.1.	Notices of Action, Denial, Appeals and Administrative Hearings: External Review - Charter Oak and HUSKY B	146	The ASO should be required to provide contact information for outside entities that may be able to provide information or representation regarding denials or limits on service authorizations, including but not limited to the Office of Healthcare Advocate and 211/HUSKY Infoline.	This is not a question. The Department will consider these suggestions.
271	V. Scope of Work and Workplan Management	W.2.1.	Security and Confidentiality: Staff Designation	149	The Contractor is required to designate its MIS Director to serve as the local Security and Privacy Officer in Connecticut. Can a Contractor designate its Security Officer as the Security Officer and its Compliance executive as the Privacy Officer?	Yes.
272	V. Scope of Work and Workplan Management	W.4	Security and Confidentiality: Security or Privacy Breaches	151	In the event of a privacy breach – what is the DSS' process for addressing such an issue and who will take the lead when notifying members – CT DSS or the ASO?	This is outlined in the Department's Business Associate Agreement. The ASO will be required to report detailed information on breaches to the Department and the Department makes a determination on the appropriate course of action.
273	V. Scope of Work and Workplan Management	Y.	Performance Targets and Withhold Allocation	154	What are the performance requirements to qualify for the incentive/withhold payment? Please explain how and when the profit withhold will be paid.	The Performance Targets will be negotiated with the ASO. Any resulting revisions will be executed as a change order. The revisions will be communicated to the ASO at the time the Department and the ASO reach agreement on the change. Typically, the payments will be made within six months of the close of the calendar year. The Department may make a preliminary payment within six months if additional claims run out is required before performance can be finalized.
274	V. Scope of Work and Workplan Management	Y.	Performance Targets and Withhold Allocation	154	Please confirm that network unit costs reductions and claim edit reductions would not be part of the profit withhold calculation?	This question is not clear to the Department.

Question #	RFP Section Name	Section #	Section Heading	Page #	Question	Answers
275	V. Scope of Work and Workplan Management	Y.1.1.	Performance Targets and Withhold Allocation: General Provisions	154	Does this withholding include profit and/or is different than the Profit withholding described on page 62 E.2.5. that states "Profit will be calculated as a percent of the total administrative contract cost and shall be 7.5%. The 7.5% profit shall be withheld and payable only to the extent that the Contractor meets the Performance Targets established in this RFP." Please further clarify this statement as to whether the admin payment would be reimbursed on a quarterly basis?	The withhold is equal to the allowed profit. The administrative payments would be made on a quarterly basis net of the withhold.
276	V. Scope of Work and Workplan Management	Y.1.2.	Performance Targets and Withhold Allocation: General Provisions	155	What is the process for making revisions to the Performance Targets? Are these revisions made in conjunction with the Contractor? After the Department establishes the Performance Targets (annually), what is the expected timeframe for communicating revisions to the Contractor?	The Performance Targets will be negotiated with the ASO. Any resulting revisions will be executed as a change order. The revisions will be communicated to the ASO at the time the Department and the ASO reach agreement on the change.
277	V. Scope of Work and Workplan Management	Y.1.11.	Performance Targets and Withhold Allocation: General Provisions	156	RFP states that if the contractor has met or exceeded the performance targets the Department shall return the specified portion of the withhold. If the Contractor meets or exceeds the performance targets, will the entire 7.5% withhold be returned? If not what will be the criteria for achieving a full withhold repayment?	The conditions for return of the withhold, whether full or partial return will be target specific and detailed in the negotiated Exhibit A: Performance Targets section of the Contract.
278	V. Scope of Work and Workplan Management	Z.	Transition Requirements	156	Please provide additional details on the Transition Plan for notifying current Medicaid members of the change to a new Contractor(s). How far in advance will the notifications be sent out, how many notices will be sent, and will the communication be phased-in?	This will be determined at a later date.
279	V. Scope of Work and Workplan Management	AA.1.2.	Contract Implementation, Review and Termination Provisions	157	Should the bidder develop the Project Timetable from contract signing date to the go live date of January 1, 2012 which would be the implementation period? Or should the bidder also reflect ongoing operations through the five year contract term in the Project Timetable?	The Project Timetable is for implementation, which may extend beyond the January 1, 2012 go-live date for activities or functions that will be phased in.

Question #	RFP Section Name	Section #	Section Heading	Page #	Question	Answers
280	V. Scope of Work and Workplan Management	AA.1.2.	Contract Implementation, Review and Termination Provisions	157	Since the initial period from contract signing to go live on January 1, 2012 is an implementation period, does the Department expect the contractor to breakout in its cost proposal the costs discrete to the implementation period as opposed to ongoing program costs?	Yes. Exhibit F provides for this.
281	V. Scope of Work and Workplan Management	AA.1.2.	Contract Implementation, Review and Termination Provisions	157	Does the Department have a template for implementation costs or can the bidder submit its implementation costs in its own format?	The bidder should use <u>or adapt</u> the CY11 Start-up sheet provided in Exhibit F for the purpose of showing start-up costs. Limits on other direct do not apply during this period.
282	V. Scope of Work and Workplan Management	AA.1.2.	Contract Implementation, Review and Termination Provisions	157	Will there be a transition of Medicaid members currently enrolled in the Husky A and B and Charter Oak Health plans? Will it be the contractor's responsibility to coordinate that activity?	There will be a transition from the old plans to the Department effective January 1, 2012
283	V. Scope of Work and Workplan Management	AA.1.2.	Contract Implementation, Review and Termination Provisions	157	When will the Husky A and B and Charter Oak Health plans terminate?	The Managed Care Organization's contractual responsibilities for serving Department clients will terminate on December 31, 2011. The ASO will be required to cooperate with this transition with the Department and the exiting MCOs.
284	V. Scope of Work and Workplan Management	AA.5.4	Contract Implementation, Review and Termination Provisions	162	If agreement is not reached within the specified 30-day period, is the termination 30 days thereafter a hard stop? Or is the intent that there be a succession of 30-day periods as necessary until a termination agreement is reached?	There will be an option to consider an additional thirty-day period(s) determined by the status of the negotiations.

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285	V. Scope of Work and Workplan Management	BB.4.4.	Staffing, Resources and Project Management: Staffing Levels - Ongoing Operations	164	How were the Care Management staffing ratios on pg. 164-165 developed? What population(s) were evaluated to develop these ratios?	The Department is eliminating a priori specification of productivity requirements established in BB 4.4.4 and BB 4.4.5. as follows: "BB.4.4.4 - That prior authorizations for all levels of care will take approximately XX minutes each and that on average an office-based Care Manager can conduct XX prior authorizations in an average workday. An average work day assumes that XX hours of each work day that is allocated to telephonic reviews and the balance to clinical rounds, staff meetings, directing the work of clinical support staff and related administrative responsibilities." "BB.4.4.5 - That Care Managers can, on average, conduct approximately XX concurrent reviews per day, assuming an average duration of ten to fifteen minutes per call and an average of XX hours per day in telephonic reviews;" The bidder shall provide the specific productivity requirements that are the basis of its response and cost proposal in the budget justification. Such requirements will be included in the resulting contract.
286	V. Scope of Work and Workplan Management	BB.4.4.4.	Staffing, Resources and Project Management: Staffing Levels - Ongoing Operations	164	Please provide information relative to how the Department arrived at these benchmarks. Will the Contractor be bound by these benchmarks?	See response to question 285..
287	V. Scope of Work and Workplan Management	BB.4.4.5.	Staffing, Resources and Project Management: Staffing Levels - Ongoing Operations	164	Please provide information relative to how the Department arrived at these benchmarks. Will the Contractor be bound by these benchmarks?	See response to question 285..

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289	V. Scope of Work and Workplan Management	BB.4.6.	Staffing, Resources and Project Management: Staffing Levels - Ongoing Operations	165	Can the state please explain the difference between the two fully dedicated programmers and the requirement in section E.2.10 that says "Provide your hourly programming cost for Special Report related programming that exceeds the 200 hours allocated for such reports in the Data Reporting Requirements section." since having two fully dedicated programmers allows for more than 200 hours? Is the reference to "CT BHP" in this section meant to reference the "CT ASO"? Is there an expectation regarding the physical location of the dedicated programmers?	This question pertains to section S.5.3 which discusses ad hoc report production and the possibility that the Department may request ad hoc reports in excess of staff resources. We are amending E.2.10 to say "Provide your hourly programming cost for ad hoc related programming that exceeds available resources as referenced in section S.5.3." Also, please note that the respondent may propose programming staff substantially in excess of the two programmer minimum if this is necessary to meet the reporting requirements under this contract.
290	V. Scope of Work and Workplan Management	BB.4.5.1.	Staffing, Resources and Project Management: Staffing Levels - Ongoing Operations	165	Please provide information relative to how the Department arrived at these benchmarks. Will the Contractor be bound by these benchmarks?	The Department is eliminating the a priori specification of productivity requirements established in BB.4.5.1 as follows: "BB.4.5.1 - ICM clinicians will be expected to carry, during an X month period on average a minimum of X cases and on average, an annual minimum caseload of X;" The bidder shall provide the specific productivity requirements that are the basis for its cost proposal for ICM in the budget justification. Such requirements will be included in the resulting contract.
291	V. Scope of Work and Workplan Management	BB.4.5.2.	Staffing, Resources and Project Management: Staffing Levels - Ongoing Operations	165	Please provide information relative to how the Department arrived at these benchmarks. Will the Contractor be bound by these benchmarks?	Section BB.4.5.2 is hereby eliminated.

Question #	RFP Section Name	Section #	Section Heading	Page #	Question	Answers
292	V. Scope of Work and Workplan Management	BB.4.5.3.	Staffing, Resources and Project Management: Staffing Levels - Ongoing Operations	165	Please provide information relative to how the Department arrived at these benchmarks. Will the Contractor be bound by these benchmarks?	The Department is eliminating the a priori specification of total individuals served annually in BB.4.5.3 as follows: "B.4.5.3 - Total individuals served on an annual basis shall be no less than X individuals." The bidder shall provide the basis for its proposed number of individuals served annually in its cost proposal for ICM in the budget justification. Such requirements will be included in the resulting contract.
293	V. Scope of Work and Workplan Management	BB.4.5.3	Staffing, Resources and Project Management: Staffing Levels - Ongoing Operations	165	Indicates a minimum of 1400 patients will receive ICM services per year. Should this volume estimate be used to prepare the budget for this component of the scope of work? Is there a maximum number of patients the bidder can propose for the ICM program?	The 1,400 patient minimum has been eliminated. The bidder should propose to the number of clients to be served each year based on its analysis of the Connecticut data.
294	V. Scope of Work and Workplan Management	BB.5.1.	Staffing, Resources and Project Management: Staff and Infrastructure Location	166	Please provide clarification as to what/where "ground zero" would be, relative to measuring the indicated mile radius?	25 Sigourney Street, Hartford, CT 06106
295	VI: Proposal Evaluation	C.1.	Evaluation Phases	167	Please provide the scoring points and weights for each section to be evaluated.	Exhibit M: Evaluation Tool will be released the week of May 23rd.
296	Multiple Sections	B.5.7. D.11.4 E.1.6. R.1.2. BB.3.1.5.		31 76 82 123 163	Please clarify what are the requirements for the "ASO's Connecticut service center". We assume that existing call centers (non-Connecticut) can fulfill all of the state's requirements, and request that para. R.1.2 be modified to allow call management services within the United States.	The ASO's call center must be located in Connecticut. However, after hours support and back up in the case of a system failure may be located out of state.

Question #	RFP Section Name	Section #	Section Heading	Page #	Question	Answers
297	Multiple Sections	N.11. N.1.4. N.5.2.1.1. N.12. N.16.14. N.16.17. O.5. Q.4.2 S.4. BB.5.1.		97 98 99 103 106 107 109 110 120 130 166	Please revise these requirement to specify "regional or statewide" in case of more than one award.	If the Department awards more than one Contract, these provisions will be construed to apply to the region served by the Contractor. If more than one Contract is awarded, the Department will consider changes to the location of the Contractor's Connecticut Service Center (BB.5.1), depending on the regions.