

## **WRITTEN QUESTIONS AND ANSWERS**

### **SP-15-0062 Population Health Management**

#### **ANSWERS ARE IN BLUE**

1. Is the State of Arkansas seeking one vendor to provide all the requested services or will the bid be awarded to multiple vendors?

[Reference 1.3 of the RFP](#)

2. Are vendors allowed to bid on specific services or should a bid be submitted only if the vendor provides all the services requested?

[Reference 1.3 of the RFP](#)

3. In Paragraph 1.1 (I) it says “the PHM program will be “offered” to State employees and members covered on the plan.” Does this mean it is mandatory or voluntary?

[See Addendum 3 for 1.1\(I\)](#)

4. In Paragraph 2.1 (A) how do you define “Public Health Management Services”? Is this different from “Population Health Management?”

[See Addendum 3 for 2.1\(A\)](#)

5. In Paragraph 2.1 (D) please define “Advanced Claims Analytics/Predictive Modeling software platform”

[See Addendum 3 for 2.1\(D\)](#)

6. In Paragraph 2.1 (L) please define “trigger list” in this context. Does final determination apply to all trigger lists, or only certain categories of trigger lists?

[See Addendum 3 for 2.1\(L\)](#)

7. In Paragraph 3.1 (L) do you want names of existing staff, who may or may not be used in the contract period, or can this be descriptions of persons who may be hired in the future? Also, to what does “each of areas” refer?

[See Addendum 3 for 3.1\(L\)](#)

8. In Paragraph 3.2 (J) please define “support tools”

[Reference 1.1 \(C\) of the RFP](#)

9. In Paragraph 3.2 (N) please define “patient advocacy services” as it applies to Arkansas

[See Addendum 3 for 3.2 \(N\)](#)

10. In Paragraph 3.3 (C) please define “components”

[See Addendum 3 for 3.3 \(C\)](#)

11. Who are the current vendor names, programs, and pricing respectively?

[The vendor should base their proposal on the requirements of this RFP alone; therefore current services and pricing are irrelevant to a proposal submission. .However, Vendors may find information regarding current](#)

contracts on our State Transparency website at the link provided below:  
<http://transparency.arkansas.gov/Pages/default.aspx>

12. Program highlights. Please share what is working and what is not working with the current state program/vendors.

The vendor should base their proposal on the requirements of this RFP alone; therefore current services are irrelevant to a proposal submission.

13. What “value” or critical success factors are you looking to realize from selected vendor for this procurement, both short term and long term?

See Addendum 3 for 1.1(A)

14. Please define an “engaged member” of a Health Coaching and Disease Management program.

See Addendum 3 for 3.10 (F)

15. Is the State looking for specific health coaching and disease management conditions to be covered? If so, what are they?

Below is the list of disease conditions that are currently used for coaching, we would like to know what other diseases/conditions a vendor could provide coaching for:

Asthma  
Coronary Artery Disease  
Congestive Heart Failure  
Chronic Obstructive Pulmonary Disease  
Diabetes  
Chronic Pain  
High Cholesterol  
High Blood Pressure  
Maternity  
Chronic Kidney Disease

16. Please define “Behavior Health”.

As defined by SAMHSA (2011) Behavioral Health is a state of mental/emotional being and/or choices and actions that affect wellness.

17. Please define “Care Coordination and Management”.

According to the Agency for Healthcare Research and Quality, care coordination involves deliberately organizing patient care activities and sharing information among all of the participants concerned with a patient's care to achieve safer and more effective care  
According to the Center for Healthcare strategies, care management programs apply systems, science, incentives, and information to improve medical practice and assist consumers and their support system to become engaged in a collaborative process designed to manage medical/social/mental health conditions more effectively. The goal of care management is to achieve an optimal level of wellness and improve coordination of care while providing cost effective, non-duplicative services. 1

18. Does the State have a current Data Management vendor and if so, who is it? If not, is the State looking to have the selected Population Health Management vendor perform those services? If so, please state specifically the data management requirements the State is looking for the selected Population Health Management vendor to perform.

Currently the State does not have a vendor in place to perform these services. See Addendum 3 Section 2.14.

19. General Question: Regarding Section 4 – Evaluation Information. Does the State wish for responses to the specific

evaluation points in Section 4? The table and point totals suggest the table is simply a tabulation reference, but the items in the table are worded in a way that suggest we should respond directly to them. Thank you for clarifying.

Vendor responses to section 4 are not necessary. The items listed in the table of Section 4 reflect the subsection title of section 3 and the maximum score for each subsection.

20. Please confirm the covered population size for the PHM program. We have 149,000 members in the pricing exhibit but the RFP also contains other member counts as it relates to the 'covered' population.

See Addendum 3 for section 1.1 (G)

21. Please list your State holidays

See Addendum 3 for section 2.4 (C)

22. Is the State looking for a high cost or acuity targeted Population Health Management program or total identified Population Health Management program. If one or the other, would the State be open to seeing the price differential in the pricing exhibit similar to what was requested for the Onsite Liaison and customer service representatives?

See Addendum 3 for section 1.9 (B).

23. Are you looking for Nurse line services to be priced and delivered by the selected Population Health Management vendor? If so, would you like us to price separately or bundled into the rate?

See Addendum 3 for section 2.15 and 1.9(A)

24. Is the State looking for Performance Guarantees? If so, please let us know what they are.

See Addendum 3

25. Please confirm and list which are the NON-mandatory items listed in Sections 1, 2, 5, the BAA, and the System/Computer Access Agreements.

Reference 1.13 of the RFP regarding non-mandatory items listed in sections 1, 2, and 5. All items listed on the BAA and System/Computer Access Agreements are non-negotiable.

26. We are unable to locate the following forms in the request for proposal

- a. E.O. 98-04 – Contract Grant and Disclosure Form

The E.O. 98-04 Contract Grant Disclosure form is posted with the bid solicitation documents for this RFP on the OSP website at <http://www.arkansas.gov/dfa/procurement/bids/index.php>.

- b. Voluntary Product Accessibility Template (VPAT)

The VPAT is voluntary and individual companies are responsible for providing their own.

27. Are edits allowed to the Business Associate Agreement, System/Computer Access Agreements, or Standard terms and conditions? If yes, how would you like to handle the edits made?

Reference Section 1.15 (B) (C) of the RFP and see answer to question 25.

28. We have a standard agreement and exhibit language designed to support our services. Our preference is that they will be attached as exhibits to an agreement. We will submit in our response for your review and

consideration. Please provide direction.

[Reference Section 1.7 of the RFP.](#)

29. Regarding the question: Does your company provide physician profiling reporting? If so, how often are they produced and do you share these reports with the provider?  
Please clarify if you are asking about Pay For Performance (P4P). If not, please describe what you are looking for in terms of “physician profiling”.

[See Addendum 3 for 3.12\(H\)](#)

30. On page 12, the term “Public Health Management Services to EBD” is used, however, in the rest of the document focuses on population health management services. Please explain.

[See Addendum 3 for 1.1\(A\)](#)

31. What are the total number of both employees and beneficiaries for the ASE and PSE plans?

[See Addendum 3 for 1.1\(G\)](#)

32. How many people are eligible for, and participate in, each of the programs listed as 1 thru 6 in the RFP?

[See Addendum 3 for 1.1\(G\)](#)

33. Who are your current partners for each of the programs referenced on page 3, item K?

[This statement is strictly to inform the vendor that EBD may choose to add or delete services that the vendor provides due to changes in State or Federal mandates.](#)

34. Are the ASE and PSE plans managed independently (enrollment, claims, etc.)? Are the data sources the same for both?

[See Addendum 3 for 1.1\(E\)](#)

35. What percent of biometric and HRA data, as well as claims and eligibility, is in paper versus electronic format today?

[99% electronic](#)

36. Provide examples of “usability” concerns which are expected to be resolved within two business days.

[Anything which hinders effective access of the services described in the RFP.](#)

37. How many data feeds will need to be established?

[See Addendum 3 for 2.1\(M\)](#)

38. Who are the data source vendors?

[See Addendum 3 for 2.1\(K\)](#)

39. At what frequency will we receive data feeds?

[See Addendum 3 for 2.1\(M\)](#)

40. The RFP asks for experience providing Case Management services to Medicare primary members, Medicare secondary members, and their dependents. How many Medicare members are included the covered population?

See Addendum 3 for 1.1(G)

41. What is EBD's vision regarding the use of SHARE (question W, in section 3.11)?

Vendors may find related information regarding the SHARE Program on their website at the link provided below:

<http://ohit.arkansas.gov/share/Pages/default.aspx>

42. RFP Section 1, General Instructions and Information, number 1.1E, states, the current Case and Disease Management Services and Predictive Modeling for ASE and PSE plans are provided for on three separate contracts. Will the State disclose the vendors for those contracts as well as details regarding the contracts?

See answer to question 11.

43. 1.24 Past Performance states that a vendor's past performance may be used in the evaluation of any proposal made in response to this solicitation. Past performance should not be greater than 3 years old and must be supported by written documentation such as vendor performance report, memo, file or any other authenticated notation of performance to the vendor files.

Does the State want a past performance written report included with proposals? If yes, does the state have a preference as to where this documentation is located within the proposal? (Section 3.1 Organization General Information? Attachments?)

This item is not addressing submissions by the vendor. It is the intent of this section to allow the State to apply documented past performance issues in the evaluation of any proposal.

44. Would OSP be willing to share current program pricing and/or utilization data including the number of individuals enrolled in each program, i.e. CM, DM, MM, behavioral health, etc.?

See answer to question 11

45. "Currently the Utilization, Case and Disease Management Services as well as the Predictive Modeling for the ASE and PSE plans are provided for on three (3) separate contracts." Are the three contracts held by different vendors or are all three contracts held by one vendor and would OSP provide the names of the current vendors?

See answer to question 11

46. Is OSP open to considering an implementation date other than 6/30/15 if mutually agreed upon between the vendor and EBD?

See Addendum 3 for 1.1 (H)

47. Can EBD provide information about the types and frequency of reports currently in place?

See Addendum 3 for 2.14 and refer to question #18 for additional information.

48. Would the State consider allowing NCQA health plan accreditation in lieu of URAC to meet this requirement? If not, would a vendor with NCQA accreditation that is able to provide evidence of being in process of obtaining URAC UM accreditation be eligible for a contract award if URAC accreditation is obtained prior to the implementation date?

[Reference Section 2.1 \(H\) of the RFP](#)

49. How often is the EBD trigger list updated and in what timeframe would the vendor be expected to implement the changes in the list?

[See Addendum 3 for 2.1 \(L\)](#)

50. Are On-Site Customer Service Representatives currently staffed by incumbent vendor(s)?

Yes

51. How often and in what manner does the vendor receive claims data to integrate into predictive modeling and other systems?

[See Addendum 3 for 2.1 \(M\)](#)

52. How often and in what format will vendors receive eligibility data?

[See Addendum 3 for 2.1 \(M\)](#)

53. In addition to invoicing, please provide information about other services, programs, data, reports, etc. that would need to be separated for the ASE and PSE plans.

[See Addendum 3 for 1.1 \(L\)](#)