

Office of Vermont Health Access – Written Questions Submitted

Written Bidder Questions – Bidder #1

1. In Section 2.6, page 16, of the RFP, the OVHA estimates that there are 116,000 beneficiaries potentially eligible for the CCMP, and that approximately 25,000 potential beneficiaries have at least one of the chronic conditions cited.

Can the OVHA provide an estimated breakdown of potentially eligible beneficiaries by diagnosis? **Yes. Please see the attached spreadsheet titled “ChronicIllnessSummary”.**

Can the OVHA provide a breakdown of potentially eligible beneficiaries by Facility and/or by services rendered? **No.**

2. Currently, the Vermont Department of Health is responsible for the administration of Mental Health and Substance Abuse (MH/SA), Public Health, and Chronic Care.

How does the State envision the interface between beneficiaries, the Department of Health, and the selected IVS vendor? **The State intends to convene regular working group meetings to discuss the interface between programs.**

3. In Section 3, Program Descriptions, on page 8 of the Vermont Medicaid Budget Document for State Fiscal Year 2007, under the heading The Vermont Health Access Plan (VHAP), the VHAP table indicates that for SFY 05 the caseload was 22,081.

What percentage of the 22,081 are actively being case managed? **The State does not have a chronic care management/disease management program in place at this time. However, there are small group of individuals in VHAP who are in a Community Rehabilitation and Treatment (CRT) program for severe and persistent mental illness which offers case management.**

4. Is there current information available stating specific benefits and covered services, as well as non-covered benefits/services, for members enrolled in the Care Coordination (CC) program? **Yes. Please see the attached draft “Medicaid Covered Services Brochure”**

5. Will the State please break-down the number of beneficiaries covered by this RFP into SSI, Dual-eligible, TANF, and other applicable categories? **The data contains category codes that define the various categories. Please see attached Vermont category code documentation. However, the State does not plan to manage those**

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beneficiaries covered by other insurers for hospital and physician coverage including Medicare or those in pharmacy only programs.

6. In Section 9.2, page 51, of the RFP, the narrative scoring is stated to be worth 75%. Are areas 1-6 weighted differently or are they all equal? **The weighting of these items will be determined by the State at a later date.**

7. In reference to Section 7.1.10, page 45, how does an IVS bidder request and receive the State's Medicaid de-identified claims data extract for data analysis purposes? **Send an email request to Julie Trottier. A signed Business Associates Agreement (BAA) will be required.**
 - How will the data extract be delivered? **CD**
 - When can IVS bidders expect to receive it? **Within a few days of providing a signed BAA.**
 - What will be included in the data fields? **Please see the attached data extract layout definition.**
 - Will financial/cost data be included in the extract? **Yes.**

8. In Section 7.1.10, the OVHA requests that IVS bidders use the stratification table provided to depict the number of beneficiaries by risk stratification group (low, medium, and high risk).

Are IVS bidders to provide a breakdown by risk category for the total population or the total population by condition? **Minimally by total population.**

Similarly, in reference to the table on page 50 of the RFP, should IVS bidders provide a cost breakout by stratification for the total population or the total population by condition? **Minimally by total population.**

9. With regard to evaluation of the Cost Proposal (RFP Section 8.0, pp. 46-50), will scoring be based on the lowest total dollars required to run the program? **We will look at a variety of factors, including lowest total dollars.**

10. Will the HRA be a mandatory requirement for any group of beneficiaries? **Yes – it will be mandatory in order to receive services in the medium and high risk categories.**

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11. In reference to the note in Section 4.4, page 30 of the RFP, please elaborate on the State's intention regarding the second year of the contract? **The State has not made any decisions regarding contracting beginning year 2, however it is possible that vendor fees may be contingent upon meeting clinical or financial savings outcomes.**

12. In RFP sections 7.1.7.4 (page 43) and 8.2.1.1 (page 48), the OVHA requests the names of the staff to be involved in the project.

Does the OVHA want the names of all staff involved or just the key roles and management? **Just key roles and management**

13. In section 4.2, page 25, of the RFP, the State requires the IVS vendor to partner with them in periodic "Plan Do Study Act" (PDSA) cycles.

Could the State please provide examples of previous studies conducted under the PDSA cycles? The State has not conducted previous such studies under PDSA cycles.

14. Section 4.2.1, page 27, item #7. Will this 2-5 page response be counted as part of the 20 pages allotted for the proposal response? **Yes.**

15. In section 6.7, page 35, of the RFP, it states that "The total proposal, consisting of both the Narrative and Cost Proposals, must not exceed 20 single-spaced, single-sided pages." With regard to proposal format requirements, item #4 on page 36 (section 6.8) states "Double-sided, single-spaced text on white, bond paper."

Can the State please clarify if the proposal should be provided on 20 single-sided pages or 20 double-sided pages. **We apologize for the inconsistent instructions. The proposal should be 20 single-sided pages or 10 double-sided pages.**

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Written Bidder Questions – Bidder #2

6.7 Proposal Submission Requirements	35	If a vendor is bidding for both IVS and HRA services please clarify whether we need to submit two narratives and two cost proposals or can we submit a single narrative and cost proposal that is 40 pages in length? A single narrative and cost proposal is fine, but we would prefer that it is fewer than 40 pages in length.
6.8 Format Requirements	36	Do the appendices also need to have a matching footer? No
6.8 Format Requirements	36	On page 36, “The proposal must adhere to the following requirements: 4. Double-sided, single-spaced text on white, bond paper.” Please advise whether we can submit 20 single-sided pages and still be in compliance as we are concerned about the quality and readability of the final print document. That is fine.
6.7 Proposal Submission Requirements	37	Do all of these sections count as part of the 20-page limit: Transmittal Letter, Table of Contents, Bidder Information Sheets, Executive Summary, Financial Statements, and Completed Tax Certification? For example, a publicly traded company’s financial statements can be greater than 90 pages in length. Only the Executive Summary would be included in the 20 page limit.
4.4 Payment Structure RE: NOTE:	30	The Note implies that the fee structure could change and that Medicaid Savings or ROI measures could be implemented. This appears to contradict the first paragraph of Section 8 on page 46. Please explain the intent of section 4.4 and the vendor’s role in possibly redefining year two (2) payment structure. If the State decides to implement the 4.4 option, the vendor’s role in redefining the payment structure will be discussed at that time based upon experience from year one.
5.2.1 General Requirements	31	Is the intent of the projected HRA volumes to indicate 15-20k “new” enrollees after the initial 25k in the first 18 month period or

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		would these be considered HRA re-assessments? They would be beneficiaries who are not necessarily new to Medicaid, but would be new to the CCMP as they were not initially targeted via claims data as having a chronic illness.
2.6 OVHA’s Chronic Care Management Program	16	Are the 25,000 beneficiaries with at least one chronic condition the same 25,000 beneficiaries for the initial HRA administration? Yes.
4.2 Scope of Work Requirements	25	What is the time commitment for the PDSA? It has not yet been determined.
8.1.3 Overhead and/or Margin	47	This section implies that the successful bidder will is not allowed to applied overhead and/or margin charges. Please confirm whether the State will consider proposals from for-profit entities. The State will consider proposals from for-profit entities. However, overhead and/or margin cannot be applied to the list of costs indicated in section 8.1.3.
8.2.1.1 Personnel Costs	48	Because the availability of these bids through FOIA requests, we are concerned about disclosing confidential employee information. Is it acceptable to provide Position Title and Salary range versus the actual name and salary of specific individuals anticipated to be assigned to the program? Yes.
2.3.1 Fiscal Agent and Claims Processing	11	Will the IVS and HRA vendor(s) have real-time access to claims information? The State does not envision that “real-time access” will be necessary. Claims data will be provided to the vendor (s). The frequency of claims information that will be made available is subject to negotiation. Bidders should indicate their data needs.
2.5.2 Blueprint for Health: Goals	14	Are providers involved with the Blueprint chronic care model all using the same registry tool? If so, which tool is being used? Is providing registry and other chronic care tools part of this IVS/HRA process? The Blueprint registry is in development and is expected to be

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		<p>operational in the summer of 2007. It will initially be limited to diabetes and certain providers. Other diseases and providers will be added over time. Eventually the State will want to use one registry tool for all purposes, but we need bidders to propose an approach in the interim.</p>
2.6 OVHA’s CCMP	16	<p>Clarifications regarding chronic renal failure as condition included in program – does this only include patient on dialysis or those in CKD stage 5 not yet on dialysis or currently transplanted? All patients with the diagnosis of Chronic Renal Failure, regardless of dialysis, assuming they are not receiving Medicare benefits.</p>
2.6.41 OVHA’s Care Coordination Program	18	<p>Are members currently being followed in the Care Coordination Program also eligible for the IVS program? If yes, will the State be able to indicate which members are enrolled in the Care Coordination Program? Will there be an opportunity to receive patient data from the care coordination teams? Beneficiaries may be enrolled in either CC or CCMP, but not both. However, individuals may often move from one program to the other, so close coordination will be required. The State will definitely provide the CCMP vendor with CC enrollment information as well as patient data, if appropriate.</p>
4.2.1 General Requirements, Question 6	27	<p>Can you please elaborate on the conditions prevalent in “children with special health care needs”? This is a program for which participation is voluntary. Approximately 4,500 children participate. They are ages 0 21. 75% have Medicaid/Dr. Dynasaur and 25% have both insurance and Medicaid/Dr. Dynasaur. Qualifying conditions include but are not limited to developmental delay; (ortho) CP; severe scoliosis requiring surgery; neuromuscular diseases; deformities and amputations; myelomeningocele; congenital heart</p>

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		defects; craniofacial abnormalities particularly cleft palate/lip; metabolic issues particularly PKU; epilepsy; juvenile RA; CF (entire life span); and muscular dystrophy.
4.3 Performance Standards	29	You state that 100% of all incoming calls must be answered within 25 seconds. Industry standards and URAC accreditation standard is 95% within 30 seconds. May we use these national standards? This is the standard for the automated response - transfer to a live operator at 95% within 2 minutes and 100% within 4 minutes.
Appendix 1	Page 72 – 75	What is the source of the clinical outcome measures? HEDIS. Is the State’s expectation that this information is self reported? Or, is the state prepared to finance a chart auditing process? To what degree is OVHA willing to negotiate the clinical outcome measures? The State is in the process of contracting with an entity that will monitor the CCMP and determine the extent to which clinical and other outcome measures have been met. In the proposal, the bidder is expected to indicate what clinical outcome measures they can achieve.
7.1.6.1, sub 2, Technology Approach & Requirements	40	Please provide elaboration on specifications of State hardware and software. The RFP states that “Bidders should submit written questions regarding State system details pertinent to their approach.” Since the question does not provide any information about the approach being considered by the vendor that asked the question, we are unable to elaborate with any specificity. In general terms, the State uses Dell servers and Windows 2000 and 2003 operating software. A secure FTP server is available at the Agency of Human Services operating on a Linux platform. The most common database used at OVHA and throughout the Agency of Human Services is MS

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		Sequel 2000, but other database platforms are also in use within state government and by its contractors/partners.
7.1.6.1, sub 3 and 4 Technology Approach & Requirements	41	Please provide details of files, file formats and schedules. Please see attached file layout definitions.
4.2.3 Electronic & Data Requirements sub 3	28	What is the meant by “patient-level electronic record”. Information that is specific to the individual (as opposed to aggregated information)
5.2.3 Sub 1	32	Is the forwarded HRA in electronic format, paper format or both? Definitely electronic, with an option for a paper format as well.
7.1.6.1 sub 8	41	What does “make all files, programs and data available” mean. Are you expecting our DM program to be available for demo or available for installation at your site? It means that the State can ask for and receive any CCMP information generated by the vendor.
10.12 Performance Standards and Penalties	55	This section identifies 10% of the contract amount as a penalty for each instance of a performance miss. Section 8: Cost Proposal Requirements identifies a 15% financial risk component based on performance standards. Please confirm that 1 of or both of these provisions apply. Yes, both of these provisions apply.
5.3 Performance Standard, Item 3	33	5.3 Performance Standard Item 3 requires "Efficient coordination of incoming and outgoing telephone calls." As there is a penalty associated with the failure to meet this standard (Section 5.3.2), how is it measured? The state has not made a final decision about penalties and how performance will be monitored. These items will be negotiated with the selected vendor.
Section 10.13.7.4 Legal Considerations	61	The third sentence reads: "In the event that either party deems it necessary to take legal action to enforce any provision of the contract, the

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		<p>Contractor shall bear their costs associated with the litigation, including attorney fees as assessed by the court."</p> <p>By using the word "their", is it the intent of this sentence that the Contractor must pay the State's costs if Contractor were to take legal action to enforce a provision of the contract or only its own? This condition would be subject to discussion upon final contract negotiation.</p>
Section 10.13.14.1 Ownership of Data, Reports, Work Products and Deliverable	70	<p>May the Contract add language clarifying that the intellectual property that it uses to deliver services remains the property of the Contractor? This would be subject to discussion upon final contract negotiation.</p>

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Written Bidder Questions – Bidder #3

1. Section 3.1, page 19 – Care Coordination Program. This program will initially focus on emergency room and hospital utilization for Medicaid beneficiaries who could also be expected to be in the Chronic Care Management Program. Can you provide additional discussion of the relationship, interaction, and potential interdependency of these two programs as it relates to the evaluation of the Chronic Care Management Program in particular? **Beneficiaries enrolled in CC will be high service utilizers and are likely to have a chronic condition. Many CC enrollees may move from CC and into CCMP, therefore close collaboration between the 2 programs is imperative. The details of the evaluation have not been worked out; however, the intention is to determine the effects of the 2 programs independently of one another, to the degree that is possible.** Concerning the de-identified data distributed to potential bidders, are the beneficiaries enrolled in the Care Coordination program included in the data? **Yes.** Is there any way to identify these beneficiaries in the data sets? **No, however, the numbers of CC enrollees right now is quite small, so for the purposes of a response to the RFP, you can assume there are no CC enrollees in the data extract.**
2. Section 3.1, page 19 – Encouragement of responses from non-profit vendors. Would OVHA please elaborate on the apparent preference for non-profit vendors? **The State is not giving preference to not-for-profit bidders. This statement was intended to encourage proposals from them. All proposals received by all bidders will be evaluated solely on their merits and will be evaluated based on Section 9 of the RFP which is the Proposal Evaluation Methodology found at page 51.**
3. Section 4.2.1, Item 3, page 27 – Requirement for publicly available materials. Many chronic care management vendors use proprietary tools in their programs. Should vendors anticipate replacing existing resources with publicly available materials? **To the extent possible.**
4. Section 4.2.4, page 29 – Meeting requirements. Please provide if available anticipated meeting frequency. Should vendors plan on providing space for these meetings? **Those details have not yet been developed. However, for planning purposes, we estimate 2 meetings per month. OVHA will provide the meeting space.**
5. Section 4.3, page 29 – Performance Standards. Please clarify the difference between the requirements in the second and third bullets – they seem to be expressing the same requirement with two different metrics. Upon further review, the requirement is that **95% or more of calls must be transferred to a live operator within 2 minutes. The remaining up to 5% must reach an operator within 4 minutes.**
6. Section 4.3.1, page 29 – Performance standards and reporting. Please discuss in more detail which of the scope of work requirements are included in the weekly reporting

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schedule. For example, items 3 and 7 among others do not seem to be appropriate for weekly reporting. **The bidder should propose a weekly reporting format which will allow the State to be confident that the agreed-upon work targets are being met.**

7. Section 4.4, page 30 – Payment structure. Given Question (6) above, can OVHA be more specific about the payment structure? For example, does OVHA anticipate weekly payments in concert with reports? How will the transition from deliverable-based reporting to outcome-based reporting occur? Does OVHA expect to control for potential confounds for Chronic Care Management outcomes (such as the overlap with the Care Coordination program)? **The current plan is to base payments on deliverables—not outcomes. The vendor will provide a detailed list of deliverables from which the State will develop a payment structure.**
8. Section 5.2.1, page 31 – Administration of the HRA. Please provide additional discussion of the concern with administration of the HRA and interventions by the same vendor. We understand that that it is important for the vendor to provide operational safeguards against influence on the HRA results to support the success of interventions. These safeguards are fundamental requirements of quality assurance of chronic care management and other similar programs that should be demonstrated by all vendors. In addition, the initial HRA will occur before interventions and therefore will be outside the influence of the IVS vendor, and we believe OVHA anticipates the use of multiple, alternative interventions to achieve program goals in collaboration with stakeholders in Vermont. These activities diffuse the ability of the HRA to be inappropriately influenced by any one party. Also, given the very appropriate expectation that providers will be active partners in the chronic care management program, it will be patently evident if the HRA in any way does not accurately represent the health risk behaviors of the beneficiary. **The question seems to indicate an understanding of OVHA’s concerns.**
9. Section 5.2.1, page 31 – Transfer of beneficiary calls. We recommend that the vendor transfers beneficiary calls only if absolutely necessary. Callers prefer “one stop shopping” rather than being transferred. **Feedback noted, thank you.**
10. Section 5.2.3, Item 4, page 32 – Electronic and data requirements. Can OVHA define “timely?” **This will be negotiated based on the details of the selected proposal, and may vary depending on the type of data recipient.**
11. Section 5.3.2, Items 2 and 3 – Performance standards. Please define “timely” and “efficient.” **The vendor’s proposal should offer suggested performance standards.**
12. Section 5.4, page 33 – Payment structure. Please provide additional detail of how OVHA anticipates the payment structure being administered. For example, how would yearly costs be tied to the achievement of deliverables? **This would be negotiated with the vendor. We would start by reviewing the proposed**

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deliverables as set forth in the RFP response.

13. Section 6.7, page 35 – Page limits. We appreciate that OVHA does not want excessive submissions, but after reviewing the requirements for individual sections we believe that 20 pages inclusive of the Transmittal Letter, Table of Contents, Bidder Information Sheet, Executive Summary, Financial Statements, and Cost Proposal are insufficient to provide a responsive proposal. Would OVHA consider making the Transmittal Letter, Table of Contents, Bidder Information Sheet, and Financial Statements outside the page limit? **Yes. Please see the answer to question #11 from the Bidders' Conference.**
14. Section 6.7, page 35 – Page limits. Section 4.2.1 Item 7 references a 2-5 page document concerning payment strategies. Is this document to be submitted with the proposal, and if so, is it within the 20 page limit? **Yes.**
15. Section 6.7, page 35 states the proposal "must not exceed 20 single-spaced, single-sided pages", however, Section 6.8, page 36 states that "the proposal should adhere to the following requirements...4. double-sided, single-spaced text on white bond paper." Please clarify whether the proposal should be single-sided or double-sided. **The proposal can either be 20 single-sided pages or 10 double-sided pages.**
16. Section 7.1.6.1, Item 10, page 41 – Work products. Please clarify that proprietary vendor systems that are configured for use with the Chronic Care Management program are not subject to this item. **This condition would be subject to discussion upon final contract negotiation.**
17. Section 7.1.6.1, Item 13, page 41 – Electronic data standards. Can OVHA provide timeframes for this requirement? **The vendor should be prepared to comply with the standards at the start of program operations which is targeted for 7/1/07.**
18. Section 7.1.7.1, page 42 – Project Manager. If a vendor based in another state proposes to hire Vermont staff for this project, it is possible that a Project Manager cannot be named in the proposal. Is it acceptable to name an implementation director with the caveat that the Project Manager will be named before implementation subject to approval by OVHA? **Yes.**
19. Section 8 – Cost Proposal. How will the Cost Proposal be evaluated? **The cost proposal will be evaluated on a number of factors, including the overall dollar amount needed to run the program.**
20. Questions on de-identified data distributed to potential bidders.

Is there a method or indicator by which dually-eligible beneficiaries be identified in the data? **Yes. Vermont defines the relevant CCMP program population as Medicaid only (no dual eligibles) excluding specific aid categories. The group of people who will not be targeted for CCMP services is identified with carrier**

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codes equal to MDA, MDB, or MDD with TPL start and stop dates encompassing the time period under analysis (dual-eligibles). Then, specific state aid category codes that are excluded include the following: C8, CR, LF, GA, GE, HT, R1, RR, TV, V1, V2, V3, V4, V5, V6, V7, V8, VA, VB, VC, VD, VE, VF, VG, VH, VI, VJ, VK, VL, VM, VN, VO, VP, VS, VT, VU, and Z9.

Can OVHA provide control totals for the data, such as counts by file, financial summaries, and a count of unique beneficiaries? These figures would be very useful in validating that data files have loaded correctly. **Please see the attached “CCMP Claims Extract File Sizes”**

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Written Bidder Questions – Bidder #4

GENERAL

How will the incumbent for the IVS and HRA interface with the incumbent for Consulting Services for Population Selection & Program Monitoring of the Vermont Medicaid CCM & CC Programs? **The Consultant will be an important part of the team that meets on a regular basis to collaborate and develop program activities. They will assist OVHA in the effort to monitor the program and conduct on-going program evaluations based on the vendor’s stated deliverables and expected outcomes, and will provide information to inform our PDSA cycles.**

How does the Global Clinical Record prior authorization process work? Are inpatient and emergency admissions prior authorized? **The GCR is not functioning for prior authorizations. Inpatient and emergency “admissions” are not PA’d. A list of procedures that require PA is on the vtmedicaid.com website. Providers send PA requests to our clinical unit and they are approved, denied, or more information is requested. VHAP urgent admissions are PA’d.**

How large is the provider population? Is there a specialty breakdown and office location? **You can find this information at vtmedicaid.com**

Page 9, Section 2.2 – Vermont Medicaid

Is provider participation in case management voluntary? Is participation specialty specific? Primary care only? **All primary care providers enrolled in Medicaid participate as a Primary Care Case Management (PCCM) medical home. Only primary care providers, which include some specialty providers (such as gynecologists) may act as a medical home.**

Page 14, Section 2.5.2 – Goals

Can the “Healthier Living” recipient workshop be viewed? How is the program delivered to recipients? **Please contact the Vermont Department of Health for information on how to arrange an opportunity for viewing the workshop. The program is promoted primarily through participating Blueprint practices, and is a class that individuals attend at a local site.**

Page 14, Section 2.5 and Page 15, Section 2.5.2 - Goals, item #7

Please describe the self-management and community services being offered. **The Blueprint has adopted the Stanford Chronic Disease Self-Management Program which we have renamed the Healthier Living Workshop. This resource is currently available in 10 Hospital Service Areas (HSAs) throughout the state at no charge to attendees. Participants do not need a referral; however, providers, disease management companies and case managers may refer clients to the program. Other self-management options are under discussion and may include web based resources in the future.**

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Community resources are under development in all HSAs statewide with initial focus on increasing physical activity as a risk factor for chronic diseases. The Blueprint supports efforts to develop and sustain evidence based activities such as walking programs, and Tufts ‘Strong Living Program’ for seniors.

Page 17, Section 2.6.1, Paragraph 2 - Care Coordination Program

The RFP states “OVHA estimates approximately 116,000 beneficiaries who are not eligible for both Medicaid & Medicare are potentially eligible for CCMP”. Then, on page 6 of the Overview of Vermont’s Healthcare Reform, it is stated that the OVHA CCMP is for Vermonters enrolled in Traditional Medicaid (24,797), Dr. Dynasaur (5336) and VHAP (30,491) for a total population of 60,624. Please verify which figure is correct for the CCMP enrollment? **116,000**

Page 18, Section 2.6.1 – OVHA’s Care Coordination Program

Will the two Care Coordination teams, one operating in Caledonia County and another in Washington County be transitioned over to the successful contractor? If yes, how? **No. There will be 2 separate, coordinated programs: CC and CCMP**

Page 25, Section 4.2, Paragraph 1 - Plan Do Study Act Cycles –

Please provide the number of meetings that will occur in a year. **Approximately 24**

Page 25, Section 4.2, Paragraph 2 - ...Range of chronic conditions...

Are there any specific conditions they want to target outside of the typical diabetes, CHF, CAD, COPD, asthma (which are also the ones listed in Appendix 1)? **Yes. All chronic conditions should be targeted.**

Page 25, Section 4.2.1.1 – General requirements, Mailings –

Please clarify the size of eligible beneficiaries to receive the mailings? Is it the 116,000 that are potentially eligible for the CCMP program, or the 60,624 outlined in question 1? **The target population for the mailings are the approximately 25, 000 – 30,000 beneficiaries with chronic conditions.**

Page 25, Section 4.2.1 General Requirements, item #2

Is Vermont licensure required for Medical Director, Nurses, and Social Workers? **If they are going to practice they need a license. If they just supervise and do not make any medical decisions or give medical information to patients, they do not need a license**

Page 26, Section 4.2.1 - General Requirements, item #4

Are Face-to-Face Interventions currently occurring with the two Care Coordination teams currently in place? **Yes**

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Page 26, Section 4.2.1 - General Requirements, item #7; Page 77, Appendix 3, Section 6

What are the limitations to provider/recipient incentives? **No limits, except that the cost is included in the overall program budget.**

Page 26, Section 4.2.4 – Meeting Requirements –

Please provide the number of meetings that will take place in a year?
Approximately 24

Page 27, Section 4.2.1 General Requirements, item #7

“Recommend strategies to comply with the following legislative requirement, limiting the response to 2-5 single spaced, single-sided pages...”Should this be incorporated into the RFP, occupying 2-5 of the 20 page limit, or is this a separate request? **Included in the 20 pages.**

Page 27, Section 4.2.1.2 - "Develop best quality indicators for certain co-morbid conditions..."

Does this mean "chronic conditions"? Many people with diabetes may also have CHF but the quality indicators that we would measure for this population would be specific to diabetes OR to CHF. **We are looking to develop new quality indicators specific to people with more than one chronic condition.**

Page 27, Section 4.2.1.3 - "Use tools that are available on the open market..."

Are proprietary tools prohibited from use? **Not necessarily.**

Page 27, Section 4.2.1.4 - "...evidence that the interventions were received by the intended recipients..."

What would serve as evidence of receipt? Number of mailings that were NOT returned? # of phone calls to incorrect numbers? **The vendor should propose a method.**

Page 27, Section 4.2.1.6 - "...children with special health care needs and adults with severe and persistent mental illness..."

Please define - cerebral palsy or ADD? Depression or schizophrenia? **An adult with severe mental illness is defined as a person whose emotional or behavioral functioning is impaired so as to interfere with their capacity to function in the community without support and treatment.**

The mental impairment is severe and persistent and may result in a limitation of functional capacities for primary activities of daily living, interpersonal relationships, homemaking, self-care, employment, or recreation.

The mental impairment may limit ability to seek or receive local, state, or federal assistance such as housing, medical and dental care, rehabilitation services, income assistance, food stamps, or protective services. Although

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persons with primary diagnoses of mental retardation, head injuries, Alzheimer’s Disease, or Organic Brain Syndrome frequently have similar problems or limitations, they are not to be included in this definition.

Page 27, Section 4.2.1.8 - “...coordinated with similar strategies employed by commercial carriers AND the Blueprint for Health”

Please identify the commercial carriers that we may be required to coordinate pay for performance strategies. **Carriers in Vermont include but may not be limited to BC/BS, Cigna, and MVP**

Page 28, Section 4.2.2 - Collaboration and Integration Requirements

Please describe the State's initiatives and please identify the commercial carriers. **Details about State initiatives are elsewhere in the RFP.**

Page 28, Section 4.2.3, item #2 - Eligibility

Who is responsible for verifying eligibility? **The selected vendor will use existing eligibility verification processes available to providers through EDS, such as Eligibility Voice Response System, Malcolm** Are dually eligible (Medicare and Medicaid) recipients included in the case management program? **Do you mean PCCM? No.**

Page 30, Section 4.4 - Deliverables

Please describe what is meant by "deliverables" in the first year of the contract? Does this refer to reporting and meeting certain call center performance standards or clinical and financial outcomes? **This refers to all interventions provided by the IVS vendor, HRAs completed by the HRA vendor, and meeting participation and other administrative requirements. It does not refer to clinical or financial outcomes.**

Page 35, Section 6.7 - Proposed Submission Requirements

Is the 20 page limitation applicable to the IVS and HRA together, or is it 20 pages for each? **20 pages for each**

Page 36, Section 6.8. 4 - Response

States double sided response, page 35 describes single sided response. Which is correct? **20 single sided or 10 double sided pages.**

Page 42, Section 7.1.6.1 - Technology Approach and Requirements, item #13

Is there a “train” module to the provider training that can be viewed to determine how providers manage their panel of patients according to standards? When will CCIS be implemented (VITL and Orion Health System)? **The projected date for CCIS implementation is mid 2007.**

Written Bidder Questions – Bidder #5

7.1.6.1 #13 Future electronic Transactions	42	Do care management staff notes/reports have to meet
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		Data exchange Interface standards? Preferably.
		Are there state-sponsored or state-endorsed guidelines for conditions other than HF and Diabetes? Not yet, but they are being developed.
2.5.2 Goals 1. Provider practice	14	Will IVS provider be expected to actively support registry use? Yes, although that support will be relative to the progress of the CCIS project.
2.5.2 Goals 4 Information Technology	15	Will IVS provider be able to have access to the Vermont health Record for IVS program enrollees to check for address updates, etc? No, the IVS provider will not be able to access the Vermont Health Record to check for updated information. OVHA will work with the vendor to determine the best way to access this information once the details of what is needed are further defined.
4.2.1 #5 Provider outreach and education	26	Will IVS provider be expected to support registry and/or EMR adoption as well as evidence based standards of care and best practices approaches? Yes.
4.2.1 #5 Provider outreach and education	26	Will provision of flat files to the state for registry population meet the requirement to give providers timely patient-level information for routine updates? We aren't sure that we understand what is being proposed. Based on what we think is being asked, it is not likely that the State would consider that approach adequate to meet the requirement.
4.2.1 #5 Provider outreach	26	Does a general program

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and education		overview letter describing all program interventions offered through IVS meet requirement that PCPs be notified in advance of all proposed interventions to be conducted with their patients, or is this a patient-level notification requirement? No, it must be patient-level.
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Office of Vermont Health Access – Written Questions Submitted

Written Bidder Questions – Bidder #6

Administration

1. Length of total RFP response

The following questions have specific length of response requirements stated.

Section 4.2.1 #7 (page 27)

Section 6.7 (page 35)

Section 6.8 (page 36)

Are these responses counted towards the total RFP response limitations? **Please see the answer to #11 of the Bidders' Conference questions.**

Data Management

2. Initial population screening will be performed by the state. Please describe the population that is managed in the current Care Coordination programs? **The program is starting slowly and is evolving, but the current CC population includes non-dual beneficiaries who are in target counties and in the top 2% of service utilization.**

3. What are the criteria for inclusion in the state offering and what is the target number that the state manages? **The program is starting slowly and is evolving, but the current CC population includes non-dual beneficiaries who are in target counties and in the top 2% of service utilization. The target number is 1200 beneficiaries/year.**

4. What format will "eligible" or target population will be transmitted? How often? (page 26) **The format and frequency will be negotiated.**

5. What is the "estimated" size of the population targeted to be managed in IVS? **25 – 30,000**

6. Would the state prefer to see specific conditions targeted - or is the preference to address any members identified with gaps in care? - Or members with the greatest potential for future costs? **All beneficiaries with a chronic health condition.**

Scope of Services

The RFP outlines that interventions will be targeted to members who have completed the HRA.

7. Will the state allow outreach based on predictive modeling? (with completion of the HRA post outreach) (page 26) **Yes**

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8. What methodology will be used to evaluate cost avoidance related to hospital and ER use? (page 27) **The methodology is currently under development**
9. Will commercial carriers release their existing pay for performance strategies prior to the due date for the RFP so that potential IVS vendors may make appropriate recommendations for coordination? (page 27) **They are under no obligation to release their strategies. However, carriers in Vermont are working collaboratively in the Blueprint for Health effort and we understand that consistent P4P strategies benefit all payers.**
10. Will MAXIMUS provide referral to the IVS program? **Yes**
11. How will MedMetrics be expected to work with the IVS program? What type of data may be shared? MedMetrics processes pharmacy claims while EDS process all other claims. **All data available to the State may be shared with the IVS vendor if it will assist in reaching the program goals.**
12. What type of HRA are the commercial carriers using in VT? (e.g., CIGNA/BCBSVT/MVP)? **Our understanding is that they are not currently using a generic HRA.**

Retainage

13. What are the protocols for releasing the 15% of contractor invoices that OVHA retains? (Section 10.9, page 54) **The 15% retainage will be release when agreed-upon deliverables are met. Specific contract terms have not yet been developed.**

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Written Bidder Questions – Bidder #7

<p>Section 6.7, Page 35 states that the Narrative and Cost proposal must not exceed 20 single-spaced, single-sided pages but Section 6.8, page 36 states that the Proposal should be double-sided pages.</p> <p>Would the OVHA please verify the total page limit and whether pages should be single- or double-sided? We apologize for the inconsistency. The proposal may be 20 single-sided or 10 double-sided pages.</p>	<p>Section 6.7, page 35 and Section 6.8, page 36</p>
<p>Would the OVHA please verify if the Appendices are included in the total page limit? Appendices are not included in the page limit, however they should be referenced in the narrative. Please see question #11 of the Bidders’ Conference questions for information on what is included in the 20 page limit.</p>	<p>Section 6.7, page 35</p>
<p>Section 6.7, page 35 states that the appendix is supplementary and will not be considered in the scoring of the proposals.</p> <p>Would the OVHA please verify if requested attachments, such as the Organizational Charts, Work Plan, or resumes are to be included in the appendices? Or is it the intent of the OVHA that these attachments be included in the total page limit of the Narrative Proposal? Please see question #11 of the Bidders’ Conference questions for information on what is included in the 20 page limit.</p>	<p>Section 6.7, page 35 and Section 7.1, page 37-43</p>
<p>Section 3.1 states that the State is particularly interested in receiving proposals from not-for-profit responders.</p> <p>Would the OVHA please verify if and how this interest is quantitatively factored into the evaluation of the proposals? What benefit would not-for profit bidders receive in the scoring process? The State is not giving preference to non-profit bidders. This statement was intended to encourage proposals from them. All proposals received by all bidders will be evaluated solely on their merits and will be evaluated based on Section 9 of the RFP which is the Proposal Evaluation Methodology found on page 51.</p>	<p>Section 3.1, page 19</p>
<p>Would the OVHA please consider the following revision: “In the event this contract is terminated for any reason default, the OVHA may procure, upon such terms and in such manner as deemed appropriate by the OVHA, supplies or services similar to those terminated, and the contractor may be liable for any costs for such similar supplied or services and other damages allowed by law.” This condition would be subject to discussion upon</p>	<p>Section 10.13.9.2, page 63</p>

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<p>final contract negotiation.</p> <p>.</p>	
<p>Would the OVHA please post the list of attendees of the bidder's conference for all to review? Yes.</p>	General
<p>Would the OVHA please post the submitted responses from the RFI for Care Management Services issued May 9, 2006? Based on the need for State to consult with legal counsel, the State is unable to answer this question at this time.</p>	General
<p>If the responses to the State's RFI are not available, would the State provide the contact names and information for those entities that responded to the RFI? This will be helpful in exploring and creating partnerships. Yes.</p>	General

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Written Bidder Questions – Bidder #8

1. General. Would the State provide the name of the off-the-shelf software used in the pilot? Does this software meet your needs? Is it scalable? Does it adequately gather the data needed? **The State has not piloted a CCMP model.**
2. General. Can vendors contact and/or meet with the Care Coordination teams in Caledonia and Washington counties regarding what systems they are using, what is working, or what is not working? **Yes.**
3. Page 27, question 7. It is unclear if the response to this question is to be provided in the body of the proposal or not. Can the State please provide clarification? If it is to be included, can the State identify where it should be provided and if it is to be included in the page limitation? **This response should be provided in the narrative proposal. It is included in the 20 page limit.**
4. Page 35, Section 6.7. This section states that the proposal “must not exceed 20 single-spaced, single-sided pages.” On page 36, Section 6.8, #4 indicates that the proposal must be double-sided. Can the State clarify this formatting requirement? **We apologize for the inconsistent instructions. The proposal should be 20 single-sided pages or 10 double-sided pages.**
5. Page 36, Section 6.8, #2 indicates that the font size shall “not be less than 12 points.” Does this requirement apply to the footer, text used in graphics (such as tables), and/or captions (references to figures and tables)? **No.**
6. Page 40, Section 7.1.6.1, #3, is secure email sufficient for file transfers or are additional facilities required, such as secure FTP? **The AHS Security Director would need to be consulted for a final ruling based on the details of the proposal, but it is unlikely that secure email would be sufficient and likely that secure FTP or VPN would be acceptable.**
7. Page 42, Section 7.1.6.3, #13, Is the capability to import/export data per X12N, HL7 and other data format standards an immediate or possible future requirement? **While OVHA’s internal operations does not currently need data in these formats, the State is creating a health information exchange and infrastructure in which OVHA will participate, and which will utilize such standards. The vendor must be able to support OVHA’s participation in the data exchange as it develops. OVHA would prefer that a vendor be capable of importing and exporting data according to those standards now.**
8. Page 43, Section 7.1.7.3, can the State provided details about their views of what the ideal staff looks like in terms of years of experience, specific training/skills held? Can the State provide a job description for what the State feels is the ideal case worker? **No. That judgment is left to the bidder, based on their experience and proposed interventions.**

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Written Bidder Questions – Bidder #9

- 1) Will the State recommend a particular assessment or do we chose our own? **Do you mean HRA? The State will make the final decision, but the vendor is asked to suggest a tool that would work best for their purposes.**

- 2) If we chose our own, will it have to meet with your approval. **Yes.**
Will you be giving us certain parameters for what info the assessment must capture. **No.**

- 3) How long do you anticipate each assessment will take? Will assessments on pts with complex health problems need to be done in person? **We are expecting bidders to answer these questions in their responses.**

- 4) If so, what percent do you think can be done on the phone? What percent by mail? What percent face-to-face? **We are expecting bidders to answer these questions in their responses.**

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Written Bidder Questions – Bidder #10

1. Has the State of Vermont had a chronic care management program previously? **No**
2. What is the budget the State has allocated for this current Chronic Care Management Program? **The State has not allocated a specific dollar amount for this project.**
3. The Blueprint for Health is a very innovative approach to Chronic Care Management. What would be the top three innovations that the State considers most important in initially launching this Medicaid program? **We are looking for the bidder to suggest the best ways to reach our stated goals of improving health and reducing utilization for beneficiaries with chronic conditions.**
4. How often will we obtain claims information? **Frequency of claims data will be negotiated, but will likely not be more than weekly.**
5. What sort of population will comprise the eligible population? TANF? ABD? SSI? Non-dual Medicaid beneficiaries. **They are likely to be TANF and recently-granted SSI, but not ABD unless they are in the 2-year Medicare waiting period.**
6. How will the State define eligibility? Monthly? Every 6 months? How much of this population will be changing in their eligibility? **The bidder should suggest a method for defining eligibility.**
7. Does the State have an estimate of how many HRAs would need to be delivered by paper, telephone or electronically? **No, we are expecting bidders to give us that information.**
8. How does the State define the HRA? Please give an example of the kind of HRA the State would be looking to use, since there are several different kinds of HRAs available in the market. **The State anticipates a generic HRA would be utilized, which will help program staff to determine if someone has a chronic illness and what risk category (high, med, or low) they should be assigned to.**

Office of Vermont Health Access – Written Questions Submitted

Written Bidder Questions – Bidder #11

* In the RFP, the IVS and HRA sections are designated as two separate sections for which the bidder can submit proposals. Can a bidder submit proposals for both the IVS and HRA sections, or only one? **Bidders can submit proposals for both, but must clearly demonstrate how the HRA will be administered in an unbiased manner that does not favor the CCMP interventions.**

* What percentage of providers have internet access within their practices? **Most, but not all have internet access. Any information shared with the providers must be given in a format preferable to them.**

* If the contract winner has a Business Associates Agreement with the State of Vermont, does this relationship enable the contract winner to transfer protected health information directly to the providers? **Providers can receive PHI on their own patients.**

* In reviewing the requirements on page 37 "each section within the Narrative Proposal must include content items listed under the respective heading," does this mean that the bidder must repeat each question as a part of the bidder's response? **The “respective headings” refer to the 11 items on this page. The narrative proposal should have headings or tabs that clearly mark these 11 sections.**

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Written Bidder Questions – Bidder #12

Question Number			
1.	26	4.2.1	The RFP requires that the IVS vendor must “Perform risk stratification to pro-actively identify the specific intervention populations.” Is it the intent of the State to use your existing SAS analysis tool to do this stratification, or should the vendor propose its own tool for this purpose? The vendor should propose their own tool for this purpose.
2.	26	4.2.1.3	If the IVS vendor proposes a generic HRA tool that differs from the HRA vendor proposal, how will this be addressed? The State will approve the tool that is used, which will be useful for the IVS vendor and able to be administered by the HRA vendor.
3.	27/41	4.2.1	The RFP requires in one section that the IVS vendor: “Use tools (e.g., stratification methods, HRA’s, call scripts, etc.) that are available on the open market so that other states and commercial carriers may replicate Vermont’s process without necessarily partnering with the vendor.”
		4.2.2 & 7.1.6.1	21. Another section of the RFP states: “All work products, data, technical information, related materials gathered/created, and deliverables produced under this contract will be the exclusive property of the State of Vermont and will be delivered to the State upon 30 days notice. This includes, but is not limited to, software, documentation, and development and training materials. With respect to software computer programs, queries, and/or source codes developed for the State, the work shall be considered “work for hire”, i.e., the State, not the contractor or subcontractor, shall have full and complete ownership of all software computer programs, queries, and/or source codes developed.” Does this imply that commercially available software products used in this project are to be owned by the State, and not subject to user license fees to be paid to the holder of the intellectual property of the commercially available package? This condition

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			would be subject to discussion upon final contract negotiation.
4.	31	5.2.1.3	What languages must call center personnel speak? English, with a translator service available.
5.	31	5.2.3	What data are required on the type of incoming and outgoing calls, demographic data on callers, or other information unavailable through an Automated Call Distribution (ACD) system? The bidder should propose an answer to this.
6.	31	5.2.3	What capabilities do primary care providers have to receive HRA data electronically? What are the expectations for HRA data to the primary care providers—raw data and/or summary data? Data receiving capabilities of primary care providers (PCP) varies across the State. The vendor should expect to provide the data in the format preferred by the PCP. Data should be provided at the patient-level (not aggregate).
7.	32	5.2.3.1	Is flat-file or hard copy transfer to the IVS vendor acceptable? What is the frequency of the transfer? What medium and contact methodology is there for forwarding data to PCPs? Will the data files we receive from the State include the ability to match beneficiary to PCP and the PCPs’ address? It is expected that all data will be transferred electronically with processes for hard-copy transfer developed as needed. Data capabilities of primary care providers (PCP) vary across the State so the vendor should expect to provide data in the format preferred by the PCP. Information to match beneficiaries to their PCP is included in the data extract.
8.	32	5.2.3.2	Please clarify what is meant by “incorporate person-level contact information”— Incorporate into what? How is the transmission to the State in data based format related to the transfer of raw data (5.2.3.3)? Incorporate into your data base the contact information provided by the State, then transmit that information with the HRA data back to the State and primary care providers.
9.	32	5.2.3.2	In this section, reference is made to administering the HRA “by mail and telephone.”

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Question Number			
10.	32	5.2.3.3	<p>In 5.2.1.1, reference is made to administering the HRA “via telephone, mail or electronically.” Please clarify the administration of HRAs electronically. You are free to propose to collect the data in the manner that you think will be the most efficient and effective.</p> <p>Can the data be scanned and sent electronically via DVD? Where do the hard copies reside? We require that the vendor capture the information so it can be transmitted in a data file. Hard copies reside with the vendor until requested by the State.</p>
11.	32	5.2.3.4	<p>How is this requirement the same or different from data referenced in 5.2.3.1-3, 5-6? The goal is to share data in a time period that makes it the most useful to the users.</p>
12.	32 & 33	5.2.3.5; 5.3.1 and 5.3.2	<p>Please define what is meant by “timely.” Timely means within a time period that allows the data to be received by the user while it is still useful. Please indicate your abilities relative to this request.</p>
13.	32	5.2.3.5	<p>Please specify the purpose of the HRA data analysis and the intended recipients of the analysis. The purpose of the HRA data analysis is to aggregate the data for use by the State, IVS vendor, and primary care providers.</p>
14.	32	5.2.3.6	<p>Please specify what files the vendor will be expected to accept and send. At a minimum, the vendor must be able to accept eligibility files, send HRA data files.</p>
15.	32	5.2.4	<p>Please clarify which Project members need to be on site to meet with State staff. What is the expected frequency to the regular steering committees? Relevant project members must be available to meet with State staff. We expect the steering committee meetings to happen twice each month.</p>
16.	32 & 55	5.3.2 & 10.12	<p>How will the State address failure to meet multiple performance standards stemming from the same problem? The State cannot provide a comprehensive answer without knowing specific information. To speculate would not be in the best interest of the State or Bidder.</p>

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Question Number			
17.	32	5.3.2	Will the State accept a cap on the amount of penalties assessed within a defined period of time? No.
18.	33	5.4	Please clarify how payment is linked to “efficient coordination of incoming and outgoing telephone calls.” Details will be developed in the contract.
19.	35 & 36	6.7	Please clarify the page limitation; is it 20 pages of single-sided narrative and cost information as is stated on page 35, or is it 20 double-sided – or 40 pages of text – as is stated on page 36? It is 20 single-sided or 10 double sided pages.
20.	36	6.7	Are the following required documents included in the 20 or 40 page limit: None of the documents below are included in the 20 page limit. Please see the answer to #11 of the Bidders’ Conference questions for more detail. <ul style="list-style-type: none"> ▪ Transmittal Letter ▪ Table of contents ▪ Financial Statements – Annual Audited financial statements for three years ▪ Vermont Tax Certification ▪ The Cost Proposal and forms
21.	38	7.1.1.7	Please clarify how this requirement is applicable to the HRA vendor. The State of Vermont’s Medicaid Program must operate within applicable provisions of all Federal and State legislation and regulations. Section 2 provides background on General Medicaid and Vermont Medicaid. The State’s Medicaid program is supported by State and Federal money. If the actions of the potential bidder deviates from specifications and requirements of the contract and causes the Federal government to reduce federal funding to the State, the State shall reduce payments to the potential contractor for equivalent reduction. The loss of federal funding increases the need for state funding.
22.	37 & 39	7.1.4	Is the 5 page Executive Summary included within the page limit of the Narrative and

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Question Number			
23.	40	7.1.6.1	<p>Cost Proposals? Yes.</p> <p>The RFP states that: “The bidder should understand that there is no technology budget specifically associated with this project, so bidders should not anticipate a willingness on the part of the state to make substantive technology investments in support of their proposal. Bidders should assume that some technical support, depending on skills required, will be available from the State, but is limited. When evaluating proposals, the viability, suitability and total cost of the proposed technology approach will be considered.” Should the vendor assume from this that all costs for the necessary technology platforms must be borne by the vendor and included within the price for service provision? Should the cost for telephony systems, toll free lines, and other telephony equipment be considered under the same arrangements? Yes.</p>
24.	40	7.1.6.8	<p>Please clarify how this applies to the HRA proposal. Cost containment mechanisms are methods, processes, equipment, and etc. that could be used to achieve efficiency in regards to costs. Bidders’ proposals should achieve the best value for the State with efficient and practical clinical and business processes and best practices.</p>
25.	40	7.1.6.10	<p>Is this chart included in the page limit? Yes.</p>
26.	40	7.1.6.12	<p>How does this apply to the HRA proposal? It applies only to IVS proposals.</p>
27.	41	7.1.6.1.3	<p>The RFP requires that the vendor “Accept data from, and provide data to, State and other systems as required and defined by the State which may be in batch mode through magnetic tape, disks, diskettes, and cartridges; direct transmissions, such as the use of secure FTP protocols; or through dial-up telecommunication linkages, in a format and on a schedule established by the State.” With what specific systems must the vendor exchange data? On what platforms do each of these systems operate? The systems with which the vendor must exchange data, at a minimum, are listed in 4.2.3. A variety of platforms are involved, but as far as the State is aware, none are of an unusual or proprietary nature that would call for extraordinary</p>

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			measures to exchange information. The most important point of this section is that the vendor must be willing to work with the State and owners of the respective systems to ascertain and implement the best approach for sharing data. The vendor should lay out any known limitations.
28.	43	7.1.7	The only Management / Key Staff identified in the RFP is the Project Manager. Are there any other positions considered to be Management / Key Staff? The bidder should suggest positions they consider to fit this description.
29.	43	7.1.7.3	Please clarify if the 3 references are the same as those required in 7.1.8. Yes, if the references have worked with both the management/key staff and the organization as a whole. You may provide separate references if necessary.
30.	43	7.1.7.3.3	How many contact persons are required for each resume? One.
31.	43	7.1.7.3	Are the references and resumes included within the page limit? Yes.
32.	47	8.1.3	Please confirm that overhead and/or margin can only be applied to labor costs. This section lists items that overhead/margin where cannot apply.
33.	47-49	8.2	Are the cost template sheets to be considered within the page proposal limit? No.
34.	47	8.2	Please clarify what is meant by “for each element of the project.” Examples of an element of the project might include outreach, telephonic support, distributing disease-specific mailings, etc.
35.	47	8.2.1	What separate line items are required for the HRA proposal? Examples would include start-up costs, telephone costs, mailing costs, etc.
36.	48	8.2.1.1	Does the State specify what elements are permissible as part of Fringe Benefits? The State does not have specific criteria that would identify the elements which are permissible costs for Fringe Benefits. OMB Circular A-87 as issued by the Federal Government establishes principles and standards for determining costs.
37.	48	8.2.1.1	Should the Total Amounts shown for Personnel Costs include overhead and/or margin? Yes.

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Question Number			
38.	48	8.2.1.2	Please define “operating costs” and how these differ from the personnel costs associated with project operations. Operating costs are all costs not associated with personnel or subcontractors.
39.	49	8.2.1.3	Please clarify that the first monthly invoice that can be submitted by the vendor would be April 1, 2007 and not August 1, 2007. If the first monthly invoice cannot be submitted until August 1, 2007 (Operational Period), how will the State reimburse the vendor for the Implementation Period? It is anticipated that the State and Bidder will come to an agreement on a monthly invoicing schedule based upon the work plan submitted by the bidder. The monthly invoices will reflect costs associated with the deliverables outlined within the work plan. The bidder will submit monthly invoices less retainage. Retainage is usually paid once the State has signed off on the completed deliverable outlined within the work plan.
40.	49	8.2.1.3	Please describe the relationship between the vendor’s proposed costs and the reimbursement method. Will the selected vendor bill a fixed monthly amount less retainage? Will the selected vendor provide a report of incurred cost and bill that amount? Please see the answer above.
41.	49	8.2.1.3	If implementation is not reimbursed separately, will the selected vendor be reimbursed for unamortized implementation costs in the event of early termination? The vendor will be reimbursed for agreed-upon deliverables. If there is an early termination through no fault of the vendor, their costs would be subject to discussion. If the vendor is at fault, they would not be reimbursed.
42.	49	8.2.1.4	Please clarify what the State categorizes as Overhead costs. What are the cost elements to which these are applied ? The State does not have specific criteria that would identify the elements or categories for Overhead costs. OMB Circular A-87 as issued by the Federal Government establishes principles and standards for determining costs.

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Question Number			
43.	49	8.2.1.4	It is not clear whether payment is based on completion of deliverables (ie, Completed Health Risk Assessments, Timely delivery of aggregate and patient-level Health Risk Assessment data, Efficient coordination of incoming and outgoing telephone calls) or based on a fixed price since the cost proposal does not ask for deliverable-based prices? The payment will be based on completion of deliverables. The RFP asks for a fixed monthly price in order to facilitate evaluation of the cost proposals.
44.	49	8.2.1.4	Please clarify what is meant by “include separate amounts and a total for the identified periods.” Indicate the periods of time represented by the dollar amounts.
45.	49-50	8.3.1.2	Section 8.3.1.2 states “Using the de-identified claims data extract provided upon request, indicate the number of non-dually eligible beneficiaries with at least one of the following chronic conditions:...” Should this number correlate to the numbers of beneficiaries referred to in Section 5.2.1.1? To set a level playing field for all bidders, would OVHA consider providing a benchmark number of individuals in the target population for the cost tables? The bidder should show, based on their claims analysis, how many beneficiaries they see in the data that have a chronic illness. The proposed pm/pm cost will allow the State to evaluate bids evenly.
46.	51	9.3	On what basis will the 25% be calculated? This question is unclear.
47.	54	10.9	Does retainage apply to costs associated with the implementation period? Yes.
48.	54	10.9	Does OVHA have the option to release part of the retainage, or must it release either all or none of it? If OVHA withholds retainage as liquidated damages, can the selected vendor recover some or all of the amount withheld after correcting the deficiency? The State will release retainage based on satisfactory contractor performance. The retainage will be released based on satisfactory completion of deliverables outlined in the work plan that the State and bidder have agreed upon.

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Question Number			
49.	56	10.12.2.2	Please clarify the nature of consequential and liquidated damages associated with the HRA vendor and whether such damages will be capped. Based on the need for State to consult with legal counsel, the State is unable to answer this question at this time.
50.	63	10.13.9.1	What performance bond is required of the HRA vendor? A Performance Bond guarantees the faithful performance of a contract. Surety bonds provide reimbursement to an individual, company or the government if a firm fails to complete a contract.