

Responses to Iowa Plan RFP Questions - 2-3-09

Question Number	RFP Section/ Page	Section Heading	Bidder Question	Answer
1	Page 6	Table of Contents	The Table of Contents indicates that Exhibit 9.3 provides information regarding payment to the Contractor for IDPH Funded Services; however, that information was not included. However, on line 917-918 of Section 9.1(3)(d), page. 156, the section states, "In Iowa Plan contract year 2008-2009, IDPH provided \$25,457,269 for Iowa Plan funding." Would the state either provide the IDPH funding information the bidder should use, or should bidders assume the total referenced above when calculating their administrative allowance?	The Table of Contents should reflect 9.1(3)(d). Bidders should utilize the dollar total in that section when calculating administrative allowance as related to IDPH funding.
2	1.2; page 8	Priorities for the Next Iowa Plan Contract	What is the breakdown of persons over 65 by county who are currently receiving services? And is Medicaid	This attachment demonstrates the utilization of any service where there is an applicable diagnosis code in the range covered in this RFP for this age cohort, by county. (Attachment: Age 65+ by County)

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			utilization data available for the 65+ population also by county?	
3	1.2 page 8	Priorities for the Next Iowa Plan Contract	<p>Please provide the following information for the Enrollees who are aged 65 and older, including those who receive services through Medicare and other third party insurance:</p> <ul style="list-style-type: none"> • Total historical encounter units by the levels of care detailed in the Budget Worksheet and by gender for Fiscal Year 2006, 2007 and 2008. Please identify the unit convention (per diem, hour, quarter hour, etc.) for each service listed. • Total incurred dollars by the levels of care detailed in the Budget Worksheet and by gender for Fiscal Year 2006, 2007 and 2008. • Unduplicated recipients of service by the 	<p>This information is not available. Bidders are required to complete the budget worksheet to provide the Departments with their estimates of the impact of this population based on their previous experience. As Bidders contemplate the impact of adding those 65 and older to the Iowa Plan, it is important to remember that most services will be provided by Medicare and IME will pay any cross-over payments. The Iowa Plan will be responsible for services not provided through Medicare or those which are capped; in addition the Iowa Plan will provide care management to this population.</p>

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			<p>levels of care detailed in the Budget Worksheet and by gender for Fiscal Year 2006, 2007 and 2008.</p> <ul style="list-style-type: none"> • Average length of service/average number of units by the levels of care detailed in the Budget Worksheet and by gender for Fiscal Year 2006, 2007 and 2008. • Unduplicated recipients of service for all services in total for FY06, FY07 and FY08. • Average unit cost used to price encounters by procedure/revenue code for Fiscal Year 2006, 2007 and 2008. • Total number of admissions for 24 hour level of care services detailed in the Budget Worksheet and by gender for Fiscal Year 2006, 2007 and 2008. <p>Membership by month and</p>	

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			rate cohort for Fiscal Year 2006, 2007 and 2008.	
4	1.2; page 9	Priorities for the Next Iowa Plan Contract	How many children are currently being served by PMICs, for Mental Health and for Substance Abuse treatment? How many are being served in PMICs outside of Iowa (for MH and SA)?	There are 430 PMIC beds in Iowa. Our experience is that they generally are filled. Any given day will see up to 15 children in out of state placements for mental health issues.
5	1.6; page 13	Comparison of Requirements	Which community hospitals currently accept court ordered evaluations? Please supply an identified provider list.	A listing of those facilities that have accepted patients for court ordered evaluations is attached. (Attachment: Hospital IP Providers FY 08)
6	1.6; page 14	Comparison of Requirements	Is UM for SAPT Block Grant Funds required to be the same as for Iowa ATR UM process?	ATR processes do not pertain to the Iowa Plan RFP. See Section 4B.5.3 of the RFP. For IDPH Participants, the Contractor may not require authorization for any level of care. See also Section 5D.1.2 o. The Contractor will conduct annual retrospective reviews of providers' substance abuse treatment records to ensure that service necessity criteria are met and that clinical services at all levels of care appropriate.
7	1.6; page 14	Comparison of Requirements	Can the state provide information regarding the current "Recovery Advisory Committee" such as a list of current	Today, the Committee is known as the Consumer/Family Advisory Committee. A membership list and minutes of a recent meeting are attached. (Attachments: Consumer Family Advisory Committee; Consumer Family Advisory Committee

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			committee members or as access to meeting minutes?	Minutes 12-04-08)
8	1.6; page 15	Comparison of Requirements	For the System Planning requirement that we include "local planning groups," are there specific groups to include other than the Decategorization Board or any planning group that exists at the county level?	No; the Departments expect that the successful bidder will develop these relationships and foster a working structure.
9	1.7.1, page 17	Role of County Government	Is the successful bidder expected to contract with the counties via CPCs for TCM services?	The successful bidder will be expected to contract with the entity that provides TCM services. Such entities are not limited to counties.
10	1.7.2.1 through 1.7.2.5; pages 18 & 19	Covered Mental Health Provider Types	If the vendor can demonstrate documented good faith attempts to contract with a specific provider and the provider declines to contract with the vendor, can the vendor implement a decreased reimbursement rate for that out-of-network provider?	The RFP does not dictate provider rates that must be paid by the contractor for either in or out-of-network providers.
11	1.7.2; Page 18	Providing Mental Health Services in Iowa	Are out of state providers (hospitals, PMICs, practitioners, etc.)	Any provider billing the IME for services must complete a participation agreement and receive an Iowa Medicaid Number. However, under the Iowa

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			rendering care for covered behavioral health services required to obtain an Iowa license or Iowa Medicaid Number? Is reimbursement the same as for in-state providers?	Plan, a provider does not need to be participating in Iowa Medicaid through the IME. The Contractor pays these providers at a negotiated rate unless the DHS requires payment at a specific level.
12	1.7.2; Page 18	Providing Mental Health Services in Iowa	Who is responsible for providing authorization, concurrent, and retrospective reviews of services provided by a PMIC?	The IME is responsible for providing authorization, concurrent and retrospective reviews of mental health PMICs. For those PMICs which specialize in substance abuse, the Contractor is responsible for these activities.
13	1.7.2.3; Page 18	Psychiatric Medical Institutions for Children	Please provide a list of the 16 out of state PMICs. Are the out-of-state providers required to maintain Iowa licensure?	The out of state PMIC providers do not need an Iowa license, but do need a license in the state where they are located. The list is attached. (Attachment: Out of State PMIC List)
14	1.7.2.3 page 18	Psychiatric Medical Institutions for Children	What is the number of PMIC beds (in state and outside the state)? Will the state provide PMIC admission notification to the contractor?	There are 430 PMIC beds in Iowa. Our experience is that they generally are filled. Any given day will see up to 15 children in out of state placements for mental health issues. The State will assist the Contractor in gathering information on the PMIC admission of an Iowa Plan enrollee.
15	1.7.2.8 page 20	Targeted Case Managers	Is Targeted Case Management considered a medical expense, i.e. not	See Section 4A.3.1. Targeted Case Management is a covered service for mental health conditions and is not part of the Contractor's admin/profit.

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			part of the 13.5% admin/profit?	
16	1.7.2.6; page. 20	Residential Care Facilities for Persons with a Mental Illness	Does the vendor reimburse for residential treatment center (RTC) room and board, or is the vendor only responsible for the covered behavioral health services rendered by clinically licensed behavioral health clinicians providing such covered professional services at the RTC?	Room and board are generally not covered services by the Contractor for persons with a primary mental health diagnosis. The Contractor may determine that the most effective treatment may require placement in a facility where room and board are not covered and may pay those charges. Otherwise, only the covered professional services, that may be provided at the facility, are the responsibility of the Contractor.
17	1.7.2.7; page 20	Intermediate Care Facilities for Persons with a Mental Illness	Does the vendor reimburse for ICF room and board, or is the vendor only responsible for the covered behavioral health services rendered by clinically licensed behavioral health clinicians providing such covered professional services at the ICF?	Only the covered professional services, that may be provided at the facility, are the responsibility of the Contractor. The ICF room and board is the responsibility of the IME.
18	1.7.2.7; page 20	Intermediate Care Facilities for Persons with a Mental Illness	Can the vendor limit services or diagnoses codes for covered behavioral health services rendered by	The Contractor will be required to provide sufficient access to services for Iowa Plan Eligibles. The Contractor will be charged with determining when to appropriately utilize non-psychiatric providers to

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			a non-psychiatric provider for a mental health condition?	increase access to services.
19	1.8; page 21	An Overview of Substance Abuse Services in Iowa	Are there standardized PMIC admission and continued stay criteria for mental health treatment? If so, may we have a copy? Are there any additional admission/continued stay criteria for substance abuse treatment in PMICs other than ASAM?	Current criteria are attached. (Attachment: PMIC Admission and LOC Criteria)
20	2.4; page 27	Who Can Bid on the Iowa Plan	Is the successful bidder required to provide evidence of having obtained all applicable licensure (e.g., HMO, TPA, etc.) prior to the execution of the Contract on 5/1/09 or by the go live date on 1/1/10?	The successful bidder must be licensed as a limited service organization (LSO) 90 days prior to the contract operational start date of 1/1/10.
21	2.22; page 32	Release of Claims	Does this section extend to any potential protest of an award that may arise as a result of information made available to Bidders and as intended by the RFP?	Yes, this section extends to any potential protest of an award that may arise as a result of information made available to Bidders and as intended by the RFP.

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22	2.26; page 33	CMS Contingency	Did the DHS make changes to Iowa Plan 1915(b) waiver from its originally approved form with the recent request for renewal submitted to the CMS? If so, what are those changes? When was the request for renewal of the Iowa Plan application for its 1915(b) waiver submitted? When does the DHS anticipate a response from the CMS?	DHS plans to submit a 1915(b) Waiver to CMS in March 2009 with a July 1, 2009 effective date. The changes from the RFP will be effective in January 1, 2010 and not affect the Waiver submission for July 1, 2009. DHS will submit an amendment to the waiver with the effective date of changes. We do not anticipate that the waiver submissions will have any significant impact on the scope of work defined within the RFP.
23	3.2, pages 37 and 38	Medicaid Members Not Enrolled in the Iowa Plan	The fourth bullet identifies only QMB (Qualified Medicare Beneficiaries) as an example of “persons whose Medicaid benefit package is limited.” Does this bullet include any category of dual eligible (Medicare/Medicaid) individual who is not otherwise eligible for or entitled to full Medicaid benefits, including without limitation those mental health and substance abuse	Individuals eligible for Medicare who receive limited coverage from Medicaid to assist in payment of their Medicare coverage are excluded from the Iowa Plan. This includes QMBs and SLMBs (specified low-income Medicare beneficiaries) as well as medically needy individuals with a spend-down.

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			treatment services under the Iowa Plan?	
24	3.7, page 40	Eligible Person Protections	While Bidders may include statements in policies that no provider (whether participating or non-participating) may bill an Enrollee for covered, required or optional services, generally a company's policies apply to persons and entities with whom a company has a contractual relationship (participating). What are the Departments' expectations with respect to enforcement of such policy as against a non-participating provider?	When the non-participating provider is paid by the Iowa Plan Contractor, the Contractor is responsible to assure that members will not be liable for any balance billing for services covered through the Iowa Plan. The Contractor is responsible for developing policies to enforce provider compliance with this provision.
25	4A.2.1; page 44	Peer Counseling	Does the State of Iowa have specific requirements with regards to certifying Peer Counselors similar to other states such as Georgia, Washington, etc.?	No, the State of Iowa does not have specific requirements regarding certifying peer counselors.
26	4.2.7 page 42	General Requirements	Where may Bidders find the specifics of the	A template for this model is attached. (Attachment: Telehealth Funding Model)

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		Pertaining to Service Provision	telehealth mode of providing services put into place by the current contractor? To the extent a Bidder may wish to propose a change to the current telehealth mode of providing services, what is telehealth mechanism for such proposal?	
27	4A.2.4; page 45	Study Use of Flexible Funds	Are the Departments aware of other Iowa Agencies that may be employing the use of flexible funds and Enrollee self direction of care or would this be a case of fist impression in Iowa?	The incumbent Contractor makes payments under the category of flexible funds. We are not aware of other entities paying for these services.
28	4A.2.4; page 45		Is the Flexible Funds proposal to be presented as part of the RFP response, or developed by the Contractor after award?	The flexible fund proposal is not required to be included within a Bidder's response. However, Bidders may include such a proposal as part of their response to information requested in Sections 7 and 7A as they deem appropriate.
29	4A.3; page 46	Covered Services for Mental Health Conditions	Is it the intent of the Department that pharmacists will be in the Iowa Plan network? If yes, is it the intent of the	The Department does not intend for pharmacists to be included in the Iowa Plan network.

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			Department to provide consultation only or actual management of the medication?	
30	4A.3, page 46	Covered Services for Mental Health Conditions	Can the state clarify how medication compliance management would differ from medication management?	The two services should read as: medication compliance management and counseling by appropriately credentialed professional such as pharmacists, or physician assistants; and medication management. These reflect two separate services. Medication management is an appointment with a psychiatrist to review prescriptions to determine whether they remain appropriate or if any modifications are necessary. Medication compliance management and counseling is provided by a pharmacist or physician assistant and assists Iowa Plan Enrollees in management of medication. Home health providers also provide this service.
31	4A.4, page 47	Required Services for Mental Health Conditions	Is the state envisioning sub-acute care as a diversion or step-down from inpatient or both?	The state envisions sub-acute care as both a diversion service and a step-down from inpatient care.
32	4A.4, page 47	Required Services for Mental Health Conditions	Does the state have a fuller description or document reference for stabilization services? What is the target population?	Typically, stabilization services are short-term crisis intervention services that help individuals in need of immediate help, but without the need for an emergency room visit or inpatient services. These services may be provided in a Level-I Sub-acute Facility.
33	4A3.1;	Covered Services	Is there a licensure	The OBRA screening protocol is attached.

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	page 46	Are Those Which are Included in Iowa's Medicaid State Plan	requirement as to who can administer the OBRA screening? Please provide a copy of the current OBRA screening tool and utilization data for OBRA screenings done between Jan. 1, 2007 and Dec. 31, 2007.	(Attachment: OBRA 87 NF Screening)
34	4A.4; page 47	Required Services for Mental Health Conditions	Does the state have a fuller description or document reference for behavioral interventions with child and family? What is the target population?	Behavioral interventions are typically used to assist children and their families with how to act in specific situations through reinforcement, shaping, prompting and generalization.
35	4A.4 & 4A.5; page 47 & 52	Required Services for Mental Health and Optional Services and Supports	Respite is listed as both a Required and Optional Service. Is it the intent that it is listed in both and if so, what are the different service definitions?	Respite should be included only as an Optional Service.
36	4A.4 page 47	Required Services for mental health conditions	Does the state have a fuller description or document reference for In-home behavioral management services? What is the target population?	This service provides community-based, in-home behavioral consultation and training services to families with children who are usually dually diagnosed with developmental disabilities or cognitive limitations in addition to mental illness.
37	4A.4	Required Services	What is the definition or	A Level I Sub-acute facility is a 24-hour facility that

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	page 47	for mental health conditions	service description of Level I Sub-acute facility?	typically treats patients who cannot be treated in the community but do not require an inpatient level of care. It can be used as a step-down from an inpatient stay. It also may provide stabilization services.
38	4 A.4.4; page 49	Mental Health Services Provided through Physicians Other than Psychiatric Physicians	Please provide a list of non-psychiatric physicians currently providing mental health or substance abuse services. Does utilization data include visits provided by non-psychiatric physicians? How is the impact of non-psychiatric physician utilization accounted in the databook?	Any practitioner may bill for up to 12 E&M codes per year to the IME where there is a psychiatric diagnosis. A spreadsheet is included that identifies all physicians for whom the IME has paid at least one claim in SFY2008 where there was a psychiatric diagnosis. The databook only includes services paid for by the Iowa Plan Contractor. (Attachment: All Providers Paid)
39	4 A.4.4; page 49	Mental Health Services Provided through Physicians other than Psychiatric physicians	What data is available regarding physical examinations for inpatient hospitalizations and for services provided by non-psychiatric physicians on an outpatient basis?	Payment for an inpatient hospital stay includes all services. Physical examinations are not provided in the hospital independently nor are they billed independently for the hospital. Services provided by non-psychiatric physicians on an outpatient basis are paid by the IME when there are 12 or fewer per year. The available data is attached. (Attachment: Physician Count and Payment)
40	4B.2; pages 56-57	Rehabilitation, Recovery and Strength-Based Approach to	Related to the requirements of this section, can the State provide bidders a list of the current services or	The IME does not have a comprehensive list of the current services or supports that are consumer-driven. However, Intensive Psychiatric Rehabilitation programs are consumer-driven and the programs are

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		Services	supports that are consumer driven and/or consumer directed, and whether these services and supports are statewide or demonstration projects?	available from the following providers, covering many counties in the state: <ul style="list-style-type: none"> • Hope Haven • First Resources • ResCare • Abbe Center • Alegent Health • Behavioral Health Resources • Hillcrest Family Services • Siouxland Mental Health Center
41	4B.5.2; page 60	Contractor Staff Qualifications	Does this requirement mean that all health care professionals involved in determination and monitoring of care and that included in the non-psychiatrist staff of the Bidder must be licensed, certified or registered pursuant to the laws of the State of Iowa.	All professionals requiring licensure or certification who would be involved in determination and monitoring of care and that are included in the non-psychiatrist staff of the Bidder must be licensed or certified in the State of Iowa.
42	4B5.6; Page 62	Block Grant Requirements for IDPH Participants	"Additionally, states must spend not less than the amount equal to the amount spent in fiscal year 1994 for treatment capacity for women and pregnant women (i.e., \$1,302,477.	The following are the amounts expended in 2006, 2007 and 2008: <p>2006 - \$1,309,340 2007 - \$1,390,905 2008 - \$1,390,905</p>

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			The actual amounts expended in each of fiscal years 2002 and 2003 was \$1,390,939). "QUESTION - What was the amount expended in fiscal years 2006, 2007 and 2008?	
43	4C.2.1; page 69	Services for Children with Serious Behavioral Health Conditions	Please provide a copy of the current Department-approved screening protocol for children.	There is no one tool required by DHS. The Bidder shall propose a screening tool as part of its response.
44	5A.1.2; page 73	Organization of Utilization Management Staff	In order to ensure efficient and cost effective management will the State consider Bidder proposals that incorporate or coordinate some Utilization Management services/functions available telephonically or electronically from Bidder locations outside of the State of Iowa?	No, UM functions cannot be performed outside of Iowa. As stated in 5A.1.2, Utilization Management services shall be available 24 hours a day seven days a week from an office(s) located in the State of Iowa.
45	5A.2.1.7; page 75	Utilization Management – General Requirements	Does the DHS require that psychiatrists making adverse coverage determinations be licensed under the laws of the State	Yes, psychiatrists involved in Utilization Management must be licensed to practice in Iowa.

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			of Iowa or may they be licensed in other states?	
46	5A.2.1.8; page 75	Service Authorization Review	Must the child psychiatrist be licensed to practice in the State of Iowa?	Yes; the child psychiatrist conducting utilization reviews must be licensed in Iowa.
47	5A.3.1.1, page 78	Psychosocial Necessity for Mental Health Treatment (Enrollees Only)	Does the state have any established guidelines for interpreting psychosocial necessity? Does the State have any fidelity measures included in any tools to measure established guidelines?	The state has allowed the Iowa Plan vendor to develop guidelines for interpreting psychosocial necessity. The guidelines developed by the successful bidder must be approved by DHS.
48	5A.5, page 80-82	Administrative Crisis Services, Case Management, Service Coordination and Intensive Clinical Management	Please clarify the contractor's role in Case Management and Intensive Clinical Management.	The Contractor is required to provide both Case Management and Intensive Clinical Management, as appropriate, as an administrative expense.
49	5A.5.1 page 80	Administrative Crisis Services	"the staff providing this service must be practitioners licensed in the State of Iowa with special training in crisis management and triage for all services covered by the Plan," Question: What is	Bidders will need to research applicable licensure standards and contract with those provider types for this service.

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			the minimum professional license required for “practitioners” providing crisis services?	
50	5C.1; page 91	Provider Network Development and Composition	May the two provider networks include the same providers?	The two provider networks referenced in Section 5C.1 include a provider network open to all qualified providers for services provided to Iowa Plan Enrollees and a competitively procured limited provider network for substance abuse services provided to Iowa Plan IDPH Participants. Providers competitively recruited for IDPH-funded substance abuse services network may also provide Medicaid-funded mental health and/or substance abuse services.
51	5C.1; page 91	Provider Network Development and Composition	Can the State provide vendors with the current policies and protocols defined by DHS for cost based reimbursement including the state approved cost reports for both CMHCs and inpatient hospital services?	This information is attached. (Attachment: CMHC Cost Report)
52	5C.1.20; page 94	Provider Network Development and Composition	Self-Help and Community Service Initiatives: Does the State have a registry of recognized self-help and peer-support leaders	No. The Contractor will need to work directly with communities and state organizations to develop such initiatives.

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			throughout the state?	
53	5C.2.3, page 96	Provider Reimbursement	Can the State provide vendors with the current policies and protocols defined by DHS for cost-based reimbursement including the state-approved cost reports for both CMHCs and inpatient hospital services?	The cost report formats are on the IME website at http://www.IME.State.IA.US/Providers/Forms.html . The policies and protocol for the cost-based reimbursement are attached. (Attachment: CMHC Cost Report)
54	5D.1.2.f; page 101	Quality Assessment and Performance Improvement	Are the instruments identified in the footnote inclusive of all potential assessment instruments or only examples of some possibilities?	The identified instruments are intended to present examples for the Contractor. The Contractor may identify and propose alternative instruments for the Departments' consideration
55	5D.1; page 102	Quality Assessment and Performance Improvement Program	Is an "Experience of Care Survey" different from what is typically known as a Satisfaction Survey?	Yes. An Experience of Care Survey assesses the individual's service experience in a manner that extends beyond just satisfaction. The survey can assess the degree to which services are accessible, person-centered, and/or evidence-based, for example.
56	5E.3.2; page 111	Advance Directives	What entity within the State is considered the "state survey and certification entity"?	The Department of Inspections and Appeals. This entity also provides this service for many federal programs.
57	6.2.1; page 114	Transition Planning	Will the Departments require the current Contractor to provide the	The incumbent Contractor is required to work cooperatively with the winning Bidder to create a transition plan. As part of the transition, the

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			successful bidder complete copies of active service authorizations and complete copies of provider credentialing files during the transition period?	incumbent Contractor is required to share active authorizations, clinical data, lists of eligible persons who receive case management, provider critical incident logs and other data that help to ensure continuity of care. The Contract does not specifically require the incumbent Contractor to provide complete copies of provider credentialing files.
58	6.4; page 117	Management Information System	Does the I-SMART system currently accommodate the historical SARS format? Please provide more details (file layout) of the historical SARS format.	No. However, IDPH is developing a central repository, scheduled for completion prior to January 2010, that will accommodate both the I-SMART and SARS systems. The central repository file format is attached. (Attachment: IDPH Central Repository File Format)
59	6.4; page 117	Management Information System	Will the vendor be required to authorize Substance Abuse services via the I-SMART application? Please provide the minimum desktop requirements to support the I-SMART ftp transmission. What are the security clearance requirements?	No, the Contractor will not be required to authorize Substance Abuse services via I-SMART. The minimum desktop requirement to support the I-SMART ftp transmission is Windows 2000 or newer operating system. The security clearance requirement is approval by IDPH of installation of a soft token on the Contractor's computer.
60	6.4.3; page 119	Pharmacy Information	What specific data fields will be included on the	DHS will provide the information necessary to the successful bidder so as to allow an analysis of

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		Transmission	data tape for pharmacy claims?	pharmacologic utilization. At a minimum, the Department will provide drug, dose, NDC and prescribing entity. The format for the response will be developed in cooperation with the successful bidder but must fall within the capabilities of the IME to produce this information.
61	6.5.1; page 120	Reports Required Monthly	The RFP on-line resource room referenced a more manual process of data transmission (i.e. magnetic tapes), please confirm that all data transmissions will be generated via a secure FTP process.	Yes, data transmissions between the IME and the Contractor are to be sent by secure SFTP or by NDM.
62	6.6.4; page 124	Community Reinvestment Account	Community Reinvestment Account: What happens to any remaining funds in the previous contractor's Community Reinvestment Account?	The fund balance becomes the property of the state.
63	6.7.1 & Attachment 2; pages 125 & 237	Medicaid Claims Payment & Performance Indicator with Disincentive #9	Requirement in 6.7.1 is for 85% of claims to be processed in 14 days. The standard in the Performance Indicators is for 85% of claims to be processed in 12 days. Can you clarify which is the	The standard for claim payment timeliness is 85% within 12 days. Requirement 6.7.1 will be amended accordingly.

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			standard?	
64	6.7.2; page 125	Payment by the Contractor of IDPH Funds	This section references 9.3.4 as providing details regarding IDPH payment to the contractor. However 9.3.4 does not appear in the RFP. Can the State provide the correct reference or the details regarding the IDPH payment to the contractor.	The correct reference is 9.1(3)(d) on page 156.
65	6.8.3; page 127	Fraud and Abuse	With respect to the reporting of findings of the investigation to be delivered to the Departments within ten (10) days of the identification of suspected fraud or abuse activity set out in Lines 2887-2889, is it the expectation of the Departments that the 'findings of the investigation' to be reported are the initial determination of whether a full investigation or audit is required or that the Contractor would complete	It is the expectation that an investigation by the Contractor shall be undertaken in order to determine if there is suspected fraud and abuse on the part of the Contractor or provider. At the time of the preliminary and/or formal investigation and at the time of the final conclusion of an investigation the Contractor shall inform the Departments of their findings.

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			full investigations and report the findings?	
66	7A; page 131	Required Content of Proposals	Can the State of Iowa supply a list of Iowa Medicaid mental health and substance abuse providers who currently serve the 65 and older population?	A list of all providers who supplied a behavioral health service to any individual 65 and older in SFY2008 is attached. Note: this data is not limited to behavioral health services. (Attachments: Age 65+ Providers Paid; Age 65+ Crossover Payments)
67	7A.2.6; page 132	Required Content of Proposal	Can the state provide the vendors with a history of the attempts at 24 hour mental health stabilization services?	The current Contractor had sub-acute initiatives in the past, including with Orchard Place. The Division of Mental Health and Disability Services has an initiative toward funding emergency and crisis services through demonstration projects. The projects are scheduled to begin later this year. These are the only known initiatives for mental health stabilization services beyond the services being provided currently in a few counties.
68	7A.2.12; page 135	Required Content of Proposals	Should the sections referenced from the RFP include not only 5B.1 and 5B.3, but also 5B.4 – Complaint Process (IDPH Participant).	Yes; in responding to Section 7A.2.12, bidders should address 5B.1, 5B.3 and 5B.4.
69	7A.2.13; page 136	Required Content of Proposals	In order to run geo access reports and determine current accessibility and gaps, please provide	A spreadsheet with this information is attached (Attachment: Members by Zip Code)

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			membership data by zip code and age group (i.e. 18 and under, 65 and over, etc).	
70	7A.2.15; page 137	Required Content of Proposals	The lettering of this section seems to be off- missing (b) and the (g) is out of order. In what way should the proposal be lettered?	The RFP has been revised to correctly number this Section of the RFP.
71	7A.2.18; page 139	Required Content of Proposals - Financial Requirements	<p>Please clarify the number of years of audited financials required.</p> <ul style="list-style-type: none"> • In question 7A.2.18, two sets of independently certified financial statements are requested. However in Question 7A.4.4, three years of independently audited financial is requested. How many years of independently audited financial statements should 	Please provide three years of independently audited financial statements. One submission is sufficient.

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			<p>be included?</p> <ul style="list-style-type: none"> • Since audited financial statements are requested in two places, is it necessary to include two sets of the documents or can we include one set and refer to it in response to both questions. 	
72	7A.4.4; page 143	Financial Information	The RFP asks Bidders to provide 'three written financial references including contract information.' Please confirm that the requirement covers references from similar contracts administered by the Bidder.	Yes; the Departments are most interested in receiving references from similar contracts.
73	7A.5, page 143		This section indicates that the Budget Worksheet and Description are not to exceed 3 pages. Since the required worksheets themselves are several	Yes; the 3-page limit applies only to the narrative accompanying the budget worksheet.

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			pages, does the 3-page restriction refer to the accompanying narrative only?	
74	7A.5; page 143		<p>This section indicates that Bidders must accept first contract year rates as already set. It then refers to Attachments in Section 9 of these rates. However the header on the Capitation Rate page in Section 9 indicates that the listed rates are for FY 2009. At the bottom of page 227, there is information regarding the anticipated reduction in Iowa Plan PMPM costs related to expansion of community-based services.</p> <ul style="list-style-type: none"> • As a baseline, for the development of the medical budget, should bidders use the listed SFY 2009 capitation rates? • In addition, should 	<p>The rates provided as part of the RFP are SFY 2009 rates. The state will set and release rates for SFY 2010 in late spring 2009. The Bidders should utilize the SFY 2009 rates both to develop a baseline medical budget and to estimate the reduction related to expansion of community-based services.</p> <p>The Bidder is required to complete the budget worksheet to allow the Bidder to demonstrate its experience by showing how anticipated expenditures would affect overall spending.</p>

Question Number	RFP Section/ Page	Section Heading	Bidder Question	Answer
			bidders utilize the listed SFY 2009 capitation rates as their basis for estimating the reduction related to expansion of community-based services.	
75	7A.5; pages 144-146	Budget Worksheet and Description	Please provide units of care provided (not authorized) and paid claims by each level of care listed in the Budget Worksheet, by month, for the most recently available complete 24 month period.	This is attached, although some of the levels are collapsed into a summary description. (Attachments: SFY07 Encounter Data Summary; SFY08 Encounter Data Summary)
76	9; Page 150	Sample Contractual Terms and Conditions	Are the contractual terms and conditions to be included in Contract and those set out in Section 9 of the RFP subject to negotiation between the successful Bidder and the Departments?	The Departments asked bidders to suggest changes in contract language as part of questions to the RFP in order to provide response that will allow potential bidders to determine the degree of latitude the Departments may have in language negotiation. Therefore, prospective bidders should look at the responses to questions about contracting to determine the ability to comply with contract terms as stated in the RFP and as may be addressed through responses to questions. The Department has responded to each request for contract modification included with

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				Bidders questions on the RFP in a separate document. (Attachment: Departments' Responses to Requests for Contract Modifications)
77	9.1.1 Page 153	Nature of the Contract	Does the requirement of a Prepaid Health Plan as set forth in the Iowa Administrative Code 441Chapter 88.61 mean that the successful bidder should have an HMO certificate of authority under the laws of the State of Iowa?	The successful bidder must have an HMO certificate of authority or appropriate certificate of authority as an LSO under the laws of Iowa, 90 days before the operational start date of the Contract.
78	9.1(3)(b); page 154		Is the 2.5% for community reinvestment part of the Claims Fund or Administrative Fund?	It is not part of either fund. The Community Reinvestment Account is a separate fund comprised of 2.5% of the total monthly capitation amount paid by the state to the Contractor. Each month the Contractor will receive the total capitation payment. Of that, 2.5% goes into the Community Reinvestment fund, the Contractor's Administrative fund (as determined by the bid) is kept by the Contractor and the balance becomes the Claims fund.
79	9.1.4.A; page 157	Liquidated Damages	Are the identified liquidated damages intended to be cumulative in nature?	Bidders should assume that liquidated damages are cumulative. In other words, if the successful bidder failed to be fully operational by January 1, 2010 and failed to meet accreditation standards as of that date, the bidder would be subject to the liquidated damages provisions of both 9.1(4)(a)(a) and 9.1.4(a)(c).

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80	9.1.5.B; page 159	Fraud and Abuse	Please clarify what would be evidence indicating the possibility of fraud and abuse? Does this encompass those activities or issues submitted to and reviewed by a Bidder's special investigations unit or something else?	<p>Any irregularity that is purposeful on the part of the employees of the Contractor or the paid providers to receive payment that would not ordinarily be paid should be investigated. Specifically the following is evidence of the need for investigation:</p> <ul style="list-style-type: none"> • Submitting a false claim for payment • Making or using a false record or statement to obtain payment • Conspiring to make a false claim or get one paid
81	Attachment; page 190-193	Sample Business Associate Agreement	The Sample Business Associate Agreement identifies only the Iowa Department of Human Services and does not reference the Iowa Department of Public Health. Was this intentional or would the final Business Associate Agreement include both of the Iowa Departments that are a party to the Contract? Further, it does not appear that the Sample Business Associate Agreement or the provisions of the RFP address confidentiality and	No; there is no business associate agreement needed for IDPH. DHS will include provisions identifying the Contractor as a qualified service organization, pursuant to 42 CFR Part 2.

Question Number	RFP Section/ Page	Section Heading	Bidder Question	Answer
			privacy requirements of 42 CFR Part 2. Would the final Business Associate Agreement include provisions identifying the Contractor as a qualified service organization or would the requirements of 42 CFR Part 2 be identified in the Contract?	
82	Attachment; page 192	Sample Business Associate Agreement	Does the reference to "effective April 20, 2005" mean that the successful Bidder would need to report any security incidents from April 20, 2005 to the Department or is this a simple reference to the effective date of this section of HIPAA?	The date in the Business Associate Agreement form is intended to reference the effective date of the HIPAA security provisions and does not seek to create a reporting obligation for incidents that pre-date the Contract.
83	Attachment 1; page 227	FY'09 Capitation Rates	<ul style="list-style-type: none"> Expansion of services table - Does this table represent that the current capitation rates are expected to decrease by 0-1% in Year 1 and an additional 1-2% in Year 	Yes, the Expansion of Services table reflects estimates by the IME that addition of new low-cost community based services will decrease use of expensive treatments and result in a slight decrease in capitation rates and pmpm medical costs.

Question Number	RFP Section/ Page	Section Heading	Bidder Question	Answer
			<p>2 from the current capitation rates?</p> <ul style="list-style-type: none"> Is this showing an estimated decrease in pmpm medical costs in those years? 	
84	Iowa Plan - MH/SA Capitation Rates	Attachment 9	Does utilization data include visits provided by non-psychiatric physicians? How is the impact of non-psychiatric physician utilization accounted in the databook?	Yes; please review the actuarial analysis attached. The visits paid by the IME are not included in the capitation rate or databook since they are not paid by the Contractor. (Attachment: SFY 2009 Rate Document)
85	Iowa Plan - MH/SA Capitation Rates	Attachment 9	Please clarify the differences in B(3) and non-B(3) services.	B(3) services are those services that can only be provided through a waiver. Non- B(3) services are mandatory and optional services provided through the Iowa Plan that would also be available through the Iowa fee for service state plan without a waiver.
86	General question, no section or page specified		For membership data by cohort eligibility category, there appears to be multiple sources of information in the RFP, Attachments, and online resources. Please direct bidders to the membership data by cohort that bidders should assume.	This document is attached. (Attachment: SFY 2009 Rate Apendices)

