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Government of the District of Columbia  
Office of Contracts and Compliance  
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**SOLICITATION NO.: DHCF-HCOA-2009-P-0001**

**RESPONSES TO SUBMITTED QUESTIONS**

1. Page 101 L.3.1.1.1.13 references Section C.2.2.3 which does not exist. Please clarify.

**ANSWER:**

**Page 101 L.3.1.1.1.13 should reference Section C.2.5. DHCF will prepare an amendment to reflect the correction.**

2. Page 101 L.3.1.1.1.16 references Section C.3.5.3.3.4. Should it reference Section C.3.5.3.4?

**ANSWER:**

**Yes, it should reference Section C.3.5.3.4. DHCF will prepare an amendment to reflect the correction.**

3. On page 19 C.3.5.3.3 Readiness Testing Summary Report is required within 5 months; on page 36 in the matrix, number nine says three months. Which is correct?

**ANSWER:**

**The Readiness Testing Summary Report is required within three months. DHCF will prepare an amendment to reflect the correction.**

4. In reference to page 25 C.3.9.5.1 concerning administrative claiming, does the District expect the vendor to perform quarterly Medicaid administrative claim preparation and submission, including the administration of time studies to support claiming for allowable Medicaid activities?
  - If yes, how should the vendor propose pricing for such a service? Claims for Medicaid Administration are not transaction based and do not include any of the requirements of G.3.1.2 on page 40.

- If yes, which Partner Agencies are preparing quarterly claims for Medicaid administration at present? Are vendors preparing any of these claims at present or are planning to do so?

**ANSWER:**

**Currently, the Partner Agencies do not participate / claim for Medicaid administrative services.**

5. On page 40 G.3.1.2, the RFP states that “during the Operations Tasks of the Implementation segment (as described in Section C.3.9) Contractor shall bill DHCF within a range of one dollar and twenty five cents (\$1.25) and two dollars (\$2.00) per successfully paid claim.” Is this the only payment that will be made to the vendor during the Operations Task?
  - If yes, how will the vendor be paid for ongoing training activities?
  - If yes, how will the vendor be paid for ongoing compliance documentation reviews?

**ANSWER:**

**Yes. The contractor should factor in the costs related to the ongoing training activities and the ongoing compliance documentation reviews into the proposed per successfully paid claim rate.**

6. What are the types of Medicaid services provided by each of the Partner Agencies other than CFSA, DCPS and OSSE?

**ANSWER:**

**The “other” Partner Agencies provide a range of Medicaid services, including but not limited to mental health rehabilitative services, emergency medical transportation, outpatient substance abuse services, and EPSDT screens.**

7. For any or all of the Partner Agencies, can you estimate how many end-users will be using the web-based systems? If you can provide estimates of end-users, please identify which end-users are agency administrative staff, agency direct service staff, private provider administrative staff, and private provider direct service staff?

**ANSWER:**

**At this time, the number of potential end-users is unknown. At a minimum, the contractor should expect 50 end-users.**

8. C.3.9.5.5.3 states that the “Contractor shall submit all billable services rendered electronically in an EDI format by each Partner Agency either directly to ACS or through an established clearing house which has the proven capability to bill ACS and has no financial relationship to the ASO.” To clarify, does the Partner Agency provide the raw service data to the Contractor to produce the EDI formatted claim (such as the 837), or does the Partner Agency produce the EDI formatted claims and provide the files to the Contractor?

**ANSWER:**

**The Contractor is expected to decide how to set up that process.**

9. Is the expectation that the Partner Agencies will continue to maintain their own separate Medicaid billing systems, so that the ASO Contractor is solely providing quality assurance services (program integrity, Medicaid compliance, supporting documentation review, etc.) and Medicaid billing and remittance reporting services?

**ANSWER:**

**The ASO Contractor will make that determination.**

10. Related to page 26 C.3.9.5.6, Imaging and Document Management, are Partner Agencies expected to use the ASO Contractor web-based tools to scan and upload supplementary documentation to support Medicaid claims, such as treatment plans, case notes, medical records, etc?

**ANSWER:**

**The ASO Contractor will make that determination.**

11. Some primary information required to validate and support Medicaid claims cannot be reasonably entered into an IT system for automated review, so that some documentation may require manual review for program integrity. Is it your expectation that the ASO Contractor will conduct these manual reviews (such as reading and reviewing case records, case notes, treatment plans, medical records, etc.)? If so, would DHCF accept proposals for sampling records for qualitative review?

**ANSWER:**

**The ASO Contractor will have the opportunity to decide whether to conduct manual reviews or automated reviews.**

12. Page 27 C.3.9.6.2.2.3 requires that no upfront denials occur and no errors are found during audit or PERM reviews. Would DHCF accept a proposed reasonable error rate?

**ANSWER:**

**DHCF wants the error rate as low as possible in order to prevent having to return federal Medicaid funds to the Federal Government.**

13. Page 27 C.3.9.6.2.2.3 requires that no errors are found during audit or PERM reviews. Disallowances may be related to the methodology used for service development. Is it your expectation that the ASO Contractor is responsible for validating the methodology used for developing service rates, including validating that the Partner Agency cost to provide Medicaid services is equal or less than the amount charged to Medicaid?

**ANSWER:**

**No.**

14. Are there any issues with recording Certified Public Expenditures (CPE) that impact claim generation, and that the vendor would therefore be responsible for?

**ANSWER:**

**No.**

15. Would DHCF consider an extension of the original proposal deadline of August 12, 2009? We are concerned that the delay in the Bidder's Conference and any delay in receiving answers to our questions could have a material effect on the preparation of our proposal and our ability to team with the appropriate partners.

**ANSWER:**

**DHCF has extended the proposal deadline to Monday, August 17, 2009, by 1:00p.m. EST.**

16. Please describe any specific efforts DHCF has taken to encourage buy-in from the various District agencies regarding this contract. Specifically address whether you will request or require agencies to participate with designated staff and time on the project.

**ANSWER:**

**The Partner Agencies were key to the initial GW ASO Assessment. Partner Agencies participated in two rounds of interviews which influenced the Assessment's recommendation to procure a single ASO. Additionally, Partner Agencies will be requested to assign a point of contact for ASO-related work.**

17. How will unions be involved in this process, if at all and how will agencies respond if job functions of unionized workers are altered to encourage compliance with new billing procedures?

**ANSWER: If necessary, DHCF and Partner Agencies will involve the union(s) as required by applicable Collective Bargaining Agreement(s).**

18. How soon will the winning contractor receive previous audit documentation prepared either by CMS or internal DHCF auditors in the current problems with Medicaid claims billing across the District?

**ANSWER:**

**At that time of the award, DHCF will provide all pertinent information including the most recent audit reports.**

19. Will the auditors and/or representatives from oversight agencies be available to meet with the contractor and provide additional compliance information as needed?

**ANSWER:**

**Yes.**

20. Would the winning contractor be required to receive each claim processed by agencies for quality review prior to submission to ACS or would the contractor monitor quality (post technical assistance to agencies) through regular sampling audits of claims?

**ANSWER:**

**It is up to the winning contractor to decide how to monitor the quality of the claims.**

21. What is the total estimated volume of claims submitted by each agency? Also, what are the predominate formats of submitted claims, (e.g. 837I, 837P, UB04 paper, HCFA 1500 paper, or other)?

**ANSWER:**

**The total estimate volume for the initial three partner agencies is 550,000. The predominate format is 837P.**

22. What is the average volume of claims per agency that the contractor is responsible for monitoring? We understand that this number may fluctuate from year to year.

**ANSWER:**

**Refer to Question / Answer 21.**

23. What is the average number of staff per agency involved in submitting claims and charge capture documentation? This will help provide a level of effort for training purposes.

**ANSWER:**

**The average number of staff involved with the claims submittal process ranges from 10 – 15 per agency. This does not factor in all of the actual service providers that are responsible for properly documenting services rendered.**

24. Please provide a list of the claims systems (including software version) currently used by agencies cited in this RFP.

**ANSWER:**

**This information will be provided upon contract award.**

25. Would you please provide a list of the companies currently responsible for providing technical support for the systems used by each agency to collect treatment data?

**ANSWER:**

**This information will be provided upon contract award.**

26. Will there be a clinical lead identified by each agency? If so how many hours of support with the clinical lead person be available for the implementation of this project.

**ANSWER:**

**Refer to Question / Answer 16. The specific qualifications of the identified Partner Agency point of contact will be determined upon contract award.**