Alabama Medicaid Agency
Medical & Quality Review Services ITB 11-X-2226436
Responses to Bidders' Questions
March 21, 2011

General Questions:

1. What is the annual dollar value of the current contract?

   Initial annual value was $684,500. However, Agency and incumbent Contractor agreed to an amendment which provided an additional monthly compensation of $17,958.33 for a three month period. The amount was to provide compensation due to the increase in fair hearings and for the inpatient psychiatric reviews for those with pending Medicaid eligibility.

2. What is the anticipated budget for this new scope of work?

   There is no predetermined budget.

3. Why is the contract out to bid?

   The Alabama Medicaid Agency determined that it was in the State's best interest to have a new contract instead of exercising the available options.

4. The 2009 ITB for this scope of work included the option for three one-year contract extensions. Why were those options to extend not exercised by the State?

   Refer to response to question #3.

5. Has the current contractor been assessed any performance deficiencies?

   No.

6. Has the current contractor been assessed any contract sanctions and/or liquidated damages?

   Yes.

7. Please describe any differences in this new scope of work when compared to the current scope of work.

   Contractor will review prior authorizations for adult manual wheelchairs with accessories. Power and manual wheelchairs for those under 21 years of age must also be submitted using valid HCPCS for each detail, i.e., E1220 will no longer be used for children's wheelchairs. Tracheostomy supplies and special ostomy supplies will also be reviewed by contractor as codes have been identified for the majority of the supplies. Also refer to page 38, Section 3.3 PA Review Requirements that inpatient psychiatric requests shall be reviewed for those with pending Medicaid eligibility.

8. What are the names of the organizations and attendees of the pre-bid conference?

   Attendees were: Alabama Quality Assurance Foundation: Susan Holmes, Dr. Wes Smith, Cynthia McIntosh; Alliant/GMCF: Marsi Thrash; Qualis: Michael Garrett

9. Please confirm that the contractor is not required to supply any medical review criteria.

   This is correct.

10. Please confirm that the contractor is not required to supply a medical review system, since it appears that the contractor will be using systems supplied by the State or its other contractors to conduct all of the review types describe in this ITB.

    The contractor will have access to the Medicaid Management Information System (MMIS) and the Computer Output to Laser Disk (COLD system. COLD contains the supporting documents for a PA. PA decisions will be entered into the appropriate screens on the MMIS. The contractor will also verify provider and recipient eligibility in the MMIS. Contractor is responsible for sending out letters for hospice and institutional reviews and faxing notification of decision to IP psych providers. Contractor may develop internal programs to assist with reporting requirements.

11. Please describe any initiatives or program changes the Alabama Medicaid Agency anticipates that will affect Medicaid enrollment, covered services, or other areas that could impact the scope of work or anticipated review volumes for this Contractor. In particular, does the State expect significant growth in the Medicaid population in the next five years due to the Affordable Care Act? If so, what growth assumptions should bidders consider when developing their fixed price?

    The Agency anticipates an increase of anywhere from 200,000 to 500,000 new Medicaid clients.

12. ITB Section 1.1, Page 6—Does the State intend to award only one contract for this ITB?

    Yes.

13. ITB Section 1.4, Page 8—In regard to the performance references, are these performance references for contracts and projects with Medicaid agencies?

    No, the performance references do not have to be for contracts and projects with Medicaid agencies. However, please include these, if applicable.

14. ITB Section 1.6, Page 9—Should the signed copy of acknowledgements be included as an attachment to our transmittal letter? If not, where should the documents be included, and do those documents count against the specified page limits for our response?

    Yes, the signed copy of the acknowledgements should be included with the ITB submission, immediately after the price sheet. No, it will not count against the page limits.

15. ITB Section 1.9, Page 11—Are any of the attachments, such as resumes and job descriptions, included in the page limit?

    No; please refer to page 11, Section 1.9 Bid Submission Format c. Page Length.

16. ITB Section 1.16, Page 15—When is reference checking conducted as part of the evaluation of bids? Please describe how references that are not positive could impact the evaluation regarding whether the bidder meets the minimum requirements.

    The contract will be awarded to the lowest responsible bidder meeting all specifications. References are checked during evaluation to determine that the bidder is responsible. Negative references could impact this determination.

17. ITB Section 2.13, Page 22—The contractor will be using information systems supplied by the State and its other contractors to conduct medical reviews. Please confirm that under this Force Majeure clause that, if the Contractor is prevented from performing services due to these systems not functioning, the Contractor's non-performance shall not be a ground for termination for default.

    The force majeure clause is drafted to apply to catastrophic circumstances. While it is possible that there may be some situations where information systems are unavailable for reasons other than a catastrophic event, the Agency does not intend, nor would it be in the Agency's best interests, to terminate the contract for default for problems beyond the Contractor's control.

18. ITB Section 2.34, sub-section a, Page 28—In order to clarify roles and obligations in this clause, would the State consider adding the following or similar language at the end of this section: "This provision shall not apply to liability of any nature arising solely from Medicaid's failure to meet its duties under this Contract; contractor's adherence to the Medicaid criteria; contractor's use of or unavailability of the Medicaid System; or solely from any actions or omissions undertaken in compliance with Medicaid's directions or requests?"

    Yes, please see amendments.

19. ITB Section 2.34, sub-section e, Page 29—Please advise if the performance guarantee money will be held in an interest bearing account with interest returned to contractor at the time that any performance guarantee monies are returned to contractor.

    No, the performance guarantee money will not be held in an interest-bearing account.

20. ITB Section 2.34, sub-section e, Page 30—This section describes that if the successful Contractor fails to deliver required performance, the proposal shall be rejected and the contract may be awarded to the provider of the next ranked proposal. Please describe the methodology used by the State in ranking the proposal responses.

    The proposals are reviewed according to the lowest bid price, i.e., the lowest bid response is reviewed. If this bid is found not responsive, or the bidder is found not to be responsible, the next lowest bid response is reviewed and so on.

21. ITB Section 2.37, Page 32 and Attachment R, Page 90—Please explain how the Contractor invoices for the total price listed on Bid Pricing Schedule A on Attachment R. Does the Contractor take the annual total price and divide by 12, so that the invoicing is billed over twelve months of the year?

    Yes.

22. ITB Section 3.1, Pages 34 and 35—Hospice Reviews

    - This section indicates that "Contractor physician shall review hospice requests when the diagnoses are not included as part of the criteria in the Alabama Medicaid Agency Administrative Code and pediatric cases for medical necessity on a case-by-case basis." How many of these reviews were conducted in the last year?

      The exact number of adult requests for which there is no criteria is unknown, but would expect it to be small. Per the query system, there were 38 recipients under 21 for whom a hospice claim had been paid for a date of service in FY 2010.

    - Please explain how the Contractor receives medical records for hospice reviews. Are these reviews only coming from hospice providers, or do other entities submit review requests to this Contractor?

      Records are received by mail or by fax from hospice providers. No other entities send requests.

    - Please explain whether the Contractor is responsible for paying providers any copying or postage costs for obtaining medical records for these reviews.

      No.

    - Please describe any fees the Contractor is responsible for to access and use the Medicaid LTC Admissions Notification software or any other systems used to conduct these reviews.

      No fees are associated for access to use the HP LTC Admissions Notification software.

    - Please explain if these reviews can be conducted via Web-based review submissions.

      These reviews are not conducted via web-based submissions at this time. If a Contractor had this ability for secure web-based submissions, the Agency would be willing to discuss this process.

- Please describe how the Contractor notifies the hospice provider regarding the review decision. Does the Contractor use the Medicaid LTC Admissions Notification software to produce these letters, or does the Contractor use some other process to produce the notifications?

  The Agency will provide the Contractor with a notification template for approvals and denials. The LTC Admissions Notification software does not produce the letters. Notifications may be mailed or faxed to the requesting provider.

- Please explain how the Contractor receives requests for nursing home room and board for dually eligible recipients. Are these requests only coming from nursing home providers; or do other entities submit review requests to this Contractor?

  These requests (Form 165B) are received from hospice providers for dually eligible recipients for nursing home room and board by fax or mail. No other entities submit these requests.

- How does the Contractor verify financial eligibility and Medicare Part A eligibility? Is there some system or other source document that the Contractor has access to? Please describe this process.

  The Contractor will have access to the Recipient panel of the MMIS to verify financial, i.e., institutional or nursing home Medicaid. There are also panels within the Recipient system for Medicare Part A and Medicare Part B eligibility. This will be addressed in training.

- For the processing of Hospice Recipient Status Change Forms, please confirm that non-clinical staff members are able to process these requests and that no medical necessity review is conducted.

  That is correct; Hospice Recipient Status Change forms may be worked by a non-clinical staff member. However, when it is determined that the recipient does not have Part A eligibility for the dates requested, it would become a medical review by an RN.

23. ITB Section 3.2, Pages 35 to 37—Institutional Reviews

- How many retrospective reviews were conducted in the last year?

  For FY 2010, there were 3,090 reviews conducted.

- What kinds of institutions are covered under this review type? For example, does this include hospitals, nursing homes, or other facilities?

  Please see attachment M of the ITB.

- Please describe how cases are selected for review. Does the Department have specific criteria for case selection?

  The Contractor utilizes report LTC-0007-M found in COLD to randomly select 10% of submissions for every nursing home and ICF-MR on the report on a monthly basis. Please also refer to attachment M in the ITB.

- Please explain how the Contractor generates a medical record request. Does the COLD system have the capability to produce medical record request letters, or is the Contractor required to use some other method for requesting medical records?

  The COLD system does not have the capability to produce the requests for medical records. This is the responsibility of the Contractor to generate the letters, which are mailed certified.

- Please explain whether the Contractor is responsible for paying providers any copying or postage costs for obtaining medical records for these reviews.

  No.

- Please describe any fees the Contractor is responsible for to access and use the COLD system or any other systems used to conduct these reviews.

  There are no fees to access COLD or any of the other HP systems required to conduct the reviews.

- Are providers required to submit copies of medical records for each review, or can these reviews be conducted telephonically?

  Yes, providers are required to submit copies of medical records for each review. Reviews may not be conducted telephonically.

- Are these reviews conducted via a Web-based review process? If so, please describe.

  No; these reviews are not conducted via web-based process.

- Please describe how the Contractor notifies the institution regarding the review decision. Does the Contractor use the COLD system to produce these letters, or does the Contractor use some other process to produce the notifications?

  Contractor will send an acknowledgement letter upon receipt of the record. However, if the record is denied, the Contractor will have to generate a denial letter.

- Please explain how the reviews of post extended care (PEC) and swing beds are different from the other institutional reviews.

  PEC and swing beds are 100% concurrent reviews upon receipt from the provider.

- Please confirm that the institutional reviews are post-pay retrospective reviews.

  Yes; institutional reviews are post-pay retrospective reviews.

- Please confirm that the PEC and swing bed reviews are post-pay retrospective reviews.

  No; please refer to response to earlier question.

24. ITB Section 3.3, Pages 37 and 38—Prior Authorization Reviews
    - Please describe the available, existing criteria for prior authorization (PA) reviews.

      The criteria will be provided to the successful bidder. The Agency has utilized evidence-based research to formulate policies.
    - What healthcare services have associated criteria?

      Please refer to Attachment P for current services for which Agency have criteria.
    - Please describe the system the Contractor uses to conduct the PA reviews.

      The fiscal agent scans PA documents and adds them to COLD. There are numerous "cabinets" in COLD and documents are separated depending upon whether the PA request was submitted electronically or on paper. The reviewer is able to view the PA documents using the PA number in the appropriate cabinet. Please also refer to attachment O in the ITB. Inpatient psych documents may be faxed directly to the Contractor.
    - Please describe any fees the Contractor is responsible for to access and use the PA system or fiscal agent system used to conduct these reviews.

      There are no fees to use the system.
    - Please explain if the PA system produces the written notifications regarding the review decisions. Does the Contractor use the PA system of fiscal agent system to produce these letters, or does the Contractor use some other process to produce the notifications?

      Yes, the PA decision letters are generated in COLD. Currently, the Contractor generates a separate letter to notify private duty nursing recipients of a decrease in hours. Contractor also faxes cover letter or admission document back to the provider with approved dates indicated for inpatient psych requests.
    - Is the State considering implementation of an auto-adjudication process for the future?

      The State may consider the use of auto-adjudication process in the future.
    - How are the PA requests submitted to the Fiscal Agent for review?

      The provider may fax, mail or submit PA requests electronically to the fiscal agent.

25. ITB Section 3.4, Pages 38 and 39—How and when is the call center used? Which review types are supported by the Contractor through the call center?

    The Call Center is used Monday through Friday from 8 am to 5 pm, except on recognized holidays to answer provider inquiries. All review types identified in the Section 3 Scope of Work should be supported by the Call Center.

26. ITB Section 3.5, Page 29—Will the Contractor have access to the necessary reports from the various systems used to conduct all of the reviews? For example, can the Contractor obtain reports for all reviews that show reviews that have been approved and denied? Will the State, or its designee, provide information on the costs of healthcare services in order to support the Contractor's reporting on cost savings? Please describe.

    The Contractor should be able to identify approved and denied reviews it conducted, including those for inpatient psych reviews. Yes, the prices for services can be provided. Savings are based on denials.

27. ITB Section 4.2, Pages 40 and 41—Please confirm that the Contractor is responsible for conducting reviews for all Alabama Medicaid recipients. Please describe any portion of the Alabama Medicaid recipients that are not subject to review by this Contractor under this scope of work.

    There are certain eligibility groups which are not eligible for Medicaid services, such as SLMB or QMB only. Requests for these recipients are denied. Also, unless the service is not covered by Medicare, such as eyeglasses, PA requests for dual eligibles are also denied. Otherwise, in general, reviews are conducted for all Alabama Medicaid recipients. This will be covered in more detail during training.

28. ITB Section 4.3, Pages 41 and 42—Please describe what reports the Contractor will have access to from the systems the Contractor uses to conduct reviews that will meet the requirements outlined in this Section.

    The Contractor will have access to LTC -0007-M and PAU-0002-D (Prior Authorization 30 Day Aging Report). The reports listed in Section 4.4 are to be generated by the Contractor.

29. ITB Section 4.6, Pages 43 and 44—Please explain if the Medicaid agency, or its Contractors, is responsible for obtaining and maintaining access to the systems described in this ITB to conduct reviews.

    The Contractor shall be responsible for the requirements in the amendment to access the MMIS. System issues related to access of the MMIS and COLD are the responsibility of the fiscal agent.

30. ITB Section 4.9, Pages 45 and 46—Please describe the Medicaid system responsibilities to the Contractor regarding notification of system downtime or non-functioning.

    Agency staff will notify Contractor staff of system issues as soon as notification is received.

31. ITB Section 4.10, Pages 47 to 50—Will the State accept detailed job descriptions in lieu of resumes for key personnel positions that cannot be filled prior to the submission of the ITB response? Please explain.

    Yes. Please ensure job descriptions thoroughly address all duties of staff member.

32. ITB Section 4.9, Page 46—In this Section, there is a statement that, "Contractor must have a HIPAA-compliant system with effective security measures to prevent the unauthorized use of, or access to, data." It appears that the State or its other Contractors are supplying the required systems to conduct reviews for this ITB. What system is the Contractor responsible for maintaining with these security measures?

    The Contractor is responsible for ensuring the system used at the place of business to conduct reviews is HIPAA-compliant, i.e., workstations, access to fax machines, etc.

33. ITB Section 4.11, Pages 50 and 51—Why did the State insert the new requirement in this ITB (in comparison to the 2009 ITB) for a total of eight full-time registered nurses to conduct these reviews?

    The minimum staffing requirement was inserted to provide information that based on previous Agency experience. Based upon the scope of work and to ensure efficiency of operations it will take eight full-time nurses to conduct all the reviews.

34. ITB Section 4.11, Page 51—In this Section, the ITB indicates that extra contractual services will only be considered if Medicaid has imposed policy changes.
    - Do the extra contractual services apply if there is no change in policy, but the Medicaid enrollment increases resulting in a caseload increase of five percent or more in two consecutive quarters?

      Please refer to amendment for page 51, Section 4.11 Other Personnel.
    - Please confirm that the intent of this section on extra contractual services means that the Contractor is allowed to bill for these additional services.

      Yes.
    - Please explain what billing methodology the Contractor may use if the caseload increases five percent or more in two consecutive quarters. Does the Contractor bill the hourly rates as outlined in Pricing Schedule B in Attachment R

      Yes, the Contractor would bill the hourly rates as outlined in Schedule B in Attachment R. If this situation should occur, the invoice should contain separate line(s) for the additional hours for the appropriate staff member(s).
    - Please confirm the intent of the word caseload means the review volumes.

      Yes.
    - If the caseload increases five percent or more in two consecutive quarters, when can the Contractor be allowed to bill for extra contractual services?

      The billing would begin the first month after the end of the second consecutive quarter of increased caseload.

35. ITB Attachment F, Page 66—Can the State provide more detailed information about the prior authorizations listed in this Attachment? For example, is there a breakdown by the type of service reviewed through the prior authorization review process?

    For PAs received during FY 2010, the breakdown by PA Assignment Code is:

    DME Purchase – 42%

    DME Rental – 22%

    IP Psych – 14%

    Vision – 6%

    Air Transportation – 6%

    Ground Transportation – 3%

    Private Duty Nursing – 2%

    Other – 2%

36. ITB Attachment F and G, Pages 66 and 67—Are the institutional review volumes contained in either of these attachments? If not, please explain the historical volumes for institutional reviews?

    The average monthly number of institutional reviews for FY 2010 is 258.

37. ITB Attachment R, Page 90—This attachment requests a fixed price for Medical Criteria Development. Please describe the requirements for these services. What is the expect volume per year? Will these services be provided by the minimum .5 FTE Consulting Physician and Consulting Physical Therapist?

    Please refer to section 4.5 Additional Contractor Responsibilities, the second bullet for the requirements. There is no expected volume per year. These services may be provided by the professional staff deemed appropriate by the Contractor.

38. ITB Attachment R, Page 90—This attachment requests an annual price. This implies that each bidder determine the underlying review volumes to arrive at the fixed price. This indefinite quantity situation could disqualify the bidder pricing criteria contained in the ITB. For example, Bidder A uses a price at $100 per review and assumes a volume of 1,000 reviews per year. For the same review type, Bidder B assumes 1,500 reviews per year at price of $75 per review. Bidder A's $100,000 extended price will be the lowest cost bidder than Bidder B's $112,500 extended price, but Bidder B clearly provides a better value for the State. In order to have an apples-to-apples comparison, please supply the exact volume amounts to be used for each of the cost categories listed in Bid Pricing Schedule A.

    Please refer to attachment F for PA volumes, as well as the additional monthly average of 58 inpatient psych reviews which do not have a PA number. A number cannot be assigned for these requests for those for whom Medicaid eligibility is pending. Please see attachment G for hospice volumes and response to question 36 for institutional review volumes.

39. Attachment R, Page 90—This attachment requests an annual price. Is this price only applicable to the first 36 months of the contract?

    The price is applicable to all five years of the contract, but the two yearly extensions require the agreement of both parties.

40. Section 1.8 Bid Submission Requirements, i. page 10- Is it the Agency's intent to make the Successful Bidder whole by including Pricing Schedule B "Extra-Contractual Services" should performance costs increase? If so, there are additional costs that should be included on this schedule (i.e. other direct costs such as travel, postage, rent, etc)

    No, Pricing Schedule B is not intended to address an increase in performance costs. It is intended to apply only to significant changes in the scope of work that meet the criteria described in Section 4.11. The costs listed by vendor on Schedule B should reflect all reimbursement it seeks to receive if extra contractual services are needed, unless the ITB contains separate provisions for reimbursement of certain expenses.

41. Section 2.32 Contractor's Duties upon Expiration/Termination, b. page 27 - Clarify in the first sentence "up to 90 calendar days after expiration of the contract" and in the last sentence "during this 90-day period". Is the Agency implying the Contractor must provide services without a contract and at its own expense in this 90-day period?

Yes, close out duties are intended to be included in the cost of the contract. This does not mean the Agency expects Contractor to continue reviews up to 90 days after contract expiration. The duties during the transition period are clear.

42. Section 2.32 Contractor's Duties upon Expiration/Termination, b., page 27 – Expand/clarify what services are required by the Contractor in the sentence: "Contractor to take over the provision of independent assessment services".
    Letter b. states, "Contractor shall at any time during the transition period and up to 90 calendar days after expiration of the contract answer all questions and provide all dialogue and training that Medicaid deems necessary to enable successor Contractor to take over the provision of independent assessment services. Incumbent contractor is expected to provide information necessary regarding reviews to assist successor contractor to initiate reviews upon contract start date.

43. Section 2.35 Contract Sanctions-Liquidated Damages, b., f., i., page 31 –
    - Clarify what documentation the Agency is referring to in b. Is this the reports in section 4.4 only? If not, please clarify
      Do you mean a. in section 2.35? Yes, "reports" is referring to the listed reports in section 4.4
    - Clarify the dollar amount of the first instance in f.
      The first failure by the contractor under f. will only result in a requirement that the contractor submit a corrective action plan. A second failure will result in liquidated damages of $1000, and so on.
    - Clarify if the technical requirements in i. are those mentioned on page 46 only. If not, please clarify.
      Yes. Please note this section will be amended with clarifications of specifications.

44. Section 3.4 Call Center- page 38,39 - There is software which captures call center statistics/metrics and there is software for Help Desk type activity. Provide the name(s) of the software with automatic capabilities to track inquiries (verbal & written) to which the Agency is referring.
    An example currently used by an Agency contractor is HEAT. There are numerous companies that are retrieved using Google search.

45. Section 4.4 Reporting, 3., page 42 - Under Long Term Care Request for Action Forms, second bullet "Number of Requests Rejected", clarify if the Contractor initiates the rejection or if Medicaid's electronic system initiates the rejection. If it is Medicaid's system, should this then state "Number of Requests Denied" as the Contractor would perform the function of denying a request?
    "Rejected" is the correct word. The forms will be rejected by the Contractor, using the definition of the word of "to refuse to accept." It is not a systematic rejection.

46. Section 4.5 Additional Contractor Responsibilities – Inquiries, page 43:

- Define the type and length of time for physician or physical therapist(s) inquiries.
  Agency is unable to provide an estimate of time. We would expect inquiries to be about denials, perhaps to clarify what has been written in the external text of the PA decision letter, or, what is required for approval of a requested item. We would also expect inquiries regarding the status of a request.
- Will the contractor physician or physical therapist(s) have two business days to respond to inquiries as is the case for the Contractor to respond to Medicaid?
  Yes.

47. Section 4.9 Operational Requirements, page 45- Will the Agency consider adding to the list of holidays the day after Thanksgiving and Christmas eve?
    No.

48. Section 4.11 Other Personnel: Extra Contractual services, p. 51 - What is used as the baseline to determine an increase in workload?
    Please see amendment for page 51, Section 4.11, Other Personnel for baselines.

49. Attachment P - Please provide a list of CPT codes for the PA policies found in Attachment P.
    See attachment one of procedures codes currently requiring PA for which contractor is currently responsible.

50. Section 2.25 - 2.27, 2.29 Termination(s) - How many days in advance will the Agency provide the Contractor of a termination?
    General termination procedures are contained in Sections 2.30 and 2.31. Sections 2.26 and 2.28 contain timelines for terminations under those sections. If a termination occurs pursuant to Section 2.27 or 2.29, Medicaid will endeavor to give the maximum notice possible under the circumstances, but no minimum notice period can be specified in the ITB.

51. Section 2.25 – 2.31 – Termination(s), p. 24-26 - No termination right is expressly provided for the Contractor. Will Agency consider adding this language or can it be added prior to the execution of the contract?
    No, the Agency expects the minimum commitment by the contractor of 36 months, as stated in Section 1.1.

51. Section 4.10 Key Personnel, page 47-50 - Must all professional personnel – RN, Physical Therapist and Physician have a current Alabama license?
    Yes.

52. Contractor office - Must the Contractor perform the services (as outlined in the ITB) in an office located in the state of Alabama?
    No.

53. Section 1.1, page 6, 1st Paragraph - How should a vendor factor in a significant increase in the Medicaid rolls, especially if health care reform stands (estimated 35% increase in enrollment in 2014), given that the ITB does not have a provision for a price increase?
Please see response to number 11.

54. Section 2.32(a), Page 27, 1st Bullet - What is the anticipated number of unprocessed and pending Prior Authorization, Hospice and/or Institutional requests to be transitioned from the incumbent?

The incumbent Contractor is up to date on hospice, and nursing home reviews, as of 3/18/11. PA reviews are also up to date. It is anticipated that the incumbent Contractor will stop accepting requests for reviews on 5/13/11, but will continue to work through what has been received until 5/31/11. However, to provide "worst case scenario", if incumbent was not able to complete any of the reviews received through 5/13/11, it would be approximately half of the monthly averages for FY 2010: Institutional: 129; hospice: 216; PAs: 915 (includes IP psych with pending eligibility)

55. Section 3.0, page 34 - Will the vendor review Medicaid managed care claims?
The Contractor will review prior authorization requests and other reviews outlined in the scope of work for Medicaid-only eligibles enrolled in Pt 1st, Alabama's primary care case management waiver. Alabama Medicaid does not have a managed care system in the traditional sense.

56. Section 3.2, page 36, 3rd Paragraph - Please clarify that the 10% retrospective review requirement is per facility.
Yes.

57. Section 3.3, Page 38, 2nd Paragraph - Please explain the process for how the reimbursement rate for DME will be determined and what role the vendor will play.

For certain items, DME providers must submit the MSRP from three manufacturers. The Contractor's physical therapist must calculate the approved amount based on the lowest MSRP for the most appropriate item, minus the applicable discount. There are other items which are priced at invoice plus 20%. Pricing information is contained in the PA policy, when applicable.

58. Page 65, Attachment E - What plans are in place to move any of the FFS population into managed care?

There are no definite plans to move the FFS population into managed care at this time.

59. Page 66, Attachment F - Page 66, Of the prior authorization reviews (average of 1,771 per month), what is the breakdown of review type in Attachment P, Pages 83-84 (e.g. DME, Eye Glasses, etc.)? What are the associated approval and denial volumes?

Refer to response for question 35. Of the requests, about 70% were approved and 30% were denied.

60. Page 74, Attachment M Of the 230 facilities, please provide a breakdown of each facility's admission numbers.

Additional breakdown is not available.

CODE	PA
00874	YES
11920	YES
11970	YES
15780	YES
15781	YES
15782	YES
15783	YES
15786	YES
15787	YES
15788	YES
15789	YES
15792	YES
15793	YES
15820	YES
15821	YES
15822	YES
15823	YES
15824	YES
15830	YES
15847	YES
15999	YES
17999	YES
19318	YES
19324	YES
19325	YES
19328	YES
19330	YES
19340	YES
19342	YES
19350	YES
19355	YES
19357	YES
19361	YES
19364	YES
19366	YES
19367	YES
19368	YES
19369	YES
19370	YES
19371	YES
19380	YES
20999	YES
21076	YES
21077	YES
21079	YES
21080	YES

CODE	PA
21081	YES
21082	YES
21083	YES
21084	YES
21086	YES
21087	YES
21088	YES
21089	YES
21299	YES
21499	YES
21899	YES
22899	YES
22999	YES
24999	YES
25999	YES
26499	YES
26799	YES
27299	YES
27499	YES
27599	YES
27899	YES
29799	YES
29804	YES
30400	YES
30410	YES
30420	YES
30430	YES
30435	YES
30450	YES
30999	YES
31599	YES
31899	YES
32999	YES
33999	YES
36299	YES
36475	YES
36476	YES
36478	YES
36479	YES
37501	YES
37799	YES
38129	YES
38589	YES
40899	YES
41899	YES
42299	YES

CODE	PA
43289	YES
43499	YES
43644	YES
43645	YES
43659	YES
43770	YES
43771	YES
43772	YES
43773	YES
43774	YES
43842	YES
43843	YES
43845	YES
43846	YES
43847	YES
43848	YES
43886	YES
43887	YES
43888	YES
43999	YES
44238	YES
44799	YES
44979	YES
45499	YES
45999	YES
47379	YES
47399	YES
47579	YES
47999	YES
49329	YES
49659	YES
49999	YES
50549	YES
50949	YES
51999	YES
53899	YES
54699	YES
55559	YES
58565	YES
58578	YES
58579	YES
58679	YES
59897	YES
59898	YES
59899	YES
60659	YES

CODE	PA
60699	YES
63199	YES
64650	YES
64653	YES
64999	YES
66999	YES
67299	YES
67900	YES
67901	YES
67902	YES
67903	YES
67904	YES
67906	YES
67908	YES
67909	YES
67912	YES
67950	YES
67999	YES
68328	YES
68399	YES
69300	YES
69399	YES
69714	YES
69715	YES
69717	YES
69718	YES
69930	YES
69949	YES
69979	YES
83499	YES
85999	YES
86849	YES
87299	YES
87799	YES
87999	YES
89240	YES
90378	YES
90704	YES
90705	YES
90706	YES
90719	YES
91299	YES
92065	YES
92310	YES
92311	YES
92312	YES

CODE	PA
92313	YES
92314	YES
92315	YES
92316	YES
92317	YES
92326	YES
92499	YES
92597	YES
92605	YES
92606	YES
92607	YES
92608	YES
92609	YES
92700	YES
93799	YES
94799	YES
95999	YES
97535	YES
97799	YES
99600	YES
A0215	YES
A0430	YES
A0431	YES
A0435	YES
A0436	YES
A0999	YES
A4264	YES
A4421	YES
A4556	YES
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A4580	YES
A4606	YES
A4630	YES
A4649	YES
A4660	YES
A4663	YES
A4670	YES
A4772	YES
A6501	YES
A6502	YES
A6503	YES
A6504	YES
A6505	YES
A6506	YES
A6507	YES
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CODE	PA
A6509	YES
A6510	YES
A6511	YES
A6512	YES
A6513	YES
A7509	YES
A8000	YES
A8001	YES
B4035	YES
B4082	YES
B4088	YES
B4197	YES
B9000	YES
B9004	YES
B9006	YES
B9998	YES
E0140	YES
E0148	YES
E0149	YES
E0153	YES
E0168	YES
E0181	YES
E0182	YES
E0185	YES
E0194	YES
E0225	YES
E0231	YES
E0235	YES
E0236	YES
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E0255	YES
E0260	YES
E0266	YES
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E0277	YES
E0280	YES
E0295	YES
E0296	YES
E0303	YES
E0304	YES
E0305	YES
E0310	YES
E0424	YES
E0425	YES

CODE	PA
E0430	YES
E0431	YES
E0435	YES
E0441	YES
E0443	YES
E0445	YES
E0450	YES
E0455	YES
E0461	YES
E0463	YES
E0470	YES
E0471	YES
E0472	YES
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E0482	YES
E0483	YES
E0550	YES
E0555	YES
E0561	YES
E0562	YES
E0565	YES
E0575	YES
E0580	YES
E0585	YES
E0600	YES
E0601	YES
E0619	YES
E0630	YES
E0635	YES
E0650	YES
E0651	YES
E0652	YES
E0660	YES
E0665	YES
E0666	YES
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E0668	YES
E0705	YES
E0744	YES
E0779	YES
E0781	YES
E0784	YES
E0791	YES
E0850	YES
E0870	YES
E0880	YES

CODE	PA
E0890	YES
E0900	YES
E0910	YES
E0911	YES
E0912	YES
E0920	YES
E0930	YES
E0940	YES
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E0947	YES
E0950	YES
E0951	YES
E0952	YES
E0955	YES
E0956	YES
E0957	YES
E0958	YES
E0959	YES
E0960	YES
E0961	YES
E0966	YES
E0967	YES
E0970	YES
E0971	YES
E0973	YES
E0974	YES
E0978	YES
E0980	YES
E0982	YES
E0983	YES
E0984	YES
E0986	YES
E0990	YES
E0992	YES
E0994	YES
E1002	YES
E1003	YES
E1004	YES
E1005	YES
E1006	YES
E1007	YES
E1008	YES
E1009	YES
E1010	YES

CODE	PA
E1011	YES
E1014	YES
E1015	YES
E1016	YES
E1018	YES
E1020	YES
E1028	YES
E1029	YES
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E1093	YES
E1100	YES
E1110	YES
E1130	YES
E1140	YES
E1150	YES
E1160	YES
E1161	YES
E1170	YES
E1172	YES
E1180	YES
E1190	YES
E1200	YES
E1220	YES
E1221	YES
E1224	YES
E1225	YES
E1227	YES
E1228	YES
E1231	YES
E1232	YES
E1233	YES

CODE	PA
E1234	YES
E1235	YES
E1236	YES
E1237	YES
E1238	YES
E1240	YES
E1250	YES
E1260	YES
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E1280	YES
E1285	YES
E1290	YES
E1295	YES
E1296	YES
E1297	YES
E1298	YES
E1372	YES
E1390	YES
E1406	YES
E1594	YES
E2000	YES
E2100	YES
E2201	YES
E2202	YES
E2203	YES
E2204	YES
E2205	YES
E2206	YES
E2208	YES
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E2215	YES
E2216	YES
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E2218	YES
E2219	YES
E2220	YES
E2221	YES
E2222	YES
E2224	YES
E2225	YES
E2226	YES
E2227	YES
E2228	YES
E2231	YES

CODE	PA
E2300	YES
E2310	YES
E2311	YES
E2313	YES
E2321	YES
E2322	YES
E2323	YES
E2324	YES
E2325	YES
E2326	YES
E2327	YES
E2328	YES
E2329	YES
E2330	YES
E2331	YES
E2340	YES
E2341	YES
E2342	YES
E2343	YES
E2351	YES
E2370	YES
E2371	YES
E2372	YES
E2373	YES
E2374	YES
E2375	YES
E2376	YES
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E2395	YES
E2397	YES
E2402	YES
E2601	YES
E2602	YES
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E2604	YES
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E2606	YES
E2607	YES
E2608	YES
E2609	YES
E2611	YES
E2612	YES
E2613	YES
E2614	YES
E2615	YES
E2616	YES

CODE	PA
E2617	YES
E2619	YES
E2620	YES
E2621	YES
E8000	YES
E8001	YES
E8002	YES
H5010	YES
J0129	YES
J0135	YES
J0718	YES
J1438	YES
J2357	YES
J7342	YES
J8597	YES
K0007	YES
K0009	YES
K0015	YES
K0017	YES
K0018	YES
K0020	YES
K0037	YES
K0038	YES
K0039	YES
K0053	YES
K0056	YES
K0065	YES
K0068	YES
K0069	YES
K0070	YES
K0071	YES
K0072	YES
K0073	YES
K0077	YES
K0098	YES
K0105	YES
K0108	YES
K0195	YES
K0456	YES
K0462	YES
K0606	YES
K0733	YES
K0734	YES
K0735	YES
K0736	YES
K0737	YES

CODE	PA
K0738	YES
K0800	YES
K0801	YES
K0802	YES
K0806	YES
K0807	YES
K0808	YES
K0813	YES
K0814	YES
K0815	YES
K0816	YES
K0820	YES
K0821	YES
K0822	YES
K0823	YES
K0825	YES
K0826	YES
K0827	YES
K0828	YES
K0829	YES
K0830	YES
K0831	YES
K0835	YES
K0836	YES
K0837	YES
K0838	YES
K0839	YES
K0840	YES
K0841	YES
K0842	YES
K0848	YES
K0849	YES
K0850	YES
K0851	YES
K0852	YES
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K0854	YES
K0855	YES
K0856	YES
K0857	YES
K0858	YES
K0859	YES
K0860	YES
K0861	YES
K0862	YES
K0863	YES

CODE	PA
K0864	YES
K0868	YES
K0869	YES
K0870	YES
K0871	YES
K0877	YES
K0878	YES
K0879	YES
K0880	YES
K0884	YES
K0885	YES
K0886	YES
K0890	YES
K0891	YES
K0898	YES
L1300	YES
L1310	YES
L1499	YES
L1520	YES
L2999	YES
L3921	YES
L3964	YES
L3965	YES
L3966	YES
L3968	YES
L3969	YES
L3970	YES
L3972	YES
L3974	YES
L3999	YES
L5331	YES
L5699	YES
L5856	YES
L5858	YES
L5999	YES
L6882	YES
L6925	YES
L7274	YES
L8000	YES
L8015	YES
L8020	YES
L8030	YES
L8035	YES
L8039	YES
L8499	YES
L8619	YES

CODE	PA
L8627	YES
L8628	YES
L8691	YES
S0162	YES
S2235	YES
S5160	YES
S5165	YES
S9123	YES
S9124	YES
T1019	YES
T2023	YES
T2029	YES
T4521	YES
T4522	YES
T4523	YES
T4524	YES
T4529	YES
T4530	YES
V2025	YES
V2219	YES
V2501	YES
V2502	YES
V2503	YES
V2510	YES
V2511	YES
V2512	YES
V2513	YES
V2520	YES
V2521	YES
V2522	YES
V2523	YES
V2530	YES
V2531	YES
V2599	YES
V2628	YES
V2629	YES
V2630	YES
V2744	YES
V2750	YES
V2755	YES
V2760	YES
V2780	YES
V2781	YES
V5273	YES
V5299	YES
V5336	YES

Attachment one

CODE	PA
X2091	YES
X2780	YES
X6200	YES

Query by HP using following criteria: Procedure code must not start with “D”, “G”, “E25XX”. Also exclude all procedure codes in the 7XXX range except for 76801, 76802, 76810, 76811, 76812, 86715, 76816, 76817, 76818, 76818, 76825, 76826, 76827, 76828. Also exclude procedure codes E1399, 21120-21296, S9379, A4351, A4352 and A4349.