

**VENDOR QUESTIONS AND ANSWERS  
MEDICAID MANAGED CARE ENROLLMENT CENTER SERVICES  
R-89-07-0004**

**Q & A period: January 30, 2007-February 12, 2007**

**Final Question and Answer Document**

**February 6, 2007**

Amy Piemme, MS  
Contract Operations & Support Specialist  
Automated Health Systems, Inc.

- Q1.** Section 3.4 Administrative Structures--Proposed Work Plan, Page 29 of 48:  
According to pages 40 to 41 of 48 in the RFP, Section 3.4 is to comprise Tab 4 of the proposal response. RFP page 29 of 37 provides additional detail about what should be included in Tab 4 of the proposal (i.e., subsections A-F). However, subsection B indicates that a technical approach and work plan should be included in Tab 4 of the proposal response. Yet, a detailed technical approach and work plan would already have been provided in proposal response Tab 3 Scope of Work and Specification of Deliverables when addressing Deliverables A-J. Would the Department please provide clarification on what should be included in Tab 4 Administrative Structures--Proposed Work Plan subsection B?
- A1.** **Tab 4 of the vendor's proposal submission must include a response to all requirements listed in Section 3.4, Administrative Structures—Proposed work Plan. However, vendors may simply provide a statement in Tab 4 of their proposals that ODJFS may refer to Tab 3 of their proposal response for review of their detailed technical approach and work plan as well as specifications of deliverables.**

**February 11, 2007**

Amanda J. Learned  
MAXIMUS, Inc.

- Q2.** Page 6--1.6 Anticipated Procurement Timetable. Will the contract award notification letter be issued approximately 3/19/07 to a single vendor or to multiple vendors?
- A2.** **There shall only be one vendor selected for the award of the resulting contract. The award notification letter is estimated to be issued March 20, 2007 as stated in the RFP. Vendors who will have submitted proposals and are not selected shall also receive notification that they have not been selected for award of the resulting contract.**
- Q3.** Page 19--3.3.B.3, MCEC Telephone System Deliverable. Are calls abandoned is less than 30 seconds excluded for the abandonment rate calculation?
- A3.** **All abandoned calls are to be considered for the abandonment rate requirement of less then 5% as indicated in Section 3.3, B., 3., a., 3.**

**Q4.** Page 21--3.3.C.4.a.5 Health Care Selection Deliverable/Appendix H. Please provide current health care needs assessment and protocol for obtaining this information. Is the data field “Medical Conditions” the only requirement? What guidance is provided for identifying this information?

**A4.** Section 3.3, C., 4., a., 5 states: “determine and record the eligible’s health care needs, including special health care needs, chronic conditions, upcoming surgeries, and on-going treatment and pregnancies”. The intent is to capture consumer’s health care needs as expressed by a managed care eligible during a voluntary enrollment. Information to be captured during this process includes, but is not limited to the following fields (pages 16-18) in Appendix G, Consumer Contact Record (CCR) Data Fields: Desired PCP, Desired PCP Medicaid Provider Number, Current PCP Patient, Desired Hospital, Status of Screen, Screening for Medical Condition Code, Other Medical Condition, Screening for Additional Assistance Code, Scheduled Services or Ongoing Treatment(s), Service or Treatment, service or Treatment Date, Service or Treatment Doctor, Other Policy Information Name, and Other Policy Information Number. More information regarding these fields can be obtained by reviewing Appendix G and its associated appendices.

Additionally, information should be provided on whether children under the age of 21 have asthma; a chronic physical, emotional, or mental condition(s) for which they need or are receiving treatment or counseling; Supplemental Security Income (SSI) for a health-related condition; or a current letter of approval from the Bureau of Children with Medical handicaps (BCMh).

**Q5.** Page 21--3.3.C.4.a.5 Health Care Selection Deliverable. Does the MCFC website already exist? If yes, what are the expectations for the vendor?

**A5.** Yes. The MCEC website currently exists and has been provided for vendor reference in Section 1.8, Vendor’s Library of the RFP. The current Selection Services Center website can be accessed at <http://www.ohiossc.com>.

Information listed in Section 3.3, C., 4., b. “Selection through the MCEC Website” is required to be available on the MCEC website. For example, the website shall include managed care and selection process basic information; a searchable provider data base; ability to electronically select a managed care plan; an electronic enrollment confirmation notice; and include all information necessary to adequately complete the consumer contact record (CCR) as specified in Appendix G.

**Q6.** Page 23--3.3.D. Consumer Education Deliverable. Please describe requirements for replacement of any existing brochures or pamphlets which are ODJFS versus vendor produced?

**A6.** Section 3.3, D., 2., b. requires the Managed Care Enrollment Center (MCEC) vendor to “Utilize ODJFS-produced materials.” It is the responsibility of ODJFS to promptly supply the MCEC vendor with educational materials newly produced by ODJFS. The MCEC vendor should notify their contract manager when these materials are near depletion so an adequate supply can be provided. Should ODJFS-produced educational materials change, the MCEC vendor will be responsible for destroying any remaining outdated materials. It is the vendor’s responsibility for any replacement of depleted vendor-produced materials.

**Q7.** Page 24--3.3.D. Consumer Education Deliverable. Please describe scope of public information campaign and previous experience. Please elaborate on role of county MCP coordinator.

- A7.** Section 3.3, D., 3., d. requires the MCEC to “Seek MCP and community input for any public information campaigns.” Public information campaigns must be Medicaid managed care related and usually consist of changes in the Medicaid managed care program or innovative strategies that affect the Medicaid managed care program. Current campaigns affecting Medicaid managed care have primarily focused on statewide expansion efforts for the Aged, Blind or Disabled (ABD) and Covered Families and Children (CFC) populations. Such activities include meeting with county departments of job and family services (CDJFS) to educate county staff new to managed care and to establish county contacts generally referred to as county MCP coordinators. County MCP coordinators may assist the MCEC in providing space within the CDJFS for outreach and enrollment activities, provide feedback regarding county needs relative to managed care, and recommend additional outreach opportunities within the community.

The MCEC provides presentations to community stakeholders and consumers in conjunction with ODJFS as well as on its own. The presentations not only serve to educate the public about managed care, but to receive feedback from the community on ways to improve the enrollment process and the Medicaid managed care program.

The MCEC keeps open communication with the MCPs and works in conjunction with them to provide outreach services within the community. MCPs new to Ohio managed care have opportunities to tour the MCEC to learn more about the enrollment process and to exchange ideas for improvement.

- Q8.** Page 27--3.3.I. Consumer Satisfaction Deliverable. Please describe how these requirements are handled currently.
- A8.** ODJFS will not provide this information. Responding vendors are to review the requirements described in the RFP and, using their own professional expertise, propose an effective response that would meet each deliverable’s specifications.

Additionally, this is a request for information on the related current contract, and is not a request for clarification of the present RFP. As stated in the RFP Section 1.7, “Potential vendors may ask clarifying questions regarding this RFP via the Internet during the Q&A Period... .” That section establishes that, “Requests from potential vendors for copies of previous RFPs, past vendor proposals, score sheets or contracts for this or similar past projects, are Public Records Requests (PRRs), and are not clarification questions regarding the present RFP” and that, “ODJFS will only answer those questions submitted within the stated time frame for submission of vendor questions, and which pertain to issues of RFP clarity, and which are not requests for public information.”

- Q9.** Page 30--3.6 Selected Vendor Compensation Structure. Please indicate if incumbent has failed to achieve the holdback and, if yes, please describe the circumstances.
- A9.** See the answer provided to Q. 8, above.
- Q10.** Appendix F-- Appendix F ESC Activity. How does average choice rate of 73% compare with ODJFS expectations?
- A10.** ODJFS chooses not to provide this information. Responding vendors are to review the requirements as stated in the RFP, evaluate programmatic needs, and use their professional expertise to propose an effective response that meets ODJFS needs.

Q11. Appendix K-- Appendix K Compliance Assessment Information. Has the incumbent been subject to any performance and continuity holdbacks? If yes, provide the number of times these occurred and if any were retained by ODJFS?

A11. See the answer provided to Q. 8, above.

**THIS CONCLUDES THE QUESTION & ANSWER DOCUMENT  
FOR ODJFS RFP#: R-89-07-0004.**