

Question	RFP Section	Notes
<p>Will DHMH provide specifications for the reports listed in Exhibit 6 including required data fields?</p>	<p>Exhibit 6</p>	<p>There is an Exhibit 6 Replacement (see data library <a href="http://dhmh.maryland.gov/bhd/SitePages/ASO%20RFP.aspx">http://dhmh.maryland.gov/bhd/SitePages/ASO%20RFP.aspx</a>). The Exhibit 6 in the RFP was an older document. Sample reports are attached (data library) for all reports with an identifier that begins with "M". As indicated in the body of the RFP (3.2.9.4.(a)), the reports that are identified by an eight character code beginning with "M" must be produced with at least one filter that allows selection of cases for summarization for:</p> <ol style="list-style-type: none"> <li>1. mental health services only,</li> <li>2. substance use disorder services only, and</li> <li>3. combined mental health and substance use disorder services.</li> </ol> <p>The detail of each report has an effect on the source of data for the report since some reports are best populated from claims data while authorizations are more appropriate for others. No report preparation should begin prior to discussions between the BHA and the selected vendor.</p> <p>Reports shall be dynamic, not static, and many will be subject to selected filters. Time periods of the data reported will vary, again depending upon the nature of the data contained in the report and the use to which the data will be put. Reports should generally be available in both downloadable PDF and Excel formats.</p> <p>Reports with identifiers beginning with "ADAA" are not standard reports currently in production, and consequently current "mock-up" reports are not available. The BHA will work with the selected vendor to develop these reports.</p> <p>Finally, the selected vendor also needs to be aware that this list is not exhaustive and that, as implementation of the integrated PBHS proceeds, new needs will be identified and have to be met.</p>
<p>Please provide a breakdown by age group of those eligible for services through the Public Behavioral Health System.</p>	<p>3.1</p>	<p>See attached Eligible Individuals by Age (data library). <a href="http://dhmh.maryland.gov/bhd/SitePages/ASO%20RFP.aspx">http://dhmh.maryland.gov/bhd/SitePages/ASO%20RFP.aspx</a></p>
<p>Please provide a distribution of those eligible for services by county.</p>	<p>3.1</p>	<p>See attached Eligible Individuals by Jurisdiction (data library). <a href="http://dhmh.maryland.gov/bhd/SitePages/ASO%20RFP.aspx">http://dhmh.maryland.gov/bhd/SitePages/ASO%20RFP.aspx</a></p>
<p>Please provide a breakdown of expenditures by service (both MH and SUD) and by age group for the most recent 12-month period for which it is available.</p>	<p>3.1</p>	<p>See attached MARF0004 (data library). <a href="http://dhmh.maryland.gov/bhd/SitePages/ASO%20RFP.aspx">http://dhmh.maryland.gov/bhd/SitePages/ASO%20RFP.aspx</a></p>

<p>Has Medicaid expansion substantially changed the number or percentage of individuals who are eligible to receive Medicaid-funded mental health and/or substance use services?</p>	<p>3.1</p>	<p>Yes. Approximately 150,000 individuals have become fully Medicaid eligible since January 1, 2014; approximately 95,000 of them were already enrolled in a partial benefit package (the PAC program) and are receiving primary care, pharmacy, mental health services, and substance use treatment services. The remainder are new to Medicaid, but may have been receiving services for uninsured individuals through ADAA and/or MHA.</p>
<p>Please provide the standards or parameters for the amount, duration and scope of each of the benefits set forth in Exhibit 3.</p>	<p>3.1 Exhibit 3</p>	<p>Number and length of services are based on medical necessity criteria. More information on parameters will be shared during the transition period.</p>
<p>Please provide a sample of the application used to enroll any Office of Health Care Quality (OHCQ) licensed, certified, or approved provider, to assist in data tracking requirements.</p>	<p>3.2.1.1 (b)(4)</p>	<p>Applications for OHCQ licensure or approval may be found here:  <a href="http://dhmh.maryland.gov/ohcq/SitePages/Home.aspx">http://dhmh.maryland.gov/ohcq/SitePages/Home.aspx</a> The Maryland Medicaid Provider Enrollment forms may be found here:  <a href="https://mmcp.dhmh.maryland.gov/SitePages/Provider%20Information.aspx">https://mmcp.dhmh.maryland.gov/SitePages/Provider%20Information.aspx</a></p>
<p><b>Provider Enrollment:</b> Section 3.2.1 indicates the MPBHS will maintain an electronic database of persons who apply to become providers; is this application the Maryland Medicaid provider enrollment application? Are enrollment requirements the same for new and existing Medicaid providers? On what basis will the Department expect the ASO to make a decision about whether an application is accepted? Will the ASO be required to generate a Medicaid provider number as part of the enrollment process? Is the expectation that the ASO enroll providers using the web interface or is there a data interchange that would allow a load and feed into the MMIS with the ASO ID?</p>	<p>3.2.1.1</p>	<p>Yes - at minimum the ASO shall use the Medicaid provider application. Yes - enrollment requirements are the same for existing providers and new providers. The ASO shall accept all applications for review, and approve or deny depending on the requirements for each provider type. No - a provider number is generated by MMIS. Yes the vendor shall use an electronic application and interface for providers to enroll.</p>

<p><b>Credentialing Medicaid Providers:</b> Please describe the current procedures for licensing and credentialing providers. Are the terms licensed and credentialed used interchangeably? Does the contractor credential all providers, only new providers, Medicaid or Non-Medicaid providers or both? What is the role of the State?</p>	<p>3.2.1.2</p>	<p>Each provider type has different provider qualifications. One of the requirements for many of the individual practitioners such as psychiatrists or social workers is that they be licensed. In addition, the contractor would need to make sure they are not on any of the federal or state fraud lists. Making sure a provider is licensed is a subset of the credentialing process. The contractor will not re-credential all current providers at the beginning of the contract. However, providers must be re-enrolled at least every five years and the contractor will be involved in that process over time. The contractor will be responsible for both Medicaid and non-Medicaid providers as is described in 3.2.1.1(a) and (b). The State will monitor the performance of the contractor in regards to provider enrollment. In addition, the State has staff which will perform on-site reviews when required as part of the enrollment process for certain providers. For the 1915 (i) the terms "licensed and credentialed" are not always used interchangeably. For example in section 3.2.10.7.b.5 the credentialing process expected of the prospective vendor is to credential provider types not licensed by the State of Maryland but certified by a number of national certification boards based on a variety of differing requirements and time frames established for re-certification</p>
<p><b>Credentialing Non-Medicaid and Non-Traditional Providers:</b> Please explain how the Department determines the criteria of which providers currently fall into the non-Medicaid provider category? What is the current process for enrolling these providers in MMIS? Will the ASO enroll non-Medicaid and non-traditional providers based on interest or will the ASO have latitude to enroll based upon network need? What is the Department's intention regarding screening requirements and are they different that what is currently in place?</p>	<p>3.2.1.1, .2</p>	<p>The Department has a list of provider types and will instruct the ASO on which provider types are not Medicaid providers. Most providers of non-Medicaid services also provide Medicaid services, so they would already be enrolled. For those that aren't, the selected vendor will need to develop a process in conjunction with the BHA. Non-Medicaid only providers will not be enrolled in MMIS. Any willing, qualified provider who meets requirements will be enrolled. The ASO will have to enroll all providers who meet the credentialing requirements for the provider type. The selected vendor and the BHA will work together to develop a process for screening.</p>

<p>Does the ASO hold direct contracts with the CSAs and LAAs who in turn have the subcontract relationships with the remainder of the network or does the ASO have direct contracts with the CSAs, LAAs and direct contracts with all provider types listed Section 3.2.1.2.</p>	<p>3.2.1.3</p>	<p>Because those few MHA providers that offer only non-Medicaid services will not have a Medicaid contract in place, the ASO will have to have a contract with those entities. The ASO currently does not have a contract with CSAs, LAAs, or Medicaid providers, but at a minimum, has to have a HIPAA Business Agreement in place with these entities. However, these requirements may change with the continuing implementation of integration.</p>
<p><b>Handbooks: Will member and provider materials need to be provided in Spanish and other non-English languages?</b> Please provide an estimated number of handbooks that are typically requested by participants or directed by DHMH to be provided, on an annual basis.</p>	<p>3.2.2.1</p>	<p>As stated in section 3.2.2.1 (a) (10), the contractor shall include information on how to obtain program information in various languages, including Spanish, and other languages comprising of 30 percent or more of the PBHS participants. Currently there are approximately 300 handbooks requested by participants annually.</p>
<p>Typically the direct treatment provider would be responsible for developing treatment plans and uploading required information into the Contractor's IT system. Does this section require the Contractor to develop treatment plans for participants with substance use disorder diagnoses?</p>	<p>3.2.3.1(m), (n)</p>	<p>No, the direct treatment provider is responsible for developing treatment plans and uploading to the ASO as required.</p>
<p>Please provide the total claims, claim lines and dollar value for the current outstanding FFP as of 12/31/14 by quarter for the last 8 quarters that may still be in the process of collecting FFP.</p>	<p>3.2.11.1</p>	<p>See attached Outstanding FFP document (data library).  <a href="http://dhmh.maryland.gov/bhd/SitePages/ASO%20RFP.aspx">http://dhmh.maryland.gov/bhd/SitePages/ASO%20RFP.aspx</a></p>
<p>Does the Department maintain a web-based application to support screening of uninsured individuals for eligibility to receive benefits or is it anticipated that the ASO would maintain this tool independently?</p>	<p>3.2.7.1.b.1</p>	<p>To clarify, under 3.2.7.1.b.1, the ASO will be required to maintain a web-based application to support screening of uninsured individuals for eligibility to receive benefits.</p>

<p>(o) (1) How is the Contractor notified for whom emergency petitions have been filed? (o) (2) Please define the requirement for storing &amp; management of associated paperwork.</p>	<p>3.2.8.o</p>	<p>The contractor does not need to be notified for every emergency petition, only those for which bills are submitted. The submission of the bills constitutes notification. Storage and management requirements are identical to other paper claims that are submitted.</p>
<p>Please define "Public" and the data included as referenced in Item (k) "Allow, through the system the public to access state, jurisdictional (e.g., county and Baltimore City), and LAA/CSA-level analyses based on both the participants' most recent OMS within the period of analysis and changes in OMS performance over time."</p>	<p>3.2.10.2. k</p>	<p>Public means there is no secure log-in required. Refer to the MHA website <a href="http://dhmh.maryland.gov/mha/SitePages/Home.aspx">http://dhmh.maryland.gov/mha/SitePages/Home.aspx</a> and click on the link to Outcomes Measurement System under the Also of Interest section.</p>
<p>Will the chart be updated to reflect the transfer of responsibility for SUD service authorizations from the MCOs to the ASO as well as any changes in authorization requirements made as the result of moving from a risk-based to a non-risk environment?</p>	<p>Exhibit 3</p>	<p>Yes. This will be done when the services are moved out of the MCO. The details will be worked out with the selected vendor and the Department.</p>
<p>Section references a Not-to-Exceed (NTE) Amount. Please clarify that in the case of the Medicaid payment, the NTE amount will be related to bid PMPM as the enrollment variable is not yet known to determine a final extended cost.</p>	<p>Attachment A &amp; 4.1</p>	<p>Please clarify question.</p>
<p>Is there a bidder's library? If so please provide link.</p>	<p>N/A</p>	<p>Yes, <a href="http://dhmh.maryland.gov/bhd/SitePages/ASO%20RFP.aspx">http://dhmh.maryland.gov/bhd/SitePages/ASO%20RFP.aspx</a></p>
<p>Can supplemental information be submitted as a pdf file?</p>	<p>N/A</p>	<p>The vendor must follow the instructions in Proposal Submission Format, Section 4.4 <u>only</u> .</p>
<p>Can the Department provide an approximate start date?</p>	<p>1.2.yyy</p>	<p>Yes, the approximate start date is January 2015.</p>

<p>There are no substance use-specific reports identified in Exhibit 6. What are DHMH's expectations for the ASO to develop these reports?</p>	<p>Exhibit 6</p>	<p>There is an Exhibit 6 Replacement (see data library <a href="http://dhmh.maryland.gov/bhd/SitePages/ASO%20RFP.aspx">http://dhmh.maryland.gov/bhd/SitePages/ASO%20RFP.aspx</a>). The Exhibit 6 in the RFP was an older document. Sample reports are attached (data library) for all reports with an identifier that begins with "M". As indicated in the body of the RFP (3.2.9.4.(a)), the reports that are identified by an eight character code beginning with "M" must be produced with at least one filter that allows selection of cases for summarization for:</p> <ol style="list-style-type: none"> <li>1. mental health services only,</li> <li>2. substance use disorder services only, and</li> <li>3. combined mental health and substance use disorder services.</li> </ol> <p>The detail of each report has an effect on the source of data for the report since some reports are best populated from claims data while authorizations are more appropriate for others. No report preparation should begin prior to discussions between the BHA and the selected vendor.</p> <p>Reports shall be dynamic, not static, and many will be subject to selected filters. Time periods of the data reported will vary, again depending upon the nature of the data contained in the report and the use to which the data will be put. Reports should generally be available in both downloadable PDF and Excel formats.</p> <p>Reports with identifiers beginning with "ADAA" are not standard reports currently in production, and consequently current "mock-up" reports are not available. The BHA will work with the selected vendor to develop these reports.</p> <p>Finally, the selected vendor also needs to be aware that this list is not exhaustive and that, as implementation of the integrated PBHS proceeds, new needs will be identified and have to be met.</p>
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<p>There are no Quality (MARQ) reports identified in Exhibit 6 and it appears duplicate reports are listed. Please confirm Exhibit 6 contains the complete and accurate list of reports requested by DHMH</p>	<p>Exhibit 6</p>	<p>There is an Exhibit 6 Replacement (see data library <a href="http://dhmh.maryland.gov/bhd/SitePages/ASO%20RFP.aspx">http://dhmh.maryland.gov/bhd/SitePages/ASO%20RFP.aspx</a>). The Exhibit 6 in the RFP was an older document. Sample reports are attached (data library) for all reports with an identifier that begins with "M". As indicated in the body of the RFP (3.2.9.4.(a)), the reports that are identified by an eight character code beginning with "M" must be produced with at least one filter that allows selection of cases for summarization for:</p> <ol style="list-style-type: none"> <li>1. mental health services only,</li> <li>2. substance use disorder services only, and</li> <li>3. combined mental health and substance use disorder services.</li> </ol> <p>The detail of each report has an effect on the source of data for the report since some reports are best populated from claims data while authorizations are more appropriate for others. No report preparation should begin prior to discussions between the BHA and the selected vendor.</p> <p>Reports shall be dynamic, not static, and many will be subject to selected filters. Time periods of the data reported will vary, again depending upon the nature of the data contained in the report and the use to which the data will be put. Reports should generally be available in both downloadable PDF and Excel formats.</p> <p>Reports with identifiers beginning with "ADAA" are not standard reports currently in production, and consequently current "mock-up" reports are not available. The BHA will work with the selected vendor to develop these reports.</p> <p>Finally, the selected vendor also needs to be aware that this list is not exhaustive and that, as implementation of the integrated PBHS proceeds, new needs will be identified and have to be met.</p>
<p>What is the amount of contractor liability for liquidated damages or failure to meet performance standards in each of the last two fiscal years, by standard or measure?</p>	<p>3.2.12</p>	<p>This process was not in previous contracts therefore the information does not exist.</p>