

# QUESTIONS AND ANSWERS AND MODIFICATIONS

## 2324-01 RCP RM

### MEDICAL BILL REVIEW SERVICES

#### Addendum No. 2

This Addendum consists of the following sections:

- A. Questions and Answers
- B. Modifications to the RCP

#### A. Questions and Answers

Below are the questions and answers related to 2324-01 RCP RM, Medical Bill Review (MBR) Services. In the table below, the Department of Financial Services (Department) has answered each of fifty-four (54) written questions submitted by potential respondents.

| No. | RCP Section               | RCP Page # | Question  | Answer  |
|-----|---------------------------|------------|---|---|
| 1.  |                           |            | Whether companies from Outside USA can apply for this? (like, from India or Canada) | All services and data must be within the continental United States.   |
| 2.  |                           |            | Whether we need to come over there for meetings?                                    | Some meetings may be in-person, and some may be virtual.  |
| 3.  |                           |            | Can we perform the tasks (related to RFP) outside USA? (like, from India or Canada) | All services and data must be within the continental United States.   |
| 4.  | RCP Document 2.2 Timeline | 7          | Can we submit the proposals via email?  | No, please see RCP, Section 2.2 Timeline, all Responses must be mailed to the Department of Financial Services, Division of Risk Management, Contract Management Section, 1801 Hermitage Boulevard, 3 <sup>rd</sup> Floor, Tallahassee, FL 32308. |

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| 5. | Attachment 2<br>SOW 4.3.2<br>Call Center and<br>Customer<br>Support                         | 5  | What is the annual call volume for each of<br>Bill Review, Utilization Review, and Peer<br>Review?  | Call volumes for Utilization Review (UR) / Peer<br>Review (PR) (UR/PR) are not currently tracked by the<br>Division's MBR Contractor. The annual call volume<br>for Medical Bill Review (MBR) is 11,079.   |
| 6. | Attachment B<br>Estimated<br>Annual<br>Transactions   | 1  | To ensure accuracy of pricing, can you<br>further define what these terms mean to the<br>State of Florida:<br>- UR Tier One<br>- UR Tier Two<br>- Hospital Certification<br>Tier 1<br>- Hospital Certification Tier 2<br>- Nurse Record Prep? | UR Tier One - completed by a Registered Nurse.<br>UR Tier Two - completed by a physician.<br>Hospital Certification Tier 1 - completed by a<br>Registered Nurse.<br>Hospital Certification Tier 2 - completed by a<br>physician.<br>Nurse Record Prep – preparation of medical records<br>completed by a Registered Nurse for physician review.  |
| 7. | Attachment 2<br>SOW 4.3.1<br>Electronic<br>Medical Bill<br>Review and Re-<br>pricing System | 4  | Due to security concerns, we do not allow<br>any direct access to our MBR system. Will<br>you allow us to provide this information via<br>detailed reports/files?   | No, the Division and the Division's Medical Case<br>Management (MCM) Contractor require access to the<br>MBR Contractor's Electronic Medical Bill Review<br>and Re-pricing System. Please see Attachment 2,<br>SOW, Section 4.3.1., Electronic Medical Bill Review<br>and Re-pricing System.   |
| 8. | Attachment 2<br>SOW 4.3.7 e.<br>Utilization and<br>Peer Review<br>(UR/PR)                   | 9  | What do you deem to be electronic for UR<br>submissions, currently we offer email or fax?   | Email is acceptable.   |
| 9. | Attachment 2<br>SOW 4.3.7 j.<br>Utilization and<br>Peer Review<br>(UR/PR)                   | 10 | Can you please elaborate on expectations for<br>monthly UR Committee meetings?  | Claims for the UR Committee meetings can be<br>referred by the Division, or the Division's MCM,<br>MBR, and Pharmacy Benefits Manager (PBM)<br>Contractors. The MBR Contractor will be responsible<br>for reviewing identified claims before the UR<br>Committee Meeting and bring overutilization concerns<br>or treatments that are deemed not medically necessary<br>to the group for discussion. |

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| 10. | Attachment 2<br>SOW 4.2.1 c.         | 4 | Does this section refer to our best practices for service delivery, workflows or SLA's related to the items measured in Section 5, Table 1 beginning on page 19?  | Attachment 2, SOW, Section 4.2.1, Administrative Set-Up Requirements, sub-Section c., Policies and Procedures, is referring to the policies and procedures that are developed by the Contractor for all of Section 4.3, Part B – Medical Bill Review, Utilization Review, and Peer Review Services.  |
| 11. | Attachment 2<br>SOW 4.3.2 A.<br>vii. | 6 | Can mutli-lingual services be accommodated by bringing an interpreter into the call?  | Yes, an interpreter may be included to ensure the claimant can be understood and understand the information being communicated.  |
| 12. | Attachment 2<br>SOW 4.3.2 C. i.      | 6 | Does the state have interest in using a chatbot feature to respond to providers if reporting on that can also be provided?<br><br>Would this also be an option to service the hearing impaired (4.3.2.VII)? | This can be discussed during the negotiation process.<br><br>This can be discussed during the negotiation process.   |
| 13. | Attachment 2<br>SOW 4.3.3 C          | 6 | What data is currently being fed to the BR/UR vendor from the MCM vendor and how is it being used?  | The MBR Contractor will receive a daily eligibility file from the Division's MCM Contractor, which includes new claims or claim updates. The MBR Contractor receives the medical bills from the Division's MCM Contractor to process. The MBR Contractor also receives any UR referrals and medical records from the Division's MCM Contractor for completion of UR. |
| 14. | Attachment 2<br>SOW 4.3.5 F          | 7 | Confirm if expectation is manual review of 100% of bills with any attached medical as opposed to review of medical for bills over a specific dollar threshold.  | A manual review is not a requirement. However, all medical bills must be reviewed as stated in Attachment 2, SOW, Section 4.3.5., Medical Bill Review (MBR) and Re-pricing Services, Item f.   |
| 15. | Attachment 2<br>SOW 4.3.5.G          | 8 | In what circumstances would the NCM vendor be adjudicating medical bills instead of the Division's adjuster?  | The Division's MCM Contractor utilizes Nurse Case Managers (NCMs) to review all medical bills prior to submitting the bills to the MBR Contractor.   |
| 16. | Attachment 2<br>SOW 4.3.5.L          | 8 | Please clarify if by "adjust charges billed by health care provider in excess of MRA" the State is meaning to reprice the allowance to lesser of billed charges or MRA, in addition                         | Medical bills are required to be paid based on the applicable reimbursement manual, or per contractual or negotiated arrangement.  |

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|     |                             |   | to any applicable below fee schedule reductions. Or is the state indicating a requirement to modify billed charges to MRA or FS if the provider's billed charges are above?   |   |
| 17. | Attachment 2<br>SOW 4.3.5.M | 8 | <p>How will client send and identify Military Affairs, National Guard claims and repricing direction/requirements?</p> <p>Will direction be submitted with the bill or applied in the bill review portal by the adjuster?</p> <p>Please provide volume of bills annually given the need to potentially manually reprice this subset of bills.</p> | <p>Claims will be sent via Secure File Transfer Protocol (SFTP) from the Division to the MBR Contractor, and directions for handling will be sent via email.</p> <p>The Division will provide directions for handling to the MBR Contractor, via email.</p> <p>Last fiscal year, there were 419 medical bills submitted to the MBR Contractor for adjudication.</p> |
| 18. | Attachment 2<br>SOW 4.3.5.O | 8 | <p>Does the state adjust TAT SLA based on the type of bills processed or solutions engaged to impact (i.e. negotiated bills)?</p> <p>Are turnaround time measurements broken out to exclude the time a bill pends on an adjuster's task list?</p> <p>Is the State willing to adjust TAT expectations to maximize savings opportunities?</p>       | <p>The Internal Turnaround Time (ITT) is an average of all medical bills processed regardless of the type or specialty of the bill.</p> <p>This can be discussed during the negotiation process.</p> <p>This can be discussed during the negotiation process.</p>   |
| 19. | Attachment 2<br>SOW 4.3.5.Q | 8 | <p>What are the Division's thresholds for large bill negotiations currently?</p> <p>Approximately how many bills annually meet these thresholds for negotiations?</p>   | <p>Currently, the Division's threshold for medical bill negotiations is \$100,000.00.</p> <p>Annually, approximately 53 bills have met the \$100,00.00 Division threshold.</p>  |
| 20. | Attachment 2<br>SOW 4.3.5.S | 8 | Can the Division provide the current pay code logic for evaluation of development work to adhere to communicated  | The MBR Contractor would have to have a field in their ECMS where the Division's pay type code would be populated. The Division's MCM Contractor will   |

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|     |                                 |    | requirements for implementation timeframes?  | provide the pay type code to the MBR Contractor. The MBR Contractor will be responsible for utilizing the provided pay type code in the Medical Payable File.   |
| 21. | Attachment 2<br>SOW 4.3.6.E     | 9  | Does the State have any requirements for the BR vendor to utilize specific networks or vendor partners? If so, can the state provide a list of same to determine potential integration development needs?  | There are no requirements for utilizing a specific network or vendors.  |
| 22. | Attachment 2<br>SOW 4.3.7. C    | 9  | Can the Division provide the current UR policies and procedures if requirements are in addition to Chapter 440.13, F.S.?   | There are no additional requirements outside of the applicable Florida statutes or Attachment 2, SOW.   |
| 23. | Attachment 2<br>SOW 4.3.7.E     | 9  | What type of electronic interface is required for UR/PR service receipt? Does the state require a feed from the Division or NCM vendor or will these be sent via email or fax?   | Referrals are sent via email.   |
| 24. | Attachment 2<br>SOW 4.3.7.P.ii. | 10 | Is the State willing to allow expert testimony or be deposed virtually given no travel and expense are reimbursable?   | It would be a rare circumstance for the MBR Contractor to be deposed or asked to provide expert testimony. This can be discussed during the negotiation process.  |
| 25. | Attachment 2<br>SOW 4.3.11.B    | 13 | Noted that the Vendor will update the claim eligibility file. Please clarify what updates the Vendor would make as our experience has been that the eligibility file is the "record of truth" imported by Vendor from Client's claim system, and is not typically overridden by Vendor updates and exported to claim system. | The Attachment 2, SOW, Section 4.3.11., Medical Payable File Exceptions and Reconsiderations, Item b., should not have included "and update the Claim Eligibility File, if needed."<br><br>The Division's MCM Contractor maintains the "record of truth." The MBR Contractor should be able to manually update a claim in its ECMS.<br><br>See Addendum 2, Item 2. below. |
| 26. | Attachment 2<br>SOW 4.3.15      | 15 | Is the State willing to provide examples of Ad-Hoc reports requested in the past? If Ad-Hoc reports require development to capture   | The Attachment 2, SOW, Table 1, Deliverables, Performance Standards and Financial Consequences, Item 16.1, Ad-Hoc Reports, states that an Ad-Hoc  |

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|     |                                |    | data not otherwise reportable, is there willingness to expand SLA's beyond 5 days?  | Report is due within five (5) Business Days from the receipt of the Division's request, unless a mutually agreeable timeline is established.  |
| 27. | Attachment 2<br>SOW 4.3.17.A   | 15 | How does the Division define a "complaint"? Are there parameters since there could be transactional inquiries regarding bills that may not typically fall under the realm of a "complaint."   | Please see Attachment 2, SOW, Section 2., Definitions, Item h, Complaint. The Division recognizes that not all inquiries are complaints.  |
| 28. | Attachment 2<br>SOW 5.1.1      | 19 | In order to facilitate an expedited implementation, is the state willing to consider using standard interface layouts, as long as they include all necessary data elements highlighted in the RFP attachments? If not, please provide an example of all required interface layouts to evaluate development needs that could impact implementation timeframes. What is the current method and cadence of interfaces? | This can be discussed during the negotiation process.   |
| 29. | Attachment 2<br>SOW 5.6.3      | 25 | Can the State provide clarification/confirmation that three separate penalties for one late bill would not be enforced as 6.3, 6.4 and 6.5 are interdependent and if one is not met, none would be met.   | This can be discussed during the negotiation process.   |
| 30. | RCP Document<br>1.2 Background | 4  | Who are the MCM and PBM vendors and how do they integrate with BR/UR currently? Retrospectively?  | The Division's MCM Contractor is AmeriSys and the Division's PBM Contractor is myMatrixx. The MBR Contractor receives all medical bills and UR referrals from the Division's MCM Contractor and receives a daily file via SFTP. |
| 31. | RCP Document<br>1.2 Background | 4  | What volume of COVID 19 claims remain open and what is the avg. bill volume per year?   | There are approximately 44 COVID-19 claims that are open. There were 958 bills for the last state fiscal year (July 1, 2022 – June 30, 2023).   |

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|     |  |    | <p>What is the avg claim duration of open COVID 19 claims?</p> <p>Are bills related to accepted COVID-19 claims no longer being processed by bill review?</p>   | <p>The average claim duration for the open COVID-19 claims is 1,087 days.</p> <p>Medical bills related to COVID-19 claims are still being processed.</p>  |
| 32. | RCP Document<br>Volume Two<br>Technical<br>Response<br>3.1.2.E.1 | 10 | <p>TAT : Does the state currently break out TAT measurements by step (carrier receipt to BR, receipt to task list, approval on task list to finalization, etc.) and does the State exclude time pending on the adjuster task list?</p> <p>Does the State have or have an appetite for allowing bills to auto-deny if pending for greater than 10 days on an adjuster's task list to avoid negative impacts to jurisdictionally required TAT.</p> <p>What is the state's appetite for auto-adjudication of bills (no adjuster intervention in portal)?</p> | <p>The RCP, Section 3.1.2, Volume Two: Technical Response, sub-Section A., Narrative on Prior or Current Experience and Ability, Items 5.a. through 5.m., is requesting information from vendors as to how they are currently providing these services. The Division is requesting the approximate turnaround time for each individual bill submitted for review and re-pricing for your company.</p> <p>This can be discussed during the negotiation process.</p> <p>This can be discussed during the negotiation process.</p> |
| 33. | RCP Document<br>Volume Two<br>Technical<br>Response<br>3.1.2.K.1 | 10 | <p>What financial penalties related to SLAs have been enforced with current vendor in the past 12 months and where are there perceived gaps or opportunities to improve?</p> <p>Are satisfaction ratings being measured by the State based on provider, adjuster, claimant or some other measure of success?</p>  | <p>The Division's MBR Contractor's performance is not part of 2324-01 RCP RM, MBR Services.</p> <p>The RCP, Section 3.1.2, Volume Two: Technical Response, sub-Section A., Narrative on Prior or Current Experience and Ability, Item 5.k.1., is asking Respondents to describe their approach to monitoring performance to ensure program compliance.</p>  |

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| 34. | Other  |              | What claim system is the State currently operating within?  | Insurance Management System Software – Origami Risk, LLC.  |
| 35. | Attachment 2 SOW 4.3.2 v.  | 6            | 4.3.2 v states the call center must be located within the continental US. Are there any other on shore requirements for where services must be located?   | All services and data must be within the continental United States.  |
| 36. | RCP Document 3.1.5 Volume Five Exceptions to Standard Contract                 | 11           | We currently provide the services in this RCP and have an existing contract. Are we still required to provide Volume Five: Exceptions to Standard Contract?   | A Respondent should submit a full description of any exceptions it has to the terms in the attachments that comprise Attachment A, Standard Contract. The list of documents that comprise Attachment A, Standard Contract, can be found in the RCP, Attachments table included on page 4.  |
| 37. | RCP Document 3.1.2.K. 5. Volume Two Technical Response                         | 11           | This question reads "... quality case management..." Is the intent of this question requesting quality assurance programs of the services and contract compliance under consideration; i.e., Medical Bill Review and Utilization Review services?                               | Yes.   |
| 38. | Attachment 2 SOW Section 5 Table 1 Deliverables<br><br>RCP Document Section B. | 19<br><br>11 | Please confirm that the expectation is to reference the SOW while responding to the questions in the RCP. Or is the Division expecting detailed responses to each of the items in the SOW, including the Financial Consequences, as response in Volume Two, Item B, Question 4? | No, the Division does not want the SOW referenced while responding to RCP, Section 3.1.2 Volume Two: Technical Response, sub-Section A., Narrative on Prior or Current Experience and Ability, Items 5.a. through 5.m. The information requested in this section is for Respondents to provide how their company currently performs those services.<br><br>The RCP, Section 3.1.2 Volume Two: Technical Response, sub-Section B., Respondent's Proposed Approach, Item 4., is requesting Respondents to provide their proposed approach for carrying out the services in the SOW. Respondents are to provide a document that includes a description of how the Respondent will provide each requirement in the SOW |



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|     |                              |   |  | and a detailed description of how the Respondent will provide the services.   |
| 39. | RCP Document 1.2 Background  | 4 | <p>The RCP indicates that the contractor shall coordinate with the Division's Medical Case Management (MCM), Pharmacy Benefits Management (PBM), etc. Can you provide the name of the MCM and PBM?</p> <p>Are you looking to make changes with the MCM and PBM?</p> <p>Are the PBM bills run thru the Medical Bill Review process? If so, are these bills included in the Attachment B Estimates or will they be in addition to the estimates?</p> | <p>The Division's MCM Contractor is AmeriSys and the Division's PBM Contractor is myMatrixx.</p> <p>This can be discussed during the negotiation process.</p> <p>The PBM bills are not submitted to the MBR Contractor.</p> |
| 40. | RCP Document 1.2 Background  | 4 | <p>What claims system is being utilized?</p> <p>Can you provide the version?</p> <p>Number of Claims Examiners/adjustors?</p>  | <p>Insurance Management System Software – Origami Risk, LLC.</p> <p>Origami Risk is a cloud-based system that is routinely updated.</p> <p>The Division currently has thirty-three (33) adjusters.</p>                      |
| 41. | RCP Document 1.2 Background  | 4 | Any business challenges/issues that are driving the RCP?   | No.   |
| 42. | RCP Document 1.4 Definitions | 5 | Is it the intention of the DFS to award multiply Medical Bill Review contractors or just one?  | No, the Division intends to enter into a contract with one (1) MBR contractor.  |
| 43. | RCP Document 2.2. Timeline   | 7 | Is the intent of a contract start to be March 2024 since this is the end of the latest 6 month extension in place?   | This can be discussed during the negotiation process.   |

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| 44. | RCP Document 3.1.2 Section A, Subsection g | 10    | What PPO's are utilized currently? Are specialty networks being utilized currently? Does the Department want contractor include info about Specialty networks?        | This can be discussed during the negotiation process.<br><br>The RCP, Section 3.1.2, Volume Two: Technical Response, sub-Section A., Narrative on Prior or Current Experience and Ability, Item 5.g., Preferred Provider Organization (PPO) Networks and Discounts, is requesting that Respondents provide their process for providing PPO discounts for charges made by health care providers who are participants in their PPO network. |
| 45. | RCP Document 3.1.2 Section A, Subsection h | 10    | Who is the current UR and Peer Review vendor?<br><br>Is the Department looking to make changes to new UR and Peer vendors?  | The Division's MBR Contractor is Genex.<br><br>Genex currently provides UR and PR services.   |
| 46. | Attachment F Business References           | 1     | The form indicates that this may be requested? Does this mean that we do not need to provide references at submission?  | No, the Business Reference form is not required at this time.   |
| 47. | Attachment 2 SOW                           | 19-37 | Are the Financial Consequences outlined negotiable? How is the assessment determined? Are they mutual agreed upon once the determination to assess is made?           | This can be discussed during the negotiation process.   |
| 48. | Attachment 2 SOW 4.3.5 H, I, J             | 8     | Explain the mailroom process/workflow.<br><br>How many bills can we expect to come via sftp vs. hard copies directly from providers?<br><br>What is approval process? | The MBR Contractor is required to have a dedicated mailroom for receiving petitions and may also receive reconsideration bills.<br><br>For the most recent twelve (12) months the mailroom bill volume was 1,620 and the SFTP bill volume was 96,765.<br><br>The MCM Contractor receives all medical bills and forwards to the MBR Contractor via SFTP with payment direction included.   |

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| 49. | Attachment 1 - Standard Terms | 1    | The title of the SOW states that these terms only apply to contracts <b>not competitively procured</b> . Are these the correct standard terms?   | Yes, Attachment 1, Standard Terms and Conditions (Applicable to Non-Competitively Procured Contracts) is the correct version.  |
| 50. | Attachment 1 - Standard Terms | 1    | Will State accept incorporation of vendor's standard contract terms which are applicable to the specific services into the final contract?<br><br>If so, shall the vendor's standard contract terms be submitted with the proposal or during contract negotiation? | This can be discussed during the negotiation process.<br><br>Respondents should submit redline changes to Attachment 1, Standard Terms and Conditions, if they have standard terms that are included in their contracts. Any changes to Attachment 1, Standard Terms and Conditions, will be discussed during the negotiation process. |
| 51. | Attachment 1 - Standard Terms | 1    | Are terms negotiable or modification acceptable? If so, what is the process for submitting redlines or alternative language?   | Respondents should submit redlined changes to Attachment 1, Standard Terms and Conditions, if they have standard terms that are included in their contracts. Any changes to Attachment 1, Standard Terms and Conditions, will be discussed during the negotiation process.   |
| 52. | Attachment 2 SOW              | 1-18 | Can terms be modified as agreed by the parties to assure work-flow compatibility once discussed and vetted?  | This can be discussed during the negotiation process.  |
| 53. | Attachment 2 SOW 4.3.10       | 12   | Will State agree to reasonable invoicing modifications if necessary?   | This can be discussed during the negotiation process.  |
| 54. | Attachment 2 SOW 4.3.12       | 13   | Will contractor need to reimburse back Division directly? Or seek overpayment from the provider?   | This can be discussed during the negotiation process.  |

## **B. Modifications to the RCP**

1. RCP, Section 3.1.2., Volume Two: Technical Response, sub-Section A. Narrative on Prior or Current Experience and Ability, Item 5.k., Quality Assurance and Performance Improvement, sub-Item 5., is hereby deleted in its entirety and replaced with the following:
  5. How does the Respondent utilize a strong quality assurance program to ensure the delivery of quality medical bill review, utilization review, and peer review services and contract compliance?
2. Attachment 2, SOW, Section 4.3.11, Medical Payable File Exceptions and Reconsiderations, Item b., is hereby deleted in its entirety and replaced with the following:
  - b. The Contractor shall correct errors on the Medical Payable File.
3. Attachment 3, Price Response, Part B Services, 1. Proposed fixed price to provide automated medical bill review, re-pricing, and utilization review services:, is hereby updated to reflect the following:
  - B. Utilization Review Tier 1- completed by Registered Nurse (per review)
  - C. Utilization Review Tier 2 – completed by physician (per review)
4. Attachment 3, Price Response, Part B Services, 2. Proposed fixed price to provide hospital certification review services:, is hereby updated to reflect the following:
  - A. Hospital Certification Tier 1 – completed by a Registered Nurse (per review)
  - B. Hospital Certification Tier 2 – completed by a physician (per review)
5. Attachment 3, Price Response, Part B Services, 3. Proposed fixed price to provide Peer review services:, is hereby updated to reflect the following:
  - C. Nurse Record Preparation – preparation of medical records completed by a Registered Nurse for physician review (per claim).