

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
RFP No. 2012-07
Medicaid 1115 Waiver
February 22, 2012

ADDENDUM NO. 1

Questions / Answers

Please make the following changes under General Conditions.

Question and Answers

1. What is the target population to be served under the waiver: current Medicaid eligibles, the 2014 expansion population, or both?

A: A large group among the current recipients of the County's social service program will be eligible for Medicaid under the 2014 expansion. This group is the primary focus similar to the California waiver. Any opportunities with regards to the current Medicaid population will also be entertained.

2. In terms of the proposed waiver demonstration, does UMC envision financing the non-federal share of the demonstration costs, or would financing come from the State, or has some combination of contribution to the non-federal share been contemplated?

A: Any additional costs or expansions to the Medicaid program will have to be funded by the County. It is also anticipated that the State will seek to benefit from any additional federal funds available from the waiver.

3. Do proposers need to submit certificate of insurance and the disclosure form with the proposal or upon award?

A: I would like the disclosures with the proposal. The insurance certificate may be submitted after award.

4. Who is the client/audience for this work? Is UMC initiating this contract and procuring services on behalf of the State of NV? If so, what commitments have been made by the State to submit an 1115 waiver request? What parameters, if any, has the State specified? What official bodies must approve the waiver request (e.g. Legislature) prior to the waiver being submitted?

A: The County/UMC is the client. The State has not yet been approached with any proposals. The concept will be fully vetted and approved at the County level first.

5. What process has been specified, or is envisioned, or has been undertaken already to establish 1115 waiver goals (related to Task II)?

A: No efforts other than internal discussions have taken place. The vendor will analyze and present the opportunities to the County and UMC. Once agreed upon, the vendor will write an official concept paper. As necessary, the County will engage its lobbyists to approach the legislature/ the Governor's office / and DHHS to sell the concept. The vendor will be available to provide technical support for any presentations. In addition, if approved by the State, the vendor may be required to work on the State Plan Amendment and assist DHCFFP with any related work.

6. Request clarification that Task IV “unlimited technical support” is to be priced independently (e.g. hourly, as needed).

A: We anticipate that all services will be provided for an hourly fee with an overall project cap, preferably for each stage of work. We would also entertain a rate differential for a successful outcome. “Unlimited” only means that which is reasonable and necessary for the completion of the project.

7. What, if any, is the relationship between this proposed waiver and the State’s announced plans to establish a Health Homes/Care Management Organization program limited by eligibility category though an 1115 waiver?

A: There is no planned or intended link to the State’s current plans for a waiver. Any potential conflicts or opportunities for combining efforts, with the State’s plans should be examined by the vendor.

8. Can you clarify the need for Automobile Liability?

A: Auto liability is basic insurance coverage for the company and employees for any contract related travel.

9. On page 12 of the Insurance Requirements it is mentioned regarding Professional Liability, but on page 13 of the Insurance Form Instructions it doesn’t mention anything regarding the Professional Liability.

A: This is a standard template. Professional Liability insurance should still be listed on the insurance certificate when submitted.

10. Will the county please provide the policy background or context that is informing its interest in pursuing an 1115 waiver?

A: The County incurs a very substantial financial burden in fulfilling its indigent care mission through its social service program and hospital operations. Given the current budgetary challenges, every opportunity for creating efficiencies and leveraging available funds must be explored.

11. Under Section 1115 of the Social Security Act, the Secretary of Health and Human Services is provided authority to waive specific provisions of federal law in the interest of approving a demonstration project that is deemed to promote the objectives of Title I, X, XIV, XVI, XIX, or part A or D of Title IV. 1115 waivers are agreements between DHHS and states. Please clarify what role, if any, the State of Nevada is playing in consideration of developing an 1115 waiver specific to University Medical Center and Clark County.

A: The State is not directly involved in the initial stage of developing the concept. However, as the operator of the Medicaid program, the State will ultimately decide whether or not to move forward with any proposal, which implies that their input will be critical to its success.

12. The “position summary” on page 9 describes a scope of work that potentially covers the complete duration of the 1115 waiver. Many 1115 waivers are approved for five year periods and may take 12-24 months to be approved by DHHS. In light of this, can the county offer guidelines on the anticipated contract period that will result from this RFP?

A: The contract duration shall be a five (5) year base term with two (2), two (2) year options.

13. Will the county provide more detail regarding how the anticipated contract period should inform pricing offered by vendors in the cost proposal? In other words, should the pricing proposal provide one fixed price for all costs anticipated over a period of seven years, starting with waiver development and ending with waiver conclusion?

A: The contract duration was answered in question 12. Contract costs shall be based on completion of each task listed in Exhibit B. Prices will be set until completion of each task.

14. In the cost/fee schedule, should we build in the expected cost related to travel in performing the outlined scope of work? Or will be travel be paid on a case by case basis as approved by UMCSN and does not need to be included in our cost proposal? Please clarify.

A: Travel will be on a case by case basis. Costs will be based on the travel guidelines listed in the Scope of Work. If travel is anticipated please address in your proposal the amount of trips and how many personnel will be traveling.

15. We currently provide Medicaid consulting services to the Division of Health Care Financing and Policy (DHCFP). Part of our work is to provide consulting services around the implementation of the Medicaid 1115 waiver currently being considered by DHCFP. We are confident we could successfully build upon this work to assist UMCSN to make sure the waiver addresses the goals and objectives that UMCSN is trying to achieve under this procurement. However, given this information, does our current contractual relationship create any concerns to UMCSN for PCG to pursue this RFP opportunity?

A: Initially, UMC does not have any concerns of a potential conflict. However, booth parties will need to confirm with their respective legal counsels before the engagement to ensure the dual relationship is not restricted by any federal/state law, regulation, or policy. Assuming no legal restrictions, the vendor's current relationship with the State will likely improve the chances for a successful outcome

16. In addition to "Exhibit B," are any of the other Exhibits and their attachments (C- Insurance Certificate of Liability; D-Disclosure Forms, etc.) required at this time?

A: No

17. For purposes of the 30 page limitation, are the required Exhibits, required forms, cover page, and tabbed dividers included in the limit?

A: Disclosures, Insurance, tabs, dividers are not included in the page count.

18. Does UMC contemplate a term on the length of the engagement, or is it looking to the Proposer to estimate the term of the engagement? Do UMC consultant contracts have term or renewal limitations?

A: The contract duration was set in question 12. Business acumen determines the term lengths. There are no known limitations.

19. Are addendums to the RFP to be posted on the website, or are they only transmitted directly to interested vendors who have submitted the confirmation form?

A: Addendums shall be e-mailed directly to vendors who returned the confirmation form and they will be posted on the website.

20. On page 3 of the RFP package, there is a reference to "program pricing" "used in the Health Information Management Department." Was that reference intended, as it does not appear elsewhere in the "Scope of Project"?

A: This sentence should read as follows; "UMC is looking to identify superior proposers to assist the hospital on a Medicaid 1115 Waiver Project."

21. One of the evaluation factors is "Describe your company's working relationship with Medicaid." In this instance is Medicaid meant to be a general reference or a specific reference to the Nevada Medicaid agency?

A: Include your relationships in general and any specific dealings with the Nevada Medicaid program.

22. Will the Department of Human Services, Division of Health Financing and Policy participate in the project? If so, what is their role?

A: Yes... They will have final responsibility for obtaining CMS approval.

23. Is pricing intended to be fixed price by task or an hourly rate? Because some of the tasks are open-ended (e.g., Exhibit B, Cost/Fee Schedule Tasks III, IV, and V)? Does UMC have an estimate of hours for these three tasks?

A: The prices will be fixed based on proposed hourly rate. However the estimated number of hours will play a part in determining reasonable time expectations.

24. We prefer not to charge for travel expenses. Is an all-inclusive rate acceptable?

A: Yes

25. Does UMC have a proposed budget for the project? Will federal matching funds be available?

A: UMC does have an estimated budget.

26. It appears that the project requires considerable on-site time. Are there an expected number of presentations in Task III?

A: No limit to the presentations but we don't anticipate many. There is the possibility that a stakeholders work group will be established which would result in a fixed number of periodic meetings.

Issue by

Should you have any questions, please contact me at (702) 207-8846 or via email at robert.maher@umcsn.com.

Issued by:

Rob Maher
Sr. Contract Management Analyst
UMC

Acknowledgement

*****All Proposals submitted shall include a signed copy of this addendum acknowledging receipt and understanding. Addendums shall not count towards the page limitation.***

Signature: _____

Title: _____

Company Name: _____

Date Received: _____