



State of West Virginia
 Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

Request for Quotation

RFQ NUMBER
 BMS80641

PAGE
 1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
 ROBERTA WAGNER
 304-558-0067

RFQ COPY
 TYPE NAME/ADDRESS HERE

VENDOR

SHIP TO

HEALTH AND HUMAN RESOURCES
 BUREAU FOR MEDICAL SERVICES
 ROOM 251
 350 CAPITOL STREET
 CHARLESTON, WV
 25301-3709 304-558-1737

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
09/24/2007				

BID OPENING DATE: 10/16/2007 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 2						
1. BID OPENING HAS BEEN MOVED FROM OCTOBER 4, 2007 TO OCTOBER 16, 2007.						
2. QUESTIONS AND ANSWERS ARE ATTACHED.						
3. ADDENDUM ACKNOWLEDGEMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR BID.						
EXHIBIT 10						
REQUISITION NO. :						
ADDENDUM ACKNOWLEDGEMENT						
I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC.						
ADDENDUM NO.'S:						
NO. 1						
NO. 2						
NO. 3						
NO. 4						
NO. 5						
I UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF THE ADDENDUM(S) MAY BE CAUSE FOR REJECTION OF BIDS.						
VENDOR MUST CLEARLY UNDERSTAND THAT ANY VERBAL REPRESENTATION MADE OR ASSUMED TO BE MADE DURING ANY						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
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TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE
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WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

**GENERAL TERMS & CONDITIONS
REQUEST FOR QUOTATION (RFQ) AND REQUEST FOR PROPOSAL (RFP)**

1. Awards will be made in the best interest of the State of West Virginia.
2. The State may accept or reject in part, or in whole, any bid.
3. All quotations are governed by the *West Virginia Code* and the *Legislative Rules* of the Purchasing Division.
4. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125.00 registration fee.
5. All services performed or goods delivered under State Purchase Orders/Contracts are to be continued for the term of the Purchase Order/Contract, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods, this Purchase Order/Contract becomes void and of no effect after June 30.
6. Payment may only be made after the delivery and acceptance of goods or services.
7. Interest may be paid for late payment in accordance with the *West Virginia Code*.
8. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
9. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
10. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
11. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern all rights and duties under the Contract, including without limitation the validity of this Purchase Order/Contract.
12. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
13. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, this contract is automatically null and void, and is terminated without further order.
14. **HIPAA Business Associate Addendum -** The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, and available online at the Purchasing Division's web site (<http://www.state.wv.us/admin/purchase/vrc/hipaa.htm>) is hereby made part of the agreement. Provided that, the Agency meets the definition of a Covered Entity (45 CFR §160 103) and will be disclosing Protected Health Information (45 CFR §160 103) to the vendor.

INSTRUCTIONS TO BIDDERS

1. Use the quotation forms provided by the Purchasing Division.
2. **SPECIFICATIONS:** Items offered must be in compliance with the specifications. Any deviation from the specifications must be clearly indicated by the bidder. Alternates offered by the bidder as **EQUAL** to the specifications must be clearly defined. A bidder offering an alternate should attach complete specifications and literature to the bid. The Purchasing Division may waive minor deviations to specifications.
3. Complete all sections of the quotation form.
4. Unit prices shall prevail in cases of discrepancy.
5. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
6. **BID SUBMISSION:** All quotations must be delivered by the bidder to the office listed below prior to the date and time of the bid opening. Failure of the bidder to deliver the quotations on time will result in bid disqualifications.

SIGNED BID TO:

Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130



State of West Virginia
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BID OPENING DATE: 10/16/2007		BID OPENING TIME 01:30PM		

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	YR		961-20		
EXTERNAL QUALITY REVIEW ORGANIZATION SERVICES						
***** THIS IS THE END OF RFQ BMS80641 ***** TOTAL:						

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**West Virginia Department of Health and Human Resources
Bureau for Medical Services
RFP BMS80641
Questions and Answers**

1. Will all vendors receive a complete set of Q&As submitted related to this project?
A: The Q&As will become part of the RFP.

2. What is the annual and cumulative (3 yr.) value of the existing EQRO contract between Delmarva and the Bureau for Medical Services?
A: This information is available through the Purchasing Department.

3. Please reference pg. 15 of the RFQ. Sect. 3.2.7: Please elaborate on the nature and scope of work the Bureau would expect a vendor to conduct related to an evaluation of home and community based programs.
A: BMS may require an independent evaluation of the Aged and Disabled (AD) Waiver and/or the Mentally Retarded Developmentally Delayed (MRDD) Waiver Programs per CMS Guidelines.

4. Please reference pg. 15 of the RFQ. Sect. 3.2.9: Please elaborate on the nature and scope of work the Bureau would expect a vendor to conduct related to the pay for performance program the Bureau envisions.
A: The vendor will be expected to assist BMS with the setting up of the evaluation process for a pay for performance model.

5. Task 3.2.1, Mandatory Validation of Performance Improvement Projects (RFP page 11) and Task 3.2.5 Mandatory Review of MCOs' Performance Improvement Projects (RFP page 14) appear to be the same task. Does BMS wish to have these responded to separately or should the tasks be combined?
A: These tasks require separate responses.

6. Task 3.2.6, Mandatory Development of Performance Measures for Other Populations (RFP page 15). Please define Special Needs populations.
A: The special needs population includes those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that generally required.

7. Optional Task 3.2.7 Evaluate Home and Community Based Services (RFP page 15). Can BMS expand on what type of evaluation they are requiring?
A: See Question 3.

8. Does BMS have a preferred method for calculating the All-inclusive hourly rate (RFP page 21)? Is this an average rate by staff type, if so should the bidder include a breakout of all-inclusive hourly rates by staffing type?
A: One hourly rate is requested.

9. Who is the current EQRO contractor?

A: Delmarva

10. Is the State satisfied with the current contractor?

A: This does not relate to the RFP.

11. What is the dollar value of the current contract?

A: See Question 2.

12. Does the incumbent have an office in the state?

A: No.

13. What is the estimated dollar value of the new contract?

A: N/A. This amount will be determined as a result of the bidding process.

14. Is the vendor required to have an office in the state?

A: No. The vendor must be available when needed by the State.

15. Is the current EQRO conducting any focused studies?

A: Yes.

16. Does the State have any plans to add the task of focused studies in the future?

A: BMS does not envision focused studies will be conducted; however, this may change depending upon the needs of the population. We will rely on the vendor to recommend adding focused studies in the future should the vendor believe the studies are necessary.

17. The RFP did not specifically state the number of PIPs that would be validated by the vendor per MCO. How many PIPs are submitted annually by **each** MCO for validation?

A: Currently the MCOs are conducting 5 PIPs.

18. Does the State mandate the study topic for any of the PIPs submitted for validation? If so, what are those study topic(s)?

A: The State may mandate the study topic for PIPs.

19. The RFP states that the State and the EQRO will determine the feasibility of verifying actual PIP study findings. Should the cost proposal include that task?

A: The cost proposal should encompass all tasks listed in the RFP.

20. For PIPs, are corrective action plans and timelines submitted to the vendor for review **and** oversight?

A: Yes, the vendor is responsible for reviewing corrective action plans and providing technical assistance as stated in RFP 3.2.3.

21. For PIPs, how many "performance indicators" are being monitored following completion for sustained improvement?

A: The vendor must decide how many performance indicators should be monitored to sufficiently gauge sustained improvement.

22. Will the MCOs be required to undergo a HEDIS compliance audit following NCQA methodology and timelines?

A: Yes.

23. Do the MCOs use HEDIS-certified software to produce the performance measure rates?

A: Yes.

24. Will the MCOs be required to submit data via the NCQA IDSS tool?

A: Yes.

25. How many MCOs will be required to undergo validation of performance measures?

A: Currently, there are three MCOs.

26. Will the PAAS program be required to undergo a validation of performance measures under the scope of this contract?

A: No.

27. How many performance measures will the EQRO be required to validate on a yearly basis?

A: BMS has not yet determined the number of performance measures that must be validated.

28. Will the performance measures be HEDIS measures, HEDIS-like measures, or a combination of both?

A: A combination of both.

29. What were the performance measures that were validated this past year?

A: The following:

Effectiveness of Care

- Childhood Immunization Status
 - Combination 2
- Adolescent Immunization Status
 - Combination 2
- Breast Cancer Screening
- Cervical Cancer Screening
- Chlamydia Screening in Women
- Controlling High Blood Pressure
- Comprehensive Diabetes Care
 - HbA1c Testing

- Poor HbA1c Control
- Eye Exams
- Lipid Profile
- Lipid Control <130
- Monitoring Diabetic Nephropathy
- Use of Imaging Studies for Low Back Pain

Access and Availability of Care

- Adults' Access to Preventive/Ambulatory Health Services
 - 20–44 Years
 - 45–64 Years
- Children's and Adolescents' Access to Primary Care Practitioners
 - 12–24 Months
 - 25 Months—6 Years
 - 7–11 Years
 - 12–19 Years
- Prenatal and Postpartum Care
 - Timeliness of Prenatal Care
 - Postpartum Care
- Call Answer Timeliness
- Call Abandonment

Use of Services

- Frequency of Ongoing Prenatal Care
 - <21%
 - 21%–40%
 - 41%–60%
 - 61%–80%
 - 81%+
- Well-Child Visits in the First 15 Months of Life – 6 or More Visits
- Well-Child Visits in the Third, Fourth, Fifth, and Sixth Year of Life
- Adolescent Well-Care Visit

Health Plan Descriptive Information

- *Board Certification/Residency Completion*
- *Total Enrollment by Percentage*
- *Enrollment by Product Line (Member Years/Member Months)*
- *Unduplicated Count of Medicaid Members*

- *Diversity of Medicaid Membership*
- Weeks of Pregnancy at Time of Enrollment in the MCO
 - <0 Weeks
 - 1–12 Weeks
 - 13–27 Weeks
 - 28+ Weeks
 - Unknown

Health Plan Stability

- Practitioner Turnover
 - PCP
 - OB/GYN

30. While understanding that the EQRO will conduct compliance reviews for the three MCOs, it did not appear that the EQRO activities related to compliance reviews will include any compliance review activities related to the PAAS program. Is it correct that the EQRO will not conduct EQR compliance review (or any other EQRO activities) related to the PAAS program? If this is correct, what activities will the EQRO conduct related to PAAS?

A: PAAS is not included in this RFP.

31. The proposal indicates that the EQRO will work with the Bureau for Medical Services to determine the standards that will be included in the EQRO compliance review and that certain structure and operation standards that are reviewed as part of a Medicare or accrediting body review may not be included in the EQR compliance review to avoid duplication. The RFP further indicates that the EQRO will “... monitor the Medicare and private standards and processes for review and make recommendations to the Bureau for Medical Services as to where it may be appropriate to use the Medicare or private review to avoid duplication.” Is there a written EQRO deliverable associated with this task? If there is a written deliverable associated with this task, please describe the nature of the written deliverable.

A: There is no formal written deliverable associated with identifying the Medicare and private standards that may be used to avoid duplication. However, the vendor will be required to communicate to BMS its evaluation of which standards and processes are best for use. Additionally, other written deliverables are associated with 3.2.3, such as reporting the results of the compliance review to BMS.

32. CMS requires that States ensure that all access, structure and operation, and measurement and improvement standards are reviewed within a three-year timeframe. Does the Bureau for Medical Services expect that each annual EQR review will (1) cover all applicable standards, or (2) review only a portion of the applicable standards? Examples of the second option could include: (a) review one-third of the standards during each of three consecutive annual EQRs; and (b) review one-half of the standards during the first annual EQR, conduct a follow-up review of the applicable required corrective actions taken (resulting from the first-

year review) for the second year EQR, and review the second half of the standards the third year. If the Bureau for Medical Services prefers the second option (review a portion of the total applicable standards during each of three successive annual reviews), what specific model does the Bureau envision using?

A: BMS anticipates that each annual EQR review will cover all applicable standards.

33. When conducting the on-site portion of the compliance review for each MCO, will the EQRO be required to travel to more than one location (i.e., the MCO headquarters) for each MCO to conduct interviews and/or to review documentation? If the review for a given MCO requires travel between sites, what is the approximate number of sites and travel time between sites for each of the three MCOs?

A: Locations vary depending on the MCO. At this time, reviews are conducted at one site per MCO.

34. The RFP states in subsections 3.2.2.7 and 3.2.3.7 that the vendor is required to produce reports for these tasks. The RFP does not require plan-specific PIP reports (section 3.2.1). Is this a requirement?

A: The reports for both the validation of performance measures and the mandatory compliance review must address all of the requirements for each of the plans. The vendor may submit one report for each task which includes the required information for all MCOs.

35. Section 3.2.4.3 Annual Plan-Specific Reports – Since the vendor is already required to provide task-specific reports for PMV and Compliance, could the State please explain the difference between what is required in those reports versus the Annual Plan-Specific reports? Please clarify.

A: The requirements of the annual plan-specific reports are detailed in 3.2.4.3.1 – 3.2.4.3.6. These items are in addition to the performance measurement validation and compliance reports.

36. 3.2.4.4 (MCO Comparison Report)—The RFP requires the EQRO to submit an MCO Comparison Report in addition to the individual MCO reports, and a final Technical Report. What distinguishes the MCO Comparison Report from the Technical Report, which, depending on the preferences of the State, may include a summary of plan comparisons?

A: See RFP 3.2.4.2-3.2.4.2.4 for a description of the Technical Report requirements. The vendor is expected to follow 42 CFR 438.58. The focus of the Technical Report is to describe the vendor's methodology for completing Tasks 3.2.1, 3.2.2, and 3.2.3. The focus of the MCO Comparison Report is to provide comparative information about the MCOs in regards to their performance on the Tasks 3.2.1, 3.2.2, and 3.2.3.

37. 3.2.4.5 (Periodic Meetings and Status Reports)—The RFP requires that the EQRO Project Manager attend monthly half-day meetings of the Mountain Health Trust Task Force and that the EQRO also attend two half-day meetings with the Bureau each month to report progress.

Can the EQRO participate in these meetings through a combination on-site presence and conference calls?

A: Yes.

38. Regarding Item 3.2.5 (Mandatory Review of MCOs' Performance Improvement Projects), does the State consider this task as falling under the category of technical assistance?

A: No.

39. Regarding Item 3.2.5 (Mandatory Review of MCOs' Performance Improvement Projects), what are the State's expectations related to any deliverables associated with this task?

A: All tasks outlined in 3.2.5.1-3.2.5.4 are mandatory. As noted in RFP 3.2.5, possible deliverables include an evaluation of the PIP's success against the defined quality goals or a report summarizing whether the performance indicators illustrate sustained improvements upon completion of the PIP.

40. Regarding Item 3.2.5 (Mandatory Review of MCOs' Performance Improvement Projects), how many PIPs does the State expect the EQRO to review? Are these the same PIPs that the EQRO will be validating?

A: The EQRO will review all PIPs that the MCOs are conducting at the time of the contract effective date and for all those that are required on a yearly basis. These are the same PIPs that the EQRO will be validating.

41. 3.2.6 What is the expected number of performance measures that the EQRO must assist in developing yearly under the scope of the contract?

A: BMS has yet to determine the number of performance measures that must be developed. We will rely on the vendor to guide us through this process.

42. Currently, what performance measures are being collected and reported for the ABD and Special Needs populations?

A: No additional measures are being collected and reported at this time.

43. 3.2.6 Is there currently a monitoring tool developed to evaluate success against defined goals?

A: Not at this time.

44. 3.2.6 Will the findings/results from the mandatory activity be presented in the annual technical report, or does the State require a separate report?

A: The State requires a separate report.

45. 3.2.7 Please clarify the scope of this activity, including the duration (i.e., one time/one year only, initial evaluation and on-going annual evaluations, other)? What would the deliverables be for this project?

A: See Question 3.

46. Does the HCBS Waiver include services for the Developmentally Disabled, Elderly, Brain Injury, HIV/AIDS and Physical Disabilities? If not, please describe the services provided under the Waiver.

A: The HCBS Waiver includes services for the Developmentally Disabled, Brain Injury, & Physical Disabilities, and those meeting Nursing Home level of care requirements.

47. Does the State currently conduct oversight and monitoring of the HCBS Waivers? Does the oversight process include provider on-site comprehensive reviews and record reviews? If so, how many are conducted each fiscal year?

A: Yes, the State does conduct oversight and monitoring of the HCBS Waivers. The oversight process does include provider on-site comprehensive reviews and record reviews. At this time, one review per 24 month period per provider is conducted.

48. 3.2.7 If requested to conduct this activity would the EQRO be responsible for evaluating the oversight and monitoring process or the results of the oversight and monitoring?

A: Yes – the EQRO should perform an independent evaluation that meets CMS standards.

49. 3.2.7 If requested to conduct this activity would the EQRO be responsible for conducting any of the provider on-site HCBS Waiver reviews or record reviews?

A: No.

50. Does the State conduct participant experience surveys as part of the monitoring oversight of the HCBS Waivers? If so, are these surveys conducted during the provider on-site reviews or as a mail or telephone survey?

A: Yes, the State does conduct participant surveys as part of the monitoring oversight of the HCBS Waivers. A contracted group performs on-site reviews with the families. Mailings are also sent.

51. 3.2.7 If requested to conduct this activity, will the EQRO be responsible for technical assistance, such as the development of monitoring tools and performance measures?

A: Yes.

52. Is the State required to produce an annual report for the HCBS Waiver Program?

A: Yes. This is not a requirement of this RFP.

53. How many performance measures will the EQRO be required to assist with developing for PACE?

A: BMS has yet to decide how many performance measures will be required.

54. Which entities will undergo the readiness review for PACE?

A: At this time there is only one PACE provider. If others enter the market, a readiness review will also be required.

55. 3.2.8 Will the findings/results from the optional activity be presented in the Annual Technical Report, or does the state require a separate report?

A: Yes, the findings must be presented in a separate report.

56. 3.2.9 Will this include all providers that serve the Mountain Health Choices Program or only those affiliated with specific MCOs?

A: This will include all providers that serve the Mountain Health Choices Program and the MCOs.

57. In 1.9.4.2, Proposal Format and Content, it states, "The cost portion shall be sealed in a separate envelope..." and in 4.1 Section IV, Cost Proposal, it states, "The cost proposal, with the bidder's name, title, date, and signature, should be included with the technical proposal or attached thereto..." These statements appear to be contradictory. Which is correct?

A: The cost portion should be sealed in a separate envelope.

58. Is attendance at the monthly meetings with the Mountain Health Trust Task Force required to be in-person or via teleconference?

A: Some meetings will be mandatory in-person. Most meetings can be accomplished via conference call.

59. Is attendance at the monthly meetings with the Bureau required to be in-person or via teleconference?

A: Some meetings will be mandatory in-person. Most meetings can be accomplished via conference call.

60. How is the in-state vendor preference used to calculate points awarded?

A: See RFP 1.9.4.6.