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ADDENDUM NO. 2

November 1, 2021

Title: Third Party Administrator

RFP # H21-0040

1. General

This addendum revises RFP documents. This addendum is issued to respondents of record prior to execution of contract and forms a part of contract documents and modifies previously issued documents. Insofar as previously issued contract documents are inconsistent with modifications indicated by this addendum, modifications indicated by this addendum shall govern. Where any part of the contract documents are modified by this addendum, all unaltered provisions shall remain in effect.

2. Addendum Acknowledgement Form

Acknowledge receipt of this addendum in the space provided on the Addendum Acknowledgement Form. Proposers must include the signed form with their response. Failure to do so will subject Proposers to disqualification.

3. Changes and Clarifications

4. Attachments

Responses to Vendor Questions

	Section of the RFP	Question	CCHHS Response
1	4.3.1.10.1.18	Can we assume the Claims Payment capabilities are assuming timely funding? And/or adjust the verbiage to ensure timely adjudication vs. payment?	Claims payment capabilities are assuming timely funding. Verbiage can be adjusted to ensure timely adjudication.
2	General	Can we assume the MMAI provider network has similar provider counts as the Medicaid counts provided?	Yes
3	4.3.3.11.1.4	Encounters acceptance rates for MMAI are listed at 99%, can you confirm this is appropriate for this LOB based on current acceptance rates with HFS or if this was a carry over from other LOBs?	The requirement for MMAI will be 99% or as otherwise required by HFS.
4	4.3.1.6.6	Do you have estimated utilization of live chat feature?	Estimating 15% of all member call volume per month
5	4.3.2.12.1.6	The population health system for HEDIS or HEDIS-like quality measures is listed as a requirement under MA and MMAI, but not Medicaid. Is this intended to be a requirement?	HEDIS is REQUIRED for Medicaid. This is a Medicaid requirement.
6	4.2 Minimum qualifications #9	Can NCQA Accreditation in Utilization Management be substituted with similar URAC Accreditation?	No, NCQA Accreditation in UM cannot be substituted with similar URAC accreditation.
7	4.2 Preferred qualifications #5	Does this refer to any specific URAC Accreditation standard? (Utilization Management, Disease Management etc.)	Any URAC accreditation standards that are in the scope of this RFP.
8	4.3.2.6.2.2	Does CCH envision integration between the TPA and the CM platforms and if integration is expected are there any published specifications	Claims view for status, service type, units provided with dates need to be visible to the care management as there is an accountability for validating services rendered. This can be part of a care plan review or service plan validation, often asked to reference as part of external quality review process.
9	4.3.4.5.4.6	Please clarify requirements for ongoing patient care management and coordination. Is the vendor expected to provide ongoing care management or is this in coordination with CCH's care management team? This requirement is referenced only for the Medical Group and CareLink sections, will there be no similar care	There would be an expectation for ongoing collaboration between CM and TPA at some level specific to real time issues on UM, or resolution of other resources or matters. Would be true for all lines of business in all case management applications, CMIS will be the case management application that will need visibility into claims history (read only) for service planning and other service validation needs. CMIS is in effect as of 2/1/22.

		management requirement for Medicaid and Medicare/MMAI?	
10	4.3.1.2.2.	Will CCH require face to face meetings for outreach?	Yes
11	4.3.1.2.4.1	Can CCH provide additional information on current retention team activities including the typical number of events / expected number of events during the contract period?	<ul style="list-style-type: none"> • Targeted outbound phone calls to members leaving the plan • Inbound escalation calls from members expressing dissatisfaction with the plan • In-person and virtual redetermination events, Community events, health and resource fairs. <ul style="list-style-type: none"> ○ Average 2 events/week
12	4.3.1.4.1.1	Please specify the clinical / licensure requirements for the care management liaison.	Clinical experience required. LCSW or Registered Nurse.
13	4.3.1.13.6.1.	What is the expectation of coordination between the vendor and CCH's care management team ? What is the expectation for data transmittal between the CRM system and CCH's care management system?	We need visibility into member calls into the system as well as what is noted above regarding CM/ Claims review or validation. The transmittal of data should be as close to real time as possible.
14	4.3.2.6.1.25	Please describe the coordination between the vendor and CCH in the choice of these studies? Please confirm if this requirement is for 2 for each discipline (behavioral and medical) or 1 for each ?	1 for each discipline. CCH generally chooses the topic, but is open to recommendations/suggestions on what should be studied in order to aid in improvement of HPS.
15	6.1.4	Does a client "that is engaged in the implementation of the product for at least one (1) year from this RFP date" indicate a client that has been live for over a year?	Yes
16	Cover	The cover page of the RFP indicates two different times for the RFP submission. Is the RFP due by 5:00 PM (CT) or 2:00 PM (CT) on November 9?	11/22/21 no later than 2:00 PM (CT), per Addendum 1
17	Attachment C	Can you clarify how to complete the CCH Information Security Questionnaire? Should we complete the Rank and Weight columns of each tab as the instructions state, or just the Notes column?	Complete the Rank scale between 1-5 as follows for all questions, 1= None; 2 = Poor; 3 = Average; 4 = Good; 5 = Excellent There is a "how to use" on the second tab of the sheet.
18	General	Given that some requirements are duplicated between scopes of work, is it acceptable to cross reference between scopes (e.g., referring to information previously provided in an earlier scope of work), or does CCH	Please provide responses with no cross-referencing.

		prefer that each scope of work stand on its own with no cross referencing?	
19	4.3.1.7.1 4.3.2.5.1 4.3.3.6.1	What is the source of truth for the underlying provider data across all LOBs?	Provider data is managed and maintained by CCH.
20	4.3.2.8	With regard to MA and MMAI Risk Adjustment, is it anticipated that the Vendor will perform chart retrieval? If not, who will perform retrieval?	Yes
21	4.3.2.8.9	Can you clarify the requirement and the "approved formats" you are looking for?	The final approved format would be determined during implementation
22	4.3.2.8.10	Is it intended that the Vendor employ the coding team? If not, who will provide it?	Yes
23	4.3.5	What is the approved benefit structure for CareLink? What is the service/authorization flow envisioned?	The benefit structure is still being determined. However, for purposes of the RFP, you may assume a similar benefit structure to Medicaid.
24	4.3.5	Will a claim be issued and is there an expectation that we will perform claim adjudication? If so, please explain the use case.	Yes, a claim will be issued and there is an expectation that TPA will perform claim adjudication.
25	4.3.5	What is the provider reimbursement workflow for utilization outside of CCH?	Providers will be reimbursed on a percentage of Medicaid fee schedule.
26	4.3.5	How is member cost sharing handled for this population?	There is not expected to be member cost sharing for the CareLink population.
27	4.3.5.4.4.6	Can you clarify the intent of requirement 4.3.5.4.4.6: "Coordinate and manage: 1) ongoing patient care, 2) discharge planning, 3) social services interfaces, 4) alternate level of care facilities, 5) member transfers to more appropriate facilities, and 6) non-par services?" Does this imply delegation of care management?	This is the concurrent review process which is a part of the overall PA review process.
28	4.3.5.4.4.13	Does the member have any complaints or appeals rights outside of eligibility appeals?	Yes. For denial of authorization prior to or post receiving service.
29	5.7	Given the size of the audited financial statements requested by CCH in question A, is it acceptable to provide these only as part of the electronic copy, or is a printed copy required?	Proposer's must provide copies with both formats.

30	5.10	Can you confirm that if a bidder is able to respond "[Company X] has no pending legal actions in which our firm will experience any significant impact to this Contract.", it does not need to provide 36 months of Legal Actions?	Proposer must provide historical information of pending or past litigation for a thirty-six (36) month.
31	Attachment A	In the Pricing Workbook are references to "Exchange" interchangeable with "Cook Medical Group", or is this a separate Line of Business?	Separate lines of business.
32	4.3.2.6.3.5 4.3.3.7.3.5	With the recent issuance of RFP H21-0038 for CAHPS Services, is CAHPS in scope for both MA and MMAI?	Yes, CAHPS is in the scope for MA, MMAI and Medicaid. The survey vendor will also do the Health Outcome Survey (HOS) and the Provider Survey
33	General	There are conflicting SLAs for contract load. 4.3.1.10.1.6 lists 14 day load for standard and 25 day load for unique contracts. 4.3.1.7.2.2 references 30 days for standard and 60 days for unique. Can you confirm the intent and if this is inclusive of all testing timelines?	Please utilize the SLA in section 4.3.1.10.1.6.
34		. Whether companies from Outside USA can apply for this? (like, from India or Canada)	Yes
35		Whether we need to come over there for meetings?	Yes
36		Can we perform the tasks (related to RFP) outside USA? (like, from India or Canada)	No
37		Can we submit the proposals via email?	Please follow instruction set forth in Section 8.2 in the RFP.

ADDENDUM ACKNOWLEDGEMENT FORM

As required by the RFP, Proposers must submit this acknowledgement form with their response. One acknowledgement form per response, listing all addenda, is appropriate.

Addendum No.: _____

Company Name: _____

Representative's Name: _____

Signature: _____

Date: _____

END OF ADDENDUM