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ADDENDUM NO. 2

March 29, 2023

Title: HEDIS Vendor -Data & Reporting

RFP # H23-0005

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

A. Response to Questions received on or before 02/28/2023.

4. Attachments- None

Responses to Vendor Questions

	Section of the RFP	Question	CCHHS Response
1	4.3.5	your RFP indicates retrieval/abstracting services. We provide HEDIS software and a MRR platform, but do not staff retrieval/abstraction nurses. Should vendors submit for the services we do cover only? Or do you prefer we work with a subcontractor for full services.	Vendors should submit for the services they are able to provide. The selected vendor or Health Plan Services can sub-contract for medical record retrieval and chart abstraction services if needed
2	general	how many reporting populations do you report annually to NCQA CMS?	For Medicaid, we currently have two submissions annually.
3	4.3.5	What is the number of chases you expect to pursue annually?	The number of records for retrieval and abstraction varies by year. Generally, we have between 1,500-2,000 chart chases per year for Medicaid.
4	4.3.1.3	Do you require any non-HEDIS quality measures to report? If so, can you provide a list of measures?	The State-required pay for performance and pay for reporting measures are outlined in the Illinois Quality Strategy
5	general	What is the start date of this engagement?	Implementation would likely begin between 7/1/2023 and 10/1/2023. For calendar year 2024, the selected vendor would work to provide prospective HEDIS reporting only. In 2025, the selected vendor would begin working with Health Plan Services on the MY2024 HEDIS project, audits and submission.
6	general	What is the term you are seeking?	See section 2.1 of the RFP
7	General	What is CCH's reason for going to RFP?	This RFP has been issued as part of a normal contracting cycle and timeline.
8	General	Who is your current HEDIS vendor, or is it currently an internal effort?	We will not be sharing details at this time
9	General	Who currently handles your Retrieval and Abreaction process?	We will not be sharing details at this time.
10	3. Schedule	Can you provide a timeline regarding vendor selection, contract signatures, and desired go-live? Will the demo be onsite or online?	"Go-live" for implementation should begin no later than 10/1/2023 to ensure prospective HEDIS reporting is available in early 2024. The implementation timeline would be determined in coordination with the selected vendor.
11	General	Will the selected vendor cover MY23 in 2024? If so, will it be parallel runs with the current vendor?	The selected vendor for this RFP will work to provide prospective HEDIS reporting only. In 2025, the selected vendor would

	Section of the RFP	Question	CCHHS Response
			begin working with Health Plan Services on the MY2024 HEDIS project, audits and submission.
12	General	Will Onshore Abstraction be required or is offshore an option?	Vendors would not be permitted to use offshore staff or subcontractors except with prior written consent of CCH Compliance and Privacy. Additionally, the option for local, on-site chart abstraction if needed, is preferred.
13	General	What State Medicaid Measurements is CCH currently running that new vendor will support?	The State-required pay for performance and pay for reporting measures are outlined in the Illinois Quality Strategy.
14	General	Are there any other VBC or custom measurements?	Occasionally, ad-hoc reporting is requested for VBC agreements or other measures as required by the State. The majority of VBC arrangements are based on standard HEDIS measures or other utilization measures, where reporting is available through different avenues.
15	General	What frequency does CCH currently perform prospective runs (quarterly, monthly, other)? Desire to change?	Health Plan Service currently performs prospective HEDIS runs monthly. This is the desired timeframe for prospective reporting moving forward.
16	2. Purpose	Can you share any current pain points that we can address in the RFP response?	As outlined in the RFP, Health Plan Services desires the following from a selected vendor: <ul style="list-style-type: none"> - Consistent, timely and accurate HEDIS reporting - Engagement and support throughout the HEDIS submission project to ensure data accuracy, smooth audit processes, and timely submission. - Adherence to identified service level metrics for the duration of the contract. - Processes in place to reconcile data received and ingested to ensure timely mitigation of administrative, supplemental, and ECDS data sources.
17	1.2 About Health Plan Services	Confirm the member population is 400,00 Medicaid member only? Medicare is referenced in the RFP.	The member population is now 450,000. At the moment this is Medicaid only.

	Section of the RFP	Question	CCHHS Response
18	General	Can you share details about the proposed budget for this project? Is there an allocated budget range for the project?	We will not be sharing details at this time.
19	General	What are the anticipated number of records for Retrieval and Abstraction?	The number of records for retrieval and abstraction varies by year. Generally, we have between 1,500-2,000 chart chases per year for Medicaid.

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.: _____

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Addendum No.: _____

Addendum No.: _____

Addendum No.: _____

Addendum No.: _____

Company Name: _____

Representative's Name: _____

Signature: _____

Date: _____

END OF ADDENDUM