

**REQUEST FOR PROPOSALS (RFP)
STATE OF CONNECTICUT
OFFICE OF EARLY CHILDHOOD
BIRTH TO THREE SYSTEM**

Addendum #1, BID OEC-17-01

Billing and Collection of Commercial Health Insurance, Medicaid and Parent Fees

Various Questions

Who will be responsible for initial and on-going Insurance Verification (making sure the Insurance Policy is valid)?

The programs will be responsible for obtaining the insurance information. The anticipation is that the programs will be notified by the contractor if it is determined that the insurance is not valid and the programs will then be responsible for obtaining the correct information. There previously has been no incentive for programs to do this since they were paid regardless of the accuracy of the data. Going forward they won't get paid if information is incorrect so we anticipate self-corrections quickly.

Has the Office of Early Childhood obtained and/or applied for a Medicaid Provider Number?

The Birth to Three System has a Medicaid Provider Number. It is expected that the lead agency will have to re-enroll when the State Plan Amendment to change to a fee for service model is approved.

Are all the B23 Providers credentialed with Medicaid?

All of the providers have Medicaid provider ID's. It is expected that the programs will have to re-enroll when the State Plan Amendment to change to a fee for service model is approved.

When billing Medicaid, in many states, Part C programs are designated as the payee provider of record for Part C service claims to Medicaid. Does CT OEC expect to have a similar provider relationship with Medicaid? If not, can OEC please describe the anticipated provider/payee relationships involved (RFP page 47)?

Please see the answers provided above. It is expected that the payment relationship will change. Since the CT Department of Social Services is the Medicaid Agency for the State, it is anticipated that they will assist in this matter once the State Plan Amendment is approved.

Does Medicaid require individual therapists to be Medicaid enrolled in order to reimburse fee for service claims? If so, what percentage of therapists are currently Medicaid enrolled (RFP page 47)?

It is expected that this will be the case. Please see the answers provided above for further information.

Of the \$24,054,259 paid by Medicaid in Fiscal Year 2016, referenced in the RFP, what percentage and/or dollar amounts were for educational services?

Of the 27,089 Medicaid claims filed in Fiscal Year 2016, how many were related to educational services?

Can you please further define what constitutes educational services?

Birth to three does not provide educational services and anticipates that developmental therapy will be covered by the new State Plan Amendment.

Will there be a penalty imposed on the B23 Providers that do not obtain accurate and complete insurance information and/or fail to maintain updated insurance policy information?

Programs will no longer be paid if the insurance and/or Medicaid information is not correct and accurately maintained.

Will there be a transition period from the current vendor in the event that a new vendor is selected? If so, what will be the allotted time for transition? Will the new vendor be responsible for outstanding dates of claims and parent fees prior to the contract award date?

Yes, there will be a transition period of up to 3 months and yes, the new contractor will be responsible for outstanding dates of claims and parent fees prior to the contract award.

Parent fees, page 49, number 1– Will the vendor have direct administrative access to the CT Birth to Three data system to extract the data needed to send monthly invoices or is this data supplied?

Both options are available and cost effectiveness will determine the option used.

Parent fees, page 49, #2 – Are email addresses currently collected from parents? If so, can invoices to parents be submitted electronically instead of through the USPS?

Yes email addresses are collected. Submitting invoices electronically is a possibility with the parent's consent and using encrypted email.

Executive Management Personnel, page 52, letter d – please clarify whether the state is asking for the executive management team's resumes and information for the entire firm, or just for the division of the company that will be executing this contract.

Just for the division of the company that will be executing the contract.

Organizational Chart, page 52, letter c – please clarify when the state asks “where the following functions related to this project will be located,” does this mean the physical location of where staff will be (city, state) or their hierarchical and functional positions within the firm and/or project team.

Their hierarchical and functional positions within the firm and/or project team.

Does each child have a unique file in the data system regardless of what provider agency is currently responsible for their care? Or might a child have duplicate records spread among several agencies (RFP Page 45)?

Yes, each child has a unique file and all early intervention services, with the possible exception of autism assessments and hearing aid purchasing, are provided by only one comprehensive program at a time.

How quickly are services typically recorded in the data system? Are all services recorded for a given month before the monthly family invoices are sent on the 16th? Or are family statements “offset” 1 or more months from the actual month of service (RFP page 49).

The SPIDER data system is a real-time transactional database. Data can be entered daily. Historically programs were required to enter payment related data into the system by the 15th of the month following the month of service, for example: June attendance is entered into the system by July 15th. Going forward this will change since CMS can be billed every two weeks.

The RFP indicates that the state is working with a vendor for insurance claiming and family fee billing. What is the cost of the current contract, and what level of denial follow up and insurer inquiry response is included in that contract (RFP page 46)?

Please refer to page 6, item 4 and Section III of the RFP.

What billing information is included in the system that can be used to prepare insurance claim forms? For example, does the system include CPT codes, dates of service, ICD codes and the individual who provided the service (RFP page 46)?

Currently the only items not available in the system are the unique CPT codes. CPT codes are currently based on a table in the system but will most likely change once the SPA is approved. The lead agency has a developer that can work with the successful applicant.

Does CT Birth to Three have a comprehensive provider enrollment database that includes National Provider Index (NPI) and specialty information for each individual provider (RFP page 46)?

Yes.

A small percentage of Birth to Three families will have both private insurance and Medicaid at the same time. And, a larger percentage of families will have indications of having had both coverages at one time or another. Some state Part C programs have elected to forego all Medicaid collection for such families, and other states attempt to pursue complex coordination of benefits across both coverages. This decision has a dramatic impact on the cost of billing activities. What decisions has CT made with respect to how to bill insurance and Medicaid when both coverages are, or may be, present (RFP page 47)?

Billing commercial insurance has to be attempted before Medicaid can be billed. Once it's determined that the insurance policy doesn't cover the service Medicaid will be billed.

Are the "provider contractors" specifically trained to collect the appropriate insurance information? For example, are changes in private insurance coverage typically detected in a timely way, and are old policies closed as no longer active once they lapse (RFP page 48)?

The mechanism to do this is available, although the practice has not been consistent across programs since there were no consequences for old data.

How many pages, on average, is a family fee invoice (RFP page 48)?

One

Does CT include a payment envelope with its family fee invoice mailing? If so, is the postage pre-paid (RFP page 48)?

Yes, an envelope is included and no, the postage is not prepaid.

How does the current contractor update the family status in the Birth to Three data system? Is it via a data exchange or do contractors have access to view and update appropriate system records (RFP page 48)?

Currently only performing providers can update the family status in the data system. Information is shared with the contractor through an exchange. This may be changed if it is determined to be more cost effective.

What portion of families are believed to have multiple active private insurance policies, and does CT expect to attempt to collect from each of the active policies(RFP page 48)?

Approximately 7% of the families that have commercial insurance have a secondary policy in the data system. The intention is to maximize revenue and therefore, attempt to collect from all active policies.

Approximately how many private insurance payers are currently claimed to by Birth to Three RFP page 50)?

Approximately 20-25.

How many insurance payers are known not to accept Electronic (EDI) claims (RFP page 50)?

We are unable to answer this question.

How many insurance EOB's (RA's) are currently returned on paper and how many electronically (EDI) (RFP page 50)?

The precise number is unknown. We anticipate moving towards all electronic claiming.

Our experience is that the written IFSP is a document frequently requested by insurance companies. How is CT responding to these requests today? Since the written IFSP is probably in the paper file at the agency office, or rarely in the data system, does CT already have a process for responding to requests for IFSPs (RFP page 50)?

Much of the IFSP service page is in the data system. Currently, the provider is able to scan and fax to the insurance agency. As resources become available the lead agency plans to move toward a fully electronic IFSP.

Would the State consider adding in a line item to the Cost Proposal Section for initial and ad-hoc integration costs between the SPIDER system and the vendor's system?

See below.

Would the State consider adding in a Hybrid line item to the Cost Proposal Section (for example; A fixed fee plus a percentage model)?

See below.

Would the State consider adding in a line item to the Cost Proposal Section a flat rate per claim fee plus a percentage of collection (which would include follow-up on claims denials)?

Health Insurance Billing and Medicaid Billing, page 55 2. Cost Proposal – Would the state consider pricing for these two billings the same as billing for Parent Fees with a flat percentage on collections and/or a flat cost per month? Our services and rates are fully inclusive including the processing of claims as well as the processing of any requests for additional information from the insurance plans and any required follow-up of denials, therefore it would be hard to provide a rate for the following that does not include those services:

- *2. as a flat rate per claim for the processing of claims (without follow-up on claim denials, but including the processing of any requests for additional information from the insurance plans)*
- *3. as a flat rate per claim for any required follow-up of claims denials;*
- *4. as an hourly rate for the required follow-up of denials.*

The RFP and rating scale were designed so that comparing applications would be as clear and consistent as possible; the company applying will need to comply with the cost proposal as listed in the RFP and the rating scale will not be revised for this process. However the successful bidder will have an opportunity to negotiate the terms of the final contract.