

Pre-Proposal Conference Minutes

MDH – Medical Care Programs - Office of Health Services
Headquarters, O’Conor State Office Building
201 W. Preston Street, Conference Room L-2
Baltimore, MD. 21201
October 30, 2018 – 10:30 a.m.

“Independent Review Organization for Medical Necessity Review”

MDH/OPASS 19-18247/eMM #MDM0031041387

Issue Date – October 16, 2018

DEPARTMENT REPRESENTATIVES:

MCP/OHS: Sabrina Lewis, Contract and MBE Coordinator, Administrative Services, Office of Finance

Dr. Tiffany Wedlake, Managed Care Physician Advisor, Health Choice and Acute Care Administration, Office of Health Services

Bernadette Benta, Division Chief, Division of Health Choice Complaint Resolution

OPASS: Theresa Ammons, Contract Officer, Office of Procurement & Support Services

VENDOR REPRESENTATIVES:

Susan Baker, KEPRO; Janice Bohan, FHAS; Steve Chasteen, AFMC; Bryan Dorsey, Livanta; Michael Dorsey, Livanta; Sari Fenderson, MAXIMUS; Anthony Puglisi, HQSI; Marc Shelgren, IMX Medical Management Services; Brendan Snyder, MPRO

ALSO PRESENT:

Januwa Epps, Health Policy Analyst, Managed Care Administration
Rosemary Murphey, Deputy Director, Managed Care Administration
Monchel Pridget, Health Policy Analyst, HealthChoice and Acute Care Administration
Michael Berney

Sabrina Lewis, Procurement Coordinator, MCP, convened the Pre-Proposal Conference meeting for ***MDH/OPASS 19-18247 - Independent Review Organization for Medical Necessity Review*** and conducted introductions. Attendees were instructed to sign the Sign-In Sheet which ask for name/company name & address/email address/phone & fax number and indication of MBE, VSBE or SBRP status.

Theresa Ammons, Contract Officer, OPASS, Theresa.ammons@maryland.gov, 410-767-1361, reviewed the contract requirements as follows:

- This Request for Proposals (RFP) is for the provision of ***“Independent Review Organization for Medical Necessity Review”***. The Department intends to make a single award as a result of this RFP. MBE or VSBE goals were not established for the resulting

contract.

- The sign in sheet, as well as the minutes, any addendum, business cards, and Vendors' Questions and Answers from this meeting will be posted on eMaryland Marketplace (eMM) and the MDH websites. Please remember that in order to receive a contract award, a vendor must be registered on eMM. Registration is free. Please review Subsection 4.2 for details.
- If vendors decide not to submit a proposal, they were asked to complete and return the Notice To Vendors form. The information from this form will help the Department with upcoming procurements by informing the Department of any issues that may need to be addressed or changed in the procurement process.
- All subsequent documentation regarding this solicitation will be posted on eMM and MDH websites.
- The contract resulting from this solicitation will be in effect for five (5) years with zero renewal options beginning on or about **March 1, 2019**. March 1st is a tentative start date and is subject to change.
- Carefully review **Subsection 4.3 – Questions** regarding how to submit questions subsequent to this Pre-Proposal Conference. Questions to the Procurement Officer, Mr. Dana Dembrow, with a copy to the Procurement Coordinator and myself shall be submitted via mdh.solicitationquestions@maryland.gov. Questions should be submitted no later than five (5) days prior to the proposal due date.
- Section 4.23, page 29 explains payment by **Electronic Funds Transfer**. Payments by EFT is mandatory for contracts exceeding \$100,000. Ensure your company allows this process. The section also explains how to be exempt.
- There are no **Offeror Minimum Qualifications** for this procurement as noted in Section 1, Page 1.
- The **Scope of Work Requirements** are listed in Section 2, subsection 2.3, beginning on page 2. This is the “meat” of the solicitation that will give you a clear understanding of what the Department expects of the successful offeror in the provision of the services.
- The **Contractor Requirements - General** listed in Section 3 starts with subsection 3.1 and begins on page 9.
- The ***Proposal Format***, Section 5, beginning on page 35 must be followed as outlined in the RFP. Offerors are required to submit proposals in two separate volumes - (Technical Proposal separately sealed and Financial Proposal separately sealed). Subsection 5.2 (*Volume 1 – Technical Proposal*) lists all documents and information required with your Technical Proposal. Give special attention to Subsection 5.3 which lists items to be included with your technical submission. Subsection 5.4 (*Volume II – Financial Proposal*) lists items to be included in your financial submission.
- Subsection 6.6 – lists **Documents Required upon Notice of Recommendation for Contract Award**. As noted, this is a list of documents that are only required from the winning offeror.
- One of the affidavits that you are requested to complete, sign and submit if you are a winning offeror is the Contract Affidavit (Attachment N). This form asks for the name of your resident agent. If there is a question of who your Resident Agent is, please call the State's Corporate Charter Division at (410) 767-1330. The office is located at 301

W. Preston Street, Baltimore, MD. 21201.

- Pay special attention to **Attachment B – Financial Proposal Instructions** and the actual Form in X-cell Format. Within five (5) working days of being notified of recommendation for award, the offeror must complete and submit the Contract Affidavit included as Attachment N and the Standard Contract as Attachment M. Please note that the contract shall not become effective until the Contract Affidavit is signed and returned.
- The **Evaluation Committee, Evaluation Criteria and Selection Procedure** are outlined in Section 6 (beginning on page 43). Your proposals will be evaluated by a committee organized for that purpose and will be based on the criteria set forth in the RFP.
- The **Technical Criteria**, listed in descending order of importance, can be found in Subsection 6.2 (pages 43) with the **Financial Criteria** listed in Subsection 6.3 (page 44).
- Proposals are due no later than **November 19, 2018 at 2:00 p.m.** **POST SCRIPT: Proposal Submission Deadline extended to December 3, 2018. This change was posted to eMM via Addendum #1.** **NOTE: Additional Proposal Submission Deadline change. New deadline – December 12, 2018. This change will be posted to eMM via Addendum #2.** No proposals will be accepted after 2:00 PM. Submitting proposals even one minute late will result in a rejection of the proposal. All present were reminded that the Department is not responsible for any carriers who may deliver your documents late such as UPS or FedEx.
- The three acceptable means of delivering a proposal are (see subsection 4.3 Delivery):
 1. The U.S. Postal Service
 2. Hand Delivery by Offeror – ask for receipt
 3. Hand Delivery by Commercial Carrier – ask for receipt

Please remember that after this Pre-Proposal Conference prospective offerors may have questions answered that may help them understand the RFP, etc. Just keep in mind that the answers to your questions, if they are significant in nature, shall be posted on the eMM and DHMH websites. Therefore, please allow sufficient time for this to occur.

If you have any comments/questions about the procurement process, please contact me at 410.767.1361. Again, my email address is Theresa.ammons@maryland.gov.

Good Luck!!!

Dr. Tiffany Wedlake, Managed Care Physician Advisor, Health Choices and Acute Care Administration, Office of Health Services gave the following programmatic review of the services:

- This is a solicitation for the Independent Review Organization which will be overseeing case decisions from managed care organizations that work for Medicaid and providers

when they have been denied payment based on medical necessity decisions.

- This is only for medical necessity decisions, and it is for when there is a disagreement between the provider and the MCO, when the MCO thought it was not medically necessary and so denied payment for that service. The IRO review is requested after the provider has already lost the appeals at the MCO. So they will have already gone through the MCO's appeal process before they can go to the IRO.
- The IRO will be receiving those cases and putting them up into a portal. The provider will request that the cases be reviewed by the IRO, but the MCO is actually uploading the case information into a portal. The IRO is required to maintain a web portal for them (MCOs) to submit that information to.
- The denial of payment, if an IRO review is requested for a case which was denied for an administrative reason this would not be reviewed by an IRO. It was erroneously submitted. The IRO is only for medical necessity.
- It (cases submitted for review) needs to be reviewed by a medical provider who has the same or similar specialty to the one involved in the case. It will be required that you have the breadth of providers available to you to do that same or similar specialty review.
- In the past couple of years, the IRO has averaged over 1,000 cases a year, about 2,600 patients every two years. So about 1,200 or 1,300 cases a year on average. The majority of cases are medical necessity denials for either emergency department visits or inpatient visits.
- The IRO reviewer will make the determination of whether the case was correctly decided (resolve the issue in debate). For many inpatient hospital cases, it will be determining whether it was an appropriate level of care within the hospital. For many emergency department cases, it is determining whether level of billing (EMTALA) was appropriate or not. In both cases, it's often a partial denial so only the part denied should be addressed.
- So those are the most common decisions that are being reviewed by the IRO. But again, any medical necessity denial can be after the appeal process.
- It is required by MDH that current evidence-based guidelines and medical review criterion for example InterQual or Milliman (MCG) are used in making Level of Care determinations.
- If it is a medical necessity decision in surrounding EMTALA and care rendered in the Emergency Department it is still the expectation that supporting evidence, like a nationally accepted medical guideline, be used.
- The providers completing that review should be able to provide references that would align and support the reason why they determined that the care (or level of care) was medically necessary or was not medically necessary (depending on what the decision may be). It is important that the reviewing providers have access to that appropriate references.

- Once the decision is made, the IRO reviewer will need to write up the decision and will provide it to the parties. The party that is the losing party is the one that is responsible for payment of the fixed unit fee per case. Again, this IRO contract is based around a fixed unit fee. It is not a direct cost to the State but rather the party that loses is the one who pays the fee. The IRO decision also sets how much the losing party owes if it's the managed care organization does their payment to the provider, what portion needed to be paid.
- The IRO will have 30 days after receiving information from the managed care organization to make the decision and issue their decision letter. The MCO will be required to upload the case information within five days of receiving the request from the IRO and then the IRO will have 30 days for your reviewers to review it.
- The IRO will be required to provide reports available to the State on a monthly, quarterly, and annual basis. And additionally, if needed, we will also do occasional audits and if needed we may request additional reporting or changes to the performance standard for the decision letters or the feedback.
- It's important to be very clear in the wording in decision letters. The letter should be clear that the issue in dispute in the case is indeed the question that's being answered. That's what we're looking for -- to make sure that the issue that was denied and appealed for medically necessity is resolved. Was it medically necessary for what was done to be done when and where it was? It is not usually just a question of whether the care was appropriate care but rather was it medically necessary for it to occur when and where it did?
- The invoicing and payment will be by the 15th day of the month. You shall compile and post to the appropriate electronic portal for the losing party to go to file the payment.
- For each case the contractor will provide MCO with an electronic invoice including the case number, the MCO, the provider number, the date the case was decided, and the amount that was owed, and they should be viewable on the portal for at least a year.
- If the contractor decides a case inappropriately or resolves a matter not at issue for the review, the contractor will not receive their payment from either party for that case.
- So that's the extent of what I have. We have the full details in there, and I would encourage you to look over them carefully. We do have the report standards; in putting the potential time, we expect the cases to be decided on time and appropriately and we do expect those to be done right 100 percent of the time, if possible.

Vendors Questions and Answers – Several vendor questions were asked and answered at the meeting. Please refer to eMM/MDH websites for posting of vendor questions.

Meeting adjourned: 11:35 AM