

KEPRO Responses

Maryland Department of Health IRO	
RFP Section (ex: 2.2.3)	Question
5.3.2.F.1	Can the State confirm further details of what they would like included in the work plan? The Work Plan should include information about building and managing the portal; developing the templates for case reviews, invoices, and agreements; hiring and training any necessary resources for the Contract; and all other activities related to successfully performing the Contract duties.
Not mentioned	When is the go live date for this contract? The anticipated go-live date for this contract is March 1, 2018.
2.3.2.D.3	Will it always be a provider that submits the request? Or can a request be initiated from any entity, including MCO or MD Medicaid Department? Yes, the provider is the only entity submitting a case review request. However, the MCO uploads the case records into the portal for the IRO to review. Providers are not permitted to submit additional information beyond what the MCOs received during the appeal process. If any clinical information is submitted by the provider directly with the case review request, the IRO should not consider it in the case review.
2.2.1	For the EMTALA cases, if these are ED cases, is each procedure/ treatment performed in the case reviewed? Or, if denial is overturned, is the entire case now approved including all procedures? Can there be partial approval for some procedures that the facility may feel should be covered by EMTALA? In most ED cases, the MCO has paid the EMTALA fee and ancillaries but has denied other charges because the services could have been provided in a more appropriate setting. The IRO is responsible for determining if it was medically necessary using the appropriate criteria (e.g., prudent layperson criteria in ED).
2.2.1	What is meant by an “EMTALA” case? Does this refer to emergency department cases that have been denied? The Emergency Medical Treatment and Labor Act (EMTALA) is a federal law that requires anyone coming to an emergency department to be stabilized and treated, regardless of their insurance status or ability to pay. These are cases that present to the Emergency Department, and a determination is made whether the action was that of a prudent lay-person to seek that care or not.
Not mentioned	If the number of reviews increase or decrease for a sustained period, is the reimbursement adjusted to reflect the new level of effort? No.
6.2, 6.3, 6.5	How are the proposals scored? Proposal evaluation is described in Section 6 of the RFP (page 43). The criteria used to evaluate is listed in descending order of importance.
Not mentioned	Who is the incumbent? Maximus Federal Services is the incumbent.
2.2.1	How many reviews were completed by month for the past two years? Approximately 90-100 cases were completed each month.
Not mentioned	What is the annual contract value for the current contract performing these services? The incumbent currently charges \$425 per case review. Based on the cases received, the estimated annual value of the contract was approximately \$1.1 million for calendar year 2017.
Not mentioned	What is annual reimbursement for the past two years for the current contract covering these services? The Department does not reimburse the Contractor for case review services; all contract value is generated from the Fixed Unit

	Fee per Care Review collected from the Losing Party (Section 3.3.1, page 10).
Not mentioned	What is the contract number for the current contract performing these services? The contract number is OPASS 13-13266.
Not mentioned	Is there currently a backlog of reviews? No.
2.2.1	Does the # of cases by year summarized on page 2 represent all of the cases reviewed and adjudicated by the incumbent? If not, what are the number of cases reviewed and adjudicated by the incumbent, by year? How many cases are received by the incumbent, by year, that do not qualify for an independent review? How many cases are initiated, by year, and subsequently withdrawn before a determination is made? Yes, the cases by year represent all of the cases reviewed and adjudicated by the incumbent.
2.3.2.A.	Will the State assist the Contractor in obtaining signed agreements with the MCO's and providers prior to the go live date? The State will assist the Contractor with obtaining signed agreements with the MCOs. The providers will execute a single case review agreement when they submit their first case review to the new Contractor. The Contractor is expected to keep the agreement on file as it will cover the period the Contractor serves as the IRO.
2.3.2.A.	Will the State provide the [Contractor] with a list of MCOs and Providers who will need access to the submission system? If not, how will the contractor identify who needs access to the system? Yes, a list of the MCOs will be provided. The list of Providers within MD and outside that care for our recipients is exhaustive. The Department will assist with outreach efforts to inform providers about submission and access.
2.3.2.D.3.	Will the State provide the Contractor with a membership file for pre-loading into the system? If not, how will the contractor identify which members are eligible to receive service? The MCO will only upload active and eligible recipients so will be case by cases. Eligibility files change from time to time. HIPPA must be adhered to.
2.3.2.D.4	If the system can generate and send an immediate receipt to the submitter however it does not include the case number, would it be acceptable to follow up with another receipt with the case number within a specified timeframe? The case number as well as other unique identifying case information should be generated on the receipt.
2.3.2.D.6	Please explain next steps if the MCO does not upload the case record to the request within 5 business days? If the MCO does not upload the case record in 5 business days, contact the MDH Contract Monitor for assistance.
2.3.2.D.10.	Please explain how the Contractor will know the paid status of a case? The case record and MCO appeal letter will provide information on what services were denied payment and the rationale.
Respo2.3.2.D.11, 2.3.2.H.	Please explain the process of how a Contractor should track payments? Will the Contractor be responsible to collect payments from any involved entity (MCO or Provider)? Contractors are expected to monitor when providers and MCOs fail to send payment for case review after invoicing as part of its system (Section 2.3.2.D.11, page 5). There is a penalty process in place as follows: If a payment is 60 days late, 15% is added to the invoice. If not paid after 30 days, an additional 35% penalty fee will be added to the original invoice. Only checks are the accepted form of payment in these instances. Also, if a provider fails to pay invoices after incurring penalties, the provider may no longer submit cases for review for one year. These instances should be monitored and reported to the MDH Contract Monitor.
2.3.2.G.	Will the submitting provider be responsible to determine the specialty for like specialty match of the review? The Contractor is responsible for making this determination as it reviews the documentation submitted by the MCO.

2.3.2.G	Please provide specialty types utilized for reviews by count over the last 2 years. The Department is unable to share this information.
2.3.2.H.	Please explain how the Contractor will identify if a submission request is an administrative denial for payment? Providers are required to complete all levels of MCO provider appeals before submitting to the IRO. As proof, the provider must upload the MCO’s final appeal disposition letter to the portal (Section 2.3.2.E, page 5). The letter will provide information about the reason payment was denied.
2.3.2.H.	Please provide what the current “Fixed Unit Fee per Case Review” cost is. The current Fixed Unit Fee per Case Review is \$425.00.
2.3.2.J.	If upon submission of a request for review, the requestor does not include all of the information required needed to support summary file reporting back to the State (ex: Medicaid recipient’s ID number), can the Contractor reject the request and ask the requestor to resubmit the request with all applicable information? No. The Contractor’s portal should be developed to require all the case request elements before the provider can complete a submission.