

STATE OF CALIFORNIA
CORRECTIONAL HEALTH CARE SERVICES
8260 Longleaf Drive, Elk Grove, CA 95758



May 6, 2014
Request for Proposal (RFP) #HCPNTPA13366
Healthcare Provider Network and Third Party Administrator Services

Addendum # 3

RESPONSES TO BIDDERS' QUESTIONS

Question Number	RFP Section and Page #	Bidder Question	CCHCS Response
RFP-Q1		Are there flaws with CCHCS' RFP that are material and/or fatal that would prevent the successful execution of any contract stemming from the procurement?	No. CCHCS believes that the RFP does not contain flaws that will prevent the successful execution of the resulting contract. CCHCS welcomes questions and comments from proposers and will issue addenda, if needed, to address any areas of concern.
RFP-Q2		Is the procurement structured in a manner that would provide a fair and level playing field and ultimately enable a fair competition?	Yes.
RFP-Q3		It appears that CCHCS is using the <i>Plata</i> Court Order dated June 4, 2007 as the authority for this procurement, and Penal Code Section 5054 and California Code of Regulations, Title 15 as the authority to enter into the resulting contractual agreement. What is the basis of CCHCS' authority to use this unusual hybrid approach?	That statement is not quite accurate. Yes, the <i>Plata</i> Court's Order dated June 4, 2007 is the process being followed for this contract's solicitation. However, the references in the RFP to Penal Code section 5054 and title 15 of the California Code of Regulations recognize that during the term of the contract resulting from this RFP, oversight of this contract might be delegated to the Secretary of CDCR. Prior to that time, the Court's designee will oversee the contract resulting from this RFP.

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RFP-Q4		<p>It appears that this procurement may not be conducted under the complete authority or management of the Receiver and that a Court-appointed representative may be in part overseeing the procurement and resulting contract. Who is the Court-appointed representative and what is his/her role and authority over the procurement and the resulting contract? On what basis can s/he accept or reject the outcome of the procurement? What is the role of the Receiver in this procurement and resulting contract administration?</p>	<p>Yes, that is correct. The Receiver has recused himself from involvement in this contract's solicitation and the resulting contract. The <i>Plata</i> Court appointed the Court's special assistant Starr Babcock to act in this role and more recently appointed Lee Kemper to act in this role, and the Court of course reserves the right to substitute a different designee to serve in this role. The Court's designee's role over the contract's solicitation is as set forth in the RFP. The Court's designee will also be the ultimate decision-maker on issues arising during the contract's performance. However, CCHCS expects that few, if any, issues would require elevation to that level.</p>
RFP-Q5		<p>Though the formatting has changed dramatically, it appears that the business requirements have remained relatively consistent from the prior procurement. However, the scoring approach and criteria have changed dramatically. Why were these changes made?</p>	<p>Changes to the content of RFP 13366, compared to cancelled RFP 12265, were made solely to better address CCHCS' business requirements and ensure a level playing field.</p>
RFP-Q6		<p>Were cost envelopes submitted in response to the cancelled RFP opened by CCHCS staff prior to their return to proposers?</p>	<p>No.</p>
RFP-Q7		<p>To an outside observer, it may appear that CCHCS could be altering the criteria to favor the incumbent vendor. So, would CCHCS consider returning the scoring criteria to those criteria used in the former procurement?</p>	<p>No. Changes to the content of RFP 13366, compared to cancelled RFP 12265, were made solely to better address CCHCS' business requirements. The evaluation is structured to ensure a level playing field.</p>
RFP-Q8		<p>How may proposers or their designees communicate with CCHCS regarding this RFP?</p>	<p>To protect the integrity of the process, those communications may only be made in the manner described in the RFP section 4.</p>

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RFP-Q9		Why was RFP 12265 cancelled?	The State always reserves the right to cancel contract solicitations, and RFP 12265 was cancelled in the State's best interests.
RFP-Q10		What assurances do we have that RFP 13366 won't also be cancelled?	We do not foresee any reason that would require cancellation of this RFP.
RFP-Q11		Who will be evaluating proposals submitted in response to RFP 13366?	The evaluators will be subject matter experts from various operational and business areas.
		Will they be the same persons who evaluated proposals submitted in response to RFP 12265?	The composition of the evaluation committee is confidential until after the evaluation process has been completed and the contract has been awarded.
RFP-Q12	6. pp. 17-90 of 200	It is understood that all Pass/Fail requirements are mandatory. However, not every response indicates a description or requires documentation. For example, RFP 6.3.A.4 (p. 22) requests agreement and documentation yet RFP 6.3.A.5 requires only an agreement. Please clarify the appropriate level of response necessary for Pass/Fail requirements.	As outlined in the RFP the Pass/Fail requirements are to be responded to based on the requested format. The proposal may be found non-responsive if a mandatory requirement is not met.
RFP-Q13	6.2.9 p. 19 of 200	RFP states "Provide the names, title and location of the officers and principals active in the management of your firm. Submit current resumes for Key Personnel committed to this project and a statement regarding their local availability." Will CCHCS accept resumes for Key Personnel attached as an Appendix to the technical proposal?	Yes. The response to this requirement must include the reference to appropriate section of or appendix to the proposal.
RFP-Q14	6.3 pp. 21-72 of 200 and 7.2, Table 1 p. 93 of 200	RFP 6.3 requirements display total points of 375. RFP Table 1 indicates Section 6.3 Health Care Provider Network maximum points of 385. Please clarify the maximum points for Section 6.3.	The maximum points for section 6.3 Health Care Provider Network is 375. Table 1 will be amended to reflect 375 points for this section.

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RFP-Q15	6.3.D.1.e p. 44 of 200	Please confirm the reference “Section 6.1.A” should be changed to “Section 6.3.A”.	The reference is intended to be Section 6.3.A. This will be reflected in the RFP thru an addendum.
RFP-Q16	6.3.D.3.b.i p. 48 of 200	RFP states, “Physician interpreting off-site Radiology Services to CDCR patient-inmates and DJJ youth medical imaging exams shall provide professional and technical components for general x-ray, fluoroscopy procedures, diagnostic/breast Ultrasound, and diagnostic/biopsy Mammography, CT, MRI, and ETS.” Is “ETS” a typo? If so, should it read as “PETS”?	It should read PETS. This will be reflected in the RFP thru an addendum.
RFP-Q17	6.3.D.3.c p. 48 of 200	RFP states, “Contractor shall provide on-site medical imaging services to the CDCR Institutions and DJJ Facilities in the designated facilities (e.g. CHCF)...” Does this requirement obligate the bidder to provide on-site medical imaging services, including technical and professional components, at any or all CDCR institutions and DJJ facilities?	Yes. The RFP will be amended to clarify this requirement.
RFP-Q18	6.3.D.8.xxviii p. 69 of 200	Please clarify that all facilities (i.e., hospitals) other than correctional facilities, can be compensated as a telemedicine HUB.	Reimbursement will be made according to Medicare guidelines.
RFP-Q19	6.4.9-12 pp. 73-75 of 200	The RFP’s Third Party Administrator section seems to be missing the “outline levels” for items 10 & 11. Are we correct to assume the outline should be as follows: 6.4.9 The Contractor must create... 6.4.10 (items 1-11) Describe any on-line access... 6.4.11 (items a-e) Minimum requirements for initial implementation... 6.4.12 (items a-c) The Contractor must capture... 6.4.13 The Contractor must have... 6.4.14 Provide a contingency method... 6.4.15 (items a-l) The Contractor will:	Yes. This will be reflected in the RFP thru an addendum.
RFP-Q20	6.4.A.16.d p. 77 of 200	RFP states, “Maintain accounts payable cycle to 25 days or less.” Please clarify that this can be interpreted as the TPA has 25 days to submit completed claims to BIS.	Yes.

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RFP-Q21	6.5.A pp. 78-79 of 200	RFP numbering jumps from 10 to 17. Does CCHCS intend for #17 to be #11 or are requirements 11-16 missing from the RFP?	#17 is intended to be #11. This will be reflected in the RFP thru an addendum.
RFP-Q22	Section 6.5.B p. 80 of 200	RFP states, "The system for processing authorizations will have the following capabilities: ..." This statement is not given a numbered heading, but the numbering beneath restarts at 1. Does CCHCS intend for this section to be labeled 6.5.B.1? If not, should the text begin at "10." in continuation of the previous numbering sequence?	The text should begin at "10." in continuation of the previous numbering sequence. This will be reflected in the RFP thru an addendum.
RFP-Q23	7.2 p. 91-100 of 200	Table 3 (pp. 98-100) indicates two different maximum possible points totals for the scoring methodology. On p. 98, the "Possible Points" are shown as: 1.) Technical Proposal 975 2.) Cost Proposal 675 This comes to a total points value of 1,650. On p. 100, the "Total Points" are shown as 1,600. Additionally, RFP 7.2 Evaluation Process, Step 3 (p. 92) states, "The maximum total points are 978 for technical and 675 for cost."Which makes a total maximum points of 1,653. Please clarify the maximum points possible for the Technical Proposal and Cost Proposal using the proposed scoring methodology.	Table 3 was provided as an example. However, Table 3 will be changed thru an addendum to read the same scores as indicated in Table 1 and Table 2.
RFP-Q24	8.1 p. 112 of 200 and 8.8 p. 115 of 200	Per the Key Action Dates listed, the Deadline for Change Requests is due May 13, 2014. However, under RFP 8.8, it does not state the quantity of hardcopies and CDs requested for this delivery. Is it the States intent for the Change Requests submission to following the same quantity (hardcopies and CDs) as the Draft and Final Proposals? Please clarify.	The submittal requirements apply to the Draft Proposal, Final Proposal, and Change Request.

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RFP-Q25	8.2 p. 113 of 200	<p>RFP states, "Prior to the Final Proposal due date, bidders may modify or withdraw a submitted Proposal. Such modifications or withdrawals must be submitted to CCHCS in writing to: ..."</p> <p>If a bidder has no modifications to their Draft Proposal, does a Final Technical Proposal need to be submitted? If the answer is 'Yes", would the State like a statement included in Section 1. Cover Letter verifying that no modifications from the Draft Proposal have been made. Therefore, the Final Technical Proposal is exactly the same as the previously submitted Draft Proposal? Please clarify.</p>	The Draft Proposals will be returned to the Bidders. It is Bidder's responsibility to ensure the Final Proposal meets the submittal requirements.
RFP-Q26	8.4 p. 114 of 200	Please confirm the reference "Section 9.8" should be changed to "Section 8.8".	Yes. This will be reflected in the RFP thru an addendum.
RFP-Q27	8.6 p. 115 of 200	Please confirm the reference "Section 9, 9.1" should be changed to "Section 8, 8.1".	Yes. This will be reflected in the RFP thru an addendum.
RFP-Q28	8.8 p. 116 of 200	Please confirm the references "sections 9.8.1 and 9.8.2" should be changed to "Sections 8.8.A and 8.8.B".	Yes. This will be reflected in the RFP thru an addendum.
RFP-Q29	Appendix B p. 120 of 200	<p>Does CCHCS intend to prescribe an annual claims volume to be used by all bidders for Cost Proposal evaluation purposes?</p> <p>If so, when will the annual claims volume be made available to bidders?</p>	<p>Historical utilization data is available with a signed non-disclosure agreement. The claims volume provided is used for cost evaluation purposes only. It does not guarantee the volume of claims during the contract period.</p>
RFP-Q30	Exhibit B-1 Section H, item 7 p. 128 of 200	<p>RFP Exhibit B-1 states, "Laboratory Directorship Services" are listed as Health Care Services Needs. However, the scope of work requirement/description of these services is not addressed within the body of the RFP.</p> <p>Please clarify.</p>	The scope of work for laboratory directorship services will be added to the Bidder's Library thru an addendum.
RFP-Q31	Exhibit D, 7.g p. 152 of 200	<p>We are unable to locate Section 9 – Utilization Management Appeals.</p> <p>Please clarify.</p>	The reference was intended to be "Exhibit D Item 1 c. Utilization Management Appeals". This will be reflected in the RFP thru an addendum.

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RFP-Q32	<p>8.8.B Technical Proposal Contents</p> <p>2 Executive Summary p. 117 of 200</p>	<p>RFP states in 8.8.B.2 Executive Summary, "Bidder shall demonstrate its ability to meet the services and requirements identified in <i>Section 5, Detailed Scope of Services.</i>"</p> <p>This is the only reference to Section 5 included within the Technical Proposal Contents. Please clarify CCHCS' expected level of detail pertaining to Section 5 for bidders to include in the Executive Summary.</p>	<p>The detail shall be clear, and of a nature to demonstrate the bidder can meet the services and requirements.</p>
RFP-Q33	<p>5.1. Healthcare Provider Network</p> <p>5.A.1.a p. 10 of 200</p>	<p>RFP states, "1. CCHCS and Contractor, Contract Disputes</p> <p style="padding-left: 20px;">a. Disputes involving the terms of this contract, will be handled as outlined in Exhibit D – Special Terms and Conditions & Additional Providers, Section 1a."</p> <p>Please confirm that this reference is included in the Agreement and is not part of the services that pertains to the Healthcare Provider Network.</p>	<p>The dispute process includes services in the Healthcare Provider Network. Network Contractor must adhere to the dispute process and ensure its sub-contractors and/or network providers are made aware of the dispute process. CCHCS is not responsible for contract disputes between Network Contractor and its subcontractors or network providers.</p>
RFP-Q34	<p>Attachment B - Performance Guarantees 2. Provider Networks #2 p. 198 of 200</p>	<p>Please clarify what aspect of the completed provider network is being measured (97% or higher of what) for each individual CDCR institution or DJJ facility.</p>	<p>Contractor must guarantee during the term of the contract to maintain a minimum level of 97% or higher for each individual CDCR institution or DJJ facility to access all required medical services outlined in the RFP.</p>
RFP-Q35		<p>When will CCHCS be providing a response to submitted change order requests? We request that CCHCS respond ***prior*** to the submission of draft responses and to the confidential discussions to maximize the value of the iterative process.</p>	<p>The tentative date to respond to change requests is May 30, 2014.</p>

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RFP-Q36		CCHCS does not provide details in regards to the schedule for project implementation. Though we understand that the implementation schedule may differ depending on the vendor selected, presuming that a non-incumbent vendor could successfully be awarded the contract, what are the expectations for and/or process for determining the project implementation schedule?	As outlined in the RFP section 6.7, all services must be available to CCHCS within one (1) year of the contract effective date. The bidder must submit an implementation plan that considers all requirements of the RFP within one year of the contract effective date.
RFP-Q37		Should we assume that clarifications provided within the Q&A of the RFP 12265 apply to the current procurement as well?	Although there are obvious similarities in content, RFP 13366 is an entirely new RFP. Bidders must follow the requirements and process that apply to RFP 13366. The changes in the RFP 13366, compared to cancelled RFP 12265, were made to better address CCHCS business needs and ensure a level playing field.
RFP-Q38	6.4.A item 6.h p.77	CCHCS notes that the vendor must "Participate in, and be responsible for reimbursing CCHCS for any costs incurred for claims audit recovery services." What are the requirements for participation and what are the costs associated with the claims audit recovery services?	To provide any necessary information to the audit company to perform the audit and to reimburse CCHCS for any cost incurred for claim audit recovery services if an overpayment was made by Contractor.

Please continue to check these websites for updates to the RFP and corresponding documents:

http://www.cphcs.ca.gov/project_rfp.aspx

or

www.BidSync.com