



*Delaware Health
And Social Services*

DIVISION OF MANAGEMENT SERVICES

PROCUREMENT

DATE: October 19, 2007

RFP#: PSC-0783

ACTUARIAL AND RELATED CONSULTANT SERVICES

FOR

DIVISION OF MEDICAID AND MEDICAL ASSISTANCE

Date Due: November 09, 2007
11:15 AM

ADDENDUM # 2 : Response to Questions

Please Note: THE ATTACHED SHEETS HEREBY BECOME A PART OF THE ABOVE MENTIONED BID.

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<u>DHSS: PSC-0783 for Actuarial and Related Services</u>	
Question	Reply
1. What has been the budget and expenses in past years for these services?	<p>Payments for actuarial consulting work in State Fiscal Year 2006 were \$126,120; in State Fiscal Year 2007: \$251,729.</p> <p>It should be noted that the responsibilities were not the same from year to year or as proposed in the schedule for this RFP.</p>
2. In Chapter 4, item d.2 on page 36, the State requests a Lead Actuary with “at least 3 years of experience in providing actuarial certification of Medicaid capitation payment rates”. Would an actuary who has provided certifications in each of 2005, 2006, and 2007 qualify? Technically, they may not have been providing certifications for 36 months.	Yes. Please identify which years and which Medicaid program(s).
3. What other organizations have submitted questions in response to the RFP?	Eight (8) companies have submitted questions in response to this RFP. We are not releasing the names at this time.
4. Who has the Department used previously as a consultant to assist with the actuarial and related consultant services? How long has DMMA had a relationship with this entity (or multiple individuals/entities) and how much is the total dollar value of that contract(s), broken down by the categories of this RFP?	<p>Mercer and The Lewin Group have provided actuarial services to the Delaware Medicaid Program in the past.</p> <p>Refer to question # 1 for most recent history of expenditures.</p>
5. What is the estimated budget for this contract?	This will vary depending on the scope of work. Refer to Question # 1 for most recent history of expenditures.
6. Why is 6 months worth of data being suggested for risk adjustment instead of 12 (page 16)?	A commitment was made to the current MCOs that a risk adjustment would be implemented and be applied to the January 2008 rates. Between July 2007 and December 2007, there will only be 6 months of data from the current MCOs. However, if the contractor suggests a longer period using pre-July 2007 Medicaid data, that can be considered.

<p>7. Since State Fiscal Year 08 is underway, how will the risk adjustment be applied to the past months (per subtask 2.1 on page 17)?</p>	<p>The risk adjustment is expected to be applied to January 2008 capitation rates. If the risk adjustment is completed after January 2008, retroactive adjustment will be applied via the Department's MMIS claims processing system.</p>
<p>8. In the past, the HMO data has been submitted in a complete, timely manner. How is the submission quality (to date) of the data from the HMO that started this year?</p>	<p>We have not yet conducted any test the new MCOs encounter data submission.</p>
<p>9. Does the State have a budget funding level estimate for this RFP? Please specify if this funding level estimate is applicable to the first 12-month period, 3-year period and/or 5-year period.</p>	<p>Refer to question # 5.</p>
<p>10. What was the most recent actuarial contractor's 12-month contract budget funding amount?</p>	<p>Refer to question # 1.</p>
<p>11. What was the most recent actuarial contractor's billing categories of staff and hourly billing rates?</p>	<p>We are not providing this level of detail in our response. However, the answer to question # 1 contains some relevant information.</p>
<p>12. Can the State provide samples of the recent actuarial contractor's deliverables consistent with the scope of this RFP?</p>	<p>The selected bidder will have access to deliverables from previous contracts such as the data book or other materials produced for rate setting. We are making available a few Excel workbooks, including a sample data book, that show some of the kinds of work that have been done in the past. These are expected be posted to the website for PSC-0783 in approximately 3 business days (that is, October 24, 2007).</p>
<p>13. Please provide copies of the previous contractor's rate presentations and methodology documentation applicable to the current or most recent available capitation rates.</p>	<p>The selected bidder will have access to deliverables from previous contracts such as the data book or other materials produced for rate setting. Also see answer to question #12.</p>
<p>14. Do proposals that contain MBE/WBE subcontractors receive preferential treatment in the scoring/evaluation process (e.g., additional points/credit, higher ranking, other)?</p>	<p>No.</p>

<p>15. Our organization employs many experienced health care actuaries, analysts, consultants, clinicians, data/informatics staff, accountants and pharmacists. Does the State give more credit in the scoring/evaluation process if we provide bios and name all of the individuals who work for us and may work with the State? For example, we could name more than a dozen actuaries in our proposal who could work with Delaware based on unique skills required by any project; but in reality a smaller subset will actually work on this engagement.</p>	<p>The qualifications and experience of a company as well as the employees who work for the company and could be available to work on this engagement are factors considered by the Department during the proposal review process. However, it is up to each potential bidder to determine how their proposal should be developed to the best advantage of the company.</p>
<p>16. What is the current rate cell/cohort structure for the capitated managed care program (e.g., age, sex, program, region, maternity, newborn)? How many different rate cells are in use (please list each rate cell)? Is the State planning on making changes to the existing rate cell structure?</p>	<p>There are payments in 33 rate cohorts – 11 age/sex/eligibility groupings within each of the 3 counties in Delaware. There is a “kick” maternity payment. Also, sample Excel workbooks are being made available. These are expected to be posted to the website for PSC-0783 in approximately 3 business days (that is, October 24, 2007).</p> <p>The same basic rate structure has been used for several years. The Department would look to the actuarial consultant for recommendations about future changes.</p>
<p>17. Is the State currently applying risk-adjustment to the current capitation rates? If "Yes", which rate cells are risk adjusted and which risk adjuster model is used?</p>	<p>No.</p>
<p>18. Is the State interested in evaluating all risk adjusters currently on the market or has the State narrowed its choice? Please specify which risk adjuster model(s) the State is interested in?</p>	<p>This is open to recommendation by the contractor. Some thought has been given to Adjusted Clinical Groups (ACGs) or Chronic Illness and Disability Payment System (CDPS). The risk adjustment methodology is subject to approval by the Center for Medicare and Medicaid (CMS), the Medicaid Federal authority.</p>
<p>19. Is the State wanting the successful contractor to test the effectiveness of all risk adjuster models by performing sensitivity analyses using the State's actual data?</p>	<p>Yes, the State would like the contractor to assess the effectiveness of the selected risk adjustment model. The model will be selected in conjunction with the advice of the selected actuarial consultant.</p>
<p>20. Can the State attest to the completeness and accuracy of the MCO encounter data for purposes of supporting risk adjustment and/or rate development (e.g., accuracy/completeness of diagnostic information)?</p>	<p>Past consultants have used quarterly data obtained from the managed care companies in addition to encounter data.</p>

<p>21. Is the successful contractor expected to independently evaluate the accuracy and completeness of the encounter and/or fee-for-service (FFS) data prior to implementing risk adjustment?</p>	<p>No. However, we would expect our actuarial consultant to analyze the data they receive for reasonableness and alert the Department if there are obvious errors or the data seems suspect.</p>
<p>22. Deliverable 4 indicates that adjusted rates are expected to be initially established for January 2008. Since the contract for actuarial services is scheduled to be signed in late December, completing the risk adjustment work in time for the initial payment of January rates would seem to be impracticable. Does the State anticipate that this work will be completed after the initial payment of January rates, with retroactive application?</p>	<p>Yes. Refer to question # 7.</p>
<p>23. Does the State have current/existing MCO financial and reporting procedures in place that the successful contractor is expected to continue or is the State interested in creating new financial reporting and monitoring processes? If procedures/processes exist that are expected to be continued, can the State describe them and provide sample reports?</p>	<p>The State has a process in place. The State requests quarterly claims data in the following formats: inpatient data, deliveries, claims by rate category and month of service, the triangle, large claims and a utilization report by category of service with bed/day per thousand type utilization information.</p>
<p>24. Please confirm that the capitation rates currently in effect are certified as actuarially sound for the 2-year rating period covering July 1, 2007 through June 30, 2009.</p>	<p>The contracted capitation rates for State Fiscal Years 2008 and 2009 have been certified.</p>
<p>25. Are the capitation rates applicable to the July 1, 2008 through June 30, 2009 time period subject to negotiation, will the MCOs submit bids, is there an already established adjustment factor, or have the rates already been contractually agreed to? To what extent will the successful contractor be asked to support the existing capitation rates?</p>	<p>Yes, the rates are contracted through June 30, 2009. However, if an unforeseen event occurs, it is possible that the contractor would be expected to review the established rates. If that happens, it will be a special project and costed separately as described in Task 6.</p>
<p>26. On pages 34-35 item #5, can the State provide clarification on what information is needed to satisfy the requirement that a "full explanation" be submitted if a particular individual staff position cannot be named by a specified person at this time?</p>	<p>A proposal that does not identify the individuals assigned to the project may not be viewed as positively as a proposal that does provide this information. It is to the bidder's benefit to be as explicit about the staff that would be available to assist the DHSS.</p>
<p>27. On page 35, item #8, is the "Project Manager" and "Project administrator" intended to refer to one individual or two?</p>	<p>This is intended to be the same individual.</p>
<p>28. Please confirm on page 41 that the State wants a copy of the Technical and Cost Proposals on the same CD (two CDs will be provided, each with a copy of both proposals).</p>	<p>Copying both the technical and the cost proposals to the same CD is acceptable.</p>

<p>29. Is the State wanting the SFY10 (July 1, 2009-June 30, 2010) capitation rates to be developed "from scratch" (i.e., new data, new assumptions, new trends, etc.) or is the State expecting the successful contractor to simply update the previous year's rates with a year of trend and any new program changes?</p>	<p>The DHSS expects that the contractor will examine recent trends in encounter data and to anticipate future trends in certifying actuarially sound rates. The DHSS expects new rates to be specific to the actual experience of the populations in Delaware.</p>
<p>30. The "Key Events Schedule" on page 28 indicates that Tasks 3.1 - 3.5 (e.g., developing the capitation rates) is only performed during SFY09. Subsequent to the SFY09 work year, is the State not wanting the successful contractor to develop new capitation rates? Please explain the State's expectations for capitation rates applicable to rating periods beginning July 1, 2010, and subsequently.</p>	<p>The most recent MCO procurement process resulted in a set of rates for FY08 and FY09. However, the MCO procurement and rate setting process has not been consistent. Sometimes the Department has negotiated new contracts or contract extensions and rates have remained flat or sometimes they have been negotiated to some increased level. There are a variety of factors that will have to be considered by the Department to determine the best course of action in the future. For purposes of this procurement, we will assume that Task 3.1 – 3.5 activities will occur only one time and will be in FY09. If there is a need to change that or add more of these activities in the future, a contract amendment would be developed</p>
<p>31. Does the State require the MCOs to submit bids for each new year's rates? If not, can the State briefly describe the process used to arrive at final, contracted rates with each MCO each year?</p>	<p>Recently, MCOs have signed 2 year rate agreements. Actuarially sound rates are required currently for a 2 year period. After that, a competitive bid process may occur for MCOs or negotiations may be held with the current MCOs. Again, this assumes no unusual events to occur.</p>
<p>32. Please clarify the role and responsibility the successful contractor will have in supporting the existing capitation rates that were developed by the previous contractor. Is the successful contractor expected to review the previous contractor's work product and develop replacement rates for the existing 2-year rating period?</p>	<p>Refer to question # 29.</p>
<p>33. In future years of this contract, does the State intend to remain on a two-year rating cycle?</p>	<p>Refer to question # 30.</p>
<p>34. Does the State have current plans concerning carving out additional services from capitated managed care to FFS? Are there plans to capitate any of the services (page 11) currently excluded from capitation? If so, which services are under consideration?</p>	<p>No. However, if the State were to consider such actions, the contractor may be requested to develop analysis as an "ad hoc" project.</p>

<p>35. The MCOs coordinate access to services delivered on a FFS basis (page 11). Is the contractor responsible for making estimates of future costs for such services along with the capitated managed care program costs (page 11, item c.4.)?</p>	<p>No. However, it may be an “ad hoc” request at some time during this contract.</p>
<p>36. Will the State conduct finalist meetings between the due date and the announcement of the selected bidder?</p>	<p>Uncertain at this time. We will not know until after proposals are received and reviewed.</p>
<p>37. What other actuarial firms has the State worked with in the development of related projects over the last 24 months? If so, can the State indicate the names of those firms, the nature of the work completed and the associated consulting fees?</p>	<p>The Lewin Group was the previous consultant. The predominance of the work in the past 24 months related to managed care rates.</p>
<p>38. If the State has an existing relationship with an actuarial firm, for what reasons is the State going out to bid through this RFP process?</p>	<p>There is no contract for these services currently.</p>
<p>39. In what ways is the State interested in improving the relationship or service(s) provided by the existing actuarial firm (if applicable)?</p>	<p>There is no contract for these services currently.</p>
<p>40. What services, in addition to certification of capitation rates, does the State anticipate needing from the actuarial firm selected in this RFP process? Does the State anticipate needing any additional strategic consulting services related to the Medicaid program?</p>	<p>As identify in Task 6, there are a number of possible services that may be undertaken during this contract. At this time, no specific plan has been developed.</p>
<p>41. Can the State describe the data which will be available to the firm selected to complete the work outlined in the RFP? Specifically, for both Fee for Service and Managed Care, what Medicaid claims, enrollment and income data will be available for medical, prescription drug, dental and vision benefits? For what time periods will the data be available? In what formats will the data be available?</p>	<p>All data found on a claim form can be retrieved from the MMIS for the last 5 years and provided to the actuary. Similar data is saved as encounter data from the MCOs. In addition, the client information, eligibility aid type and dates, provider data, and managed care enrollment information related to the claim can be produced. This data can be submitted in MS Excel or Business Objects format. Other formats can be discussed.</p> <p>This can be supplemented with claims data from the MCO in the format described in the answer to question #23 – the triangle, by tier rate, inpatient, maternity deliveries etc.</p>
<p>42. Will the firm hired to complete the work outlined in the RFP be responsible for validating and auditing data received from the State, or will the State provide data to that firm which has already been validated and audited for accuracy?</p>	<p>Refer to question 21.</p>

43. Approximately how many meetings were held with your incumbent consultant over the most recent 12 months?	During the past 12 month contract period, there were approximately three on-site meetings.
44. Please provide the timeline that resulted during the last procurement for MCO services and for what effective date.	Materials from the past incumbent contractor will be available to the successful bidder. Rates are effective July 1 st of every year.
45. What is the current contract amount?	Refer to question # 1.
46. Does it cover the same scope as laid out in the RFP?	Refer to question # 1.
47. Who has submitted questions?	Refer to question # 3.
48. Who currently holds the contract?	The contract expired on June 30, 2007. Reprocurement is required.
49. What is the budget for the scope as laid out in the RFP?	Refer to question # 1
50. Page 10: Do the 107,000 enrollees in DSHP include the uninsured non-categorically eligible citizens with incomes below 100% FPL? Is $107,000 / (74\%) = 144,595$ the total number DSHP eligibles inclusive of these <100% FPL uninsureds?	Yes, for both questions.
51. Page 17: With the contract start date projected to be 12/20/07, when would DHSS expect the contractor to calculate risk-adjusted rates?	Refer to question # 7
52. Who is the incumbent contractor?	Refer to question # 38
53. How long has the incumbent been under contract for the services outlined in the RFP?	Refer to question # 38
54. Over the prior two contract years, what have total hours and fees been (separated into services and expenses by task, if possible)?	Refer to question #1
55. RFP States: <i>"The following table identifies the fiscal year that the work associated with each sub task is anticipated to be accomplished."</i> Please provide more specific dates (months and dates if possible) for the completion of each of the sub tasks.	The Department does not have a detailed workplan at this time. The bidder should propose a workplan based on the information included in the RFP and the bidder's previous experience with similar projects. A final workplan will be developed after the contract is awarded (Task1).

<p>56. Please summarize the reason for releasing the RFP at this time.</p>	<p>The previous contract expired on June 30, 2007. Reprocurement is required in order to secure the needed for actuarial and related consulting services.</p>
<p>57. In Task 2, RFP States: <i>“The contractor will be expected to gather claims and encounter data from the DHSS fiscal agent, Electronic Data Systems (EDS) or directly from the MCOs, download the data to the contractor’s own system and perform the necessary analysis.”</i> What type of data will the contractor receive from Electronic Data Systems (EDS) and the managed care organizations (MCOs) (i.e. claim line, summarized)?</p>	<p>The raw data would be submitted in claim line item format without manipulation or summary. If a different format or information is needed by the bidder, this should be identified in the proposal.</p>
<p>58. Does DHSS currently have risk adjusted rates? If so, what methodology is currently being employed and why is the State looking to change this methodology?</p>	<p>No.</p>
<p>59. Are there segments of the population where DHSS (or EDS) does not receive necessary data from the MCOs (beyond members without any claims) to run the risk adjustment grouper?</p>	<p>DHSS believes necessary data is available.</p>
<p>60. If so, is DHSS looking for guidance in developing methodologies for handling “gaps” in the population data?</p>	<p>If there are gaps, DHSS will be seeking guidance.</p>
<p>61. It appears as if the risk adjustment impacts prospective payments made to MCOs based on member health status. Are retrospective risk assessments performed as part of a settlement process?</p>	<p>DHSS plans to make risk adjustment a prospective payment process. Also see the answer to question # 7.</p>
<p>62. In Task 3, is the data book itself a public document, or is a summarized version available to the public? If so, is a copy of the data book (or a summarized version) available for review?</p>	<p>We are making a sample data book available for review. This is expected to be posted to the website for PSC-0783 in approximately 3 business days (that is, October 24, 2007).</p>
<p>63. Over the prior two contract years, how many health benefit packages and beneficiary groups has the incumbent reviewed and evaluated for appropriateness?</p>	<p>Basic beneficiary packages and beneficiary groups have experienced only minimal changes in recent years.</p>
<p>64. Over the prior two contract years, how often has the incumbent completed an assessment of the budgetary impact of new capitation rates and produced budget neutrality/actuarial soundness and financial impact reports?</p>	<p>Twice.</p>

<p>65. In Task 4, is DHSS asking the contractor to develop a new scoring methodology for evaluating technical and cost proposals and forms, or will the contractor update and modify existing methodologies, proposals and forms?</p>	<p>Although the DHSS does not believe that the contractor must develop a new methodology, any improvements upon the process and document would be expected to be proposed by the contractor.</p>
<p>66. Over the prior two contract years, how often has the incumbent met with prospective MCOs, developed presentations for the MCO bidders' conference and assisted DHSS in drafting written answers to the MCO bidders' questions?</p>	<p>Refer to question # 43.</p>
<p>67. In Task 5, is DHSS looking for clinical expertise when assessing MCO performance and efficiency?</p>	<p>No.</p>
<p>68. In Task 6, over the prior two contract years, what have the total hours and fees been for performing "Other Unspecified Technical Actuarial and Related Consulting Services"?</p>	<p>The previous contract did not contain the same requirements and could be misleading when provided out of context.</p>
<p>69. On page 17 in the first full paragraph, please clarify the sentence that "Generally, in the past, 90 percent of encounters were submitted within 30 days of service." Does this mean that 90 percent of encounters were submitted within 30 days of when the MCO took action on the claim?</p>	<p>The State cannot currently validate this information. We suggest that bidders do not rely on this information as a predictor of future encounter activity, especially given recent changes in the managed care area.</p>
<p>70. On page 16 under Task 2, would DHHS be willing to amend the second sentence to read "The revised risk adjusted rates will be set based on <u>at least</u> 6 months of past claims and encounter history."?</p>	<p>Yes. Refer to question # 6.</p>
<p>71. Will the State consider mutually agreeable contractual changes to the standard contract in the following areas?</p> <ul style="list-style-type: none"> a. Addition of a Limitation of Liability clause b. Clarifications to the Disputes clause c. Clarifications to the Indemnification clause d. Addition of a Distribution of Work Product clause e. Clarification of intellectual property rights <p>Are there any statutory or regulatory restrictions on making these types of changes to the standard contract? Should offerors submit their desired contract changes in their proposals?</p>	<p>Deviations to the boilerplate can be considered. The one exception is "c. Clarifications to the Indemnification clause". Such changes would require approval by the Governor and the Legislature.</p> <p>The Bidder should identify in the proposal the specific language that would be desired.</p>

<p>72. Deliverable 4 includes risk adjusted rates for January, 2008. Since the contract is not expected to be signed until December 20, 2007, when will January 2008 rates be needed?</p>	<p>Refer to question # 7.</p>
<p>73. Will DHSS accept as documentation that an actuary is certified a "screen shot" of the actuarial directory database maintained by the American Academy of Actuaries showing the date an individual became a FSA?</p>	<p>Yes.</p>
<p>74. The contract is a multiple year contract. How do you want to see billing rates for later years? Can we provide a list of categories, description of the categories and how the hourly rates will change?</p>	<p>We are asking for a total cost by task and some tasks have activities that will occur during more than one year. On the cost sheets, we suggest that "Person Hours" should be the total hours the person will work on the task over the whole period of time that task activities will be occurring. We suggest that the "Hourly Rate" should be an average rate for the number of hours and the period of time the staff member is expected to work on a task.</p> <p>For Task 6 Cost Form 5.6, we are adding an instruction that the hourly rates on that form only should be the rate for calendar year 2008 and the bidder should specify an annual inflation percentage that will be used for future years.</p> <p>A new cost proposal workbook will be made available on the website in approximately 3 business days (that is, October 24, 2007)</p>
<p>75. The cost proposal forms ask for the names of the employees who will be assigned to the task. If we list the individuals who will be involved in each task in the project organizational chart and related materials can we simply list the labor categories and the expected hours in the cost proposal forms?</p>	<p>The proposal must show individuals on the cost proposal forms along with hours.</p>
<p>76. How many in-person meetings does the Department expect in a year?</p>	<p>Unknown. It would vary from year to year with activities. For purposes of this RFP, bidders should assume 3 in-person meetings for SFY09 and 2 in-person meetings for SFY10.</p>
<p>77. What consulting firm do you currently use for actuarial services? For how long have they been your consultants? Please provide information on total billings for actuarial services over the past two years, the hourly rates, and total fees paid to your actuarial consultant, and a copy of your contract with the actuarial consultant.</p>	<p>No contract currently exists.</p>

<p>78. Do you currently use a consultant for any of the related services listed in the RFP? If yes, is it the same as the actuarial consulting firm? What services have they provided and for how long? Please provide information on total billings for related services over the past two years, the hourly rates, and total fees paid to the consultant for these services, and a copy of your contract with the consultant.</p>	<p>No.</p>
<p>79. Please provide copies of the Actuarial Certifications as well as the actuarial reports describing the preparation of the most recent two years of capitation rates.</p>	<p>These documents will be provided to the bidder awarded the actuarial contract. However, we are making some sample documents available. These are expected to be posted to the website for PSC-0783 in approximately 3 business days (that is, October 24, 2007).</p>
<p>80. Please describe any changes to benefits or eligibility in the most recent two years or any that are scheduled for implementation in the current or upcoming fiscal year.</p>	<p>Benefits and eligibility changes have been fairly stable and changes have been minimal. No future changes are currently planned.</p>
<p>81. Please describe data sources that have been used by your actuarial consultant in the development of capitation rates for various Medicaid programs.</p>	<p>Encounter data from the MMIS and claims data directly from Delaware Medicaid MCOs.</p>
<p>82. EDS has been identified as the Fiscal Agent currently contracted by DHSS to process fee-for-service claims, issue capitation payments, and provide data warehouse services for MCO encounter claims. For how long have they been your vendor? Please describe the role EDS will have in data analysis.</p>	<p>The most recent procurement for a Fiscal Agent occurred in 2002. EDS was the previous contractor as well.</p> <p>The role of EDS would only be to provide the raw data.</p>
<p>83. Describe any changes to the data in the most recent two years, including changes in claim processing, enrollment/eligibility, or data warehouse systems or vendors, and addition/deletion of data fields. List and describe other data sources that are available that may be used in the development of capitation rates or in other analysis that may be requested.</p>	<p>Information is downloaded to a data base using Business Objects which can be queried.</p> <p>The program is very dynamic and change is constant. NPI is a recent change along with the transition to national claim forms.</p>
<p>84. How recently have fee-for-service payment rates been updated? Who is responsible for determining the timing and amount of fee-for-service payment rate changes? Are there any fee-for-service payment changes scheduled for either the current or upcoming fiscal years? If yes, please describe the nature and the timing of the expected changes.</p>	<p>DHSS is responsible. Payment methodologies and timing of rate changes vary with the type of provider.</p>

<p>85. Please describe the role DHSS staff will have in the rate development, including project organization, data analysis, and other, as appropriate.</p>	<p>DHSS collaborates with the contractor to organize the project for managed care capitation payments. Contractor expected to conduct data analysis with final approval by DHSS. For Fee-For-Service, DHSS is responsible but, as mentioned in RFP, DHSS may request assistance from contractor.</p>
<p>86. Have there been any risk adjustment studies performed in the last two years? If so, please provide details.</p>	<p>No.</p>
<p>87. Please provide information with regards to Delaware's current Managed Long-Term Care and Home and Community Based Waiver efforts. What programs have been implemented to-date? Please provide the number of current enrollees in these programs.</p>	<p>No recent activity has taken place related to Managed LTC. The State has 4 HCBS waivers. Individuals in the waivers are not included in the DHSS managed care population For State Fiscal Year 2007, these waivers included: Assisted Living, AIDS (687 unduplicated recipients), MR/DD (825 unduplicated recipients) and Elderly & Disabled (1,138 unduplicated recipients).</p>
<p>88. With regards to Task 5: Evaluation and monitoring of MCOs Including Diamond State Partners, Subtask 5.1, what level of evaluation and monitoring has been performed by the current contractor? Since some of the tasks appear to be similar to what would be expected of evaluation and monitoring activities conducted by the Delaware Department of Insurance, what level of coordination between the contractor and the Department of Insurance do you expect? Will the financial data be provided by MCOs or the Department of Insurance?</p>	<p>The Delaware DOI does not review Medicaid only MCOs currently. We expect the data to be provided by the MCOs.</p>
<p>89. In Task 4, it is mentioned that the DHSS managed care procurement has been coordinated in the past with the procurement for companies to manage State employee health care. Has it been the case in the past that the selected managed care organization for DHSS is the same as the one selected for State employees? Is it expected to be the case for the next procurement cycle? Please identify the current medical benefit vendors for both active and retired State employees and the number enrolled in each plan.</p>	<p>The bidder selected for this engagement is not responsible for conducting analysis for State employee program. The contractor would be expected to work in collaboration with State employee actuary to have a unified process.</p> <p>The RFP allowed for bidders to bid on both or separately. Currently, one company has both State employee and Medicaid and one has only Medicaid.</p>
<p>90. In subtask 4.2, is the scoring methodology to be developed to evaluate MCO financial bids expected to apply to both the Medicaid and State employees programs?</p>	<p>No. Medicaid is handled separately. However, the contractor is expected to collaborate with State employees.</p>

91. Please describe the forum for discussing contract language concerns.	Discussion of contract language concerns would occur after the selection of the successful bidder. If such concerns cannot be resolved at that time, the DHSS will begin discussions with the next most favored bidder. Also see the answer to question # 71.
92. Please provide the expected number of onsite meetings and location of meetings with DHSS staff, MCOs, or other parties.	Refer to question 76.
93. As there are several components to the scope of work in the RFP, is it DHSS's intent to contract with a single firm for all of the components of the Scope of Work?	Our thinking at this point is that DHSS will contract with a single firm.
94. Do you have funding allocated for the requested actuarial services under this RFP? If yes, what is the budgeted amount?	Refer to question # 5
95. Why is this contract out to bid?	Refer to question # 56.