

Department of Public Safety & Corrections  
State of Louisiana

JOHN BEL EDWARDS  
GOVERNOR



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SECRETARY

August 14, 2020  
Addendum Number 01

Your reference is directed to Solicitation #3000015428 for the Healthcare Claims Management for the Louisiana Department of Public Safety and Corrections (DPS&C) scheduled to be opened at 4:00 P.M. CST on August 28, 2020.

This addendum is hereby officially made a part of the referenced proposal.

Add ATTACHMENT VI: Offender Verification Form

Proposer's written inquiries and State's responses:

**Question 1.**

What is the expected "go-live" date for this contract? (i.e., what is the cutover date for when the contractor would begin processing claims?)

**Answer:** The start date of the new contract will be 11/01/2020, which will be the "go-live" date.

**Question 2.**

What is the cadence for check runs? We recommend alternating the facility and physician checkruns on a weekly basis.

**Answer:** No change to RFP. See Section 1.2: Background, on page 5 of the RFP, "the contractor shall pay providers within two business days from receipt of payment from DPS&C".

**Question 3.**

Would the contractor be cutting the checks on behalf of DPS&C, or would DPS&C cut the checks?

**Answer:** The Contractor cuts the check on behalf of DPS&C after DPS&C pays the Contractor.

**Question 4.**

Section 1.8.2 refers to three years of experience managing an online portal system for medical care determination. Does this refer to experience in maintaining care determination data, or contractor personnel making medical decisions as it pertains to offender care?

**Answer:** The three (3) years of experience refers to experience in maintaining care determination data on whether an offender was eligible for care.

**Question 5.**

One of the desired ad hoc reports is for high cost claims over \$50,000 by correctional facility. Is this referring to amounts billed or paid over \$50,000?

**Answer:** The ad hoc reports should have the ability to provide claims billed and paid over the \$50,000 by Correctional Facility.

**Question 6.**

One of the desired ad hoc reports is for high cost claims over \$10,000 by correctional facility. Is this referring to amounts billed or paid over \$10,000?

**Answer:** The ad hoc reports should have the ability to provide claims billed and paid over the \$10,000 by Correctional Facility.

**Question 7.**

One of the desired ad hoc reports is for claims pending/approved for Medicaid. Is the contractor pending claims for approval of Medicaid? If so, how long are claims pending? Alternately, should claims be denied and reprocessed upon Medicaid approval? Our understanding is that claims are to be paid within 30 days.

**Answer:** Medicaid claims are pending for up to one (1) year. Once DPS&C receives the Medicaid eligibility response, the Contractor is notified to process the claim for payment or denial based on the response from Medicaid. Claims are to be adjudicated and paid within thirty (30) days unless pending Medicaid approval.

**Question 8.**

One of the desired ad hoc reports is for a Medicare comparison payment report. Is this referring to what the payment would have been for claims using a payment methodology other than Medicare?

**Answer:** The Medicare comparison payment report is referring to the comparison of the Medicaid rate vs. the Medicare rate.

**Question 9**

A functional requirement is that eligibility must be determined by contacting the facility for any offenders not in the offender management system. Would the contractor be responsible for calling the facility for all claims that would deny for the member not eligible?

**Answer:** Yes, if the offender is not in the offender management system then the Contractor shall be responsible for calling the facility to verify custody via the offender verification form.

**Question 10.**

A functional requirement is the ability to verify approval of all outpatient appointments, procedures, office visits, and consult claims. Would the contractor consume authorizations? If so, what is the criteria for a valid authorization?

**Answer:** The valid authorization criteria for the outpatient appointments, procedures, office visits and consult claims would be the appointment is in the web portal maintained by DPS&C as referred to #3 in Functional Requirements.

**Question 11.**

A functional requirement is a portal or system for the DPS&C's Case Management Department to upload and review clinical information to authorize all observation and inpatient claims. Does this refer to utilization review that is done concurrently on all admissions and provided to the contractor by hospital utilization review

departments? If so, would this be recorded in the contractor's system or portal for the DPS&C staff to upload and review the clinical information for claims adjudication?

**Answer:** Yes, it is referring to clinical utilization review to determine medical necessity and criteria. Yes, it would be recorded in the Contractor's system or portal for DPS&C staff to upload and review clinical information.

#### Question 12.

The RFP states that the contractor will assist DPS&C with coordinating review and expediting all inpatient and emergency department claims. Please detail what assistance is expected (e.g., determine medical necessity, determine need to admit for inpatient, etc.). What is the current workload for this service?

**Answer:** The Contractor is expected to notify DPS&C of inpatient claims as well as ER claims, which turn into inpatient claims, in order to ensure the offender obtains Medicaid coverage per the ninety (90) day deadline. Currently, "the workload for this service" consists of a daily medical claims report including the claim type in the form of a spreadsheet. This gives DPS&C the ability to track each inpatient claim and ensure the application is completed timely.

#### Question 13.

The RFP states that the contractor will work with DPS&C to verify non-DOC offenders in local facilities. Would the contractor be responsible for checking eligibility for claims received for offenders not covered? If not, please describe what responsibility the contractor would have.

**Answer:** If the offender is a non-DOC offender and is not in the offender management system, the Contractor will be responsible for reaching out to the local facility to verify custody on the date of service.

#### Question 14.

The RFP states that the contractor will assist DPS&C with identifying those covered persons that may be eligible for Medicaid coverage as deemed necessary by the DPS&C. Would the contract be responsible for completing Medicaid applications? Would the contractor be responsible for researching any offenders not on Medicaid?

**Answer:** No, the Contractor will not be completing Medicaid applications or researching offenders not on Medicaid.

#### Question 15.

The RFP requires integration with DPS&C's medical appointment scheduling system for claims payment authorization, if necessary. What criteria is used to determine claim payment or authorization? (e.g., offender number, date of service, diagnosis codes, CPT/HCPCS codes, etc.)

**Answer:** The offender's name, date of birth, offender number, type and date of appointment would be used to determine if the claim is authorized.

#### Question 16.

The RFP states that the contractor shall obtain all claims data from previous contractor(s) as deemed necessary by DPS&C to ensure smooth and successful transition. How much historical claims data is expected to be transferred to a new contractor? What type of claims data will be made available?

**Answer:** The amount of historical data will be based on the need at the time the new contract begins and will include the following: claim number, claim type, patient name, patient identifier, dates of service, date claim received by Contractor, adjudicated date, amount billed, amount of DOC's payment, repriced amount for local facility to pay, vendor and provider. The current report with that same data for a year is an Excel spreadsheet with approximately 140,000 claims at a size of 42,000KBs.

**Question 17.**

The RFP states that the state uses Medicaid reimbursement methodology. Does the state use any third-party companies to facilitate that pricing? Or is that methodology readily available from the state without going through any third party?

**Answer:** The Medicaid rates are a publicly available price list published by the Louisiana Department of Health

**Question 18.**

Please identify the current Administrator for the program, the term in which they have been contracted to provide services, and the current contract number.

**Answer:** The current administrator is CorrectCare Integrated Health, the current contract number is 2000457304 and they have been contracted out to provide the services for approximately seven (7) years.

**Question 19.**

The RFP calls for approximately 35 days between the award of the contract and the effective date of the contract. A key component of the requested services is verification of payment authorization in the DPS&C medical appointment scheduling system. Will finalists be provided with a preview and demonstration of that scheduling system ahead of the contract being awarded so Policies and Procedures and staff training can be created?

**Answer:** There will not be a preview or demonstration of the medical appointment scheduling system. The Contractor will receive training once the contract is awarded.

**Question 20.**

In the Background section of the RFP (1.2 on page 5), there is reference to LSU HSD-contracted providers. Can we receive a list of contracted providers? How often is the list updated and will the Administrator receive regular updates to the list?

**Answer:** The LSU HSD contracts are direct contracts between providers and DPS&C and does not involve the third party administrator. A list can be provided if deemed necessary to the successful proposer.

**Question 21.**

Is the State expecting the Administrator to assign an alternative ID number for each Offender or do DPS&C and the other categories of population assign them? If assigned by DPS&C, can the format (i.e., # of digits, alpha, numeric or both) be provided? If not, is there a required format?

**Answer:** The offender ID is assigned by the Offender Management System when available. Offenders not in the Offender Management System are assigned an alternate ID based on other identifying numerical data (social security number, state ID number, or booking number).

**Question 22.**

Is it a requirement that the alternate ID number be carried by an Offender throughout their movement through the system? (e.g., the Offender moves from the Mental Health System to DPS&C). If yes, will the current alternate ID numbers be provided to the Administrator?

**Answer:** Only one (1) identifier is necessary for each patient or offender in order for claims management and alternate ID numbers will not be provided to the Administrator

**Question 23.**

With respect to customer service to medical providers and DPS&C, what is the volume of calls received by the unit in the most recent 12 months and what are the most frequently asked questions?

**Answer:** The current call volume is approximately one-thousand (1000) calls per month regarding claim status. Some of the most frequently asked questions are “What is the status of the claim?” and “How much was the claim repriced for?”

**Question 24.**

Can the format and layout for the nightly eligibility file from the Offender Management System be provided? We are specifically interested in how classifications of offenders are reflected in the file, including: major category of the population (i.e., DPS&C, OJJ, Local Correctional Facilities, Eastern Louisiana Mental Health System, etc.); DPS vs. CVS; by Specific Facility; and by HIV Offenders vs. Non-HIV Offenders.

**Answer:** DPS&C will work with the awarded Contractor on an acceptable format for the Offender Management System and how to read the file.

**Question 25.**

In Functional Requirements #1 on page 30, the RFP notes “a process for adjudicating claims for which the contractor will not remit payment but will instead remit the claim and appropriate claim adjustment documentation to the party responsible for payment”. Will this requirement be applicable to all claims? If not, what approximate percentage of claims? Please confirm that where remittance only is applicable, it will be produced in the 835 format as described in Functional Requirements #7.

**Answer:** The requirement will be applicable to all claims that have been repriced for the local facility or unit to pay. Approximately fifteen percent (15%) of claims require documentation without payment and the 835 format should be produced by the Contractor.

**Question 26.**

In Functional Requirements #1, it is noted that an Explanation of Payment be provided for each claim. Are there any required Remark Codes to be used for the EOPs? If so, can they be provided?

**Answer:** Standard Center for Medical Services (CMS) codes should be used on the Explanation of Payment.

**Question 27.**

In Functional Requirements #2 The RFP calls for the Administrator to contact the facility directly any time a claim is received for an Offender not listed in the nightly file from the offender management system. Can a copy of the Offender Verification Form be provided for review? Does each facility have individuals assigned with the responsibility of completing and returning the form in a timely manner? Do any of the entities or facilities provide access to a portal showing their current “census”?

**Answer:** Each local entity has their own system for verifying custody. However, all verification must be done via the Offender Verification Form. The form is one (1) page with a small list of questions that the local facility answers and sends back verifying custody. With the constant transferring and release of Non-DOC offenders in local jails, we don't rely on “an online census” to verify custody for a specific date of service.

**Question 28.**

Please clarify Requirement #4 on page 31 of the RFP with respect to the Administrator providing access to a portal for use by DPS&C's Case Management Department. What is the expectation beyond display of historical claims information (including diagnoses and medical services received)?

**Answer:** The portal must have the ability to upload clinical information for current cases/patients so that Case Management can review records to determine status and medical eligibility.

**Question 29.**

Functional Requirements #5 (page 31) indicates that the Administrator must be able to utilize both CMS Medicare and Louisiana Medicaid rates in re-pricing claims. What is the scope of additional payment methodologies in

place with providers where Medicaid or Medicare is not applicable? Can a list of these contracts and the contracting methodology be provided to finalists to provide additional time for implementation?

**Answer:** All claims are paid according to the Medicaid and/or Medicare fee schedule.

**Question 30.**

Please describe what is meant in Requirement #14 by the responsibility to “coordinate review and expedite all inpatient and emergency department claims: beyond verification of an authorization, accurate re-pricing and adjudication and remittance”.

**Answer:** See answer to Question 12 above.



State of Louisiana
Department of Public Safety and Corrections

Offender Status Verification Form for Hospital Admissions

This form is to be completed by the officer transporting/accompanying the offender at the time of hospital admission (Inpatient/Observation).

Upon completion and signature, this form will serve as proof that the offender was indeed in the custody of a law enforcement agency when he/she was brought to the healthcare facility.

\*\*DOC-HQ MUST BE NOTIFIED IMMEDIATELY IF THIS OFFENDER IS RELEASED FROM CUSTODY AT ANY TIME DURING THIS HOSPITAL ADMISSION. (If released, submit a new/updated form with release date/time.)

Please fax this form to (225)342-2622 upon admission.

For any questions, please call (225)342-8712.

Date of Admission: Healthcare Facility Name:

Patient Name: Social Security Number:

Date of Birth:

\*DOC Number: \*SID Number: \*AFIS Booking ATN Number:

\*At least one of the above numbers must be entered to verify offender status.

Booked in jail (Booking Date: Time: )

Please check one of the following boxes:

- Arrestee not booked
Pre-trial
ELMS Forensic patient
ELMS Civil Patient
Federal Offender
Other:
Released from custody (Release Date: Time: )
Youth Offender
DOC Offender Custody Dates:
Immigration Customs Enforcement (ICE)/Detainee

List any insurance / healthcare coverage:

Name of Agency transporting offender:

Address of housing facility:

Comments:

Print Name / Title

Signature