



**State of Oklahoma  
Oklahoma Health Care Authority**

**Amendment of Solicitation**

**Date of Issuance:** January 24, 2011

**Solicitation No.** 8070000450

**Requisition No.** \_\_\_\_\_

**Amendment No.** 1

Hour and date specified for receipt of offers is changed:  No  Yes, to: February 28, 2011 5:00 CST

Pursuant to OAC 580:15-4-5(c)(5), this document shall serve as official notice of amendment to the Solicitation identified above. Such notice is being provided to all suppliers to which the original solicitation was sent.

Suppliers submitting bids or quotations shall acknowledge receipt of this solicitation amendment prior to the hour and date specified in the solicitation as follows:

- (1) Sign and return a copy of this amendment with the solicitation response being submitted; or,
- (2) If the supplier has already submitted a response, this acknowledgement must be signed and returned prior to the solicitation deadline. All amendment acknowledgements submitted separately shall have the solicitation number and bid opening date printed clearly on the front of the envelope.

**ISSUED BY and RETURN TO:**

**U.S. Postal Delivery:**

Oklahoma Health Care Authority  
2401 N.W. 23rd Street  
Suite 1-A  
Oklahoma City, OK 73107 - 2423

Kimberely Helton  
Contracting Officer

or

(405) - 522 - 7465

**Personal or Common Carrier Delivery:**

Oklahoma Health Care Authority  
2401 N.W. 23<sup>rd</sup> Street  
Suite 1-A

\_\_\_\_\_  
Phone Number

kimberely.helton@okhca.org  
E-Mail Address

Oklahoma City, OK 73107 - 2423

**Description of Amendment:**

a. This is to incorporate the following:

**EXTENSION OF RFP CLOSING DATE**

The Schedule of Activities has been amended as follows:

Answers to Questions Posted on Website: February 15, 2011  
Bids Due to OHCA: February 28, 2011  
Behavioral Health Utilization Management Contract Award: March 10, 2011

SEE ATTACHED LIST OF QUESTIONS AND ANSWERS, Attachment A - Inspection of Care Facilities, and Attachment B - Cost Proposal

b. All other terms and conditions remain unchanged.

Supplier Company Name (**PRINT**) \_\_\_\_\_ Date \_\_\_\_\_

Authorized Representative Name (**PRINT**) \_\_\_\_\_ Title \_\_\_\_\_ Authorized Representative Signature \_\_\_\_\_

## Amendment One

### RFP Number 8070000450 QUESTIONS AND ANSWERS

#### External Quality Review and Behavioral Health Utilization Management

### General Questions

1. What are the names of the organizations that have submitted questions?

**Under Oklahoma Open Records law, this information is not available until the bid is awarded.**

2. What is the current annual contract value from the incumbent vendor?

**The annual value ranges from \$5 million to \$9 million with about 75% of the expenditures under the Behavioral Health portion.**

3. What are the differences from the current contract as compared to the requirements in this new RFP?

**The original ITB which is the basis for the current contract will be added to the Bidder's Library.**

4. What are the current performance guarantees for this contract with the incumbent vendor?

**See # 3.**

5. Please describe any financial penalties or other adverse contractual actions taken with the incumbent vendor.

**OHCA has not levied any financial penalties on the current contractor.**

6. In the event that the External Quality Review and Behavioral Health Utilization Management opportunities are awarded to different vendors, please clarify whether there is any expectation that the two vendors will be required to interface with one another?

**OHCA anticipates only minimal interaction, but would expect vendors to cooperate if necessary to carry out the responsibilities in either contract.**

## **External Quality Review Questions:**

1. What is the value of the current EQRO contract?

**About \$1 million per fiscal year**

2. What is the 2011-2012 SFY budget for Part A?

**OHCA does not yet have a SFY12 budget so this is not known.**

3. What was the 2010-2011 SFY budget for Part A?

**See # 1**

## **Section 3 Scope of Work – External Quality Review**

### **Section 3.0 Retrospective Review (pg. 2)**

1. Is the vendor required to pay any costs associated with obtaining the medical records for these retrospective reviews (e.g., postage costs, copying costs, etc.)?

**The vendor is required to pay any and all costs associated with obtaining the medical records for retrospective reviews, and should include these costs in the pricing supplied on Attachment B – Cost Proposal.**

2. Please clarify the volume of reviews for 3.0 Retrospective Reviews. The RFP lists on page 2 the following volumes: 810 hospital admissions, 90 psychiatric level of care admission, 500 observation cases, and 200 additional cases for a total of 1,600 cases per month or 19,200 cases per year. The Cost Proposal Schedule 1 – Part A lists the expected volume of reviews as 12,000 for inpatient and 6,000 or outpatient per year.

**Each month a total of 1,600 paid claims will be extracted, with a random selection of 1,100 inpatient claims (810 hospital admissions, 90 psychiatric level of care admission, and 200 additional admission cases) and 500 outpatient observation cases. The Cost Proposal Schedule 1 – Part A should list the expected volume of reviews as 13,200 for inpatient and 6,000 for outpatient per year. An Amended Cost Proposal Schedule has been posted with this Amendment.**

3. Can criteria other than InterQual be used for the 3.0 Retrospective Reviews?

**Yes, other widely accepted criteria, such as Milliman, may be used to complete retrospective reviews.**

4. Can Licensed Practical Nurses (LPNs) conduct the retrospective review using generic quality screens?

**No, OHCA declines to alter the staffing requirements in Section 5.5.0.B.**

5. 3.0.A: (Claims Selection), page 4: What is the file format and data dictionary for the electronic file for inpatient and outpatient paid claims?

**The file format requires the fields to be in a pipe delimited format. OHCA does not have a data dictionary. Please see the Prior Authorization Record Layout in the Behavioral Health Utilization Management section in the Bidder's Library for information on the record size, and description of data captured.**

6. 3.0.A: Claims Selection (pg 3): If the provider submits the needed information following a technical denial, will the Contractor be able to reopen the case for review or is a technical denial final?

**Currently, the provider must resubmit the request after a technical denial. The Bidder may propose allowing these to be reopened without a new request if desired, but it is not required. Please see the CMS QIO manual at <http://www.cms.gov/manuals/iom/itemdetail.asp?itemid=CMS019035>.**

7. 3.0.A: Claims Selection. This section states, "If, after thirty (30) calendar days has elapsed, the facility has failed to submit the requested medical record(s) and/or adequate record(s) to complete the review to Contractor, a technical denial will be issued by Contractor to the provider." Will the Technical Denial have an appeal option or will it be considered closed when it is issued? If there is an option for appeal, is there a time limit for a provider to submit a medical record once a technical denial has been issued?

**See # 6.**

8. 3.0.A: Claims Selection. Will the Contractor selected to complete this scope of work be provided with access to the OHCA Business Objects System to complete the sample selection?

**Yes.**

9. 3.0.A: Claims Selection. This section states, "Between the 5th and 10th business day of each month, OHCA shall transmit an electronic file of all inpatient and outpatient (with revenue code 76X) hospital paid claims to Contractor." What formatting will OHCA use to submit the electronic files and will this require any special system on the part of the Contractor such as Business Objects?

**The Contractor may be granted access to the MMIS through Business Objects or may receive an electronic document through FTP.**

10. 3.0.A: Claims Selection. This section states, “Between the 5th and 10th business day of each month, OHCA shall transmit an electronic file of all inpatient and outpatient (with revenue code 76X) hospital paid claims to Contractor.” The fourth bullet, however, references a “paid claims tape.” Does OHCA intend to provide the Contractor with a physical tape containing paid claims or will the paid claims file be transmitted through electronic means?

**See #9. This section is amended to delete any reference to a “tape”. A physical tape will not be provided. The information will be transmitted by FTP.**

11. 3.0.A.1: How will the claims file be transmitted to vendor?

**See #9.**

12. 3.0.A.1: Does OHCA have any requirements for how the vendor requests medical records?

**Only as specified in the RFP. The Bidder may propose any process that meets RFP requirements.**

13. 3.0.A.1: Can the vendor request recordings using regular mail? Email?

**OHCA assumes that the vendor is referring to requesting “records”. Bidders may propose this process in their responses.**

14. 3.0.A.1: If a hospital supplies requested records after the vendor issues a technical denial, will the vendor be required to re-open the case?

**See # 6.**

15. 3.0.B & C: Does the first level of review always include a physician consultant on cases not meeting criteria, or is a physician consultant only used on cases in which the provider submits additional documentation in response to a letter from the vendor?

**The first level of review per the CMS manual is the non-physician review. Please see the CMS QIO manual at <http://www.cms.gov/manuals/iom/itemdetail.asp?itemid=CMS019035>.**

16. Must all physician consultants be licensed in Oklahoma, or can any licensed physician (in the appropriate specialty) make review determinations?

**Please see the CMS QIO manual for these requirements – see # 15.**

17. Review determinations from the vendor must be sent to the “provider”. Is this limited to the physician who provided the care being reviewed, or does it also include the hospital where the care was provided?

**The “provider” refers only to the entity that submitted the prior authorization request. Bidders may propose notifying other entities, such as the hospital, if desired.**

18. 3.0.B: Inpatient Claims Analysis. Paragraph 1 states, “Within 60 days of Receipt Date, Contractor shall perform a first level review on these records using its best professional judgment based on InterQual and/or community guidelines.” Will OHCA allow the Contractor to utilize other widely accepted guidelines, such as Milliman?

**See # 3.**

19. 3.0.C: Outpatient Observation Claims Analysis. This section states, “Within forty-five days of Receipt Date, Contractor shall review each admission using its best professional judgment based on CMS guidelines ... “ Does the "receipt date" refer to the date the Contractor receives the chart or the date on which the sample was drawn?

**The Receipt Date refers to the date the Contractor receives the chart.**

20. 3.0.D: Is there any requirement for the vendor to notify the Medicaid fiscal agent about review determinations that effect payment? If so, how is this notification to take place?

**OHCA believes the vendor is referring to review determinations that requiring recouping already-paid funds from providers. Please see the CMS QIO manual at the link in #15. There are specific instructions related to recoupment of paid monies.**

21. Is it possible to deploy an interface between the vendor’s review system and the MMIS system to support an automated data transfer of review determinations that effect payment?

**See # 20.**

22. 3.0.D: Provider Denial and Reconsideration. Please clarify the requirement: "Review by physician consultants OR the same peer group as the physician being reviewed." Is it meant to read "Review by physicians consultants OF the same peer group as the physician being reviewed"?

**The vendor is correct. The sentence is amended to read “review by physician consultants of the same peer group as the physician being reviewed”.**

23. 3.0.D: Provider Denial and Reconsideration. This sections states, “When the Contractor makes a finding according to 3.0 B or C above, Contractor shall notify the provider in writing within ten (10) days from the date of the finding and offer the provider an opportunity to submit additional documentation by a specified date according to OHCA rules.” What is the time frame to receive the additional documentation from the provider for a finding?

**Please reference OHCA administrative rule 317:30-3-23 - Reconsideration request; “If the QIO, upon their initial review determines the admission should be denied, a notice is issued to the facility and the attending physician advising them of the decision and advising them that a reconsideration request may be submitted in accordance with the Medicare time frame...” These are available on the OHCA website.**

24. 3.0.D.2.ii: States “review by physician consultants or the same peer group as the physician being reviewed within sixty (60) days of Date.” What “Date” are you referring to?

**The review shall be conducted within sixty (60) days of receipt of the referral.**

25. 3.0.D: This section describes Provider Denial and Reconsiderations services. Such Denial and Reconsiderations services are not listed separately on Attachment B. Should the associated costs be included in our pricing for Retrospective Review/FFS Inpatient and Retrospective Review/FFS Outpatient reviews?

**The Provider Denial and Reconsideration services are part of the retrospective review process, and the associated costs should be included in the pricing supplied on Attachment B – Cost Proposal.**

26. How many denials were made in the past year and how many reconsiderations were done in the past year?

**OHCA does not have this information readily available.**

27. Under the heading Provider Denial and Reconsideration, "The contractor shall provide up to three consecutive levels of review: ii. Review by physician consultants of the same peer group as the physician being reviewed within sixty (60) days of Date; and iii. On request of the provider due to reconsideration, review by physician consultant of like specialty of care." **Question** - Section 3.0 A, B and C do not mention a requirement for physician review, only that the "Contractor shall perform first level review on these records using its best professional judgment based on InterQual and/or community guidelines. Where does ii. "Review by physician consultants of the same peer group as the physician being reviewed within sixty (60) days of Date" come into play? What is meant by "within sixty (60) days of the Date"?

**The retrospective review process is as follows: claims are randomly sampled, and initially reviewed by a nurse as described in the Section 3.0.B Inpatient claims / Section 3.0.C Outpatient claims criteria. Should the Contractor's nurse determine a quality finding during the initial review, the claim shall be referred to the Contractor's physician reviewer as described in the Provider Denial and Reconsideration process in 3.0.D.**

### **Section 3.1 Quality Interventions and Education (pg. 4)**

1. 3.1.B: Referrals from OHCA – How many of these referrals are expected per year? Does OHCA identify specific cases for review or just identify the provider and have the contractor identify cases for review?

**OHCA does not have an expected volume of referrals per year. When OHCA refers a provider for review, specific cases may be provided. OHCA will work with the Contractor to determine if the Contractor shall identify cases to be reviewed.**

2. 3.1.B: What is the expected volume of referrals from OHCA per year?

**See #1.**

3. 3.1 D.1: Can the vendor plan to convene the MIET on an ad hoc basis when providers with quality of care problems have been identified, or must the MIET follow a pre-defined meeting schedule?

**A pre-defined meeting schedule will be determined with the vendor.**

4. 3.1.D: MIET Action on Confirmed Quality Issues – How many of these proceedings occurred in the previous year? Is there any expectation this will change?

**OHCA does not have this information readily available. OHCA does not have an expected volume of MIETs per year.**

5. How many providers have gone through the Medical Intervention/Education Team process during this past year?

**See #4.**

6. 3.1.C: How many providers had confirmed quality issues during this past year?

**See #4.**

### **Section 3.3 Quality Assessment and Improvement Projects (pg. 6)**

1. 3.3 C: Are the QAPI topics listed in the RFP provided only as an example, or are these the topics the vendor should plan to address during the first year of the contract?

**These are sample topics.**

2. This section states that the Contractor must submit a database containing all relevant data collected along with the desktop procedure outlining how the data was collected, organized in the database, and analyzed to OHCA. At which point must the database and desktop procedure be submitted to OHCA, when submitting the draft narrative report or prior to submission?

**See Section 4.3.2, Reporting Requirements.**

3. For the seven annual QAPI projects, please estimate the number of projects that will require medical record review.

**This has yet to be determined.**

4. 3.3, page 6 and Attachment B (Cost Proposal Schedule 1): Attachment B (Cost Proposal Schedule 1) includes the line item "QAPI Status Report." This report is not referenced in the Section 3.3 of the RFP. Please describe the contents of this report and confirm it is a requirement.

**The QAPI status report mentioned on Attachment B Cost Proposal Schedule 1 is not a requirement of the RFP. An Amended Attachment B has been posted as part of this Amendment.**

### **Section 3.4 Member Satisfaction Surveys (pg. 6)**

1. Is OHCA interested in using the CAHPS Children with Chronic Conditions (CCC) item set for the child CAHPS surveys? Is OHCA interested in having the CCC population broken out within its child CAHPS reports?

**These are not requirements, but Bidders may propose this if desired.**

2. 3.4.B: Should the most recent CAHPS methodology be used for the ECHO survey?

**The ECHO survey has its own specifications that the Contractor must use.**

3. 3.4.B: We assume the ECHO survey is not a requirement for vendors responding to the EQR RFP only. Is that correct?

**This assumption is incorrect. The ECHO survey is a requirement for vendors responding to the EQR RFP only.**

4. 3.4.H: Is the SoonerPlan satisfaction survey included as part of the annual CAHPS survey, or is it a second satisfaction survey? If it is a second survey, please provide more details about its administration.

**The SoonerPlan satisfaction survey is a second satisfaction survey. Specifics will be provided at the time of the survey planning.**

5. What is the typical month to begin the mail out phase of each survey?

**The mail may begin as early as January.**

6. Please clarify and confirm the number of survey projects to be conducted each year.

**There will be three (3) survey projects conducted each year: 1) CAHPS, ECHO, and SoonerPlan.**

7. What are the approximate sample sizes utilized for the satisfaction surveys to be conducted?

**Refer to the CAHPS and ECHO guidelines.**

### **Section 3.5 HEDIS (pg. 7)**

1. Will any benchmark comparison be required, i.e. Quality Compass, etc.?

**Yes.**

2. Please specify which 16 HEDIS measures are to be completed during the first year?

**OHCA has not yet determined these.**

### **Section 3.6 Additional Reports (pg 7)**

1. In this section, there is a description of the process for requesting and producing additional reports. It appears that the successful vendor will need to provide an estimate of the hours and associated costs for additional reports. Please confirm that additional reports described in this section can be billed by the successful vendor over and above the contracted funding.

**Bidders must provide an all-inclusive hourly rate for additional reports. Before work is started on any report, the Contractor and OHCA shall agree on the report requirements and a fixed number of hours for completion of the report. The costs of these reports, if agreed to by OHCA and the Contractor, are in addition to any other item on the Cost Proposal.**

### **Section 3.7 Retrospective Review of Caesarean Section (C-Section) Deliveries (pg.7)**

1. It indicates the Contractor shall complete the review within 3 days of receiving the records. Does this mean the RN review must be completed within 3 days or both the RN and OBGYN review must be completed within 3 days?

**A final determination must be made within 3 days.**

2. Should the vendor include personnel in its staffing plan to perform these reviews?

**Bidders may propose staffing for this Section, but this item shall only be included in the Contract if requested by OHCA.**

3. Please clarify the review timing specified in the RFP. It indicates 100-400 cases per month must be reviewed within three days. Does this mean the vendor will receive a one-time batch of 100-400 cases which must be reviewed within 3 days, or that the vendor will receive 100-400 cases every month? For how many months?

**The Contractor would receive 100-400 cases throughout the month each month. If OHCA exercises its option to require this service, OHCA will notify the Contractor according to the RFP if it intends to terminate this service.**

4. This section states, "If OHCA requests such a review, OHCA will supply the medical record to the Contractor. Contractor shall complete the review within 3 days of receiving the records." Is it OHCA's expectation that this 3 day timeline will also include physician review of the case?

**See # 1.**

5. This section states, "OHCA estimates that the total number of reviews would be between 100 to 400 a month." Will records be provided all at one time or steadily throughout the month? Also, are they business days or calendar days? If 400 records are received on a Friday then they will be expected to be reviewed by the following Monday?

**See # 3. The "days" in this section are business days.**

6. In this section, there is discussion about the Contractor's staff serving as expert witnesses. How often has the incumbent served as expert witnesses during this past year for these kinds of cases? Is the expert witness service to be included in the base pricing, or whether expert witness services are supposed to be billed over and above the contracted amount?

**Because this is a new service, the OHCA does not have data to give to vendors. The Attachment B – Cost Proposal shall be revised to allow bidders to propose an all inclusive hourly rate for expert witness services.**

### **Section 3.8 Electronic Health Records (pg. 7)**

1. This sections states, “Contractor shall perform medical record review with both traditional paper documentation and electronic health records.” Has an EHR interoperability standard been set for these records? Will the Contractor be expected to promulgate a standard specific to these transactions?

**Oklahoma has a State Health Information Exchange Trust which will set standards. These are not yet complete, but are anticipated to be in conformance with the certification requirements for the federal EHR incentive program.**

## **Section 4 Reporting Requirements – External Quality Review**

### **Section 4.0 Claims Selection Mismatch (pg. 8)**

1. This section states, “The Contractor may use a combination of newborn and mother’s information for confirmation.” Are the following identification criteria acceptable to OHCA: Member ID, Member Social Security Number, Member Name, Member Date Of Birth, Patient Account Number (for newborns only) and Patient Medical Record Number (for newborns?)

**Patient account number and / or Patient medical record number are not considered for validation.**

### **Section 4.3 QAPI Projects (pg. 9)**

1. This section states that the Contractor must provide “a final detailed analysis document (DAD) for each [QAPI] project” on September 30th. Do the DADs for all QAPI projects need to be submitted on the same date or can they be sequenced out prior to September 30th?

**All DAD documents shall be submitted by September 30, but may be submitted earlier at the Contractor’s option.**

## **Section 5 Staffing Requirements – External Quality Review**

### **Section 5.0 External Quality Review (pg. 9)**

1. 5.0.A: This section states, “Contractor shall use individuals trained and experienced in ICD-9-CM Hospital Inpatient coding to perform all retrospective reviews.” Can OHCA elaborate on the specific education and experience requirements for the registered coder writer? Is there a particular certification level that would be preferable to OHCA?

**Section 5.0.A is amended to add:**

**For review of medical record coding, the Contractor shall use an inpatient hospital coder certified by the American Health Information Management Associates (AMHIA) or a Certified Professional Coder – Hospital (CPH-C) specialty coder.**

2. 5.0.C: Is the vendor required to provide a full-time statistician to support the EQR contract, or can the vendor propose a part-time statistician?

**The Contractor may utilize a part-time statistician if such staffing allows it to meet all contract requirements.**

3. 5.0.D: Is the vendor required to provide a full-time technical writer to support the EQR contract, or can the vendor propose a part-time technical writer?

**The Contractor may utilize a part-time technical writer if such staffing allows it to meet all contract requirements.**

4. 5.0.D: This section states, “Contractor shall use an individual adequately trained in technical writing to complete written reports.” Can OHCA elaborate on the specific education and experience requirements for the technical writer?

**Bidders may propose this in their staffing plans.**

5. 5.0.E: Must the board certified obstetricians performing review of c-section deliveries be licensed in Oklahoma, or is the vendor allowed to use board certified obstetricians licensed in other states?

**Board-certified general obstetricians licensed in states which border Oklahoma are acceptable, although OHCA prefers in-state general obstetricians. Obstetricians with a subspecialty in maternal-fetal medicine are acceptable if licensed out-of-state.**

## Part B - Behavioral Health Utilization Review Questions:

### General Questions

1. For the past three years, what are the following health service utilization statistics that were paid by OHCA:
  - a. Number of inpatient acute psychiatric admissions  
**13,604 admits, 4,666 extensions, and 346 denials**
  - b. Number of inpatient acute psychiatric bed days  
**67,614 days**
  - c. Average length of stay for inpatient acute psychiatric admissions  
**7.64 days**
  - d. Number of inpatient residential treatment admissions  
**16, 136 admits, 50,818 extensions, and 261 denials**
  - e. Number of inpatient residential treatment bed days  
**956,366 days**
  - f. Average length of stay for inpatient residential treatment admissions  
**This has changed this past year due to care coordination efforts; SFY'08 was 86.26, SFY'09 was 86.14, and SFY'10 was 57.67 days**
  - g. Number of therapeutic foster care admissions  
**12, 637 total authorizations, which include admissions and extensions**
  - h. Number of therapeutic foster care bed days  
**1,106,604 days**
  - i. Average length of stay for therapeutic foster care admissions  
**LOS runs between 6-7 months.**
  - j. Percentage of the entire Medicaid population who had inpatient acute psychiatric admissions  
**5,748 admits divided by 885,238 total medicaid population = 0.6% of the whole child and adult SoonerCare population**
  - k. Percentage of the entire Medicaid population who had inpatient residential treatment admissions  
**4,194 admits divided by 885,238 total medicaid population = 0.5% of the whole child and adult SoonerCare population**
  - l. Percentage of the entire Medicaid population who had therapeutic foster care admissions  
**943 admits divided by 885,238 total medicaid population = 0.1% of the whole child and adult SoonerCare population**

## SECTION 6 SCOPE OF WORK

### Section 6.1 Inspections of Care in Psychiatric Facilities and Therapeutic Foster Care Programs (pg. 10)

1. Has the Department established requirements or developed expectations related to the minimum number of health care professionals required to perform an on-site inspection?

**Yes. Section 8.0 shall be replaced in its entirety as follows:**

**Contractor shall create a Healthcare Professionals Teams consisting of one to three professionals to conduct onsite inspections and chart review; one team member shall be the team coordinator. To create the Healthcare Professionals Team, Contractor shall use licensed professionals with at least three years of psychiatric clinical experience, two of which must be in inpatient psychiatric services to children. The licensed professions are as follows:**

- **Marriage and Family Therapist;**
- **Social Worker (with clinical specialty);**
- **Behavioral Health Practitioner;**
- **Professional Counselor: and / or**
- **Register Nurse with a psychiatric specialty**

**Exceptions may be approved by the Program Monitor (see Section 10.0).**

2. 6.1.A, Page 10: Are quality improvement goals already identified and standardized across the state? What quality improvement goals are currently in place?

**Quality improvement goals currently in place are within the current QIO contract, OHCA policies, and OHCA BH Provider Manual. The OHCA BH Provider Manual will added to the Bidder's Library.**

3. 6.1.B, Page 10: If an agency is accredited by a recognized accrediting body, does OHCA require a less intensive review by the BH UM Contractor?

**No, all agencies are required to hold national accreditation in order to contract with OHCA. The IOC review is the same for each agency and level of care.**

4. 6.1.B, Page 10: The second bullet under B.8 specifies "a minimum of three and a maximum of 10 chart reviews for each unit." Please clarify if a "unit" is a treatment area or ward within a facility, a facility site, or an organization which has multiple sites.

**A unit is considered one of the following: an acute unit, a psychiatric residential treatment facility unit, facility based crisis stabilization unit, residential behavioral management group home, partial hospitalization program, or therapeutic foster care program.**

5. 6.1.B, page 10: Of the 119 facilities listed in Attachment A, how many have had active SoonerCare cases requiring onsite inspection during the last full contract year? How many of these facility reviews were out-of-state?

**There were 60 IOCs conducted, 11 were out-of-state. We estimate about 5 out-of-state reviews each Contract year.**

6. 6.1.B, page 10: When a facility includes more than one level of care for inspection, is the inspection and reporting of each level of care considered a separate inspection review?

**Yes, each level of care is a separate review and report process, but the reviews are usually done during the same IOC visit.**

7. 6.1.B.1 page 10: Please further describe what OHCA expects of the Contractor pertaining to “review the facility accreditation certification to ensure it is current and in compliance with accreditation mandates.” Beyond checking to make sure the facility has a current license and its accreditation certification is current, is the Contractor expected to conduct an accreditation audit? We would like to request more information on what types of documentation we would need to review and on any specific OHCA rules/requirements we would need to investigate to comply with this review of compliance with accreditation mandates.

**This portion is verifying that that facility still holds the required accreditation, and is in good standing with the accrediting organization.**

8. 6.1.B.3, page 10: What are the specific staffing requirements for these facilities? What are the applicable OHCA rules regarding the staffing requirements for these facilities?

**Staffing requirements and policies are all listed on [www.okhca.org](http://www.okhca.org).**

9. 6.1.B.8, page 11: What is the volume of chart review that constitutes 3% of admits in the last full contract year?

**There were 60 units IOC'd at 3-10 charts per unit maximum.**

10. Please indicate the required frequency of inspections of the facilities. For example, once annually, semi-annually, etc?

**Once annually.**

11. 6.1.C, Page 11: To ensure continuity and trending of facility results, will the Department provide copies of forms and reports from the most recent visits to a

facility in each category? Reports and forms can be deidentified if the findings are not public information.

**Yes, these would be made available to the QIO vendor for use in conducting IOCs.**

12. 6.1.D, Page 11: How does the work of the OHCA Quality Assurance Unit interface with the work of the BH UM Contractor?

**The primary contact for the BH UM Contractor will always be the BH Program Monitor. Any coordination with the OHCA QA Department will be done or managed by the BH Program Monitor.**

13. 6.1.D.point #2: "Determine penalties to be imposed on providers following approved schedule;" Please confirm whether this means the contractor will impose penalties as determined by OHCA or whether the contractor and OHCA will work collaboratively to determine an appropriate penalty as necessary. If the contractor is responsible for determining potential penalties and re-coupment associated with IOC review, what type of data will the vendor be provided?

**OHCA sets the recoupment schedule which is then followed by the BH UM contractor.**

14. 6.1.D.2, page 11: Does the Department have an established schedule of penalties related to Inspection of Care results? If so, please describe them.

**OHCA has an established schedule of penalties based upon the policy requirements for each level of care. This schedule would be made available to the QIO vendor for use as part of the IOC process.**

15. 6.1.E, Page 11: How many ad hoc reviews were required in each of the last two or three years?

**One, in the past 6 years.**

16. 6.1.E, Page 11: Please provide more information about Letters of Collaboration or provide a reference where bidders may obtain additional information.

**There is not a Letter of Collaboration involved within the IOC process under 6.1.E. Page 11. If you are referring to the LOC we require for authorization of outpatient services, then OHCA has a form that we require the two or more BH providers use and send in to indicate how they are working together on the member's treatment plan, who is doing what service(s), and how the allowable authorized dollars are to be divided up on the authorizations.**

17. 6.1.E, page 11: How many ad hoc inspections at these facilities were requested by OHCA and performed by the incumbent Contractor during the last full contract year?

**See #15.**

18. 6.1.E, page 11: How many charts were reviewed by the incumbent Contractor during the ad hoc visits conducted in the last full contract year?

**See #15.**

19. 6.1.F, page 11 & 6.2.I, page 15: In order to allow bidders to accurately project the cost of providing training, please provide the number of behavioral health providers, broken out by provider type, that are contracted to serve Medicaid beneficiaries.

**Some of the trainings are held during a regularly scheduled provider meeting with OHCA, at OHCA, so there is no conference facility cost, just personnel time.**

**The annual OHCA BH Provider training attendance this past year was over 650 individuals representing around 500 outpatient BH agencies. This year's is anticipated to be around 850 due to the addition of the licensed BH professionals. This annual training is for all levels of care provided by BH providers.**

**The other trainings can be done by face-to-face, webinars or teleconferencing.**

20. 6.1.G on page 11: Does OHCA require its Contractor to conduct on-site inspections in all facilities across the country that provide services to OHCA beneficiaries? Please describe.

**See Section 6.1.**

## **6.2 Prior Authorization of Behavioral Health Services (pg. 12)**

1. To allow bidders to adequately staff the program, please provide a breakdown of the number of authorizations requested for behavioral health services by level of care during the most recent 12-month period available.

**Approximately 41,000 outpatient, 46,000 inpatient, 696 facility based crisis stabilization, and 4,712 TFCs.**

2. What were the volumes of PA reviews completed for each of the various levels of care for the past two years? Please also provide the average number of members for the corresponding periods.

**Last year (SFY'10) there were about 178,000 PAs for about 86,000 members, and the year before (SFY'09) was 245,000 PAs for about 56,000 members. The**

**large decrease was related to the fact that OHCA went from 3 month PAs to 6 month PAs.**

3. Is the contractor required to issue notices of decision to Medicaid beneficiaries and/or providers?

**To providers yes, in fax, web, or EDI format. Members receive notice from the MMIS system.**

4. Does the complaint and grievance process required of the BH UM Contractor have a direct link to the Medicaid appeal process or are the two processes separate?

**The two processes are separate.**

5. Please clarify, is there any expectation that there be some automated transferring capabilities to the vendor's toll-free line or are 'warm-transfer' capabilities sufficient? Which entity manages the SoonerCare Helpline?

**Warm transfer is acceptable.**

6. Please explain how eligibility information will be provided to the contractor. Are there multiple sources of eligibility information or a single source?

**OHCA arranges for an electronic file transfer of member information on a quarterly basis with daily updates. Provider information is transferred on a weekly basis with daily updates.**

7. 6.2.B.2: How many PA requests were submitted by web site, by phone, and by facsimile during the last full contract year?

**Approximately 50 percent were EDI, 46 percent were web based, and 4 percent were faxed.**

8. 6.2.B.11.1, on page 12: What were the volumes of PA requests that also involved Care Coordination during the last full contract year?

**All inpatient admits require some level of care coordination, so about 13,000 cases.**

9. 6.2.B.11.2, on page 12: What is the frequency, location, and level of staff attendance required for the OHCA care coordination meetings?

**Weekly for 2 hours, and then by phone and email as needed.**

10. 6.2.B.11.5, page 12: Is the Contractor required to conduct direct data entry into the Atlantes system? If so, how will the Contractor be trained on the use of that system?

What, if any, are the associated costs for using the Atlantes system? Can the Contractor obtain reports on this Atlantes system? Please confirm that the State does not expect the Contractor to maintain its own care coordination database, since it appears that RFP requires the use of the Atlantes system.

**Entry is manual or per EDI transfer from one system to another. OHCA staff will train the Contractor's staff on Atlantes as necessary. Licensing costs must be paid by the Contractor. Reports are available from the system. The vendor is correct that OHCA requires the Contractor to maintain care coordination information using OHCA's Atlantes system. There is no expectation that the Contractor will maintain its own system.**

11. 6.2.B: This section states that, "OHCA, at its option, may also include an additional group of members that receive services from ODMHSAS, with an estimated 30,000 members." Does OHCA intend for the vendor to provide the same level of Care Planning and Coordination services for the optional ODMHSAS members?

**No, these are predominantly outpatient cases.**

12. 6.2.C: Can OHCA provide more detail on the expected frequency and format of Program Recommendations?

**No more detail on this is available. Past experience indicates that this occurs once or twice a year at most.**

13. 6.2.D.2: Please provide a copy of the actual Customer Data Core (CDC) form submitted by providers. This form is not included in the CDC Manual provided in the RFP Library.

**This will be added to the Bidder's Library.**

14. 6.2.D.3: Please describe the Outcomes Informed Care program.

**The program provides patient feedback on service satisfaction, mental and behavioral status, etc. to measure the level of provider service quality.**

15. 6.2. E.1: Are the full standardized tools identified in the RFP required to be imbedded in the bidder's electronic authorization process, or is it sufficient for providers to submit the final scores?

**Only the domains and scores are required for the medical necessity criteria for outpatient authorizations, but the CALOCUS tool has more detail to be imbedded.**

16. 6.2.E.5: Is there a client-specific configuration requirement in the assignment of the "site-specific" authorization number or is the vendor's system generated unique

authorization number sufficient? Does the MMIS assign a unique provider ID for each provider location?

**MMIS assigns site-specific provider IDs. PA numbers can either be assigned by MMIS or by the vendor using OHCA provided code sets.**

17. 6.2.E.6: Please describe the Letters of Collaboration. We would like to request a copy of this document.

**This form and the description are posted in the Bidder's library in the provider manual.**

18. 6.2.H: Is it the responsibility of the PCP to call or otherwise contact the BH QIO to request authorization for atypical antipsychotics for children under age 5? Is there a timeframe in which such requests must be reviewed? About how many are provided each year?

**The PCP sends in the PA request through the normal OHCA process. OHCA then sends it to the vendor for psychiatric review and determination within 24 hours.**

19. 6.2.H: What has been the volume of psychiatric consultation phone calls over the last 3 years?

**Less than 5 per month.**

20. 6.2.H.1: How will the requests for the "brief, informal telephonic psychiatric consultations" occur? In other words, who are all of the entities and individuals authorized to request such consultations? What kind of reporting, if any, is the Contractor required for this function? Please confirm that this consultation does not result in a prior authorization being issued.

**Providers call the vendor for consultation. See Section 6.2.H.1 for provider types. See Section 7.1.D for reporting requirements. This is a consultation service that does not result in any service authorization.**

21. 6.2.H.1: How many psychiatric consultation services occurred during the last full contract year?

**See #19.**

22. 6.2.H.1: When OHCA makes these referrals, what kind of documentation is the Contractor given regarding the "non standard-of care patterns." What are the standards-of-care that OHCA is using for identifying these providers?

**OHCA sends the vendor a report with detailed data showing how the physician is an outlier. Standards were developed through professional workgroups utilizing current available research.**

23. 6.2.H.2: Is the prior authorization of medical services for children under the age of 5 for PCPs only or for all prescribers of psychotropics?

**Any OHCA contracted provider with prescriptive privileges.**

24. 6.2.H.2: Does the contractor have responsibility for all psychotropic medications – if the contract only has responsibility for prior authorizing atypical antipsychotics and ADHD medications for children under 5, what is the process by which the contractor will receive this information from PCPs? Will all PCPs be included in the provider files sent to the contractor?

**See # 18.**

25. 6.2.H.2: What is the total population of children under the age of 5 in the Medicaid program? What is the number of prior authorizations performed in the last year for atypical antipsychotics and ADHD medications?

**The total population of children under the age of 5 in the Medicaid program in December 2010 was 168,554. There were a total of 386 PAs for antipsychotics for children under 5 reviewed between April and November of 2010. Because the ADHD PA is a new service, the OHCA does not have data to give to vendors.**

26. 6.2.I: What was the frequency of face-to-face outpatient provider training sessions performed during the last full contract year?

**About 6 to 10 a month.**

27. 6.2.I: Must provider newsletters be available in print or can the BH UM Contractor distribute them electronically?

**Electronic newsletters are posted on the vendor's website and emailed electronically to the providers.**

28. What telephone performance standards will be required? The RFP addresses the clinical related functions, but is not clear on customer service (benefit related/eligibility, etc).

**There are no specific performance requirements in this RFP, but in general OHCA expects vendors to answer at least 95% of calls offered, i.e. no more than a 5% abandonment rate. Calls on benefits and eligibility should be referred to the SoonerCare Helpline.**

29. Please clarify, is the Atlantes web application an additional system that the vendor is required to document care management activities in or is the OHCA's Medicaid Management Information System (MMIS) and Atlantes, the HP Enterprise Services web based application one in the same? If not, can an electronic data exchange of the care coordination data be supplied to HP to update Atlantes, or will the vendor be required to manually update information in Atlantes? Is it possible to receive screen shots of the HP Atlantes system?

**Atlantes is the web application the vendor will document care management activities in. Data entry is manual. A screen will be added to the Bidder's Library.**

### **Section 6.3 Optional Medical Risk Management Program (pg. 16)**

1. Section 6.3 (Optional Medical Risk Management Program) on page 16 and Section 7.2 (Optional Medical Risk Management Program) on page 19: Can the bidder decide to respond to one of the two optional medical risk management programs, and not both? If so, how does the bidder reflect that on the cost proposal sheet?

**The Optional Medical Risk Management Program described in 6.3 must be bid in total or not at all.**

2. If bidders respond to 6.3 Optional Medical Risk Management Program, will this response be included in the 50 page limit, or will bidders be permitted to submit additional pages?

**Bidder may submit additional pages to respond to the 6.3 Optional Medical Risk Management Program; this component is not included in the 50 page limit.**

## **SECTION 7 REPORTING REQUIREMENTS – BEHAVIORAL HEALTH**

### **Section 7.0 Inspections of Care in Psychiatric Facilities and Therapeutic Foster Care Programs (pg. 16)**

1. This sections states the Contractor is required to, "Provide a written report within four (4) calendar days of the inspection." Will OHCA consider amending this be 4 business days since there is always the possibility of completing an inspection on Thursday or Friday that would result in the loss of two "working" days to the weekend?

**Yes. The RFP is amended to substitute "business days" for "calendar days" in this section.**

2. 7.0.2: Is it sufficient for the vendor to post the final and quarterly reports electronically through our secure provider portal or is certified mail required?

Electronic format through secure portal is acceptable.

#### **7.4 Reports Deliverable Matrix (pg. 19)**

1. Can you please indicate where the example matrix referenced in Section 7.4 Reports Deliverable Matrix, is located in the RFP Library?

**A sample Reports Deliverable Matrix will be added to the Bidder's Library. OHCA will work with the Contractor to develop a Reports Deliverable Matrix for Behavioral Health Utilization Management.**

### **SECTION 8 STAFFING REQUIREMENTS – BEHAVIORAL HEALTH**

1. What Customer Service functions should will bidder be expected to provide OHCA consumers/providers?

**As specified in RFP.**

2. What is the annual call volume of the APS customer service line? Is this line available 24/7?

**OHCA does not have call volume readily available. Inpatient acute calls must be answered 24 hours a day/7 days a week. For all other calls, regular business hours are acceptable.**

3. Are all reviewers required to be licensed to practice in Oklahoma?

**Yes.**

4. Section 8, Page 19 & 10.1, Page 22 Does the Department require or prefer that clinical reviewers be located in Oklahoma? Will evaluators give preference to Oklahoma-based clinicians?

**Preference is for Oklahoma based review staff due to care coordination needs.**

#### **Section 8.0 Inspections of Care in Psychiatric Facilities**

1. In order to prepare for staffing requirements, is it possible to share the census of all facilities to be reviewed?

**Census is not relevant since the IOCs include a maximum of 10 cases per unit.**

2. How many ad hoc inspections were completed in the past three years by year?

**Only 1 in the past 6 years.**

3. Does OHCA have a requirement related to the number of audit team staff?

**No, the vendor determines this based on volume.**

### **Section 8.1 Prior Authorization (pg. 19)**

1. What is the percentage of PA requests via telephone, fax, online or web-based for the past 3 months?

**EDI is about 50 percent, web based is about 46 percent, fax about 4 percent, and the telephonic reviews are for the specified levels only.**

2. Do outpatient second level reviews need to be completed by a psychiatrist or can a PHD be utilized?

**Yes, outpatient second level reviews need to be completed by a psychiatrist.**

## **Section 9 System Requirements**

### **Section 9.1 Connectivity with MMIS (pg. 20)**

1. Since the EQR scope of work does not include any prior authorization activities, we assume the requirement for the web portal to receive and process PA requests is not applicable to vendors bidding on the EQR scope of work only? Is that correct?

**Yes, that is correct.**

2. What costs, if any, are there for the Contractor to access the Medicaid Management Information System (MMIS)?

**OHCA charges no fee for access. The Contractor must lease the line to establish the internet connection from its facility to the OHCA MMIS.**

### **Section 9.2 Prior Authorization System (pg. 21)**

1. 9.2 & 9.6 We assume these sections of the RFP do not apply to vendors bidding on the EQR scope of work only. Is that correct?

**Yes, the Prior Authorization System does not apply to the EQR scope of work only.**

### **Section 9.3 Electronic Data (pg. 21)**

1. What proportion of requested records was provided in electronic format during the most recent contract year? How many providers choose to submit their records electronically?

**OHCA does not have this information readily available.**

### **Section 9.6 Electronic Data Interface for Behavioral Health Utilization Management (pg. 22)**

1. 9.2 & 9.6 We assume these sections of the RFP do not apply to vendors bidding on the EQR scope of work only. Is that correct?

**Yes, the Electronic Data Interface for Behavioral Health Utilization Management does not apply to the EQR scope of work only.**

2. What is the format and data dictionary for the electronic data interface for behavioral health utilization management?

**The file format requires the fields to be in a pipe delimited format. OHCA does not have a data dictionary. Please see the Prior Authorization Record Layout in the Behavioral Health Utilization Management section in the Bidder's Library for information on the record, size, and description of data captured.**

### **Section 12 Contract Compliance And Penalties (pg. 22)**

1. How will the performance standards be established? If current performance standards are in place, would OHCA provide a copy so bidders can ensure that their proposed designs ensure the level of performance required?

**Standards are based on the contract requirements; please see the original ITB on the Bidder's Library.**

### **Section 14 Payment For Services Under This Rfp (pg. 23)**

#### **14.4 Per-Member-Per-Month Payment for Behavioral Health Prior Authorization (pg. 24)**

1. Section 14.4 (PMPM Payment) on page 24 and Section 15.4 on page 30: In order to develop an appropriate cost proposal for behavioral health utilization management, we would like to request information on all of the volumes of inspections of care, utilization reviews, and other deliverables under the current contract.

**See Behavioral Health Utilization Management Questions #1.**

## **Section 15. Proposal Submission Content and Requirements (pg. 25)**

### **Section 15.2 Proposal Response (pg. 25)**

1. 15.2.d Item says, “Do not place illustrations or photographs on the cover or anywhere else...” Please clarify whether or not a company logo is considered to be an illustration. We would like to include our logo on the proposal cover and in the page headers and want to know if this is permissible.

**The company logo may be placed on the proposal cover and in the page headers.**

2. 15.2.e and Section 15.3 (Proposal Format), pages 25-26: Section 15.2.e says the Cost Proposal must be submitted separately on Attachment B and any mention of project costs in the Technical Proposal Response may render the proposal nonresponsive. Section 15.3 says to submit separate proposals for each scope of work and address each section of the proposal separately and have it include sections A through F and Attachment B (Cost Proposal). Please clarify if Attachment B (Cost Proposal) should be placed in the Technical Proposal binder or if it should be separately bound.

**The Attachment B Cost Proposal shall be placed as the last item in the Technical Proposal binder. Do not include any pricing information in the Technical Proposal document.**

### **Section 15.3 Proposal Format (pg. 26)**

1. This section states, “Proposals shall have a maximum of 50 pages; this page limit includes all technical response text and Attachment B. The page limit does NOT include appendices or sample forms or brochures, the cover page, blank divider pages or divider pages with section or chapter headings or tabs only, a table of contents nor an index.” Please confirm that the following documents fall outside of the 50 page limit:
  - a. Executive Summary – documentation of QIO designation
  - b. Technical Response (e) & (f) –examples of the forms, guidelines, and reporting formats to be used
  - c. Technical Response (g) – sample copies of letters to providers for utilization and quality issues identified.
  - d. Technical Response (k) – sample copies of letters to providers for utilization and quality issues identified
  - e. Technical Response (n) – sample copies of worksheets and a final report, or sample report if final is not available.
  - f. Technical Response (p) – sample copies of worksheets for studies conducted, or a sample report if final report is not available.

- g. Technical Response (s) – copy of final report, or sample if final is not available.
- h. Technical Response (t) – sample copies of HEDIS reports, if available.
- i. Project Management (1) – resumes of project team
- j. Project Management (2) – implementation timetable
- k. References – letters from references

**The Executive Summary is part of the 50 page limit, but QIO documentation is not part of the 50 page limit. The other documents listed are not included in the 50 page limit.**

2. Is the Executive Summary included in the 50 page proposal response limit?

**Yes.**

3. Please clarify if the Non-collusion Affidavit is to be submitted with Phase 1 or Phase 2 of the IFB process in light of item #2 of the affidavit.

**The form needs to be submitted with the other documents on or before the RFP closing date.**

4. 15.3.B.2.a: Is it expected that staff be available seven days a week?

**Expected availability is 7 days a week for those staff taking telephonic review calls, otherwise the typical work week schedule.**

5. 15.3.B.2.b: Can OHCA provide the state's definitions of complaints, appeals, and grievances? What is OHCA's turn around time requirements for handling complaints, appeals, and grievances?

**Bidders may propose a turnaround time in their proposals.**

6. 15.3.B.2.p: What is the definition of expedited requests? Does OHCA have expedited request criteria?

**OHCA does not have expedited request criteria. Contractor may propose the definition of an expedited request.**

7. 15.3.D.3, page 29 Please provide OHCA's definition of Subcontractor.

**OHCA is referring to an entity other than the Contractor who enters into an agreement with the Contractor to perform some portion of the scope of work in this Contract.**

8. 15.3.E.2 We are asked to submit an implementation timetable for this project. Please clarify the period of time to be covered in the implementation timetable. Is it from

contract award though contract transition to the actual contract startup date (i.e., contract implementation date), or, is the expectation that the implementation plan is a full project management plan that includes operations post implementation?

**The implementation timetable covers the period from contract award to operations start-up.**

9. 15.3.E We assume that if we are bidding only on Part A of the RFP (EQR activities) we will not need to submit a resume or summary of qualifications for a Psychiatrist. Is that correct?

**Correct, Part A does not require a Psychiatrist, so a Psychiatrist's resume is not required.**

10. 15.3.E.1, page 30 Please clarify if the Behavioral Health Contractor will be required to have both a Statistician and a Technical Writer.

**No, Part B does not require a Statistician or a Technical Writer, specifically, but the data queries, analysis, reporting, and writing must be of professional quality.**

### **Section 15.5 Proposal Checklist (pg. 30)**

1. Please advise if the Certification for Competitive Bid and/or Contract form, the Professional Services Contract Certification form, and the Responding Bidder Information form should each be separately tabbed in the proposal binder, or if they should be submitted as appendices along with other attachments, sample forms, and so forth.

**Either way is fine.**

2. Where in the proposal should bidders place the required forms (Certification for Competitive Bid and/or Contract, Professional Services Contract Certification, Responding Bidder Information, Workers' Compensation Insurance Coverage)? Are these required forms included in the 50 page limit?

**These are not included in the 50 page limit. The bidder may place these forms where it likes as long as all forms are included.**

## **Section 16 Submission of Proposals**

### **Section 16.0**

1. 16.0.a stipulates proposals "shall clearly indicate the name, title, mailing address, and telephone number of the Contractor's authorized agent with the authority to bind the firm to the provisions of the Contract...the original proposal must contain an original

signature by this person.” Should this information be submitted separately, or will the Responding Bidder Information form suffice to meet this requirement?

**The Responding Bidder Information form meets this requirement.**

### **Section 16.4 Evaluation (pg. 31)**

1. Are the criteria described in this section have different weights indicating varying levels of importance? If so, please describe.

**OHCA does not make this information public in its procurements.**

## **Section 19 Other Terms and Conditions**

### **Section 19.13 Termination (pg. 37)**

1. 19.13.a: Please clarify if the State will allow for a curing period if it exercises a termination with cause.

**See Section 19.11.**

2. 19.13.b Please confirm that the State will provide written notice to the Contractor as soon as it is aware of the need to terminate the contract immediately due to funding issues?

**OHCA will make its best effort to provide the Contractor written notice of changes in funding. Funding issues are likely to be reported publicly by the Oklahoma and sometimes national media. However, OHCA declines to modify this provision.**

3. 19.13 Please confirm that the State will be responsible for payment of services provided by contractor up to the date of termination.

**Please see Section 19.0.C. OHCA has no legal authority to pay any vendor if funding is not available.**

### **Section 19.16 Payment Terms (pg. 37)**

1. 19.16.a: This section indicates that a proper invoice for services must be rendered in order to receive payment. This includes, "7) enrollee and participant RID numbers." What does RID stand for?

**Recipient Identification Number. This is an internal number that each Medicaid member is assigned. It is included in the data fields that will be transferred to the Contractor.**

## **Attachment A Inspection Of Care Facilities**

1. This attachment represents 119 facilities and Attachment B indicates that are 77 Psychiatric Facilities and 15 TFCs, which equals a total of 92 facilities. Please clarify this apparent discrepancy.

**There are a total of 109 facilities; 89 in-state and border, 7 out-of-state, and 13 TFCs. An Amended Cost Proposal Schedule has been posted with this Amendment.**

2. Please confirm that the Therapeutic Foster Care Program Facilities listed on B.5 of Attachment A of the RFP lists all of the facilities to be assumed in the IOC cost for in-state and out of state facilities. If so, please confirm that there are no out of state facilities to be assumed and therefore no out of state cost for IOC will be provided for the Therapeutic Foster Care IOC Facilities.

**There are no out of state TFCs. An Amended Cost Proposal Schedule has been posted with this Amendment.**

3. Attachment A also includes 31 residential facilities, seven (7) that are out of state and 24 that are in-state. Should bidders compute a cost for IOC for these facilities? If so, please inform us where this cost should be listed on the pricing forms.

**Attachment A has been amended to include a total of 120 facilities. Of the total there are the following categories:**

- **7 Facility Based Crisis Stabilization Programs;**
- **22 Residential Behavioral Health Services Programs;**
- **1 Partial Hospitalization Program provider with two locations;**
- **69 in-state or border adult/adolescent/child Psychiatric Facilities (IMD, Per Diem, etc);**
- **8 out-of-state adult/adolescent/child Psychiatric Facilities (IMD, Per Diem, etc); and 13 Therapeutic Foster Care Programs.**

**The Facility Based Crisis Stabilization Programs, Residential Behavioral Health Services Programs, Partial Hospitalization Program, and in-state or border adult/adolescent/child Psychiatric Facilities shall be priced in the Inspections of Care: Psychiatric Facilities in-state/border row. The out-of-state adult/adolescent/child Psychiatric Facilities (IMD, Per Diem, etc) shall be priced in the Price per inspection out-of-state row. The TFC IOCs are to be priced in the Inspections of Care: Therapeutic Foster Care Programs, Price per inspection in-state only row.**

**Attachment B, Cost Proposal Schedule 1-Part A External Quality Review Only:**

1. Attachment B: This attachment contains certain grayed areas. Are these sections to be filled in or left blank? If they are to be filled in, should they contain section subtotals?

**Sections that are grayed in are to be left blank.**

2. What reviews are included in the 12,000 expected volume per year figure shown on the cost proposal schedule?

**Each month a total of 1,600 paid claims will be extracted, with a random selection of 1,100 inpatient claims (810 hospital admissions, 90 psychiatric level of care admission, and 200 additional admission cases) and 500 outpatient observation cases. The Cost Proposal Schedule 1 – Part A should list the expected volume of reviews as 13,200 for inpatient and 6,000 or outpatient per year. An Amended Cost Proposal Schedule has been posted with this Amendment.**

3. The volumes indicated in the RFP, when multiplied by 12 months, do not equal the 12,000 expected volume shown on the cost proposal schedule. Please indicate the monthly volume of records by case type to be selected and reviewed.

**See #2.**

4. B.5 reflects that the Contractor shall conduct the annual medical necessity review component of the Payment Accuracy Measurement as outlined by CMS. These reviews will be completed on a sample of some records from claims selection listed in RFP section 3.0 A. 1. What is this volume? When will this review occur?

**The current medical review nurse completes data processing and medical necessity reviews for approximately 1,000 payment accuracy claims per year as well as the medical necessity reviews for the State Auditor’s sample (approximately 120 claims). The payment accuracy review occurs though out the year. The State Auditor’s review usually starts beginning of January and all the claims are reviewed by the end of February.**

5. Regarding 3.1.B, what is the anticipated number of referrals for expedited reviews and for standard reviews.

**OHCA does not have an expected volume of referrals per year.**

6. What is the historical volume of sanctions per year?

Case Type	Monthly volume	Yearly volume
Hospital medical admissions (pg 2)	810	9,720
Adult psychiatric (pg 2)	90	1,080

<b>SUBTOTAL</b>	<b>900</b>	<b>10,800</b>
Hospital Admission (focused review)(pg2)	200	2,400
Payment Accuracy Measurement (PAM) (pg3)	?	?
Referrals from OHCA-expedited (pg4)	?	?
Referrals from OHCA-standard (pg 4)	?	?
Sanctions (pg5)	?	?
Observation (pg 2)	500	6,000
Caesarean Section deliveries-RN	100 - 400	1,200 - 4,800
Caesarean Section deliveries-OBGYN	50	600

**Payment Accuracy Measurement (PAM) – See # 4.**

**Referrals from OHCA – expedited – See # 5.**

**Referrals from OHCA – standard – See # 5.**

**OHCA does not have an expected volume of sanctions per year.**

- Attachment B Cost Proposal – Can OHCA provide a copy of Attachment B in an Excel format?

**Yes. Please see the OHCA procurement website.**

- Attachment B Cost Proposal – The cost proposal asks the Contractor to price out additional reports by an hourly rate but the “Expected Volume per year” column is left blank. Is there an anticipated volume of hours the Contractor should use to calculate its rate?

**This pricing is requested so that OHCA may request additional reports if necessary without a new bid. Currently, none are anticipated. Before work on any additional report is started, OHCA and the Contractor will agree on a number of hours required for the special report.**

- The cost proposal asks the Contractor to propose a per member per month (PMPM) all inclusive price by state fiscal year. The Contractor is provided with four expected levels of volume that include a 300,000 range (e.g., 400,000 – 700,000; 700,000 – 1,000,000). Please confirm the volume levels refer to Medicaid members not the number of prior authorizations processed. Since the Bidder’s Library provides information that the covered population is 751,000, can OHCA provide narrower volume levels centered on this number?

**Yes, the “volume” numbers refer to the number of members who would be covered by the vendor’s prior authorization program. There is the potential over the life of this contract to both increase and decrease included members by significant numbers. For example, changes in the Affordable Care Act might increase the population by as much as 250,000 people. Alternatively, changes in the responsibilities of other state agencies, organizational changes at OHCA or other factors might also cause the number of included members to decrease. OHCA declines to alter the ranges provided for pricing.**

10. Attachment B – Cost Proposal Schedule 2 – Part B Behavioral Health Utilization Management: Please clarify whether the Inspections of Care for both Psychiatric Facilities and Therapeutic Foster Care Programs should be quoted on a per facility, total volume by inspection type, or PMPM basis. If PMPM, please confirm the denominator (membership) that bidders should assume as the basis for the PMPM calculation as there are several different possible membership levels referred to in section 6.2.B. of the RFP.

**Inspections of Care should be quoted on a per inspection price. Vendors may bid a different price for in-state/border and out-of-state facilities.**

**Provider Information-Adult Facilities (Serves 18-21 years of age)**

<b>Provider Number</b>	<b>Status</b>	<b>Facility Name</b>	<b>Address</b>	<b>Phone number Fax Number</b>
100701410A	DRG	Brookhaven Meadowbrook	201 S. Garnett Road Tulsa, OK 74128	(918) 438-4257 (918) 438-8016
100700640A	Per Diem	Carl Albert CMHC	1101 E. Monroe PO 579 McAlester, OK 74501	(918) 426-7800 (918) 426-6760
100699370F	DRG	Deaconess Hospital	7600 N.W. 23 <sup>RD</sup> Bethany, OK 73008	(405) 604-6138 (405) 604-6274
1007340400 Crisis Stabilization		Green Country Crisis Unit	6365 W Okmulgee Muskogee, OK 74401	(918) 687-1039
100690030A	Per Diem	Griffin Memorial Hospital	900 E. Main St. P.O. Box 151 Norman, OK 763069	(405) 321-4880 (405) 321-4514
200044210A	DRG	Hillcrest Specialty Hospital	1145 South Utica Tulsa, OK 74104	(918) 579-7260
100699490A	DRG	Jane Phillips Medical Center	P.O. Box 78 Bartlesville, OK 74005	(918) 333- 7200
100700660A	Per Diem	Jim Taliaferro CMHC	602 S.W 38 <sup>th</sup> St. Lawton, OK 73505	(580) 248-5780 (580) 248-9128
100700380C	DRG	Laureate Psychiatric Hospital	6666 South Yale Tulsa, OK 74136	
100262320C	DRG	Mercy Memorial Health Center	1011 14 <sup>th</sup> SW Ardmore, OK 73401	(580) 223-5400 (580) 220-6659
100700490A	DRG	Midwest City Hospital	2825 Parklawn Dr. MWC, OK 73110	(405) 736-1872 (405) 736-1872
100700690L	DRG	Norman Regional Hospital	901 North Porter Norman, OK 73071	(405) 321-1700
100704080A	Per Diem	Northwest Center for Behavioral Health CMHC	P.O. Box 1 Fort Supply, OK 73841	(580) 766-2311 (580) 766-2017

100707410A Crisis Stabilization only		Oklahoma County Crisis Intervention Center	1200 NE 13 <sup>th</sup> OKC, OK 73152	(405) 522-8100
100689210W	DRG	OU Medical Center	P.O. Box 26307 OKC, OK 73126	(405) 271-5007 (405) 271-1951
100738360H Acute	Per Diem	Parkside Psychiatric Hospital and Clinic	1619 E. 13 <sup>th</sup> St. Tulsa, OK 74119	(918) 588-8888 (918) 588-8859
100700630A	DRG	Pavilion: Muskogee Regional Medical Center	300 Rockefeller Drive Muskogee, OK 74401	(918) 682-5501 (918) 684-3374

100699420A	DRG	Ponca City Memorial Hospital	1900 N. 14 <sup>th</sup> P.O. Box 1270 Ponca City, OK 74602	(580) 765- 3321 (580)765- 0597
100635250N Crisis Stabilization		Red Rock Behavioral Health Services Crisis Unit--Clinton	90 N 31 <sup>st</sup> Clinton, OK 73152	(580) 323- 6021
200051970H Crisis Stabilization		Red Rock Behavioral Health Services Crisis Unit--Norman	900 E Main Bldg 52, Unit 200 Norman, OK 73070	(405)307- 4800
100701680A	Per Diem	Rolling Hills Hospital	1000 Rolling Hills Lane Ada, OK	(580) 436- 3600 (580) 436- 3958
100699540A	DRG	St. Anthony	1000 N. Lee OKC, OK 73102	(405) 272- 6216 (405) 272- 7072
200014270A	DRG	Texoma Medical Center	2601 Cornerstone Drive Sherman, Texas 75092	(903) 416- 3000
100728840B	DRG	Valley View Regional Hospital – Reflections- Intellectually and Developmentally Disabled	430 North Monta Vista Ada, OK 74820	(580) 421- 1234
200100890B	DRG	Wagoner Community Hospital	1200 W. Cherokee Wagoner, OK 74467	(918) 485- 5514 (918) 485- 1893

### Provider Information – Adolescent and Children Facilities

<b>Provider Number</b>	<b>Facility Name</b>	<b>Address</b>	<b>Phone Number Fax Number</b>	<b>Populations Served</b>	<b>Status</b>
100733450D Crisis Stabilization only	ACT – Child and Adolescent Life Management Center (CALM)	6126 E 32 <sup>nd</sup> Place Tulsa, OK 74135- 5406	(918) 394- 2256	M/F ages 10-17	Facility Based Crisis Unit
200285640A	Bethesda Family Services	1807 South Main Street Sapulpa, OK 74066		Females Ages 13-17	Community Based RTC (Not an IMD)
200106860B RTC (015)	Camelot of Oklahoma	3301 N Martin Luther King Blvd Oklahoma City, OK 73111	(405) 548- 1280 x 103 (405)548- 1296	M/F ages 4-17 Pervasive Development Disorders, including Autistic, Asperger's	IMD
200106860A RTC (013)	Camelot of Oklahoma	3301 N Martin Luther King Blvd Oklahoma City, OK 73111	(405) 548- 1280 x 103 (405)548- 1296	children with IQ< 50	IMD
200085660B Acute	Cedar Ridge Treatment Center	6501 NE 50 <sup>th</sup> Oklahoma City, OK 73141	(405) 605- 6111 (405) 424- 0457 or (405) 605- 5995	M/F ages 12-17 Acute Neuro- psychiatric for M 13-17	Per Diem
200085660A RTC	Cedar Ridge Residential Treatment Center	6501 NE 50 <sup>th</sup> Oklahoma City, OK 73141	(405) 605- 6111 (405) 424- 0457 or (405) 605- 5995	M/F ages 6-17 Also has Neuro- psychiatric unit	IMD
200085660C RTC	Cedar Ridge Neurobehavioral	6501 NE 50 <sup>th</sup>	(405) 605- 6111	Males ages 13-17	IMD

	Treatment Center	Oklahoma City, OK 73141	(405) 424-0457 or (405) 605-5995		
100688950A	Children's Recovery Center of Oklahoma	320 12 <sup>th</sup> Ave, NE Norman, OK 73071	(405) 364-9004 (405) 573-3804	M/F ages 13-17 No MR Co-Occurring psychiatric and substance abuse	IMD
100688950B Crisis Stabilization	Children's Recovery Center of Oklahoma	320 12 <sup>th</sup> Ave, NE Norman, OK 73071	(405) 364-9004 (405) 573-3804	M/F ages 13-17 No MR Co-Occurring psychiatric and substance abuse	
200044210A Acute	Hillcrest Medical Center	744 W. 9 <sup>th</sup> St. Tulsa, OK 74127	(918) 599-5880 (918) 599-5669	M/F ages 3-17	DRG
200044210E RTC	Hillcrest Medical Center	744 W. 9 <sup>th</sup> St. Tulsa, OK 74127	(918) 599-5880 (918) 599-5669	M/F ages 3-17	IMD
100699500A Acute	Integriss Bass	2216 S. Van Buren P.O. Box 3168 Enid, OK 73703	(800) 759-2211 (580) 234-2220 (580) 237-9621	M/F ages 5-18	DRG
100699500S RTC	Integriss Bass	2216 S. Van Buren P.O. Box 3168 Enid, OK 73703	(800) 759-2211 (580) 234-2220 (580) 237-9621	M/F ages 5-18	IMD
200285100A	Integriss Bass	2216 S. Van Buren P.O. Box 3168 Enid, OK 73703	(800) 759-2211 (580) 234-2220 (580) 237-9621	dual dx (MI/ MR) unit for ages 12-17 (	IMD
100806400X Acute	Integriss Mental Health-Spencer/ Willow View	2601 N. Spencer Road	(405) 427-4716 or (405)427-	General: M/F ages 5-17; M 12-17 Conduct traits;	DRG

		Spencer, OK 73084	4791 (405) 427- 4720 or (405) 427- 4768	Sexually aggressive behaviors M/F 5-14	
100806400W RTC	Integrus Mental Health-Spencer/ Willow View	2601 N. Spencer Road Spencer, OK 73084	(405) 427- 4716 or (405)427- 4791 (405) 427- 4720 or (405) 427- 4768	General: M/F ages 5-17; M 12-17 Conduct traits	IMD
100806400Y	Integrus Mental Health-Spencer/ Willow View	2601 N. Spencer Road Spencer, OK 73084	(405) 427- 4716 or (405)427- 4791 (405) 427- 4720 or (405) 427- 4768	; Sexually aggressive behaviors M/F 5-14	IMD
100701710F RTC	Moccasin Bend Ranch	130 "A" St. S.W. P.O. Box 1144 Miami, OK 74354	(918) 542- 1836 (918) 542- 6060	M/F ages 13-17	IMD
100738360H Acute	Parkside	1619 E. 13 <sup>th</sup> St. Tulsa, OK 74120	(918) 588- 8888 (918) 588- 8859	M/F ages 10-17 MR case by case	Per Diem
100738360I RTC	Parkside	1620 E 13 <sup>th</sup> Tulsa, OK 74119	(918) 588- 8888 (918) 588- 8859	M/F ages 10-17 MR case by case	IMD
100738360J RTC	Parkside - TCAT	1220 South Trenton Tulsa, OK 74120	(918) 588- 8888 (918) 588- 8859	M/F ages 6-17 MR case by case	IMD
100699540P RTC	Positive Outcomes (JSOP)	2129 SW 59 <sup>th</sup> Street Oklahoma	(405)713- 5780 (405)713-	Males age 13-17 Sex offenders only	IMD

		City, OK 73119	5782 (405)680- 2820		
200051970G Crisis Stabilization only	Red Rock Children's Crisis Center	4400 N. Lincoln Blvd. Oklahoma City, OK 73105	(405) 425- 0333 (405) 425- 0312	M/F ages 10-17 No sex offenders	Facility Based Crisis Unit
200006820A Acute	Shadow Mountain Behavioral Health Systems	6262 S. Sheridan Tulsa, OK 74133	(918) 492- 8200 (800) 821- 6993 (918) 492- 0493	M/F ages 4-17	Per Diem
200006820F RTC	Shadow Mountain Behavioral Health Systems	6262 S. Sheridan Tulsa, OK 74133	(800) 821- 6993 (918) 492- 8200 (918) 492- 0493	M/F ages 4-17, Traditional RTC	IMD
200006820T	Shadow Mountain Behavioral Health Systems	6262 S. Sheridan Tulsa, OK 74133	(800) 821- 6993 (918) 492- 8200 (918) 492- 0493	Threshold Program for Male sex offenders age 13-18, who are not MR	IMD
200006820G RTC	Shadow Mountain --Riverside	1027 East 66 <sup>th</sup> Place Tulsa, OK 74136	(800) 821- 6993 (918) 492- 8200 (918) 492- 0493	M/F ages 13-17 IQ 45-70	IMD
20006820Q RTC	Shadow Mountain -- Riverside	1027 East 66 <sup>th</sup> Place Tulsa, OK 74136	(800) 821- 6993 (918) 492- 8200 (918) 492- 0493	M/F RAD 4-12 M/F 13-17 Autism/ Asperger's	IMD

200006820S RTC- Community based	Shadow Mountain – Riverside HOPE Program	1027 East 66 <sup>th</sup> Place Tulsa, OK 74136	(800) 821-6993 (918) 492-8200 (918) 492-0493	M/F 12-17 IQ 45-70	IMD
200006820R RTC	Shadow Mountain- Eagle Creek Native American Treatment Program	PO Box 106 100 Sawmill Road Kansas, OK 74347	(800) 821-6993 (918) 597-3623 (918) 597-3625	Males Ages 12-17	IMD
200130800A RTC	Southern Plains Treatment Center	310 12 <sup>th</sup> Avenue, N.E. Norman, OK 73071	(405) 217-8400 (405) 217-8405	Males Ages 12-18 OJA/ DHS accepted	IMD
100697950B Acute	Southwestern Behavioral Health	1602 S.W. 82 <sup>nd</sup> P.O. Box 7290 Lawton, OK 73505	(580) 536-0077 (580) 510-2777	M/F ages 4-18 May take mild MR No Sub Abuse Programs- may be treated as secondary diagnosis	DRG
100697950F RTC	Southwestern Behavioral Health	1602 S.W. 82 <sup>nd</sup> P.O. Box 7290 Lawton, OK 73505	(580) 536-0077 (580) 510-2777	M/F ages 4-18 May take mild MR	IMD
100699540A Acute	St. Anthony	1000 N. Lee OKC, OK 73102	(405) 272-6216 (405) 272-7072	M/F ages 5-18 May take MR	DRG
100699540H RTC	St. Anthony	1000 N. Lee OKC, OK 73102	(405) 272-6216 (405) 272-7072	M/F ages 5-18, Human Restorations: M/F ages 13-18, IQ> 70	IMD
100699540I	St. Anthony	1000 N. Lee OKC, OK 73102	(405) 272-6216 (405) 272-7072	Accents Program: M/F ages 7-12 IQ50-70	IMD

200213300A RTC	Varagon Academy	3400 Deskin Drive Norman, OK 73069	(405) 701-1522 (405) 701-8531	Males only, ages 12-18, sex offenders &/ or MR, NO DHS	IMD
200211500A RTC	White Horse Ranch	1601 Wilkie Road Mooreland, OK 73852	(580) 994-5649 (580) 9942739	Females, age 12-18 Severe emotional disturbances, eating disorders, and co- occurring substance abuse treatment Unit is unlocked	Per Diem
100701710B Acute	Willowcrest Hospital	130 "A" Street SW P.O. Box 1144 Miami, OK 74354	(918) 542-1836 (918) 542-6060	M/F ages 5-12 M/F ages 13-17	Per Diem
100701710D RTC	Willowcrest Hospital	130 "A" Street SW P.O. Box 1144 Miami, OK 74354	(918) 542-1836 (918) 542-6060	M/F ages 5-18	IMD

### Provider Information – Border Facilities

Provider Number	Facility Name	Address	Phone Number Fax Number	Populations Served	Status
100693500A Acute	Heartland Behavioral Health Services	1500 West Ashland Nevada, MO 64772	(417) 667-2666 (417) 448-5688	M/F ages 3-18 MR IQ 50-70 and Males ages 12-17 sex offenders Females ages 13-17, self harming behaviors	Per diem
100693500F RTC	Heartland Behavioral Health Services	1500 West Ashland Nevada, MO 64772	(417) 667-2666 (417) 448-5688	Females ages 13-17, Reactive attachment and self harming behaviors	Per diem
100693500E	Heartland Behavioral Health Services	1500 West Ashland Nevada, MO 64772	(417) 667-2666 (417) 448-5688	MR IQ 50-70 and Males ages 12-17 sex offenders	Per diem
100693500B RTC	Heartland Behavioral Health Services	1500 West Ashland Nevada, MO 64772	(417) 667-2666 (417) 448-5688	M/ F ages 3-18 MR IQ 50-70 and Males ages 12-17 sex offenders Females ages 13-17, self harming behaviors	IMD
200131960A RTC	Piney Ridge Treatment Center Arkansas	4253 North Crossover Fayetteville, AR 72703	(479)587-1408 (479)587-1085	Males/ Females Ages 8-18 Sex Offenders	IMD
200206960A RTC	New Hope Heartland	619 Fairfield Street Norwich, KS 67118	(800) 776-6482 (843) 851-1075	Females Ages 12-18 IQ 50 and above	IMD
200075470A Acute	University Behavioral Health of Denton	2026 West University Denton, TX 76201	(940) 320-8100 (940) 384-0402	M/F 5-18	Per Diem
200012010D Acute	Vista Health of Fayetteville	4753 Crossover Road	(479) 521-5731 or (800) 545-	M/F ages 4-17	Per Diem

		Fayetteville, AR 72703	4673 (479)521- 6520		
200012010E RTC	Vista Health of Fayetteville	4753 Crossover Road Fayetteville, AR 72703	(479) 521- 5731 or (800) 545- 4673 (479)521- 6520	M/F ages 4-17	IMD
200012010B Acute	Vista Health of Ft. Smith	10301 Mayo Drive Ft. Smith, AR 72923	(479) 494- 5700 (479) 484- 9991 (479)484- 9994	M/F ages 4-17	Per Diem
200012010C RTC	Vista Health of Ft. Smith	10301 Mayo Drive Ft. Smith, AR 72923	(479)494- 5700 (479)484- 9991 (479)484- 9994	M/F ages 4-17	IMD

### Provider Information – Out of State Facilities

Provider Number	Facility Name	Address	Phone Number Fax Number	Populations Served	Status
100705870A RTC	Benchmark	592 West 1350 South Woods Cross, UT 84087	(801) 299- 5300 (801) 296- 2163	Males only sex offenders, ages 12-18, may take Mild MR	IMD
200043170A RTC	The Camelot Schools	1150 North River Road Des Plaines, IL 60016-1214	( 847)359- 8000 (847) 359- 8001	M/F ages 6-21 Autism	IMD
100846740A RTC	Cedar Crest Hospital and RTC	3500 S. IH-35 Belton, TX 76513	(254)939- 4021 Toll Free: (866) 543- 7779 (254) 939- 4075 fax	M/F age 5-17, trauma recovery, dual diagnosis, substance abuse	IMD
200010940A RTC	Copper Hills Youth Center	5899 West Rivendell Drive West Jordan, UT 84088	(800) 776- 7116 or (801) 561- 3377 (801) 569- 2959	Females Only Ages 12-17 sex offenders program	IMD
100697040A RTC	National Deaf Academy	19650 US Highway 441 Mount Dora, FL 32757	(352) 735- 9500 x111 (352)735- 4939 Fax TTY: (352) 735- 9570	M/F ages 6-17 Hearing/ visually impaired/ MR and Autism	IMD
100693530A RTC	Piney Ridge Treatment Center Missouri	1000 Hospital Rd PO Box 4067 Waynesville, MO 65583	(800) 772- 5354	M/F ages 12- 18, & sexually abusive behaviors: M 13-17, F 12-18	IMD
100696240A RTC (Sub-acute)	Texas Neuro Rehab Center	1106 W. Dittmar Rd Austin, TX 78745	(800) 252- 5151 (512) 444- 4835 (512) 462- 6749	M/F ages 8-18 MR/Autism/ Neuro- behavioral and comprehensive neurobehavioral	IMD

				evaluation	
200096190A	Timber Ridge Ranch Neurorestorative Services	15000 Highway 298 Benton, AR 72015	(800) 697-5350 or (501)549-5211 (501)594-5236	M/F ages 6-12 Neurological and psychiatric diagnoses,	IMD

### Provider Information – TFC Facilities

<b>Provider Number</b>	<b>Facility Name</b>	<b>Address</b>	<b>Phone Number Fax Number</b>
100745880A	Choices for Life	4101 Perimeter Ctr. Dr. Suite 250 OKC, OK 73112	(405) 751-0800 (405) 751-6488
100726450B	Eagle Ridge Institute	601 N.E. 63 <sup>rd</sup> OKC, OK 74105	(405) 840-1359 (405) 858-7015
200044210D	Hillcrest	Mailing: 744 W. 9 <sup>th</sup> Street Tulsa, OK 74127  Physical: 720 West 7 <sup>th</sup> Street Tulsa, Ok 74127	(918) 599-5955 (918) 599-5699
100733860B	Human Skills & Resources	2140 South Harvard Avenue Tulsa, OK 74114	(918) 574-2147 or (800) 318-6866  Fax: (918) 574-2149 or (888) 397-8555
100744520A	Oklahoma Families First, Inc.	2227 West Lindsey, Suite 1550 Norman, OK 73069	(405) 360-2133 (405) 360-4821
100710730A	SAFY	1209 Sovereign Row OKC, OK 73108  1320 Homestead Drive, Suite "G", Lawton, OK 73505	(405) 942-5570 (405) 942-5603  (580) 536-9129 (580) 563-1932
200006820J	Shadow Mountain Behavioral Health Systems TFC	5350 S. Western #555 OKC, OK 73109	(405) 631-4567 (405) 631-4593
100685870A	Southwest Foster Care	4801 N. Classen, Ste. 135 OKC, OK 73118	(405) 848-0011 (405) 848-2111
20219080B	St. Francis Community Services	7320 S Yale, Ste 202 Tulsa, OK 74136  406 S Duncan Stillwater, OK 74074	(918) 488-0163
100709660A	The Bair Foundation	1601 Greenbriar Place OKC, OK 73159  2921 E 91 <sup>st</sup> Street	(405) 759-2670 (405)759-2669  (918) 298-5059

		Tulsa, OK 74137	(918) 877-663-1650- Toll Free (918)298-4517 FAX
100803130B	Wesleyan Youth Inc.	4500 N. Classen, Ste 200 OKC, OK 73118	(405) 524-4457 (405) 524-5762
100732920A	Western Plains	1213 W. Hanks Trail Woodward, OK 73801	(580) 254-5322 or (800) 649-8087 Fax: (580) 254-5335
100731500A	Youth & Family Service Enid	605 West Oxford Enid, OK 73701	(580) 233-7220 (580) 237-7550

## Provider Information – Residential Behavior Management Facilities

Level D+	American Legion Children's Home	1300 Summers Place Ponca City, OK 74604-4443	(580) 762-4156 Fax 580-767-8754
Level E	Genesis Project, Inc	9500 NE 150 <sup>th</sup> Jones, OK 73049-9802	(405) 396-2942 Fax 405-396-2954
Level D+	Marie Detty Parker Pointe	811 SW 17 <sup>th</sup> Lawton, OK 73501-4832	(580) 248-6470 Fax (580) 595-9080
Level E	Norman Adolescent Group Home	2801 Venture Drive Norman, OK 73069-8215	(405) 573-1008 FAX (405) 573-1010
Level D+	Realition Community Services of OK	2026 W. Skelley drive Tulsa, OK 74107	(918) 447-0880 FAX (918) 447-0888
Level E	Sequoyah Enterprises—Chickasha	2027 W Idaho Chickasha, OK 73018	(405) 222-2768 x 109 FAX (405) 222-3486
Level E	Sequoyah Enterprises—Enid	306 W Park Enid, OK 73071-5637	(580) 233-5844 FAX (580) 233-0399
Level E	Sequoyah Enterprises—Lawton	824 SE 2 <sup>nd</sup> Street Lawton, OK 73501	(580) 357-7400 FAX (580) 357-7886
Level E	Speck Homes, Inc	1425 N. Lincoln Oklahoma City, OK 73104	(405) 239-7101 FAX (405) 239-7106
Level D+	Tulsa Boys Home	2727 South 137 <sup>th</sup> West Avenue Sand Springs, OK 74063	(918) 245-0231, 5024 FAX (918) 241-5031
Level D+	White Fields, Inc.	7127 County Line Rd. NE Piedmont, OK 73078	(405) 302-5123 FAX (405) 562-2347
Level E	Butler Skills Development Center	315 East 1 <sup>st</sup> Street Butler, OK 73625	(580) 664-5370 FAX (580) 664-5373
Level E	Cedar Canyon Adventure Program	RR 1, Box 189 Weatherford, OK 73096	580-343-2132 FAX 580-343-2751
Level E	Cornerstone	4201 28 <sup>th</sup> Avenue, NW Norman, OK 73069	405-573-1000 FAX 405-447-6492
Level E	Foss Lake Adventure Program	HC 66, Box 116B Foss, OK 73647	580-592-4444 FAX 580-592-4786
Level E	Lawton Adventure Program	709 SW C Avenue Lawton, OK 73501	580-357-5709 FAX 580-357-5696
Level E	Lighthouse	2801 Venture Dr., Bldg A Norman, OK 73069	405-307-0342 FAX 405-307-0361
Level E	People, Inc	205 JT Stiles Blvd Sallisaw, OK 74955	918-755-7787 FAX 918-775-0328
Level E	ROCMND Area Youth Services, Inc	55250 130 Road Miami, OK 74355	918-542-3107 FAX 918-542-3548
Level E	Tenkiller Adventure Program	33109 South 509 Road Park Hill, OK 74451	918-457-5125 FAX 918-457-3350

Level E	Salt Fork Adventure Program	PO Box 152 Nash, OK 73761	580-839-2320 FAX 580-839-2322
Level E	Varangon Academy Group Home	3400 Deskin Drive Norman, OK 73069	4005-701-8530 FAX 405-701-8531

**Provider Information – Partial Hospitalization Program for Children**

<b>Provider Number</b>	<b>Status</b>	<b>Facility Name</b>	<b>Address</b>	<b>Phone number Fax Number</b>
200063170 A	Hourly Rate	Positive Changes	744 SE 25 <sup>th</sup> Oklahoma City, OK 73129-4843	(405) 636-1463 (405) 635-8417
2000063170 D	Hourly Rate	Positive Changes	7908 NW 23 <sup>rd</sup> Street Bethany, Ok 73008-4950	(405) 636-1463 (405) 635-8417



**ATTACHMENT B**  
**COST PROPOSAL SCHEDULE 2 - PART B BEHAVIORAL HEALTH UTILIZATION MANAGEMENT**  
 Bidders shall submit a fixed per member per month cost (PMPM) to provide Behavioral Health Utilization Management.

**PROPOSED PRICE BY STATE FISCAL YEAR (SFY): JULY 1ST THROUGH JUNE 30TH**

Expected Volume per year	SFY2012	SFY2013	SFY2014	SFY2015	SFY2016
	date of award -6/30/2012	7/1/2012-6/30/2013	7/1/2013-6/30/2014	7/1/2014-6/30/2015	7/1/2015-6/30/2016
Inspections of Care: Psychiatric Facilities					
Price per inspection in-state/border					
Price per inspection out-of-state					
Inspections of Care: Therapeutic Foster Care Programs					
Price per inspection in-state					
Price per inspection out-of-state					
<b>Total Annual Price</b>					
<b>OPTIONAL Medical Risk Management Program</b>	1				

**PROPOSED PER MEMBER PER MONTH (PMPM) ALL INCLUSIVE PRICE**  
**BY STATE FISCAL YEAR (SFY): JULY 1ST THROUGH JUNE 30TH**

Actual Members per Month	SFY2012	SFY2013	SFY2014	SFY2015	SFY2016
	date of award -6/30/2012	7/1/2012-6/30/2013	7/1/2013-6/30/2014	7/1/2014-6/30/2015	7/1/2015-6/30/2016
less than 400,000					
400,000 to 700,000					
700,000 - 1,000,000					
over 1,000,000					
<b>Outpatient and Inpatient Auth. Of Behavioral Health Svc.</b>					