



**State of Oklahoma  
Oklahoma Health Care Authority**

**Amendment of Solicitation**

**Date of Issuance:** August 10, 2011  
**Requisition No.** 8070000454

**Solicitation No.** 8070000454  
**Amendment No.** 1

Hour and date specified for receipt of offers is changed:  No  Yes, to: August 24, 2011 3:00 PM 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 NW 23<sup>rd</sup> Street, Suite 1A

Lloyd Richardson  
 Contracting Officer

Oklahoma City, OK 73107 -  
 or

(405) - 522 - 7587  
 Phone Number

**Personal or Common Carrier Delivery:**  
 Oklahoma Health Care Authority  
 2401 NW 23<sup>rd</sup> Street, Suite 1A

Lloyd.Richardson@okhca.org  
 E-Mail Address

Oklahoma City, OK 73107 -

**Description of Amendment:**

a. This is to incorporate the following:

Extention of RFP closing date.  
 Questions & Answers to the RFP  
 Attachement A - Cost Proposal Revision

b. All other terms and conditions remain unchanged.

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

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

## AMENDMENT ONE

### SOLICITATION # 8070000454 QUESTIONS AND RESPONSES SOONERCARE CALL CENTER

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OHCA wishes to remind bidders that the Tier 1 and Tier 2 requirements in this RFP and the transfer requirements are somewhat different than those in the contracts of any current vendor. Call statistics supplied in the Bidders' Library are based on the current requirements. Some calls that are currently being answered by OHCA staff may be answered by the new Contractor. In addition, bidders are advised that the number of provider calls may be significantly reduced because of new initiatives to encourage providers and their agents to check eligibility and claims information online. OHCA believes that these calls could represent up to 50% of the provider call volume, although we believe that this substantial a reduction in the first contract year is unlikely. Bidders may consider this information when formulating their bids.

- Q1. Please clarify what items the contractor is to include in its pricing in relationship to the mailing functions. Is the contractor to assume that the materials and envelopes will be furnished by OHCA?

The RFP incorrectly states this task. The bidder is not to include pricing in relationship to the mailing functions. The OHCA currently has a mailing services contractor that mails requested SoonerCare materials to members. The Contractor is to forward the request for materials to the mailing services contractor who will bill OHCA for the services. The solicitation is amended to delete sections A.2.1.9 and E.26.2.4.

Section E.26.7 is modified as follows: *OHCA shall reimburse the Contractor for postage required under Section A.2.1.9 and for translation services at the Contractor's actual cost, including translation services used by OHCA on transferred calls. OHCA must approve the Contractor's rates for translation services in advance. ~~Related to postage, the Contractor shall exert all reasonable efforts to employ any commercially available techniques such as bulk mailing, consolidation of mailing and zip code presorting or the use of carriers other than the United States Postal Service to reduce any postage costs assumed by OHCA. For the purpose of this section, "postage" shall include amounts charged by commercial carriers.~~*

- Q2. What types of issues would require contact to HPES?

HPES is the administrator of the Insure Oklahoma program and therefore, the appropriate Tier 2 call center for some Insure Oklahoma calls. HPES may also receive other calls related to claims, Internet or EDI Help, etc.

- Q3. How many dedicated lines are needed for the National Insure Kids Now Hotline?

Just one POTS line is required. When someone calls 1-800-KIDSNOW, the call is forwarded to the appropriate location depending on the person's state. In the event that someone calls from Oklahoma, the call will be forwarded to the SoonerCare Call Center.

- Q4. This requirement presents an issue for a new contractor in a start up situation. Since at least a number of staff are anticipated to be hired who have CSR experience but no direct OHCA provider or

member call center experience, would OHCA consider options to determining staff skills other than shadowing or lessen the hours of shadowing required? We prefer section A.5.6.1.2 only apply to the staff training after the call center is established.

OHCA declines to eliminate the shadowing requirement except as provided in A.5.6.1. Bidders may address how to approach start-up training in their proposals. Bidders may use OHCA SME's or other staff during the initial training. It is also likely that the successful bidder will hire some staff with previous experience in OHCA call centers. Bidders may also use some of their own staff with previous experience in similar call centers during start-up.

Q5. Who is the manufacturer and what is the product name of the current phone recording system?

The NICE call recording and monitoring system will be used.

Q6. What system is used to track all incoming calls?

Incoming calls are routed to the appropriate call unit by a suite of Avaya products. Call unit agents are responsible for inputting call notes into the MMIS Call Tracking subsystem.

Q7. Please confirm that all telephone equipment and software will be furnished by OHCA, including phone switch, ACD, CTI, Call Recording, Call Management Software, IVR, and CRM. It is our understanding that Contractors must provide connectivity, both telephone and data, desktop phone sets, headsets, PCs and PC software.

Both these statements are correct.

Q8. What size data line is required between Contractor and Fiscal Agent?

Many OHCA contractors are connecting via internet VPN. For the iCE version of the MMIS, a 10 meg line or greater would be sufficient.

Q9. For data communications, can a dedicated Fiber line be implemented instead of multiple T1 lines?

Yes, however HPES requires an Ethernet hand off for connectivity.

Q10. Are there any software requirements for the desktops?

See A.7.1.9.

Q11. How is the quarterly member file sent to the contractor?

The quarterly member file is transmitted via Electronic File Transfer with daily updates.

Q12. Does the stated page limit include the required forms (Certification for Competitive Bid and/Contract, Professional Services Certification, Responding Bidder Information Page, and any amendments) and do they count towards the 50 page limit? Also, does the inclusion of a transmittal letter count towards the 50 page limit?

No, the stated page limit does not include the required forms. No, the inclusion of a transmittal letter does not count towards the page limit

Q13. Please specify where the required forms (Certification for Competitive Bid and/Contract, Professional Services Certification, Responding Bidder Information Page, and any amendments) are to be placed within the proposal package.

The documents may be placed at the discretion of the bidder. Only one signed original, of these forms is required; no copies are required.

Q14. Regarding Section E.19, the contractor will not be providing direct medical care to SoonerCare members. Will OHCA accept insurance for "Errors of Omission" in lieu of "Medical Malpractice Insurance"?

Yes, Oklahoma law requires that Contractors comply with Oklahoma workers' compensation insurance requirements. Other than that, the Contractor is responsible for providing whatever other insurance it feels is appropriate and complying with any applicable state and federal law.

Q15. The incumbent contractors have an inherent price advantage over contractors that must bear costs associated with start-up activities including establishing office space, staff training, staff costs for approximately 3 months prior to going live, IT infrastructure and other associated costs. Would OHCA consider a pricing and scoring methodology that would minimize or eliminate this advantage by scoring transition costs with a lower impact on the overall scoring?

Currently, there is no single contractor who is doing all or even most of the work requested in the RFP. Contract scope, requirements, staffing and processes have all changed significantly from any existing contract. Any successful vendor, even those currently contracted, will have implementation costs, including staff training, additional space and equipment, and organizational changes. In addition, OHCA scores technical merit separately from cost in all competitive procurement and weights technical merit more heavily, as a percentage of the total score.

Please note that no separate transition or implementation costs will be paid under this RFP. Any implementation costs must be included in the annual costs as shown on Attachment A.

Q16. Does OHCA have Call Center SLA requirements? For example; Abandoned Rate, Talk Time, Average Speed of Answer, etc.

All performance requirements are as specified in the RFP.

Q17. How many CSRs are currently employed with SoonerCare?

The work included in this RFP is currently organized differently. Call center staffing includes both outside vendors and OHCA staff who work both part-time and full-time on both Tier 1 and Tier 2 call center functions. For this reason, OHCA cannot provide a meaningful estimate of this number.

Q18. Does OHCA have a quality assurance percentage requirement for CSRs?

No.

Q19. Please provide the number and types of calls received by the PAL in a typical recent month.

OHCA has posted additional PAL information in the Bidder's Library.

Q20. A.2.3.1 - Are current OHCA employees providing the Tier 2 calls? If so, will these current OHCA staff members be available for hire by the accepted contractor? What is the current level of compensation of these Tier 2 CSR's?

Currently, OHCA employees answer Tier 2 calls and will continue to do so under this new contract except as provided in section A.2.3. Tier 1 CSRs and some Tier 2 CSRs now employed by current contractors or temporary agencies may be available for hire. OHCA has no information about compensation provided by vendors.

Q21. A.2.4.1 - Are CSRs to provide information about vision providers, in addition to PCPs and dental providers?

No.

Q22. A.2.6.4 - Will emails replace current faxing of EMS911/Emergency room immediately triage notes? Will the OHCA provide email addresses for providers? Does the email need to contain the triage notes or just the recommended disposition? Will secure delivery of emails provide required protection of private health information or will encryption or password protection of data be required?

A.2.6.4 is amended to allow the Contractor to email or fax the information to providers. Provider email addresses are available in the MMIS and legal requirements must be met when PHI is included.

Q23. A.2.6.5 - Will the emails to OHCA be sent to a drop box or to individual members of Member Services? The time requirement of 8AM appears to conflict with A.6.1 that requires similar information be sent at 9AM.

The email address for mailing this information will be specified when operations begin.

Section A.2.6.5 is amend to read: *Email Member Services about certain calls by ~~8-AM~~ 9 AM the next business day; these include calls from members who require behavioral health services or additional care management or any other call that the Contractor believes requires OHCA attention;*

Q24. A.2.6.6 - Who will be responsible for providing vendor with the designated emergency contact information, if this option is activated by OHCA? In what format will the information be sent (fax, Excel spreadsheet, Word document etc.)? Will the vendor be required to maintain and utilize a care plan in coordinating the care of home/community based waiver program members? How long after the OHCA elects to activate this service option will the vendor have to train and prepare for accepting the home/community based waiver program members calls?

Emergency contact information will be available to the Contractor in the MMIS. The Contractor is not required to maintain or utilize a care plan. OHCA contemplates that the Contractor would need 30-60 days to prepare to provide this service, but bidders may propose an alternative schedule if desired.

Q25. A.2.7.2 - Are current provider enrollments submitted and processed electronically?

Yes.

Q26. A.2.8.6 - Will OHCA provide audit materials and findings?

No, calls about specific audits and findings will be Tier 2 calls.

- Q27. A.2.9.1 - What is the time frame the afterhours calls to providers are to be conducted? Can the survey calls be conducted by PAL staff?

The calls can be conducted by any appropriately trained staff. The calls are made to medical home providers on a quarterly basis and must be made between 8 PM and 8 AM. Calls for any quarter must be made and reported within 45 days of the end of the quarter, e.g. calls for January through March must be complete and results reported by April 15.

- Q28. A.3.2 - Is the project manager in A.3.2 the same as the project manager referenced in A.5.1 and the project director referenced in E.11.2? If not, please clarify these positions.

Section E.11.2 is amended to read, "*The Contractor shall designate a Project Director (PD) who shall have day to day responsibility for supervising the performance and obligations under this RFP. The selected PD will work closely with and will receive policy direction from the OHCA PM. Contractor shall not change the designation of its SME PD without OHCA's prior written approval, which approval shall not be unreasonably delayed or withheld.*"

- Q29. A.4.2 - During which hours will the call switch be open, 8:00AM until 5:00PM or 8:30AM until 4:30PM?

The call hours in Section A.4.2 are correct. The call switch operates 24 hours a day.

- Q30. A.4.3 - If OHCA chooses to exercise this option, how much advance notice will the contractor be given. Also, if this option is exercised, will it be a permanent change or on an "as needed" basis.

This will be a permanent change. OHCA will exercise this option if it is affordable.

- Q31. A.4.5 - Is the PAL required to have one Spanish speaking staff member available during all hours of operation? May the use of a translation service be used to meet this RFP requirement if the translator can be accessed immediately during the call (within 1 minute on average)?

A.4.5. is amended to read: *Provide a level of service to non-English speaking callers comparable to others with ~~at least one immediately available Spanish speaking call agent.~~ Use of a translator accessible within a maximum of 1 minute would meet this requirement.*

- Q32. A.4.6 - Is the expense of the translation service for PAL and Tier1 calls a pass through or will the contractors need to absorb the cost?

The expense is a pass-through cost. See section E.26.7

- Q33. A.4.7 - How is contractor able to establish if the call involves urgent/emergent care or is from a pay phone before the call is translated?

Contractor must make its best effort under the call specific circumstances to meet the needs of callers and the requirements of the Contract.

Q34. A.4.10 - Given that that contractor must reserve space and equipment for 10 employees (the ones referenced in A.2.3.1), can 6 of these reserved work stations be used by the 6 SMEs until OHCA determines if and when they will return the 10 employees to the contractor's site?

At this time, OHCA anticipates housing all ten Tier 2 CSRs at OHCA and there is no requirement to reserve space or equipment for these employees. It is OHCA's intention to provide the Contractor adequate time to secure space and equipment if it elects to move these employees to the Contractor's location.

Q35. A.5.8.1 - Will the additional CSR's training period as required in A.5.6.1.1 and A.5.6.1.2 be paid at the monthly cost rate listed in Attachment A or will reimbursement be only for time worked after training? Also, will the additional CSRs be expected to train for 112 hours (A.5.6.1.1 and A.5.6.1.2) if the employees are expected to be work for only 30 days?

Section A.5.6.1 is amended to allow OHCA to waive or reduce the requirements in A.5.6.1.1. and A.5.6.1.2. in the event that additional CSRs are necessary for a short time period for a specific type of call. In this instance, a new skill set could be developed and the CSRs would receive training only in that skill set and would only answer appropriate calls.

OHCA shall not pay the vendor for the time when CSRs are receiving classroom training, but shall pay if CSRs are actually answering calls, even if they are being shadowed.

Q36. A.5.8.2 - Can OHCA require that the additional staff be located on the contractor's premises?

Yes.

Q37. A.8.2 - Are the referenced recordings audio recordings? Also, if OHCA will provide audio recordings of calls answered by the contractor's staff, will the contractor also be required to provide audio recordings?

Yes, the referenced recordings are audio recordings. No, the contractor is not required to supply recordings.

Q38. A.8.9 - Will the contractor have input as to when and which type of SMEs are needed at the contractor's location?

Yes.

Q39. A.6.1 - See conflict of times under item A.2.6.4

Section A.2.6.4 is amended to provide for emailing the member's PCP by 9 AM if the Contractor advises the member to seek emergency medical services.

Q40. B.4.5.3 - References pass-through items identified in E.27.7. There is no E.27.7 item in the RFP. Is the reference on pass-through intended to reference item E.26.7?

B.4.5.3 is amended to read, "*Prices must be all-inclusive, except for pass through costs identified in ~~E.27.7~~ E.26.7.*"

- Q41. E.26.2 - What is the monthly average of unduplicated eligible members? If possible, please provide the monthly totals or average for September 2010 through May 2011, as these are the months for which call data was provided.

Please review OHCA's Fast Facts at <http://www.okhca.org/research.aspx?id=87&parts=7447>. On the "Total Enrollment" Fast Facts, the "Total enrollment" number in the box in the upper left hand corner shows members that will be transmitted to the Contractor. This includes members with the Choice, Traditional (FFS), and SoonerPlan (Family Planning) benefits packages, as well as members that are dually eligible for Medicare and Medicaid (Supplemental). The Contractor will also receive the records for members in the Insure Oklahoma Individual Plan (IP) program and Employer- Sponsored Insurance (ESI). These numbers are shown on the right side at about the middle of the page.

One set of members which may be excluded are members in home and community-based waivers. Bidders can find the number of members in these programs on the OLL Fast Facts at <http://www.okhca.org/research.aspx?id=87&parts=7447> on the top right of the page.

Bidders are also encouraged to review the annual reports and other data available on the OHCA website for program, enrollment and other information.

- Q42. E.26.2 - What, if anything, would constitute a reevaluation of the PMPM during the contract period? For example, if there were a significant spike or sharp decrease in call volume, would this variance allow for the renegotiation of the PMPM by either party?

OHCA believes that call volume is likely to stay relatively constant over time and vary only with the number of members. See Q41 and Q139 for possible exceptions. In general, Oklahoma procurement regulations and practice do not allow for renegotiating a price that is competitively bid. However Section E.1.2 allows for the possibility of appropriate modification in the event of significant programmatic or other changes.

- Q43. E.26.5.1 - When determining the percent of calls transferred, will OHCA exclude calls that require an automatic transfer, such as outreach letters which instruct the member to request a certain department or individual that is not supervised by the contractor?

Yes, OHCA will attempt to mitigate this situation if it should arise.

- Q44. E.26.5.5 - How long does the member have to be on the line before a hang-up would be considered an abandoned call? Also, when would the clock start? Would the clock start after the member has listened to any prerecorded messages or as soon as the member connects to the helpline?

Calls are not considered abandoned if the member hangs up in less than 30 seconds after the member connects.

- Q45. E.26.5.5 & E.26.5.6 - In the event of significant changes in call volume (expected or unexpected), would OHCA adjust/renegotiate the benchmarks used determine when additional payouts or penalties (to the contractor) are warranted?

Please see sections E.26.5.4 and E.26.5.6. These sections allow for waiver of benchmarks when there are significant unexpected changes. For expected changes see Q191.

- Q46. In the Call Center Portfolio the Average Length of Call for the Patient Advice Line appears to be very low for the period between 9/1/2010 and 5/1/2011 at between 58 seconds and one minute eighteen seconds per call. Are these values correct?

The current Contractor uses a “triage” system to answer PAL calls so that calls that are not appropriate for the PAL are not transferred to a nurse. The approximately one minute time per call reflects only that triage period. A true PAL call that is referred to a nurse has an average call time of 6 minutes. Additional information about the PAL has been added to the Bidder’s Library.

- Q47. Are there any plans to increase or change education of members regarding the Patient Advice Line that could impact the call volume? If additional education, marketing or Patient Advice Line use requirements for members change will this be considered a change in the scope of the service and allow a revisiting of the PMPM rates?

No. OHCA has experienced fewer calls to the PAL since implementation of Medical Home in 2009 because members are now instructed to call their Medical Home before they call the PAL. But this change is incorporated in the existing data. For the possibility of renegotiation, please see Section E.1.2.

- Q48. Please explain the OHCA budget process in the event funding (state or federal matching) is withdrawn, reduced or limited at OHCA.

OHCA cannot specify or commit to spending funds that may become unavailable. Specifics would vary depending on the situation.

- Q49. Under item 8. Contracting Officer. Note that the email address listed on page 1 of the Solicitation for the contracting officer is incorrect. The correct email address should be “@okHCa” rather than “@okCHa”. Will the state issue an amendment to correct this address?

The Contracting Officer email address is amended to read: Lloyd.Richardson@OKHCA.org

- Q50. On average how many outbound calls is the vendor expected to place per month?

Since OHCA’s outbound calling requirements change from year to year, this is unknown.

- Q51. What is the average talk and handle time for outbound calls?

See Q50.

- Q52. Please confirm that the contractor is not responsible for printing costs related to any outgoing mailings.

This has changed. Please see Q1.

- Q53. Are any of the calls currently being presented handled by an IVR

Yes

- Q54. In order to help control costs, may vendors propose an IVR?
- No, OHCA already has an IVR to handle call traffic and call routing. The Contractor shall use OHCA's IVR.
- Q55. Please explain what types of calls are "appropriate" to transfer to Tier 2 Call Centers.
- Please see Section A.2. for information about what calls the Contractor is expected to answer and what calls should be forwarded to Tier 2.
- Q56. Please provide actual or estimated volumes for how many calls per line are appropriate for transfer to Tier services.
- The Bidder's Library provides information about the number of calls that are currently transferred. However, requirements of existing contracts are different than those in this RFP. No estimate of volume is available for the requirements under this RFP.
- Q57. Please confirm—or clarify otherwise—that these appropriate calls (or any other call types that OCHA requires to be transferred) are not considered in calculating the Pay for Performance related to monthly transfer rates.
- No, the transfer percentage rate includes all transfers.
- Q58. Please provide an estimate of how many packages are mailed out per month for the past 12 months?
- See Q1.
- Q59. Will the State allow the services in A.2.9 to be delivered without the need for an agent (i.e., using electronic outbound services)?
- OHCA anticipates having some outbound calls that cannot be completed using an electronic service. However, we have revised the Cost Attachment A to allow for bidders to quote pricing both for agent outbound calls and for outbound calls using an electronic service.
- Q60. In order to provide the best price and improve competition, will the State allow contractors to propose to meet this option with agents outside of Oklahoma?
- No. Except as provided in Q162
- Q61. What number/percentage of agents does OCHA expect or estimate to approve for this structure?
- OHCA has no estimate. Bidders can propose a percentage.
- Q62. If the contractor can provide Oklahoma-licensed nurses for the PAL from a site outside of the State, would the State accept such a proposal in order to gain the best value possible?
- Yes. The RFP is amended to allow for Oklahoma-licensed nurses answering PAL calls and support staff to be located outside of Oklahoma, but within the United States. The bidder is still required to have a Project Director located in Oklahoma City. If the bidder proposes this option, the bidder must explain its plan to coordinate with OHCA staff on training and operations and explain how it will meet system and telecommunications requirements.

Q63. If a vendor can provide OK-licensed, fully qualified nursing staff for the PAL line that in all other respects meet or exceed the RFP's requirements, may a vendor propose to deliver this service physically outside of the State of Oklahoma in order to offer the lowest possible price to the State and allow for the greatest number of competitive bids?

See Q62.

Q64. Regarding the statement- "An outbound call report generated through the Contractor's or OHCA's telephone switch" The wording of this statement indicates that the State can provide a telephone switch that the contractor can use for telephonic reports. The contractor's assumption in this case is that the State will provide permissions to access the phone system to gather data for reporting purposes. Please confirm that this assumption is correct.

Yes, the State will provide to the Contractor one license for Avaya CMS Supervisor with permissions to access the phone system to gather data for reporting purposes. The Contractor may purchase additional licenses if desired.

Q65. Regarding the statement- "An inbound call activity report which shall be generated electronically from the Contractor's or OHCA's telephone switch" The wording of this statement indicates that the State can provide a telephone switch that the contractor can use for telephonic reports. The contractor's assumption in this case is that the State will provide permissions to access the phone system to gather data for reporting purposes. Please confirm that this assumption is correct.

Please see Q64

Q66. Regarding the statement- "Connect to OHCA's Avaya Media Gateway switch ... all inbound and outbound calls shall go through this switch unless approval is received in advance from OHCA to bypass the switch for certain calls "The wording of this statement indicates it is mandatory for the contractor to use and connect to the State's switch. Please confirm that this assumption is correct.

Yes, it is mandatory unless OHCA approves a different method. Previously, OHCA has granted approval for the PAL to not use OHCA's switch but this has not yet been determined for the new Contract.

Q67. Regarding the statement – "Connect its agents to the switch using Avaya IP Agent for Computer Telephony Integration (CTI), with one (1) license per agent provided by OHCA. OHCA will also supply the Contractor with one (1) license of the Centre Vu Supervisor module to monitor agents and pull historical reports on agent and unit performance" The wording of this statement indicates that the State will provide permissions and access so that the contractor can monitor agents and pull historical reports (data). Please confirm that this assumption is correct.

This is correct; OHCA will provide a license that gives the Contractor the ability to monitor agents and retrieve data.

Q68. Regarding the statement – "Supply telephonic equipment including VoIP phone sets and headsets for agents with connectivity to and compatibility with the Avaya phone system and Meridian phone equipment at OHCA; (see Bidders' Library for more detail)". Since the State is providing the telephone system, which model phone set and headset would the contractor need to purchase for Avaya phone system?

OHCA uses Avaya IP phones, model 1616-I in the call units located at OHCA. This model should work for other off site locations as well.

- Q69. Regarding the statement – “Supply telephonic equipment including VoIP phone sets and headsets for agents with connectivity to and compatibility with the Avaya phone system and Meridian phone equipment at OHCA; (see Bidders’ Library for more detail)”Which model phone set and headset would the contractor need to purchase for Meridian phone system?

OHCA is no longer using the Meridian phone system. The RFP is amended to remove any mention of the Meridian phone system.

- Q70. Re: amendments – do any subsequent amendments get included in the 50 page count limit? If so, will the state increase the page count, or not include amendments in the page count?

The bidder does not have to submit the amendment itself; the bidder is required to submit a signed form acknowledging the amendment. This form is not included in the 50-page limit.

- Q71. Re: graphics – what is the state’s reasoning for not allowing graphics on the cover and/or in the proposal? Will the State reconsider letting bidders add limited graphics?

B.1.6.2 stands as written.

- Q72. Will the state consider not including amendments in the 50 page limit?

Please see Q70.

- Q73. Will the state consider not including resumes and/or job descriptions in the 50 page limit since there are so many requested?

The RFP is amended to exclude job descriptions and organization charts from the page limit.

- Q74. Is the Executive Summary included in the 50 page limit?

Yes.

- Q75. Does the three external client reference letters count towards the 50 page limit?

Yes.

- Q76. Do the forms “certification for competitive bid, professional services certification, and the responding bidders information page” count towards the 50 page limit?

Please see Q12.

- Q77. Re: authentication – Establish a one-way Microsoft Active Directory trust with OHCA’s fiscal agent in which the fiscal agent will trust the Contractor with one of the following to ensure the Domain controllers and DNS (domain name system) servers on both networks communicate properly: This would not be required if the specification is only needed to resolve DNS hostnames from the contractor system to OHCA’s hosted system. Can OHCA provide additional information regarding the reason or goal for this requirement?

The Active Directory trust provides an environment for establishing single sign on access control. The Contractor will be required to establish groups in their Active Directory for system security permissions to be assigned to. It will be the responsibility of the Contractor to manage the appropriate assignment of their users within their groups.

Q78. A.7.2.5.1 Either servers with publicly registered IP (internet protocol) addresses. What is the goal/purpose for this requirement?

A.7.2.5.1 is only required if you do not use A.7.2.5.2. This is needed for the trust and application(s) to function properly. Improper DNS hostname resolution of domain controllers will cause the trust and application(s) to fail.

Q79. A.7.2.5.2 Servers with private IP addresses which require the following: What is the goal/purpose for this requirement?

A.7.2.5.2 is only required if you do not use A.7.2.5.1. This is needed for the trust and application(s) to function properly. Improper DNS hostname resolution of domain controllers will cause the trust and application(s) to fail.

Q80. A.7.2.5.2.1 Static NAT (network address translation) for each Domain Controller and DNS server (IP range to be assigned by OHCA's fiscal agent); This requirement introduces security implications to network and system environments. What is the goal/purpose for this requirement?

The range is assigned by the fiscal agent to prevent duplicate IP addresses and IP routing issues. Proper DNS resolution of domain controllers is required for the one-way trust and application(s) to function properly.

Q81. A.7.2.5.2.2 A manually configured DNS Zone with all DNS servers and Domain controllers only on the Contractor's network. This zone shall be manually set to reflect the Static NAT addresses of each of the servers. Contractors can accommodate this requirement by manually creating DNS entry within our internal NS server. This won't require establishing DNS zone transfer between two independent systems. Would OHCA accept this solution for providing name resolution for OHCA hosted system managed internally by the contractor?

A DNS zone transfer is not required. If a DNS zone transfer is not or cannot be established. The fiscal agent will need a copy of DNS Zones and/or records that are configured manually. The DNS entries will need to be static and it will be the Contractor's responsibility to keep the fiscal agent informed of any changes. Failure to communicate changes may result in system outages.

Q82. How will the cost proposal be evaluated?

See Section D of the RFP for all public evaluation information.

Q83. Will the total for each SFY be added up to get a grand total for the contract, or are there specific contract years that will hold more weight in scoring the cost proposals?

OHCA will consider all years in evaluating the cost proposal.

Q84. The state indicates that proposals will be scored based on items of importance. Can the state share how the points will be allocated and/or their scoring mechanism?

No. See Q82.

- Q85. What assurance other than a bond, certified check, cashier's check, or certificate of deposit would OHCA accept?

A letter of credit in the proper amount, issued by an FDIC insured Bank, with the beneficiary being OHCA is also acceptable.

- Q86. Would the OHCA agree that if changes in statutes, regulations, or affect the cost of providing the services, OHCA will make an equitable adjustment in compensation?

Please see the answer to Q42.

- Q87. Understanding that the payments do not apply to the PAL, please confirm that accordingly PAL calls are not part of the call volumes evaluated.

Yes, this is correct.

- Q88. E.26.6 Payment for Call Service Representatives - For CSRs providing Tier 2 Online Enrollment services and/or if OHCA exercises its option in Section A.5.8 to require the Contractor to add any Level 1 or 2 Call Service Representatives, OHCA shall pay Contractor a per CSR rate as shown in Attachment A based on the appropriate rate for Level 1 and 2 CSRs and the location of the CSR, i.e. at OHCA or at Contractor's premises. This sentence refers to CSR rates as shown in Attachment A, which seems to be the cost proposal and doesn't include rates. Is there an alternative Attachment A?

Attachment A has been modified to make it more clear that the bidder must quote a rate per CSR per month.

- Q89. E.26.6 Payment for Call Service Representatives - For CSRs providing Tier 2 Online Enrollment services and/or if OHCA exercises its option in Section A.5.8 to require the Contractor to add any Level 1 or 2 Call Service Representatives, OHCA shall pay Contractor a per CSR rate as shown in Attachment A based on the appropriate rate for Level 1 and 2 CSRs and the location of the CSR, i.e. at OHCA or at Contractor's premises. This sentence refers to CSR rates as shown in Attachment A, which seems to be the cost proposal and doesn't include rates. Can the state provide the rate tables?

See Q88.

- Q90. Would OHCA agree to pay the undisputed amount of an invoice within 30 calendar days after receipt of that invoice?

No.

- Q91. May Contractor have at least 30 days to cure a breach of contract?

Generally, OHCA brings nonperformance and breach issues to a contractor's attention and works with the contractor to correct the problem. However, there might be situations when no cure would be possible or allowed.

- Q92. The Cost Proposal asks for various unit pricing mechanisms (PMPM, Per Minute, Per CSR), so how should vendors sum the Total Annual Price for each SFY?

Attachment A has been modified to eliminate the total annual price.

Q93. According to section E.8.1 of the RFP the base contract period is date of award through June 30, 2012, with the option to renew for six additional one-year periods through June 30, 2018. Should the cost proposal be adjusted to add one additional fiscal year (currently the cost proposal allows for the base contract period plus five additional one-year periods)?

Attachment A has been modified to add FY 18.

Q94. Does the estimated call time include wrap up, or is it just from the time answered to ended?

Estimated call time does not include wrap up time. Wrap up time is reflected in ACW (After Call Work) Time. ACW time has been added to documents in the Bidder's Library.

Q95. If the vendor includes a transmittal letter, will the state consider not including it as part of the 50 page limit?

The transmittal letter is not included in the page limit.

Q96. Can the State please share the number of calls presented and answered and talk and wrap times for the Dental Unit calls?

The Dental Unit averages 675 calls per month. The length of the calls ranges from 2 to 25 minutes. No more precise data is available.

Q97. Can the State please share the number of calls presented and answered and talk and wrap times for the Insure Oklahoma-Spanish calls?

There is no "Insure Oklahoma-Spanish" call unit. That table was listed in the Bidder's Library in error as a duplicate of the "Spanish Assistance" call unit.

Q98. Will the contractor be able to modify, expand, or supplement the current SoonerCare IVR tree and script? If so, please describe the current IVR technology deployed and the access the contractor would have to that system.

No.

Q99. Please define "average call length". Specifically, does call length include time taken to record notes about the call once the caller is no longer on the line (wrap time)?

Please see Q94.

Q100. Please define "average ACD time". Specifically, does average ACD time include time taken to record notes about the call once the caller is no longer on the line (wrap time)?

Average ACD time includes the average call length for a given time period. Average ACD time does not include wrap time.

Q101. For each line, please provide an estimate of the average call wrap time separate from call time and/or handle time.

This is the time shown as ACW (after call work) time in the documents in the Bidders' Library.

Q102. Please verify the average call lengths provided for the Patient Advice Line (PAL).

Please see Q46.

Q103. Why are PAL calls only one minute in length? Our prior experience suggests that the actual PAL response would take significantly longer.

Please see Q46.

Q104. Is this only recording the actual messages left for PCPs by the PAL staff after resolving the incoming issue?

Please see Q46.

Q105. Please provide the average handle time (call length plus wrap time) for answering the incoming PAL calls if not expressed in the Bidders Library materials currently provided.

OHCA has provided additional PAL information in the Bidder's Library.

Q106. Please provide a breakdown of call volumes by hour for each of the lines for the most recent available month (or as available).

OHCA has provided available additional data in the Bidder's Library.

Q107. Would OHCA agree that neither party will be liable for delays in performance, or the inability to perform, arising out of causes beyond its reasonable control and without its fault or negligence?

The Oklahoma Attorney General has ruled that state agencies lack the ability to limit a vendor's liability except in situations where the liability can be budgeted. See Bidder's Library for this opinion.

Q108. Must all clinical personnel supporting the PAL activity be physically located in Oklahoma if the proposed staff are currently licensed in Oklahoma and in all other respects meet or exceed RFP requirements? Given the after hours and weekend nature of this function, it would be helpful to have this flexibility which would help us offer the lowest possible price to the state

Please see Q62.

Q109. On the bid specifically for the PAL portion of the RFP, A.5.5.1 discusses staffing and mentions MD's, DO's, and RN's. If we wanted to request an amendment to include other health care professionals such as pharmacists, LPN's, and Physician Associates (PA's), what is the procedure other than this email?

LPNs are unacceptable. PAs and pharmacists are acceptable to supplement the RNs, as long as all personnel are working in the scope of their licenses.

Q110. Can the state please provide information on how the process for hearing impaired and visually impaired is currently handled?

Hearing impaired persons now choose to use the "telephone relay" system over older TDY technology. In the last five years, OHCA has received one request for audio recordings from a visually impaired person. After discussion of the options, the person decided to have a relative read materials to him. After discussing the time it would take

to develop recordings for him, the member said that he had relatives who could read the materials to him and he would not request OHCA to develop recordings for him.

Q111. What member materials are currently modified to assist the hearing impaired and visually impaired?

OHCA will make them upon request. Please see Q110.

Q112. Regarding visually impaired members, is it acceptable to read the information to them and walk them through the process?

Yes.

Q113. Please specify where in the bidder's library (i.e. document, page number, and table) call metrics for "OHCA policies and procedures" are located. If information for this area is not in the bidder's library, please provide metrics for: calls answered, calls abandoned, average call length, and average time to answer.

OHCA has provided all information on Tier 1 call centers and has no additional breakdown on types of calls.

Q114. Please specify where in the bidder's library (i.e. document, page number, and table) call metrics for "Calls about OHCA events, including OHCA board meetings, Medical Advisory Committee, other advisory boards, etc." are located. If information for this area is not in the bidder's library, please provide metrics for: calls answered, calls abandoned, average call length, and average time to answer.

See Q113.

Q115. Please specify where in the bidder's library (i.e. document, page number, and table) call metrics for "Complaints and appeal requests from members or providers" are located. If information for this area is not in the bidder's library, please provide metrics for: calls answered, calls abandoned, average call length, and average time to answer.

See Q113.

Q116. Currently, notes made during calls are saved to Call Tracking but also pasted into IO Contact Screen or OE Recipient Screens as appropriate. Will duplicative note documentation still apply for the contractor staff?

Pasting the notes made in Call Tracking into another screen for some Insure Oklahoma and Online Enrollment calls will be required until MMIS modifications are complete to move these programs into the iCE version of the MMIS. OHCA estimates that this will be complete no later than December 31, 2013.

Q117. Define appropriate and inappropriate call transfers to Tier 2.

See Q55.

Q118. Currently, contractors are not responsible for renewing eligibility over the phone. Please confirm that contractor does not have liability for causing approval or denial inappropriately.

OHCA, via the Online Enrollment system, determines eligibility, not the Contractor.  
OHCA anticipates that phone renewals will be limited as they are primarily intended for

visually impaired individuals needing help and members that are unable or unwilling to use one of the other renewal options. See Q107.

- Q119. In the case of a provider who is outsourcing claim resolution to a clearinghouse or billing service, and the provider will not grant them access to the secure site, is that considered inability to check online and questions must be answered by the contractor?

Providers are offered a great deal of information through OHCA's public website and the provider secure site and agents of providers should have access to that same information. If the question is one where it is certain that providers already have reasonable electronic access to the information, the provider's agent may be instructed to contact the provider to receive this information. In some cases, the Contractor may choose to simply answer the question. If the caller has a question that cannot be answered by information already transmitted to the provider, then the Contractor must handle the question. OHCA will work with the Contractor to reduce the amount of information that is not available online and increase the accessibility of information to providers' agents.

- Q120. A.2.9.1.2 & A.2.9.1.3 - What is the projected volume of outbound calls for these and how often?

Please see Q50.

- Q121. From the RFP: "If requested by the Contractor, OHCA may approve a specified number or percentage of Contractor's call agents working from home or another location within Oklahoma starting January 1, 2013; in this event, Contractor shall have written policies and procedures for employees working from home or other locations and shall submit these to OHCA for approval in advance." Please confirm that all agents working from home must be located within the State of Oklahoma.

Yes, this is correct.

- Q122. From the RFP: "If requested by the Contractor, OHCA may approve a specified number or percentage of Contractor's call agents working from home or another location within Oklahoma starting January 1, 2013; in this event, Contractor shall have written policies and procedures for employees working from home or other locations and shall submit these to OHCA for approval in advance." Please clarify if agents working from home must be located within the Oklahoma City metro area (as defined by the Census Bureau as the Oklahoma City, OK MSA).

No, as stated in the RFP, they must be located within the State of Oklahoma.

- Q123. Requirement A.4.5 says 1 immediately available Spanish speaking rep is required, but A.5.4 says 5 immediately available Spanish speaking reps. Please clarify if the requirement is 1 or 5 Spanish speaking reps.

Section A.4.5 is amended to read, "Provide a level of service to non-English speaking callers comparable to other callers with at least ~~one~~ five immediately available Spanish-speaking call agent."

Section A.5.4 is correct.

- Q124. May the contractor utilize voicemail for callers to leave a message? What is the expected turnaround timeframe for a return call?

No, utilizing voicemail will make it impossible to comply with A.4.7.

Q125. Please advise where in the proposal organization should these forms be inserted? Please clarify if these forms are excluded from the 50 page limit.

Please see Q12 & Q13.

Q126. Do the pages that are considered inserts such as signed forms need page numbers on them?

Adding page numbers is at bidder's discretion.

Q127. Please confirm if the following sections are excluded from 50 page limit: B.1.3 Forms, Table of Contents, Tabs (separating sections), Proposal Cover, Reference Letters.

None of the forms are included in the page limit, except reference letters.

Q128. Section E.8.1 specifies: "Contract Term - The Contract shall begin Date of Award and terminate on June 30, 2012. There shall be an option to renew for six additional one-year periods (July 1st – June 30th) through June 30, 2018." The specified contract term would include work in SFY2012 (beginning with contract award; approximately September 2011 per A.1.5) through SFY2018 (contract end on June 30, 2018). However, Attachment A does not include a column for SFY2018. Please update Attachment A to add a column for SFY2018 costs.

Please see modified Attachment A.

Q129. From the RFP: "OHCA shall make a per member per month (PMPM) payment to the Contractor based on the number of unduplicated eligible members received by the Contractor from OHCA as of the first calendar day of each month." Please provide a definition of "eligible member" including what programs would be used to derive member count.

Please see Q41.

Q130. Please provide the current "unduplicated eligible" member count.

Please see Q41.

Q131. So that all bidders have a similar understanding of expected volume changes and enable an "apples-to-apples" comparison between proposals, please provide an estimated projection of member count changes through 2018.

OHCA's website contains substantial information about members. Historically, SoonerCare members increase when economic conditions are poor. OHCA membership is anticipated to increase due to Health Reform Legislation. OHCA is unable to provide a detailed enrollment projection.

Q132. Are appropriate transfers, as stated in many sections, counted against the transfer count for contractor performance? If not, how will an inappropriate transfer be determined?

Yes.

Q133. The Premium Assistance Unit (Insure Oklahoma Call Center) and the Premium Assistance Unit (Insure Oklahoma Call Center) Spanish Assistance volumes seem to be duplicate volumes of Insure

Oklahoma Call Center and EDS Call Center – Provider/Claims Call Center Spanish Assistance.  
Please confirm the correct volumes.

In the Bidder's Library within the Call Center Call Vol.pdf document, the call volume data listed as "Premium Assistance Unit (Insure Oklahoma Call Center) M-F 8am-5pm" is a duplicate of the data listed as "Insure Oklahoma Call Center M-F 8am-5pm." Also, the call volume data listed as "Premium Assistance Unit (Insure Oklahoma Call Center) Spanish Assistance (Member), M-F 7:30am-5:30pm" is a duplicate of "EDS Call Center – Provider/Claims Call Center Spanish Assistance (Member), M-F 7:30am-5:30pm."

The tables labeled as "Premium Assistance Unit (Insure Oklahoma Call Center) M-F 8am-5pm" and "Premium Assistance Unit (Insure Oklahoma Call Center) Spanish Assistance (Member), M-F 7:30am-5:30pm" are removed from the Bidder's Library.

- Q134. In analyzing the bidder's library we did not see call metrics (calls answered, calls abandoned, average call length, and average time to answer) for the Beneficiary Services call unit (currently supported by OHCA). Please confirm that the Beneficiary Services call unit is in scope and, if it is, provide call metrics for this call unit.

The Beneficiary Services call unit currently supported by OHCA is a Tier 2 Call Center and thus is not in the scope of this RFP.

- Q135. In analyzing the bidder's library we did not see call metrics (calls answered, calls abandoned, average call length, and average time to answer) for the Insurance Oklahoma Employer call unit (currently supported by OHCA). Please confirm that the Insurance Oklahoma Employer call unit is in scope and, if it is, provide call metrics for this call unit.

The Insure Oklahoma Employer call unit currently supported by OHCA is a Tier 2 Call Center and thus is not in the scope of this RFP.

- Q136. In analyzing the bidder's library we did not see call metrics (calls answered, calls abandoned, average call length, and average time to answer) for the Member Services Spanish call unit (currently supported by OHCA). Please confirm that the Member Services Spanish call unit is in scope and, if it is, provide call metrics for this call unit.

The Member Services Spanish call unit currently supported by OHCA is a Tier 2 Call Center and thus is not in the scope of this RFP.

- Q137. In analyzing the bidder's library we did not see call metrics (calls answered, calls abandoned, average call length, and average time to answer) for the Provider Enrollment call unit (currently supported by OHCA). Please confirm that the Provider Enrollment call unit is in scope and, if it is, provide call metrics for this call unit.

The Provider Enrollment call unit currently supported by OHCA is a Tier 2 Call Center and thus is not in the scope of this RFP.

- Q138. In analyzing the bidder's library we did not see call metrics (calls answered, calls abandoned, average call length, and average time to answer) for the Provider Services call unit (currently supported by OHCA). Please confirm that the Provider Services call unit is in scope and, if it is, provide call metrics for this call unit.

The Provider Services call unit currently supported by OHCA is a Tier 2 Call Center and thus is not in the scope of this RFP.

- Q139. Based on our understanding of future OHCA programs and initiatives, including expansion of Online Enrollment, we expect that Online Enrollment call volumes will increase relative to total member count. So that all bidders have a similar understanding of expected volume changes and enable an “apples-to-apples” comparison between proposals, please provide a projection of call volume increases.

As additional groups of members become eligible to use Online Enrollment, the call volume related to this may increase. The Bidder’s Library contains information about when the various member groups will be added to Online Enrollment. The Fast Facts and the OHCA website contain historical information about the size of these populations.

- Q140. Based on our understanding of future OHCA programs and initiatives, including expansion of Online Enrollment, we expect that Online Enrollment Spanish call volumes will increase relative to total member count. So that all bidders have a similar understanding of expected volume changes and enable an “apples-to-apples” comparison between proposals, please provide a projection of call volume increases.

Please see Q139.

- Q141. Based on our understanding of future OHCA programs and initiatives we expect that Provider Enrollment call volumes will increase relative to total new provider contracts and renewals. So that all bidders have a similar understanding of expected volume changes and enable an “apples-to-apples” comparison between proposals, please provide a projection of call volume increases.

The Fast Facts on OHCA’s website contains substantial historical information about Provider Enrollment. OHCA does not anticipate any major change.

- Q142. Based on our understanding of future OHCA programs and initiatives, including potential growth in Insure Oklahoma enrollment, we expect that Insure Oklahoma call volumes will increase relative to total member count. So that all bidders have a similar understanding of expected volume changes and enable an “apples-to-apples” comparison between proposals, please provide a projection of call volume increases.

OHCA cannot speculate on call volume increases. Bidders are directed to use the substantial information in the RFP and the Bidder’s Library to formulate any projections they may foresee.

- Q143. Paragraph A.4.6 states “For other languages, contract with a translation service to provide a comparable level of service for speakers of other languages; OHCA may at its option choose to utilize the services of the Contractor’s translation service for calls that are transferred to OHCA Tier 2 call centers or in other circumstances as needed;” The bidders library did not contain any statistics that show how many calls are transferred to the translator service each month. Is there any data available that shows this data?

Please see Bidder’s Library.

Q144. Will you provide us the name of the software/system currently being utilized for call center call tracking / management?

Please see Q6.

Q145. Paragraph A.6.2.1 states that reporting is required for “number of calls in the queue at peak times.” Can you please provide historical data on peak times (hourly call volumes from a representative sample)?

Please see Bidder’s Library for all available information. OHCA does not have data for Dentist Calls.

Q146. In the bidder’s library the average speed to answer for the Spanish Assistance (Premium Assistance Unity) is not included in the data set. Can you please provide this data?

There is no Spanish Assistance (Premium Assistance Unit) call unit. That table was listed in the Bidder’s Library in error as a duplicate of the “Spanish Assistance” call unit.

Q147. In the bidder’s library the average handle time for calls regarding the Online Enrollment Applications (Spanish) is not included in the data set. Can you please provide this data?

This data is included in the Bidder’s Library on the “Call Volume” document the table labeled “Online Enrollment Spanish”, should be named “Online Enrollment Applications Spanish.” This unit went live on 12/3/2010 so the table only contains data from December 2010 to May 2011.

Q148. Is the Patient Advice Line run by the Prime incumbent contractor or is it sub-contracted out? If sub-contracted, can you provide the name of the company?

The PAL is awarded to LifeCare which does not subcontract it.

Q149. Paragraph B.4.4.1 states “Discuss three similar projects that Bidder has managed. For each referenced project, provide a description of the work performed, whether the Bidder was the prime contractor and the total value of the contract. If applicable, include data on the number of staff devoted to the contract, number of calls taken or callers served, the complexity of the calls, etc. Show clearly how these projects related to the work to be done under this RFP.” If we partner with another company how does that affect the past performance citation limits? Do you require 3 citations from the subcontractors as well, 2 from the prime and 1 from the sub, etc. or will a brief summary of their past performance suffice?

Bidder must provide what is shown in the bid. Subcontractor qualifications and activities may be discussed in the information provided on each of the three projects.

Q150. Is equipment on current contract (computers, monitors, phones, printers, etc.) Government-Furnished Equipment (GFE), or does the incumbent contractor own this equipment? If GFE, will this equipment be offered as-is to a new contractor upon award? Is there a need (and funding) for equipment upgrades? If contractor-owned, are there any restrictions/requirements for new contractor on new equipment purchases? Also: can OHCA provide a list of current equipment, whether GFE or contractor-owned?

Except as specified in the RFP, the Contractor owns the equipment.

- Q151. A.3.11 states "If requested by the Contractor, OHCA may approve a specified number or percentage of Contractor's call agents working from home or another location within Oklahoma starting January 1, 2013; in this event, Contractor shall have written policies and procedures for employees working from home or other locations and shall submit these to OHCA for approval in advance." Is this for all of the SoonerCare Call Center requirements or just for the Patient Advice Line? If this is for all of the SoonerCare Call Center requirements are the employees for the Patient Advice Line able to work from home now?

For all the SoonerCare Call Center requirements listed in the RFP. Currently, PAL employees do not work from home.

- Q152. Paragraph E.12.1 states "*The Contractor shall furnish a performance bond payable to the State of Oklahoma and OHCA in an amount of the greater of one million dollars (\$1,000,000.00) or one-half of the annual contract value within thirty (30) calendar days of the contract award to guarantee performance in accordance with the conditions and specifications of this RFP and the Contract. A certified check, cashier's check, or certificate of deposit is acceptable in lieu of a performance bond. Failure to provide a performance bond within the required time shall be cause for termination of the Contract.*" In lieu of providing a performance bond can the contractor provide a letter of credit in the proper amount, issued by an FDIC insured Bank, with the beneficiary being the OHCA?

Yes

- Q153. To be able to properly assess level of effort, you have provided average call times. Does the incumbent provide CSR's an increment of time for "after call work" to create an "average handle time" metric (average call time + after call time = average handle time). Alternatively, can you answer if CSR's complete all associated work while on the phone?

Please see Q94.

- Q154. In your incentive/disincentive calculation, are short abandoned calls excluded from the calls answered metric? (short abandoned = calls abandoned in under 30 seconds).

This is correct.

- Q155. Paragraph E.26.2 states "*OHCA shall make a per member per month (PMPM) payment to the Contractor based on the number of unduplicated eligible members received by the Contractor from OHCA as of the first calendar day of each month.*" Can you please provide membership enrollment data in order to bid initially? How will the membership enrollment number be provided to the contractor for on-going billing purposes?

Please see Q11 and Q41.

- Q156. Paragraph B.4.2.3.1 states "Include resumes or job descriptions as appropriate for the Project Manager, information technology specialist(s), call services representatives 1 and 2, CSR supervisors, clinical staff for PAL or any other proposed staff." If we insert resumes, will those count against the 50 page limit?

Please see Q73.

Q157. Will the protections of the Oklahoma Governmental Tort Claims Act be provided to the contractor physicians and nurses providing services for the Patient Advice Line?

No.

Q158. Can you please provide a copy of the current contract for these requirements as well as a copy of the incumbent's redacted proposal?

This is a new effort, so there is no current contract or incumbent for all the work in the RFP. LifeCare is performing some of these functions but not all.

Q159. On Attachment A, please confirm that nothing belongs in the second column of the spreadsheet that has no column header.

This is correct.

Q160. Please confirm that our interpretation of E.26.6 is correct in that we should exclude our tier 2 OHCA CSR costs from the overall per member per month cost.

This is correct; do not include Tier 2 OHCA CSR cost in the overall PMPM.

Q161. Please confirm that our interpretation of Attachment A is correct in that the line items for *CSR 1 at OHCA*, *CSR 2 at OHCA*, *CSR 1 at Contractor's location*, and *CSR 2 at Contractor's location* should be shown as a monthly fixed price for 1 full time equivalent employee per line item or is this the monthly fixed price for one single CSR or the total of all CSR's proposed?

Please see Q88.

Q162. On Attachment A, should the "per FTE" cost for CSR's be included or excluded from the "total annual price" line?

Please see Q92.

Q163. Regarding section A.4.11 - What is the connection to National Insure Kids Now Hotline used for? Is there an estimated bandwidth utilization rate for this circuit? Can this service be accesses via the circuits we are required to establish to OHCA?

Please see Q3.

Q164. What is the Avaya Media Gateway switch model number?

At this time, this information is not available but OHCA will post later if possible.

Q165. Aside from phones and headsets what other telephony equipment is required on our end? Border Voice Gateway? IVR? ACD?

All requirements are listed in the RFP.

Q166. Is the one license for Centre Vu Supervisor a named or concurrent license?

OHCA will provide one concurrent Centre Vu Supervisor license.

Q167. Does the Avaya Media Gateway allow for outbound dialing campaigns?

Yes.

Q168. Who maintains the skills based routing profiles and updates to those profiles?

OHCA

Q169. Can computer hardware run Windows 7 OS or is XP a hard requirement?

XP is a hard requirement.

Q170. What functionality is the contractor PBX providing and what type of reports are required?

Please see section A.6 for the type of reports that are required.

Q171. What are the LAN infrastructure requirements outside of AD servers and a file/print server? We assume email since there is a requirement for encrypted email, but what else?

The system requirements listed in the RFP are the minimum requirement.

Q172. Is there a preferred firewall vendor for the encryption standards to connect with OHCA?

No.

Q173. Is there a technical requirements architecture that needs to be followed? If so, can we get a copy?

Please see section A.7.

Q174. Does OHCA provide an ITSM tool to report/track system issues?

No.

Q175. What is the MMIS architecture and do we have any requirements to maintain or recommend changes to the application?

The Contractor has no requirement to maintain or recommend changes to the MMIS.

Q176. Could the State please revise these requirements to reflect the 2012 date rather than 2011?

A.3.8 is amended to read, "Begin providing PAL services at 12:01 AM on January 1, ~~2011~~ 2012."

A.3.9 is amended to read, "Begin answering all other calls effective January 3, ~~2011~~ 2012."

A.3.10 is amended to read, "OHCA ~~SMEs~~ PDs on site beginning January 3, ~~2011~~ 2012."

Q177. Please confirm that records and information required shall be for verification of the correct number of members or minutes charged.

No, the Contractor shall keep all records and information necessary to disclose full extent of services provided and to comply with Federal and State Medicaid funding requirements.

Q178. Please confirm that any audit rights to review books and records would be limited to those necessary to verify the correctness of the Contractor's invoices and would not extend to access to the internal financial books and records of the Contractor unrelated to the firm fixed pricing.

This language reflects the requirements of current Federal and State statutes.

Q179. Given the nature of material and necessity to verify information, request change from 48 hours to 5 business days be given in order to verify facts and circumstances and allow time to meet any regulatory and statutory requirements.

OHCA is not able to revise this requirement because of our own responsibilities under HIPAA.

Q180. Please confirm that OHCA will advise Contractor of any modifications to any Privacy Law or other law that may affect this RFP and will allow Contractor to analyze the impact of such change in accordance with the change control process.

OHCA may do this if possible, but it is the Contractor's responsibility to comply with Federal and State law.

Q181. Please confirm that a Security Incident would not include such things as pings to the firewall, port scans and other such low level incidents that do not result in a material risk to the system or data.

The requirement is to be HIPAA and HITECH compliant. The Contractor should be monitoring these types of events. They should also be able to report on the extent of these types of activities and what they do to ensure intrusions or threats do not occur.

Q182. Please confirm that the intention is to refer to the "PD" and not "SME" in this section.

Please see Q28.

Q183. Please confirm that the exercise of the performance bond shall be subject to the dispute resolution process and the modified termination for cause provision set forth in requirement E.29.1.

The performance bond may be exercised on default to protect the OHCA in the event that the Contractor can no longer provide services at all or can no longer provide adequate service. Dispute resolution and termination for cause may be related but are separate post forfeiture issues.

Q184. It is requested that the State allow for GAAP principles to govern the pricing and financial treatment of the contract in lieu of the Federal Cost principles for purpose of this bid.

The Contractor may use GAAP to govern pricing and financial treatment. However, the Contractor must still comply with Federal Cost Principles.

- Q185. Please confirm that all pre-existing Intellectual Property of Contractor shall remain the sole property of Contractor and that the State will grant Contractor perpetual rights associated with the work product and deliverables for Contractor to use the deliverables and associated documentation for its other healthcare clients.

Pre-existing Intellectual Property of the Contractor shall remain the sole property of the Contractor. OHCA **shall not** grant the Contractor perpetual rights associated with the work product and deliverables for Contractor to use the deliverables and associated documentation for its other healthcare clients. The deliverables and associated documentation paid for by the State Medicaid Program shall be retained by the State Medicaid program with a license to the Federal Government.

- Q186. Requirement E.26.8 refers to a “not-to-exceed amount shown on the purchase order.” If the Pay for Performance amount exceeds the not-to-exceed contract amount, will OHCA amend the contract to raise the contract not to exceed amount?

OHCA estimates payments due under the Contract and budgets and encumbers that amount on a purchase order. If over the course of the contract year, payments due appear to exceed the purchase order, OHCA may increase the purchase order subject to available funding.

- Q187. Please confirm that OHCA would allow for a reasonable cure period prior to any termination for cause. Would OHCA consider the same termination clause as the current MMIS contract, which states:

7.1.8 Termination of the Contract

The contract may be terminated by:

1. Mutual written agreement of OHCA and Contractor(s).
2. By OHCA, in whole or in part, whenever OHCA determines that the Contractor(s) has materially defaulted in performance of the contract terms and shall fail to cure such default within a period of 30 calendar days (or such longer periods as the OHCA may allow) after receipt of notice from the OHCA specifying the default.
3. By the OHCA, in whole or in part, whenever, for any reason, OHCA shall determine that such termination is in the best interest of the OHCA. The OHCA shall provide the Contractor(s) 60 calendar days notice of such action.
4. By the OHCA, in whole or in part, whenever funding from State, Federal, or other sources is withdrawn, reduced, or limited.
5. By the OHCA immediately, in whole or in part, whenever the OHCA determines that the instability of the Contractor's financial condition threatens delivery of Medicaid services and continued performance of Contractor(s) responsibilities.

All notices of termination, as defined in the subsections below, shall be in writing and shall be forwarded by either certified or registered mail, return receipt requested. In cases of funding failure or suspension, termination may be immediate without notice in writing. Each of the circumstances listed above is incorporated in the following subsections.

No. Contract terms are as shown in the RFP.

Q188. Please confirm that any early termination by the State would entitle the Contractor to the recovery of all reasonable shut down costs (staff, relocation, lease termination, hardware/software) as well as recovery of the costs associated with unrecovered assets costs.

OHCA is unable to confirm this. Oklahoma law and practice prevents making payments in advance of services delivered. Early termination for cause would not mandate damage recovery to the Contractor.

Q189. Please confirm that OHCA and Contractor will negotiate reasonable and appropriate limits of liability to the extent consistent with and not otherwise prohibited by Oklahoma statutes and regulations.

Please see Q107.

Q190. Please confirm that Contractor will be excused from any failure to perform its responsibilities if such failure is the result of OHCA's failure to perform its functions or force majeure.

This will be determined under applicable State and Federal law should post-termination legal proceedings be initiated.

Q191. Please confirm that the contract would contain a reasonable change control process that would allow the parties to change, review, and otherwise amend the agreement from time-to-time by mutual agreement of the parties.

In general, Oklahoma procurement regulations and practice do not allow for renegotiating price, terms or requirements in a contract that is competitively bid. However Section E.1.2 allows for the possibility of appropriate modification in the event of significant programmatic or other changes.

Q192. We have reviewed the data available in the bidder's library. In performing our review, we have identified some additional data elements that are not in the bidder's library, but would provide significant benefit to bidder's as they develop their price proposals. Without this data, bidder's may make varying assumptions that make it difficult to perform an "apples-to-apples" comparison of bid prices. We have attached a spreadsheet that lists these additional data elements ("After Call Work", "Average Time to Abandon," "% Escalated to Tier 2"). In addition, we have listed call units for which we could not find data within the bidder's library. Please review the following table (titled "Bidders Library Additional Data Request") and provide the requested data (in the spreadsheet format or whatever format is most convenient for OHCA).

Please see Bidder's Library for a similar spreadsheet.

Q193. Please provide an updated Schedule of Activities.

Answers to Questions Posted on Website	<del>August 4, 2011</del> August 10, 2011
Bids Due to OHCA	<del>August 17, 2011</del> August 24, 2011 at 3:00PM CST
Contact Award	September 1 to 15, 2011
Implementation	September to December 2011
PAL Operations Start Date	January 1, 2012

All Other Operations Start Date	January 3, 2012
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Q194. Please provide an updated Implementation Schedule.

Section A.3 stands as written.

Q195. The ability to leverage call queues among highly trained and skilled clinical personnel across the US will reduce the PMPM costs for PAL services. If the Contractor maintains an Oklahoma City-based office and all clinical personnel are currently and appropriately licensed in Oklahoma, will the state consider proposals for PAL services that are not all physically located in Oklahoma City?

Please see Q62.

Q196. A.2.6.3 - Will the state revise the requirement to read "provide medical information"?

A.2.6.3 is amended to read "*Provide medical ~~advice~~ information based upon pre-established clinical protocols approved by OHCA prior to implementation, particularly where medical resources are limited;*"

**ATTACHMENT A - Revised**  
**COST PROPOSAL - INTERGRATED CALL CENTER**  
 Bidders shall submit a fixed per member per month cost (PMPM) to provide Intergrated Call Center Services

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

	SFY2012	SFY2013	SFY2014	SFY2015	SFY2016	SFY2017	SFY2018
Per Member Per Month for calls except PAL							
Per Member Per Month for calls except PAL - extended hours							
Per Member Per Month - PAL							
Per Minute - OutBound Calls for Agent							
Per Minute - OutBound Calls for Electronice Outbound Service							
Per CSR Rate:							
CSR 1 at OHCA							
CSR 2 at OHCA							
CSR 1 at Contractor's location							
CSR 2 at Contractor's location							