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| Oklahoma Pinwheel Logo |  | Amendment of Solicitation |

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| **Date of Issuance:** | March 16, 2021 |  **Solicitation No.** | 0900000477 |
|  **Requisition No.** | 0900014874 |  **Amendment No.** | 1 |
| Hour and date specified for receipt of offers is changed: | [x]  No  | [ ]  Yes, to: |  |       |       | CST |
| Pursuant to OAC 260:115-7-30(d), 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 in the subject line of the email. |
|  **ISSUED FROM:**  |
|  | Stephanie Beshears |  | 405-517-6769 |  | Stephanie.Beshears@omes.ok.gov  |
|  | Contracting Officer |  | Phone Number |  | E-Mail Address |
|  |  |  |
|  | **RETURN TO:** | OMESCPeBID@omes.ok.gov |
|  |  |  |
| **Description of Amendment:** |
| a. This is to incorporate the following: |
| Q.1. How many users of the solution does the State believe will utilize the system? Of those, how many does the State believe will use the system concurrently?A.1. Presently it is anticipated that the number of users will be in the 5 to 8 range. That range may be modified based upon the cost impact of the user number and other potential factors. It is EGID’s intention to maximize the utility of the system while being mindful of the administrative cost impact to the health plan.Q.2. For Solicitation # 0900000477 that is posted on the Purchasing section of the OMEG website, there is not an attachment, document or Exhibit named “Price” as described in the Bidder Instructions document Section 8.N (“As referenced in subsection 8.2.I, pricing shall be proposed using the Exhibit titled Price”). Will OMEG issue a document named “Price” that the vendor should use to provide Price content in its proposal? Or should the vendor create a proposal subsection that provides the content described in Section 8.N: “Describe the Bidder’s normal pricing structure (one time or ongoing monthly/annual fees) for each component of the solution (if multiple components), including ongoing maintenance and support. Pricing should include implementation fees and any additional costs such as for users over a specific number. What circumstance can the Bidder identify that might make prices change, either now or in the future?”A.2. There will be no pricing exhibit. Please provide pricing structured in the best manner to meet the requirements in 8.1.N. Q.3. Given the impact on Administrative costs, is there a maximum implementation and/or a maximum yearly recurring cost budgeted for this project?A.3. EGID does not currently have this service so there has been no maximum cost limit or budget established for this project. We will evaluate the increase in analytic capability provided in comparison to the projected cost and develop a budget as we evaluate the responses to the solicitation. Q.4. Has the state already seen demonstrations of vendor solutions and if so, what vendors have they seen?A.4. The companies from which we viewed demos include: Healthcare Fraud Shield, HMS, FraudScope, Pondera, and Alivia.Q.5. Is this a technology only request or does the state need staff augmentation resources, such as reviewers/investigators, perform the functions of HealthCare program integrity for the state?A.5. This is a technology only request. The need for review or investigators is not anticipated at this time and would be on an ad hoc basis. Bidders can provide the cost of those services as part of a value-add proposal.Q.6. Section 8.1.G.iii, page 6 of the Bidder Instructions references “iii. Complete and sign the Business Associate Agreement (Exhibit 1).” If we have exceptions how do we handle the signing of this document?A.6. Please refer to instructions in Bidder Instructions regarding submitting exceptions.Q.7. Section 8.1.N, page 7 of the Bidder Instructions references “Exhibit Price” but no such attachment appears to be included in the online portal. Will the State please provide the attachment?A.7. Please see question and answer above - There will be no pricing exhibit. Please provide pricing structured in the best manner to meet the requirements in 8.1.N.1. Q.8. Section 8.2.H.i, page 11 of the Bidder Instructions document: “The portion of the Bid to be inserted in this section shows the ability of the Bidder to meet or exceed any Acquisition specifications and requirements.” Would the State please clarify what it is requesting from vendors, as distinct from its request to respond to the requirements listed on pages 5-7 and in Attachment C?
2. A.8. Pertains to all information requested in 8.1. – “Preparation of Bid” of Bidder Instructions.

Q.9. Section 8.2.H.v, page 11 of the Bidder Instructions document: “If a Statement of Work is required, the proposed draft shall be inserted in this section at a Bid Packet page referencing the proposed Statement of Work.” No Statement of Work seems to have been included in the RFP files. Should vendors disregard this, or is a Statement of Work forthcoming from OMES?A.9. SOW is only applicable in 8.2.H. if requested above in 8.1.Q.10. Sections 8.1.C through 8.1.K, pages 5 to 6 of the Bidder Instruction: are vendor responses to these requirements to be included as part of Section 8 of the proposal (as instructed on page 11)? If not, would the State please indicate where vendor responses to 8.1.C through 8.1.K should be placed?A.10. Include in 8.2.H.Q.11. Section 8.2.I., page 11 of the Bidder Instructions document: How many people are covered by the Plan? (RFP cite: p.11 8.2.I)A.11. There are approximately 177,000 covered lives for medical and pharmacy, and 142,000 covered lives for dental.Q.12. Section 8.2.I., page 11 of the Bidder Instructions document: How many users does the OMES want for the system? (RFP cite: p.11 8.2.I)A.12. Please see question and answer #1 above - it is anticipated that the number of users will be in the 5 to 8 range. That range may be modified based upon the cost impact of the user number and other potential factors. It is EGID’s intention to maximize the utility of the system while being mindful of the administrative cost impact to the health plan.Q.13. Attachment C: Is this attachment provided for informational purposes only, or are vendors asked to respond to each requirement? If a response is required, would the State please indicated where in the required Bid Structure (pages 8 to 11 of the Bidder Instructions) these responses should be placed?A.13. Attachment C includes contract requirements for when the contract is awarded. All items required to be submitted in a bidder’s proposal are stated in 8.1. of the Bidder Instructions.1. Q.14. Section 8.2.I., page 11 of the Bidder Instructions document: How many providers are enrolled in the Oklahoma Employees Group Insurance plan?
2. A.14. Currently there are approximately 27,300 HealthChoice Network providers.

Q.15. Attachment D: This attachment appears to be for solutions including hardware and software purchases. Does Attachment D apply to this solicitation? If not, may vendors simply reply in their proposal that Attachment D does not apply to the proposed solution? A.15. Attachment D is the State’s IT Terms and does apply to any IT solicitation. If bidder’s take exceptions to language, please follow instructions given in Bidder Instructions regarding submitting exceptions. Q.16. Is there an incumbent already in place, or do you already have a vendor in mind?A.16. No, there is not an incumbent and there is not a vendor in mind.Q.17. Which claims system or other processing system does the State use, which would provide the claims data feed to the winner of this RFP?A.17. Medical and dental claims are processed by EGID’s TPA using the HealthAxis claims platform. However, it is anticipated that all data feeds will be provided directly by EGID.Q.18. What is the State’s annual budget for this initiative?A.18. EGID does not currently have this service so there has been no maximum cost limit or budget established for this project. Q.19. How soon after a decision is made will implementation and training need to begin?A.19. Based on the solicitation and award timeline EGID anticipates implementation and training in Summer 2021.Q.20 What is the State’s annual claim volume that will be handled by this initiative?A.20. The health and dental volume is approximately 3.3 million claims and the pharmacy volume is approximately 3.0 million claims.Q.21. Section C.1 1 – Is an investigation case management system a requirement to be provided by the winning vendor? If so, can a third party be brought in to satisfy this need?A.21. Case management capability is viewed by EGID as an essential component to the requested solution and the preference is that it be integrated with the system.Q.22. What is the total number of members covered by this initiative?A.22. There are approximately 177,000 covered lives for medical and pharmacy, and 142,000 covered lives for dental.Q.23. Section 8.2.C – If the request for confidentiality is denied, can bidder rescind the bid with the state deleting all information about the bid?A.23. A bidder can rescind their bid. If rescinded, the bid will not be included in any future open records requests. Q.24. How many Third-Party Administrators does the state use? Does each have a Pharmacy and Dental Manager or are those carved out to a single vendor for the state?A.24. EGID has one TPA that processes medical and dental claims and one PBM that processes pharmacy claims.Q.25. Are you expecting an out of the box solution or a solution that can be configured to your specific needs and provides a broader set of flexibility over data for analysis?A.25. EGID expects a solution that has shown proven and consistent identification and recovery results. If the bidder anticipates or has encountered the need for flexibility or custom configuration based on their other books of business, because of issues over data or regional practice differences or for any other reason, then they should highlight that in their response. Q.26. Are you expecting pre-configured analysis for identifying outlier providers and potential fraud or do you expect to configure those to your requirements?A.26. EGID will be relying on the bidder and their solution as the expert in identifying potential fraud. If the bidder anticipates or has encountered the need for flexibility or custom configuration based on their other books of business, because of issues over data or regional practice differences or for any other reason, then they should highlight that in their response. Q.27. What data is the state wanting to include in analysis for fraud? Can you provide a list of all data sources and entity types?A.27. There is one source for health and dental paid claims data and one source for pharmacy paid claims data. At this time, it is anticipated that all data will be provided by EGID. Any other required data (eligibility, network provider) will also be provided by EGID. Q.28. Are you wanting an integrated case management system to manage the cases identified from the fraud analysis or does the state already have a case management system?A.28. EGID prefers an integrated case management system to manage the cases identified from the fraud analysis.Q.29. What specific case types does the state expect to manage and do those case types have different business processes, stages and decisions that need to be tracked?A.29. The solution should enable management of all case types. EGID anticipates that any business processes etc. unique to a given case type can be modified internally by customizing or not using certain case management features.Q.30. Does the state have a required or expected project timeline for the project?A.30. Based on the solicitation and award timeline EGID anticipates implementation and training in Summer 2021. Q.31. Did the state hold an RFI or series of vendor demos in preparation for this RFP?A.31. Yes, the state did view several product demonstrations to prepare for this RFP.Q.32. Is there a budget for this project that the state can share?A.32. EGID does not currently have this service and a budget has not been developed.Q.33. Does the State have an anticipated Go- Live Date for the Solution to be implemented?A.33. Based on the solicitation and award timeline EGID anticipates implementation and training in Summer 2021.  Q.34. Does the State have any volume estimates of claims to be reviewed by the Bidder’s solution? A.34. The health and dental volume are approximately 3.3 million claims and the pharmacy volume is approximately 3.0 million claims.Q.35. The Bidder instructions on page 6 state that the vendor should provide sample data elements for the transmission of health, dental and pharmacy. Health could be interpreted to be vision and possibly the disability claims. Question: Does OMES consider vision and disability Health Choice plans to be part of the universe of claims to reviewed under this RFP?A.35. No, vision and disability claims will not be part of the universe of claims for this project.Q.36. What is the approximate quantity of data in size and record counts?A.36. The record count is approximately 9.5 million records for one year of data. The data size is approximately 50 GB.Q.37. What are the number of different data sources the application should connect to during the course of its operation? A.37. There is one data source each for medical claims, dental claims, pharmacy claims, member eligibility (if required), and network providers (if required). Q.38. What are the predefined user roles needing access to the application?A.38. Users will be FWA Investigators although if the need arises there may be one or more clerical/admin users. Q.39. Will data be provided upfront, on a schedule, or via direct connection to other sources?A.39. Data will be provided upfront initially and then on a schedule mutually agreed upon by EGID and the vendor.Q.40. Is there a preference for running the solution on OK premises, cloud, or on third party premises?A.40. The preference is for a cloud-based solution.Q.41. Section 8.2.B.iv references a “Workers Compensation form” that is not included as one of the RFP attachment files. Will OMES please provide this form so that the vendor can complete it and submit it with its proposal?A.41. Refers to proof of Workers’ Compensation. A certificate of insurance provided by the bidder is sufficient.Q.42. Section 8.2.H.v references a "Statement of Work" and states that if one is required, it is to be inserted into proposal Section 8. Is a Statement of Work required to be included in the vendor’s proposal? If yes, will the State please describe its expectations regarding this proposal content?A.42. A SOW is not requested; it is only applicable in 8.2.H. if requested above in 8.1. Q.43. Regarding RFP Exhibit 1: May the vendor propose modifications to the Business Associate Agreement in Section 4 of the Proposal for the State’s consideration?A.43. Please see the process for submitting exceptions to language, detailed in the Bidder Instructions.Q.44. Regarding Section 8.2.H.ii: Will the State please confirm that a VPAT is not required for this solution? A.44. Please refer to Attachment D – IT Terms, Section 3.Q.45. Section 8.1.K.iii references “live links to actual or demo systems” that provide service-specific information. Due to security concerns, will the State accept a live link to a recorded demonstration of our proposed solution?A.45. Yes, this is acceptable.Q.46. RFP Attachment C, items C.1.1 and C.1.2, seem to indicate that this is limited to HealthChoice claims, but also indicates that this should identify and analyze improper claims for purposes of fraud detection and prevention across the HealthChoice medical, dental and pharmacy claims data through preprogrammed analytic models. Will the State please confirm the number of claim data feeds the bidder can be expected to ingest? (i.e., Is there just one plan with all claims in one feed or multiple plans and multiple feeds?)A.46. All medical claims are in one data feed, all dental claims are in one data feed, and all pharmacy claims are in one data feed.Q.47. Can a member be in a HealthChoice Medical plan but have a different TPA for Dental so dental claims would be needed for all (6) dental plans?A.47. Yes, a member can be in a HealthChoice medical plan and a non-HealthChoice dental plan. However, only claims for the HealthChoice plans will be subject to the proposal. Other medical and dental plan claims are not subject to the proposal.Q.48. What elements of an FWA software does OMES deem most critical or urgent? The case management capability, fraud detection, payment integrity, artificial intelligence, simultaneously viewing and transparent analysis between claim types (professional, facility, pharmacy)? A.48. Of the items listed the most critical is fraud detection.Q.49. Confirming that the membership for this bid is just for HealthChoice members and their claims. How many members/employees/beneficiaries are included in HealthChoice, and is there other OMES members/employees/beneficiaries included, i.e. total covered lives?A.49. The project is for HealthChoice plans only. There are approximately 177,000 covered lives for medical and pharmacy, and 142,000 covered lives for dental. Q.50. What is the claim system(s) from which OMES will provide claims data? A.50. Medical and dental claims are processed by EGID’s TPA using the HealthAxis claims platform. The PBM is CVS Caremark. It is anticipated that all data feeds will be provided directly by EGID. Q.51. How many users does OMES anticipate will be using the software?A.51. It is anticipated that the number of users will be in the 5 to 8 range. Refer to Q.A. #1 above. Q.52. Does OMES have software in place today? Is it internal or via a vendor? A.52. No, there is not any FWA software in place today. Q.53. What is the desired timeframe to Go Live in the fraud software? A.53. Based on the solicitation and award timeline EGID anticipates implementation and training in Summer 2021.Q.54. What types of claims is OMES planning to use in the software? Eg, professional, facility, dental, pharmacy? A.54. EGID anticipates that on the medical side claims from all provider types will be supported, as well as dental and pharmacy claims. Q.55. Can a HITRUST Certification be submitted in lieu of the Security Certification and Accreditation Assessment?A.55. The Security Certification and Accreditation Assessment should be submitted. If needed by our Information Services Division, a HITRUST Certification may be requested in addition to the assessment, but not in lieu of. Q.56. Is there one central repository or data warehouse with all required data? Or is the data spread across disparate systems?A.56. Medical and dental claims are processed by EGID’s TPA using the HealthAxis claims platform. Pharmacy claims are processed by the PBM, CVS Caremark. It is anticipated that all data feeds will be provided directly by EGID. Any other required data (eligibility, network providers) will also be provided by EGID. EGID anticipates that the proposed solution will be its own data warehouse solution - receive, ingest, and house the data. Q.57. What technology currently hosts the data? A mainframe? An RDBMS? Transactional logs?A.57. EGID houses medical, pharmacy, and dental paid claims data extracts received from the TPA and PBM in an Oracle database for its own internal use. Q.58. If there are RDBMS's in use, what normal form does the data take?A.58. The data is housed in tables.Q.59. How is the data generated? Is it machine- or human-generated? Or a combination of both?A.59. The paid claims data is an extract from the claims processing systems of the TPA and PBM.Q.60. What validation checks are made against any human-generated input? (I.e. to validate a zip code or ensure an SSN is nine digits)A.60. The TPA and PBM have various data quality validation checks used during their claims adjudication processes.Q.61. Need to determine data sources brought in. A.61. There is one data source each for medical claims, dental claims, pharmacy claims, member eligibility (if required), and network providers (if required).Q.62. Current Volume of data ingestion.A.62. The record count is approximately 9.5 million records for one year of data. The data size is approximately 50 GB.Q.63. How many teams/departments exist that handle separate tools? Or are all logs being ingested managed by one team. A.63. The EGID FWA department will use the awarded solution. EGID’s IA department houses the claims data via ORACLE. See Q.A.#57.Q.64. Many Cloud Environments still house an on-prem instance for forwarder management or data manipulation (obfuscating confidential data), would this be capable to create?A.64. EGID is capable of housing an on-premises piece of the solution if necessary.Q.65. Any compliance and/or security requirements?A.65. Please refer to Attachment D – Information Technology Terms, as well as any requirements outlined in the Bidder Instructions. Q.66. If we were to merge with OMES Parent’s cloud instance, we would need to discuss with the parent team about control settings, such as who is able to view data. Can OMES parent view all data or are we separating them completely. If so, we would need to have that discussion about changing roles.A.66. The solution should be a stand-alone solution and will not integrate with any other OMES/EGID programs, nor should it integrate or be accessible by any other clients of the vendor. Any cloud-based solution must be secure, HIPAA compliant etc. as outlined in the BI under Solicitation Type, and at 1.1, 1.8, 1.12 and Exhibit 1 – Business Associate Agreement. Q.67. Section C: FWA is mentioned & want to confirm what it is - is it Federalwide Assurance (FWA) is an assurance of compliance with the U.S. federal regulations for the protection of human subjects in research – will we have access to the data to support this?A.67. EGID anticipates that the vendors who are appropriate to respond to this RFP will understand the meaning of FWA as used in this RFP. FWA is defined in the BI at 1.11. FWA means fraud, waste, or abuse. Q.68. Attachment C HealthChoice claims: https://healthchoiceconnect.com/certification\_portal\_new.html is this what they are referencing?A.68. No, the RPF is not referring to the HealthChoiceConnect website. That website is not relevant to this RFP. Claims and any other requested data will be provided directly by EGID. Please see Q.#56 above. Q.69. Looks to be a 3rd party vendor – what do the audit logs look like? Username, ID, address, SSN#, prescription info, log ins, failed log in, doctor patient info? What will we have access to?A.69. The vendor will not have access to HealthChoiceConnect. That website is not relevant to this RFP. Claims and any other requested data will be provided directly by EGID. Please see Q.#56 above. Q.70. How/who has access to this system?A.70. The vendor will not have access to HealthChoiceConnect. That website is not relevant to this RFP. Q.71. On what platform do the application reside?A.71. The vendor will not have access to HealthChoiceConnect. That website is not relevant to this RFP. EGID houses medical, pharmacy, and dental paid claims data extracts received from the TPA and PBM in an Oracle database for its own internal use. This data will be provided to the vendor directly by EGID.  |

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| b. All other terms and conditions remain unchanged. |
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| Supplier Company Name (**PRINT**) |  | Date |
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| Authorized Representative Name (**PRINT**) |  | Title |  | Authorized Representative Signature |