

**Responses to Vendor Questions**  
**RFP 14-32: Incontinence, Ostomy, and Urological Supplies**

#	Document Name (RFP or Attachment)	Page # or Section #	Respondent's Question	State Response
1	Attachment G	Technical Proposal, page 2 section 2.2.1 "Medicare Quality Standards".	Does this include documentation and quantity guidelines established by Medicare for items that are normally covered by Medicare, even if the member only has Indiana Medicaid?	Quantities for Medicaid recipients should be sufficient to meet their medical needs and comply with Indiana Medicaid policies and procedures.
2	Attachment E	Cost Proposal	The last bid resulted in three provider awards, each with their own distinct reimbursement rates, which were eventually modified several years later. If multiple providers are awarded, is it the intent of this contract to allow separate reimbursement rates again, or will another methodology be used?	If multiple contracts are awarded, each contractor is expected to receive the reimbursement rate it proposes.
3	Attachment G	Technical Proposal	If one or more of the incumbent providers are awarded a new contract, will their current members be allowed to stay with that provider? If so, will that provider be permitted to communicate this with their existing customers?	Yes, members will be allowed to stay with that provider. Members are now free to choose from any contracted provider and will remain free to do so. Communication materials for the transition must be approved by FSSA prior to use.
4	Attachment G	Technical Proposal, section 2.3.3.	If multiple contractors are awarded a contract, does OMPP intend to lock in members to one chosen provider, to help minimize claim denials when members "provider hop"?	No.
5	None specified	None specified	Is there any anticipation that the current \$162.50 limit on incontinence supplies will be changed higher or lower?	Not at the present time.
6	Attachment G	Technical Proposal, page 7, section 2.4.14.	If a provider retains proof of eligibility check within 24 hours of shipment of supplies, will there be a mechanism to have any claims that are denied for eligibility reasons to be reprocessed in good faith if that proof is provided?	All IHCP providers, including contractors under this RFP 14-32, must follow Indiana Medicaid policies related to member eligibility and claims reimbursement.
7	Attachment G	Proposal, page 11, section 2.15.1.	Regarding the member satisfaction survey, if the survey results are provided directly to the provider, what assurance does the state have as to the accuracy of the results?	A contractor who falsifies member satisfaction surveys would be subject to contract non-compliance remedies up to and potentially including contract termination.
8	Attachment E	Cost Proposal	Will the products being bid by providers with the -U9 modifier be evaluated against other bid proposals where the same products are listed without the -U9?	Cost proposals will be scored according to the description in section 3.2.3 of the RFP.
9	None specified	None specified	After the last contract award in 2008, OMPP had each awarded vendor bring in contracted products for evaluation. Will this evaluation occur this time before awards are made?	Respondents may expect to follow a similar process of product evaluation after award. As stated in Attachment D, "The State may reject product items that are not of satisfactory quality and require that the Contractor offer a suitable replacement at or below the cost of the item deemed unsatisfactory."
10	None specified	None specified	Upon award of the contract, will contractors be provided with a contact person who is knowledgeable about the contract to help resolve claims issues?	The State will designate a point of contact for vendors during and after the transition period.
11	None specified	None specified	If Medicaid does not provide a quantity limitation for a specific HCPC code that is not limited by the \$162.50, should the provider rely on the physician orders alone to determine medical necessity, or will OMPP support the provider's request for supporting documentation based on industry standards and other CMS guidelines?	Quantities for Medicaid recipients should be sufficient to meet their medical needs and comply with Indiana Medicaid policies and procedures.
12	RFP 14 - 32: Incontinence, Ostomy and Urological Supplies	Section 3.2.6, Page 19	Points awarded for minority or women owned business commitment are determined by a scaled percentage from 0% to 8%. How is the commitment percentage through minority or women owned business determined?	Use the dollar value of the Respondent's "Sub-Contract Amount" on Attachment A by the Respondent's "Total Bid Amount" from Attachment A and A1, and the total bid amount from Attachment E to determine a commitment percentage.  As an example, if a Respondent's "Total Bid Amount" is \$1,000,000 for the duration of the four-year contract term, and it commits to subcontract \$80,000 over the contract term, its commitment percentage is 8% and it will receive 10 points as explained on the scale in section 3.2.6.
13	Attachment G Technical Proposal	Section 2.4, Page 5	If a member has had a nursing assessment completed by a previous contract award winner and is transitioned to new contract award winner, would the previous assessment be shared with the new winner, or would all transitioned members require new assessments?	Each contractor must perform their own nursing assessments. A new contractor would need to perform a nursing assessment for each member they supply.

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14	RFP 14 - 32: Incontinence, Ostomy and Urological Supplies	Section 2.7, Page 16	What is the formula for an out-of-state company to be awarded the full points for the Buy Indiana initiative? Are partial points available?	As explained in section 2.7, the five categories under which a Respondent may qualify for Buy Indiana status are: (1) A business whose principal place of business is located in Indiana. (2) A business that pays a majority of its payroll (in dollar volume) to residents of Indiana. (3) A business that employs Indiana residents as a majority of its employees. (4) A business that makes significant capital investments in Indiana. (Explained in more detail in section 2.7) (5) A business that has a substantial positive economic impact on Indiana. (Explained in more detail in section 2.7)  In- or out-of-state firms that qualify under one of these five categories will be eligible for the 10 Buy Indiana points. Partial points are not available.
15	RFP 14 - 32: Incontinence, Ostomy and Urological Supplies	Section 3.2, Page 17 - 19	Can a Respondent utilize a subcontractor, which is either a MBE or WBE approved company, to qualify for Buy Indiana's (4) or (5) definition qualifiers from Section 2.7 (Defining an Indiana Business)? Would that subcontracting relationship allow a Respondent to qualify as a Indiana Business?	No, Buy Indiana points are only available based on the Respondent's own characteristics, not a subcontractor's. Subcontracting with Indiana-based and certified Minority, Women, and Veteran Business Enterprises will allow a Respondent to earn points in those areas.
16	N/A	N/A	Can the State please provide the current contracts of the current award winners? Also, can the State provide member utilization data and contract pricing by HCPCS code?	Current contracts are available online, by clicking on the "Active Contracts" link on <a href="http://www.in.gov/idoa/2448.htm">http://www.in.gov/idoa/2448.htm</a> . This will take Respondents to a search page where they can locate the current contracts of Binson's Hospital Supplies and J&B Medical Supply Co.  Member utilization is contained in Attachment E. Pricing varies by contractor. Please see the updated Attachment E.
17	N/A	N/A	What have been the challenges the State has experienced with the previous implementation of the incontinence, ostomy and urological RFP?	The State is seeking Contractor(s) who can make the transition as seamless as possible for members and FSSA.
18	RFP 14-32 Attachment E: Cost Proposal	Attachment E: Cost Proposal	The Four Year Historical Spend and the Estimated Annual Demand used in the Cost Proposal Table to compute a Total Bid Amount do not appear to correlate with one another when compared to the current contractor fee schedules (units per HCPCS x fee schedule per HCPCS compared to Four Year Historical Spend). Were different claim runouts used in determining either the Four Year Historical Spend or in deriving the Estimated Annual Demand units which may cause them to be out of sync? If not, is there another reason(s) that would account for the spend/unit differences?	The \$45.7M figure is based on the actual amount paid by FSSA for each HCPCS code over a recent period. Please see the revised Attachment E for a revised Four Year Historical Spend, which reflects the maximum current contract unit cost and total volumes by HCPCS code. This serves as the baseline for this procurement and the State's cost proposal evaluation.
19	RFP 14-32 Attachment E: Cost Proposal	Attachment E: Cost Proposal	Is the Four Year Historical Spend and the Estimated Annual Demand units per HCPCS derived from the same set of data?	Yes.
20	RFP 14-32	Page 18, Section 3.2.3 Attachment E: Cost Proposal	Is the "State's baseline cost for this scope of work" the same amount as the Four Year Historical Spend found in Attachment E (\$45,733,016)?	Yes, the baseline is the same as the Four Year Historical Spend.
21	RFP 14-32	Attachment E: Cost Proposal Instructions Tab of Spreadsheet	We have visited <a href="http://provider.indianamedicaid.com">http://provider.indianamedicaid.com</a> . Can you confirm that the State's current maximum fee schedule for incontinence, ostomy and urological supplies is not the current contractors' fees but the regular Medicaid Fee Schedule Amount found at <a href="http://provider.indianamedicaid.com">http://provider.indianamedicaid.com</a> ?	Yes, the State reserves the right to reject proposed rates that are higher than the fee schedule on <a href="http://provider.indianamedicaid.com">http://provider.indianamedicaid.com</a> .
22	RFP 14-32	Page 18, Section 3.2.3	What is the amount in dollars that the State will use as its baseline?	\$53,295,068. Please see the revised Attachment E.
23	RFP 14-32	Page 18, Section 3.2.3	What is the amount in dollars that the Respondent's 10% decrease will be measured against to receive all of the available cost points?	\$53,295,068. Please see the revised Attachment E.
24	RFP 14-32	Page 18, Section 3.2.3	For a Respondent to receive all of the available cost points, the Respondent must propose a 10% decrease to the State's current baseline. What is the State's current baseline (annual amount or 4 year amount) in dollars?	\$53,295,068 (a four-year amount). The Respondent's proposed four-year cost must be at least 10% lower than this to earn all of the available cost points.
25	RFP 14-32 Attachment D: Scope fo Work	Attachment D, Scope of Work	In Attachment D, Section 1 the Scope of Work states that the "date of service shall be the Contractor's documented ship date for all products shipped". Currently the date of service is the date the patient receives the product via third party carrier. Is the accurate date of service for this RFP; the ship date or the date the product is received by the member?	Please see the updated Attachment D. The date of service will be the date the member receives the products.

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26	RFP 14-32 Attachment G: Technical Proposal	Technical Proposal, Page 5, Section 2.4	The Technical Proposal requires use of registered nurses to perform nursing assessments. In some employment markets there may be a shortage of licensed registered nurses with the experience required to perform nursing assessments effectively. Will the Department consider use of licensed nurses under the supervision of registered nurses that have the necessary experience for the Scope of Work?	Please see the staffing requirements in Attachment D. Please base your response on Registered Nurses (RNs) performing nursing assessments.
27	Attachment D, Scope of Work	Page 3 of 20 III. Covered Products A. Description of Covered Products i. "The Contractor will not serve members enrolled in Hoosier Healthwise or the Healthy Indiana Plan."	Our firm is currently an in-network provider to the State's Managed Care Organizations (MCOs) to provide supplies, including incontinence, ostomy, and urologicals, to Hoosier Healthwise (HHW) and Healthy Indiana Plan (HIP). If fortunate enough to be awarded as Contractor to state of Indiana, would this agreement prevent us from supporting HHW and HIP members through our managed care partners?	No, being awarded a contract under this RFP will not restrict a company from serving Hoosier Healthwise and Healthy Indiana Plan members under other mechanisms.
28	Att E	pg 5	Why no T-code for Adult extra small pull-up and XX large Pull-up the same for briefs?	The list of HCPCS codes can be found in Attachment E. Members can use any IHCP provider to obtain products not listed on Attachment E.
29	Att D	pg 11	With the start of this contract do all Members need a new script?	Members will need a new prescription whenever the contractor does not already have a valid prescription on file.
30	None specified	None specified	The safety stock requirements in this RFP may exceed the IHCP spend limit cap of \$162.50 per month per patient. Does this contract override current IHCP guidelines?	No.
31	None specified	None specified	How many traditional medicaid members used incontinent supplies in 2012?	FSSA paid claims for a total of 16,349 members for HCPCS codes listed on Attachment E from July 2011 until June 2013. The number of unique members served each month typically ranged from 7,600 to almost 9,500.
32	None specified	None specified	How many traditional medicaid members used ostomy & Urological supplies in 2012?	See above.
33	None specified	None specified	How is Quality defined by FSSA?	Customer service and product availability are both important components of the RFP's evaluation. See the RFP document for more details.
34	None specified	None specified	What claim filing requirements will be necessary in the cases of the new HCPCS codes with a U9 suffix?	U9 codes require a prior authorization (PA). As a condition for approving the PA, there has to be a physician script explaining why the member needs the particular supplies, as well as documentation that the member has already tried all the brands that were on the non-U9 contracted list. Use of U9 codes has to be <u>medically necessary, not just for convenience.</u>
35	Attachment D	Page 5 of 20 Attachment D	Can you please provide a copy of the current Nursing Assessment Tool	Each contractor is expected to develop its own nursing assessment. As required in Attachment D, "Before the assessment tool's use, and after any revisions, the Contractor must obtain written approval from FSSA."
36	Attachment D	Page 5 of 20	Must the Nursing Assessment be performed face to face or via telephone?	As explained in Attachment D, "Nursing assessments may be completed via a paper form, <b>telephone interview with a registered nurse</b> , or, at the member's request, by organizations or entities other than the Contractor..." (Emphasis added). Members will choose the format of the nursing assessment that they prefer.
37	Attachment D	Page 5 of 20.	IN regards to Section IV -C. Does the State intend for the vendor to bill the customers insurance for the Nursing Assessment	The nursing assessment is not a billable service under this contract.
38	Attachment D	Page 9 of 20	Section VI. A-IV. Does the State request that the vendor maintain an answering service to answer calls after regular business hours and provide 24/7 on-call staff for servicing?	Yes.
39	RFP 14-32	None specified	Who is the current vendor for this service?	The State has contracts with two companies, J&B Medical Supply Co., Inc. and Binson's Hospital Supplies, Inc.
40	RFP 14-32	None specified	Can you please provide the current and previous RFP number for this contracted service?	The current RFP number is 14-32. The previous RFP for these products was 8-11.
41	RFP 14-32	Section 2.5 Page 15 of 20	Please confirm that the vendor must submit at least 3 different brands of products for each HCPCS. Section 2.5 states that the State "may elect to relax the requirement for three product brands for any given HCPCS code." This requirement to provide 3 different products brands will greatly influence our pricing and decision to submit a bid. Can the State please clarify if this requirement will be relaxed without disqualifying our bid?	The ability to provide at least three brands is important, and the State does not anticipate issuing any blanket change to this requirement. The State will consider individual codes on a case-by-case basis based on responses provided on Attachment J.

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42	RFP 14-32	None specified	Please clarify if the vendor is to bill the State directly or the customer's insurance for the medical items.	<p>This contract is for Indiana Medicaid fee-for-service members. As stated in Attachment D, "The Contractor shall comply with all Indiana Medicaid policies and procedures, as outlined by the Family and Social Services Administration (FSSA) and updated from time to time. The Contractor shall submit claims for reimbursement to the Medicaid Management Information System (MMIS) following up-to-date policies and procedures..."</p> <p>Some members may have third-party insurance coverage, and in those cases Medicaid shall serve as the payer of last resort.</p>
43	RFP 14-32	None specified	Please clarify the role of the Nursing Assessment. If the consumers Physician has prescribed particular items what is the purpose of the Nursing Assessment.	<p>The nursing assessment provides guidance for members about which of the Contractor's brands of products is most likely to meet their needs, since prescriptions are not generally brand-specific. The assessment also gives the member an opportunity to speak with an additional medical professional about the products they have been prescribed, request product samples if their current brand is not working for them, and ensures that products are continuing to meet the needs of members whose conditions might change.</p>
44	Attachment D	Page 5 of 20	Section IV-B-I. What is the minimum number of registered nurses the vendor must have to bid on this RFP without being disqualified?	<p>There is no minimum number required. However, all nursing assessments must be performed by registered nurses (RNs), and assessments must be performed at least once every six (6) months for members with medical conditions that may change (e.g. acute incontinence and other conditions where changes in the member's condition are likely, or the possibility of bowel and bladder training may be successful).</p> <p>Please note the questions on Attachment G related to the number of RNs on the Respondent's staff, including questions 2.4.4.2, 2.4.4.3, and 2.4.4.4. Responses to Attachment G will be an important component of Respondents' Management Assessment/Quality score, worth 35 points.</p>
45	None specified	None specified	What is the time frame for the awarded vendor to ramp up to assume services.	<p>Current contracts for these products expire January 31, 2014. Services under contracts awarded from RFP 14-32 will begin February 1, 2014.</p>