



STATE OF TENNESSEE
DEPARTMENT OF HEALTH

**REQUEST FOR PROPOSALS # 34360-60515
AMENDMENT # 1
FOR GOODS OR MEDICAL CLAIMS CLEARINGHOUSE**

DATE: 12/21/2015

RFP # 34360-60515 IS AMENDED AS FOLLOWS:

1. This RFP Schedule of Events updates and confirms scheduled RFP dates. Any event, time, or date containing revised or new text is highlighted.

EVENT	TIME (central time zone)	DATE
1. RFP Issued		CONFIRMED
2. Disability Accommodation Request Deadline	2:00 p.m.	CONFIRMED
3. Notice of Intent to Respond Deadline	2:00 p.m.	CONFIRMED
4. Written "Questions & Comments" Deadline	2:00 p.m.	CONFIRMED
5. State Response to Written "Questions & Comments"		CONFIRMED
6. Response Deadline	2:00 p.m.	January 20, 2016
7. State Completion of Technical Response Evaluations		January 27, 2016
8. State Opening & Scoring of Cost Proposals	2:00 p.m.	January 28, 2016
9. State Notice of Intent to Award Released and RFP Files Opened for Public Inspection	2:00 p.m.	February 4, 2016
10. End of Open File Period		February 11, 2016
11. State sends contract to Contractor for signature		February 12, 2016
12. Contractor Signature Deadline	2:00 p.m.	February 18, 2016

2. State responses to questions and comments in the table below amend and clarify this RFP.

Any restatement of RFP text in the Question/Comment column shall NOT be construed as a change in the actual wording of the RFP document.

QUESTION	STATE RESPONSE
1 What is the State of Tennessee Dept. of Health's average yearly claim volume?	202,000 encounters/year

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2 What EMR/PMS is utilized by the State of Tennessee Dept. of Health?	EMR is vxVista (Document Storage Systems, Inc.); PMS is the Patient Tracking Billing and Management Information System (PTBMIS), a proprietary product of NetSmart, Inc.
3 Who are the top 5 insurance payers by claim volume?	Blue Cross Blue Shield of Tennessee, United Healthcare, Amerigroup, Medicare, Cigna
4 Will the State be willing to extend the response deadline?	The State is willing to do this and has modified the timeline as indicated above.
5 Will the department need to submit and correct CMS 1500's and UB04's?	The Tennessee Department of Health files both CMS 1500 claims and UB04 claims and will need to correct CMS1500 and UB04 claims. Most claims filed are CMS 1500. Note – as of FY2016, UB04 claims are filed by 16 health department clinics that are Federally Qualified Health Centers (FQHCs).
6 In the RFP, PTBMIS was mentioned as the Patient Tracking Billing and Management Information System of the Department of Health. Is this PTBMIS the practice management software that will generate the claim file?	Yes
7 What is the name of the practice management software that will be used by the State to create claim files, submit eligibility requests and post electronic remittance advice?	Patient Tracking Billing and Management Information (PTBMIS) is used to create claim files. Eligibility requests are generated via the AS400. TDH does not currently have the capability to post electronic remittance advice.
8 Will each individual Regional Health Office be responsible for correcting any claims that were rejected, or will this be handled through a Central Billing Office?	Regional Health Offices are responsible to correct claims that are rejected.
9 What is the approximate monthly claim volume that the State typically generates?	The approximate monthly claim volume is 16,800.
10 Does the State anticipate any major fluctuations to the current monthly claim volume over the course of the next five years? If so, can you please provide an estimation?	If the state implements Insure Tennessee or a similar health plan for persons in the Medicaid gap, the Department of Health could add an estimated 1,000 encounters per month to the current monthly claim volume. No other fluctuations are anticipated.
11 Will there be an opportunity for respondents to meet with the appropriate parties at the State of Tennessee Department of Health to demonstrate our services and have a face to face discussion regarding your needs?	No. There are no oral presentations scheduled with this RFP.
12 What is the preferred method of introducing additional services that may address the State of Tennessee Department of Health's needs outside of the scope of the RFP?	No additional services should be presented. Please refer to RFP Section 3.3.3. <i>"A response must not propose alternative goods or services (i.e., offer services different from those requested and required by this RFP) unless expressly requested in this RFP. The State may consider a response of alternative goods or services to be non-responsive and reject it."</i>
13 We respectfully ask for an extension to the deadline of January 5, 2016 for the RFP for the State of Tennessee Department of Health - this will allow us time to adjust our response based upon your response to our question on B.17	The State has extended the schedule of events. Please see updated schedule of events at the beginning of this amendment.

QUESTION	STATE RESPONSE
below on December 21st and the upcoming holidays.	
14 Is the State open to mutually discuss and negotiate the items under Certifications & Assurances?	No.
15 Please clarify the difference between the two types of references requested. Is it correct to assume that we need to supply five (5) total references?	<p>No. As stated in the RFP document, <i>“References from at least three (3) different individuals are required to satisfy the requirements...”</i></p> <p>Three references should come from completed projects. Two references should come from current accounts similar in size to the State. You may submit a reference from the same entity in which you completed a project and they are also a current account.</p>
16 Section A.5.c refers to payer lists. We maintain an electronic payer list which is the most up to date and is constantly changing. Will the State accept a link to our payer database as response to question C.4 within the Technical Qualifications, Experience & Approach Items?	The State will not accept an electronic link.
17 Section A.5.E refers to eligibility transactions. In this section the State lists ANSI ASC 12.281 as the inquiry transaction and ANSI ASC 12.282 as the eligibility result transaction. We are unaware of these transactions, was the State referring to ANSI ASC 12.270 eligibility inquiry and ANSI ASC 12.271 response transactions?	The State is referring to ANSI ASC X12.270 eligibility inquiry and ANSI ASC X12.271 response.
18 Section A.5.d states that the Contractor will provide a dictionary of current coding systems. Is the State referring to an online code book of sorts whereby CPT & ICD codes can be looked up? If not, please clarify.	The State is referring to a list of coding systems used by the Contractor and the source of the coding system.
19 Section A.5.k asks for the Contractor to automatically submit secondary claims to payers. Is the State referring to crossover claims from Medicare (primary) to another payer (secondary)? If not, please clarify.	<p>Claims for health plan members on the Contractor payer lists who have primary and secondary health plan coverage should be automatically submitted to the secondary health plan after the primary health plan has adjudicated the claim. Example 1– a TennCare plan member who has private insurance as primary coverage: the claim would be automatically submitted to the TennCare plan (secondary) after the private insurance plan adjudicates the claim (primary).</p> <p>Example 2 – a claim is submitted to TennCare and the plan member is identified on the Contractor payer lists with private health insurance as primary; the claim would be automatically directed to the primary insurance plan first.</p>
20 There is no mention of any Practice Management/Electronic Health Record System(s) (PM/EHR) being used by the State. What system(s) is the State using to produce claim files, post electronic remittance advice (ERA) and	Patient Tracking Billing and Management Information (PTBMIS) is used to create claim files. Eligibility requests are generated via the AS400. TDH does not currently have the capability to post electronic remittance advice.

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produce eligibility requests?	
21 Section 3, there is no mention of how the sealed reference questionnaires should be packaged for delivery to the State. Should they be included in the Technical Response Package, the Cost Proposal Package or submitted in another package?	Detailed instructions on how to submit the references is included in RFP Attachment 6.2. - Section B, Question B.17. Question B.17., Section (e) states <i>“Enclose all sealed reference envelopes within a larger, labeled envelope for inclusion in the Technical Response as required.”</i>
22 Section B.17 of the General Qualifications & Experience Items states the State reserves the right to confirm and clarify reference information. What does that entail? Will references need to be contacted via phone or email? If so, how would that be coordinated to ensure a connection is made to said reference?	The State reserves the right to verify reference information provided. The State will handle those communications, if needed.
23 Section 1.1 - Statement of Procurement Purpose What platform is used to generate electronic claims in county health departments?	Electronic claims are generated from PTBMIS (Patient Tracking Billing and Management Information System) which resides on an IBM iSeries AS400.
24 Section 1.1 - Statement of Procurement Purpose Are the claim edits referenced in this section Payer specific (Commercial vs. Medicare/Medicaid)?	Claim edits desired are Medicare/Medicaid edit systems, at a minimum (NCCI edits and Medicare national and local coverage determination edits) plus any claim edits available to Contractor from payers on Payer Lists.
25 Section 1.1 - Statement of Procurement Purpose Does the State have a claims edit database in use today?	Pre-submission claim editing is done at the 7 regional offices by way of reports generated in PTBMIS. The State does not define this as a claims edit database.
26 Would you grant an extension to the RFP due date? Given we do not have payer mix transaction volume, getting references similar to size as well as generating pricing is delayed without this information. The holidays will also make it difficult to get timely responses from references.	The State has extended the schedule of events. Please see updated schedule of events at the beginning of this amendment.
27 RFP ATTACHMENT 6.1. Do you require wet signature or may we use Echo Sign to sign the original copy?	The State will accept an electronic signature for the Statement of Certifications and Assurances.
28 We are asked to provide references similar in size to the State and we are asked to price the solution. In order to do this, can you please provide transaction volume by transaction type and also include Payer eligibility mix? What percentage are Medicare, Medicaid and Commercial?	The Payer mix for FY15 medical claims is: Medicaid – 160,000 claims (83.5%) Private Insurance – 19,000 claims (9.8%) Medicare – 13,000 claims (6.7%) Dental claims – 19,500 claims Note: in FY 2016 the State began filing Part A Medicare claims for 16 health department clinics that are Federally Qualified Health Centers (FQHCs). Claims for these FQHCs are projected to be (estimated) 4,000 claims per year.
29 Page 23 - C.1. Project Schedule What is the projected Implementation start date?	April 1, 2016
30 D.1. Required Approvals Could you clarify what these approvals may include?	Depending upon the specifics of this Contract, this may include approvals by the Commissioner of Finance and Administration, the Commissioner of Human Resources,

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	the Comptroller of the Treasury, and the Chief Procurement Officer.
31 Will the State of TN Department of Health consider an open session with the business leaders and those responding to ensure clarity?	There are no oral presentations scheduled with this RFP. The State reserves the right to seek clarifications as outlined in Section 5.2.1.1. and other sections of the RFP.
32 What specific business issues have prompted this RFP?	Personnel costs and inefficiency to file paper claims; using various multiple payer systems for eligibility verification; need to streamline resources devoted to billing functions.
33 Has the decision been made that a clearinghouse will be chosen or is this an assessment of what is available in the marketplace?	It is the intent of the State to award a contract through this RFP. Please reference Section 1.2. "The pro forma contract substantially represents the contract document that the successful Respondent must sign."
34 What is the expected date a clearinghouse selection will be made?	Please see schedule of events above and specifically "State Notice of Intent to Award Released and RFP Files Opened for Public Inspection".
35 What companies have been provided with this RFP?	The RFP is public and open to any company that meets the requirements of the RFP and Pro Forma.
36 How many sites are within the Department of Health that will be using the solution?	7 regional office billing sites servicing 107 clinic sites (each clinic site has a unique NPI#).
37 If a clearinghouse will be chosen, what is the expected date of going "live"? Are there business drivers factoring into that "live" date?	April 1, 2016 The State wants a more efficient statewide system to file electronic claims and verify patient eligibility for covered benefits.
38 What processes are being used today to process claims?	TDH uses the following processes to submit claims: United Healthcare – electronic submission through Post N Track Amerigroup – electronic submission through Availity Blue Cross Blue Shield of Tennessee – electronic submission through the BCBST secure web portal DentaQuest (TennCare dental) – electronic submission through the DentaQuest secure web portal Medicare (Part A and Part B) – electronic submission using Cortex portal All other payors – paper claims submitted
39 Do the Department of Health locations currently utilize any billing system/systems? If so, please state the system/systems name, version, how the system is accessed. (i.e. hosted, owned, reseller).	The Department of Health uses PTBMIS (Patient Tracking Billing and Management Information System). PTBMIS is copyrighted by IBM, AS400
40 Should our company win the bid, will the claim files be received directly from and billing system and if so, what is the name of the system and version? Is the system owned, leased or hosted? If hosted, by whom?	Claim files will be received from the PTBMIS system. PTBMIS is copyrighted by IBM, AS400

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<p>41 What browsers are used in the Department of Health today?</p> <p>Are there any expected changes being made to browser utilization in the next six months?</p>	<p>IE9, IE10, IE11 (Windows 8.1 only).</p> <p>In the next 6 months the Department of Health expects the standard to be IE11. IE10 will still be allowed. IE9 will no longer be allowed.</p>
<p>42 Is the internet accessed at the desktop of users or via server?</p> <p>If by server, what is the current server network?</p>	<p>Desktop of users</p>
<p>43 Please provide a complete description of the services the Department of Health staff are accessing today to perform the requested functions and how many staff/how many hours per day:</p> <p>a) Eligibility and Benefit verification (i.e. phone, 10 staff, full time)</p> <p>b) Pre-submission claim editing</p> <p>c) Claim Status</p> <p>d) Remittance retrieval</p> <p>e) Reporting</p> <p>f) Other (please state)</p>	<p>a) Eligibility and benefit verification is performed at check-in by 500+ staff statewide for each patient presenting for services.</p> <p>b) Pre-submission claim editing is done at 7 regional offices by way of reports in PTBMIS. 14 staff persons spend approximately 5 hours a week each preparing claims for submission.</p> <p>c) Staff at 7 regional offices follows up on claim status. Per regional office, per week, this is 4 hours' time.</p> <p>d) Remittance retrieval is performed at each of the 7 regional offices. This takes 2 hours per week per regional office.</p> <p>e) Reporting is performed at the 7 regional offices. Regional staff spends 8 hours per week per region on reporting.</p>
<p>44 What types of claims will be submitted and what estimated volumes:</p> <p>a) Professional (837P)</p> <p>b) Facility (837I)</p> <p>c) Dental (837D)</p> <p>d) Workers Compensation</p> <p>e) Liability</p>	<p>The Department of Health submits 837P, 837D and UB04 claims for reimbursement. Volumes are:</p> <p>a) Professional (837P) =192,000 (rounded)/annual</p> <p>b) Facility (837I) = 4,000 (rounded)/annual (projected)</p> <p>c) Dental (837D) =19,500 (rounded)/annual</p> <p>d) Not applicable</p> <p>e) Not applicable</p>
<p>45 What is the percentage of claims being submitted:</p> <p>a) Blue</p> <p>b) Medicaid</p> <p>c) Medicare</p> <p>d) Commercial</p> <p>e) Workers Compensation</p> <p>f) Liability</p>	<p>a) Blue Cross Blue Shield private/marketplace = 5%</p> <p>b) Medicaid = 83.5%</p> <p>c) Medicare =6.7%</p> <p>d) Other private/marketplace = 4.8%</p> <p>e) Not applicable</p> <p>f) Not applicable</p>
<p>46 Does the Department of Health currently utilize Secure FTP for file transmission and receipt? If so, what program is being utilized?</p>	<p>Yes. WinSCP</p>

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<p>1 Our company requires that all clients sign our standard Sales Order Form and License Agreement (attached), which shall be amended to reflect any agreed-upon provision of the Pro Forma Contract and RFP Response.</p>	<p>Respondents must submit a response conforming to the requirements of the Pro Forma contract. The State will entertain limited negotiation to standard Terms and Conditions as provided in RFP Section 5.3.5.</p>
<p>2 The terms of the Pro Forma Contract shall be revised to reflect the services, standards and</p>	<p>Respondents must submit a response conforming to the requirements of the Pro Forma contract. The State will</p>

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other provisions set forth in our RFP response.	entertain limited negotiation to standard Terms and Conditions as provided in RFP Section 5.3.5.
3 Provision of services and the terms therefore shall be subject to any and all descriptions, limitations and provisions set forth in the description of services to be provided in response to the RFP. This shall include our current and proposed payer list and its methodologies for securing, receiving, transmitting and editing claims and other EDI transactions.	Respondents must submit a response conforming to the requirements of the Pro Forma contract. The State will entertain limited negotiation to standard Terms and Conditions as provided in RFP Section 5.3.5.
4 Our client services support hours are Monday through Thursday, 8:30 a.m. – 7:00 p.m., and on Friday from 8:30 a.m. – 6:00 p.m., Eastern Standard Time. Training and other support services shall be provided as set forth in the response to RFP and in accordance with our standard protocols.	Respondents must submit a response conforming to the requirements of the Pro Forma contract. The State will entertain limited negotiation to standard Terms and Conditions as provided in RFP Section 5.3.5.
5 Data privacy, security, retention and destruction (including the methods therefor) and disaster recovery shall be in accordance with our current policies and procedures. These policies and procedures are HIPAA-compliant (as our company is a HIPAA covered entity as a healthcare clearinghouse). Our company is also an active participant in the Healthcare Network Accreditation Program (HNAP), sponsored by the Electronic Healthcare Network Accreditation Commission (EHNAC), an independent, federally recognized self-governing body to ensure compliance with industry established standards and HIPAA regulations. We provide access to such policies and procedures onsite with reasonable advance notice and an attempt to limit disruption to our operations.	Respondents must submit a response conforming to the requirements of the Pro Forma contract. The State will entertain limited negotiation to standard Terms and Conditions as provided in RFP Section 5.3.5.
6 Product warranties shall be provided to the extent set forth in our License Agreement, as such may be negotiated.	Respondents must submit a response conforming to the requirements of the Pro Forma contract. The State will entertain limited negotiation to standard Terms and Conditions as provided in RFP Section 5.3.5.
7 Payment terms and pricing changes shall be as provided in our License Agreement, as such may be negotiated by the parties	Respondents must submit a response conforming to the requirements of the Pro Forma contract. The State will entertain limited negotiation to standard Terms and Conditions as provided in RFP Section 5.3.5.
8 Our standard License Agreement does not permit termination for convenience.	Respondents must submit a response conforming to the requirements of the Pro Forma contract. The State will entertain limited negotiation to standard Terms and Conditions as provided in RFP Section 5.3.5.
9 We may use subcontractors in its sole discretion so long as it remains responsible for the action and inaction of such subcontractors. We do not agree to prior approval of subcontractors or changes thereto. We retain the right to assign the	Respondents must submit a response conforming to the requirements of the Pro Forma contract. The State will entertain limited negotiation to standard Terms and Conditions as provided in RFP Section 5.3.5.

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License Agreement in the event of a change in control of our company.	
10 The "Maximum Liability" of each party shall be subject to negotiation by the parties based on the overall value of the contract.	Respondents must submit a response conforming to the requirements of the Pro Forma contract. The State will entertain limited negotiation to standard Terms and Conditions as provided in RFP Section 5.3.5.
11 Our indemnification obligations, other than those for intellectual property infringement claims, shall be subject to the Maximum Liability negotiated by the parties. This shall include liability pursuant to the Business Associate Agreement signed by the parties and any other indemnification or other obligations of our company.	Respondents must submit a response conforming to the requirements of the Pro Forma contract. The State will entertain limited negotiation to standard Terms and Conditions as provided in RFP Section 5.3.5.

3. **RFP Amendment Effective Date.** The revisions set forth herein shall be effective upon release. All other terms and conditions of this RFP not expressly amended herein shall remain in full force and effect.