



State of New Jersey

DEPARTMENT OF THE TREASURY
DIVISION OF PURCHASE AND PROPERTY
PURCHASE BUREAU
P.O. BOX 230
TRENTON, NEW JERSEY 08625-0230

JON S. CORZINE
Governor

BRADLEY I. ABELow
State Treasurer

September 7, 2006

To: All Interested Bidders

Re: RFP # 07-X-38991
Medical Consulting: External Quality Review Organization, DMAHS
Bid Due Date: September 26, 2006 (2:00 p.m.)

ADDENDUM #4

The following constitutes Addendum #4 to the above referenced solicitation. This addendum is divided into the following parts:

Part 1: Answers to questions

Part 2: Additions, deletions, clarifications, and modifications to the RFP

It is the bidder's responsibility to ensure that all changes are incorporated into the original RFP.

All other instructions, terms, and conditions of the RFP shall remain the same.

PART 1

**Medical Consulting: External Quality Review Organization, DMAHS
Bid Number 07-X-38991**

Answers to Questions

Note: Some of the questions have been paraphrased in the interest of readability and clarity. Each question is referenced by the appropriate RFP page number(s) and section(s) where applicable.

#	Page #	RFP Section Reference	Question	Answer
1	-	-	May the bidder provide suggested modifications to the Terms and Conditions in the body of the proposal?	No, not in the bid proposal. The Question and Answer period is the time for suggested modifications. The State wants all bidders to be on a level playing field.
2	-	-	<p>A. Do the HMOs use electronic health records?</p> <p>B. If yes, have they adopted common electronic document standards?</p> <p>C. If they have adopted common electronic documents standards, where can the standard that was adopted be found?</p>	<p>A. HMOs gather health information electronically through encounter data.</p> <p>B. No, each uses its own individualized system.</p> <p>C. Not applicable.</p>
3	18	3.2.2.1	<p>Please elaborate on the software. What is the intention of the State?</p> <p>A. Is it to assure that documents produced by the contractor will be operable on the State's technology systems?</p> <p>B. Is the State considering purchasing a reporting system?</p> <p>C. Is the State seeking to further automate HMO reporting?</p> <p>D. If the State is seeking to purchase a software system, when in the process will the decision be made regarding which system is purchased?</p> <p>E. Where are the medical records stored?</p> <p>F. Are the medical records available at a central location by HMO or kept at each provider location?</p> <p>G. Are medical records available electronically?</p>	<p>A. Yes, documents produced by the contractor must be operable on the State's technology systems.</p> <p>B. No, the State is not considering purchasing a reporting system.</p> <p>C. No, the State is not seeking to further automate HMO reporting.</p> <p>D. Not applicable.</p> <p>E. Medical records are stored in the providers' offices.</p> <p>F. Medical records are kept at each provider location.</p> <p>G. It depends on the provider.</p>

#	Page #	RFP Section Reference	Question	Answer
			H. What barriers were encountered in the past that impacted the contractor's ability to collect at least 90% of medical records/data needed for each focus study or case review?	H. Two primary barriers were the provider's refusal to copy medical records and difficulty in obtaining all medical records for dual eligibles.
4	18	3.2.2.2	It appears that the performance of Sections 3.2.2.10 (page 24) and 3.2.2.11 (page 24) will require medical record review. Doesn't the "retrospective quality review of medical care provided to NJFC/Medicaid clients" described in this Section refer to review to be performed for Sections 3.2.2.10 and 3.2.2.11?	Yes, all activities are a retrospective quality review of medical care. It encompasses these two Sections and the whole work plan.
5	18	3.2.2.2	As a clarification of Question 12 in Addendum #2, please clarify that the term "Medical Review Plan" refers to the overall plan for evaluating quality, including various specific tasks, activities, and deliverables.	Medical Review Plan is a detailed plan that includes an overview of general review criteria used to evaluate provided healthcare services.
6	18	3.2.2.2	As a clarification of Question 12 in Addendum #2, please respond to the original question as it pertains to the "Retrospective Quality Review" and as it pertains to the "Focused Quality Studies"	Focused Quality Studies are retrospective quality reviews. All quality reviews will be retrospective.
7	21	3.2.2.5	The Managed Care Program Quality Report will have a publication date of 45 working days from the end of the previous calendar year. In February 2007, for example, HEDIS data for 2006 will not yet be available, nor will results of focused quality studies for 2006. Would the Managed Care Program Quality Report to be published in early 2007 include data from 2005, or would the publication date be 45 working days from the end of the previous contract (rather than calendar) year?	The Managed Care Program Quality Report to be published in early 2007 will include data from 2005.
8	25	3.2.2.12	Regarding Addendum #2, Part 1, Questions 32 and 33, please clarify the apparent contradiction of #32 indicating 95% confidence interval is required vs. #33 that says "The contractor shall suggest an appropriate confidence interval as part of the proposal for sample selection presented to the State Contract Manager for review and approval."	The State is requiring a 95% confidence level, 95% confidence interval and a sampling precision of +/- 5%.
9	25	3.2.2.12	Typically a sampling precision of +/- 10% at a 95% confidence level for statistical extrapolation would be considered generally acceptable. Will the State accept a sampling precision of +/- 10% at a 95% confidence level for the determination of sample sizes, or does the State require a higher sampling precision, for example, +/- 5% at a 95% confidence level? Tighter sampling precision requirement leads to a larger sample size needed. Thus, the State's requirement on	The State requires a sampling precision of +/- 5% at a 95% confidence level.

#	Page #	RFP Section Reference	Question	Answer
			the sampling precision would have a direct impact on the cost of conducting the review work.	
10	28-29	4.4.4.1	Does the State want the contractor's proposal to include an "approach and specific criteria..." for the bulleted list at the top of page 29 as they pertain to the "Focused Quality Studies"? We are trying to understand the placement of this Section in the "4.0 Bid Proposal Preparation and Submission" Section rather than the "3.0 Scope of Work" Section.	Yes, the "approach and specific criteria" are in Section 4 because the State wants the bidder to indicate its ability to conduct this work in the bid proposal as opposed to allowing the bidder to simply agree to doing the work in the future as a contractor in accordance with Section 3.

PART 2

**Medical Consulting: External Quality Review Organization, DMAHS
Bid Number 07-X-38991**

Additions, Deletions, Clarifications, and Modifications to the RFP

#	Page #	RFP Section Reference	Additions, Deletions, Clarifications and Modifications