

**Charleston County School District
 Request for Proposals
 AMENDMENT #1**

Solicitation Number: P1803

Description: Medicaid Documentation and Claims Software for Charleston County School District

Date: November 2, 2017

SUBMIT OFFER BY: November 17, 2017 BY 2:00 PM ET

QUESTIONS MUST BE RECEIVED BY: October 19, 2017 by 2:00 PM ET

NUMBER OF COPIES TO BE SUBMITTED: One (1) Original Copy, Six (6) Hard Copies and One (1) USB Flash Drive (See page 2 for details)

PROCUREMENT OFFICIAL CONTACT: Procurement Services
 Attention: Debra Cannon, CPPO, CPPB
 3999 Bridge View Drive
 North Charleston, SC 29405
 Phone: 843-566-1982
 Email: debra_cannon@charleston.k12.sc.us

The term "Offer" means your "Bid" or "Proposal".

Offers must be submitted in a sealed package. Solicitation Number & Opening Date must appear on package exterior.

You must submit a signed copy of this form with your offer. By submitting a bid or proposal, You agree to be bound by the terms of the Solicitation. You agree to hold your offer open for a minimum of ninety (90) calendar days after the Opening date.

Print Name of Offeror (Full legal name of business submitting the offer)		Date Signed
Authorized Signature (Person signing must be authorized to submit binding offer to enter contract on behalf of Offeror named above.)		Taxpayer Identification No.
Title (Business title of person signing above)		Telephone Number
Printed Name (of person signing above)		Facsimile Number
Company Address (Street, City, State & Zip Code)		
Contact Person(if different than authorized signature)		Email Address
Telephone Number	Facsimile Number	

Cover Page

The above numbered Request for Proposals is amended as set forth below. The Hour and Date specified for receipt of proposals has been extended to **November 17, 2017 @ 2:00PM ET**. Bid Schedule has not been amended.

Reference and acknowledge this Addendum on the offer submitted. Failure to acknowledge addendum may result in rejection of your offer.

If by virtue of this addendum you desire to change an offer already submitted, such change may be made by submitting an amended bid prior to the closing date and hour specified.

AMENDMENTS TO SOLICITATION

(a) The Solicitation may be amended at any time prior to opening. All actual and prospective Offerors should monitor the following web site for the issuance of Amendments: <http://academicdepartments.musc.edu/vpfa/finance/purchasingap/vendors/solicit-awards/bids.htm> (b) Offerors shall acknowledge receipt of any amendment to this solicitation (1) by signing and returning the amendment, (2) by identifying the amendment number and date in the space provided for this purpose on Page Two, (3) by letter, or (4) by submitting a bid that indicates in some way that the bidder received the amendment. (c) If this solicitation is amended, then all terms and conditions which are not modified remain unchanged.

This amendment was issued to extend the deadline for receipt of proposals and to answer questions received.

1. Does the District currently bill for School-Based Nursing, Rehabilitative Therapy and Psychological Services?
Answer: The District is currently billing for Nursing and Rehabilitative Therapy Services, but we are not currently billing for Psychological Services and Rehabilitative Behavioral Health Services.
2. If so, who is the District's current billing vendor?
Answer: Health Office
3. What fee does the current vendor charge?
Answer: Fiscal Year 17 for Nursing Services was \$63,750 and Rehabilitative Services was \$62,700. Please note that the requirements have been revised.
4. How much revenue has the District received for the last 4 years from the School-Based Rehabilitative Therapy Services program broken down by year (and service type if possible)?
Answer: See 13.
5. What is the District's approximate percentage of students that are Medicaid eligible?
Answer: Approximately 13,000 district-wide or 26%.
6. What percentage of IEP students does the District have parental consent to bill Medicaid for?
Answer: 53%

7. How many service providers will be billing?

Answer: 72 for rehabilitative therapy, 40 for Psychological Services, 126 Nurses

8. Is the District currently billing for or looking to start billing for Special Needs Transportation services? If so, is the District seeking a vendor to provide a solution to track transportation services provided to students with disabilities?

Answer: No, not at this time.

9. The Offeror and its personnel have all authorizations, permits, licenses, and certifications as may be required under federal, state, or local law to perform the services specified in this RFP.

Can you clarify specific permits, licenses and certifications is this item referring to?

Answer: This clause is as applicable, not referring to any specific license required.

10. Provide documentation portal for personal encrypted password-protected private notes to afford maximum security and privacy, not accessible from student record or by user other than original author of private note .

Can you elaborate on this requirement of documentation portal?

Answer: Providers need a method for attaching information to a student’s record that is HIPAA protected and limited viewing allowed on a need-to-know basis, not generally viewable by all who can access the student’s full record (example - student is HIV positive: does not need to be shared with all providers; universal precautions should be observed when working with all students).

11. Can you provide a sample of the Medicaid Quality Assurance Review Report required for District to submit to State Department of Education ?

Answer: Please see attached.

12. Who is your current Medicaid billing vendor for school-based nursing and rehabilitative services? Why is Charleston County School District seeking to change vendors? Are there any known problems with the current vendor?

Answer: See response to #2. The District has used the same vendor for nursing services for over ten years and RBHS/Psychological services for 5 years. The District is seeking a single solution for all needs including the ability to track non-reimbursable IEP and 504 services for all students.

13. What total Medicaid reimbursement has Charleston County School District received, by fiscal year and by service, since FY14?

	FY14 (7/1/13-6/30/14)	FY15 (7/1/14-6/30/15)	FY16 (7/1/15-6/30/16)	FY17 (7/1/16-6/30/17)
Rehabilitative	1,304,090	644,550	706,088	395,385
Nursing	1,070,430	1,254,691	1,567,147	1,337,434

- Medicaid Match expense reduces these amounts by 30%

14. Given that this RFP spans several different services and departments, will Charleston County School District appoint a central point of contact or a project manager to oversee this ongoing project?

Answer: If the project will include billing for nursing, then CCSD would need to determine the point of contact for the District in collaboration with these departments. It is anticipated that the Compliance Coordinator (to be hired) in the DEC could potentially serve this role.

15. In Section 2.0 under “Scope of Solicitation” on page 3 it says “...seeking proposals from companies to provide courier services....” Can you clarify if this is the correct wording?

Answer: Please disregard. That is an error. The correct wording is Medicaid Documentation and Claims software.

16. In Section 6.0 under “Award to One Offeror” on page 20 it says “Award will be made to one Offeror”.

However, it also says later in the same paragraph “The District reserves the right to select and award on any individual item basis, group basis, or all or none basis.” Will Charleston County School District require that all services be awarded to one vendor for this RFP?

Answer: It is the District's intent to award to one offeror.

17. In Section 6.0 under “Evaluation Factors – Proposals” on page 20 it lists the three different factors and their associated points. Can you provide additional details around the criteria that make up these total points?

Answer: Please see section 8, Information for Offerors to submit.

18. Under Item 6. “Product Technology Requirements” on page 30, can you clarify whether the bullets pertain to “F. Training” or to “E. Security”?

Answer: E. Security

19. Under Item 6. “Product Technology Requirements” there is a section for “F. Training” on page 30. Does Charleston County School District have a preference for the delivery method or format of training in terms of in-person vs. online and all end user training vs. train-the-trainer? If in-person training is offered for all end users, will sufficient accommodations be made (i.e., teacher work days or substitutes) to allow for users to attend trainings?

Answer: The District does not have a preference for the delivery method. The training method must be efficient and able to accommodate mid-year hires. Training support materials should be designed to also be a reference tool for end users as they begin using the system. The district will work with the Vendor to schedule training at a time when end users are available.

20. Under Item 6. “Product Technology Requirements” there is a section for “H. Implementation” on page 31. With the estimated contract award being in December 2017, when would Charleston County School District anticipate completing the system implementation?

Answer: We would prefer implementation to begin as soon as possible. Keep in mind that our providers were just trained in the current billing vendor system. There are potential problems with implementing during the 2017-2018 school year. However, if full product and ease of training is available, we could implement Spring 2018

21. Where in the RFP is the “System Requirements Form” referenced throughout the Scope of Work located?

Answer: Please see attachment E starting on page 42.

22. On page 30, is the section title “F. Training” supposed to be moved below the bulleted list above the paragraph about training. The bulleted list pertains to the section E. Security.

Answer: E. Security.

Items Needed for On-Site Medicaid Quality Assurance Review Visit

1. **Important:** Prior to the QA Review, please ensure that the Internal Self-assessment (ISA) is completed via the QA Application at least 2 weeks prior to the QA Review.
2. Ten files (two files of every rehabilitative service and at least one file for each behavioral health service) should be provided. If the total number of files -- two files for every rehabilitative service and one for each behavioral service provided by your district-- is greater than ten files, more than ten files should be provided. These files should represent all Medicaid Billable services including School-based Rehabilitative, RBHS and Telemedicine Services, if applicable.
3. **IEP:**
Current IEP and IEPs from the last two years (Due Process file) for the files identified in item # 2. Also provide the current year's documentation for the files you have selected for our review. This will give us the opportunity to monitor your progress on any rule changes made in the prior year.
4. **WIFI Access:**
WIFI Access- the QA Representative will need to have WIFI Access during the review. Please ensure that your technology team is available at the beginning of the QA review. If possible, please have MIFI available, if WIFI Access is not operable.
5. **Important:** The documentation in the files should meet the requirements of the Medicaid Manual and the QA checklists. The SCDE QA Representative will be reviewing documentation from the prior school year (for example SY 2016-2017 documentation is reviewed during SY 2017-2018).
6. After the SCDE QA Representative arrives, he/she will randomly select at least two other files based on highest billed students and SNT claims.
7. **Credentials:**
Copies of credentials/certifications and electronic or handwritten signature sheet for all providers of the ten files that are pulled.
8. **Acronyms:**
 - i. List of Acronyms for all services, if applicable.
9. **Contracts/MOAs:**
Contracts and Memoranda of Agreement (MOA's that were effective for the review year, and those effective for the current year) between your district and:
 - a. **SCDE Contracts:**
 - i. For School District Administrative Claiming (SDAC);
 - ii. For Special Needs Transportation (SNT) services.
 - b. **SCDHHS:**
 - i. for Rehabilitative and Related Health Care Services;
 - ii. for SDAC
 - iii. RBHS:
 - a. Managed Care Organization (MCO) Contract

Items Needed for On-Site Medicaid Quality Assurance Review Visit

c. Telemedicine:

- i. Telemedicine School-based Health Services Agreement
- ii Telemedicine School-based Health Services Addendum

10. SDAC:

One quarter's SDAC file, and a list of all quarters for which files exist. Paid quarterly SDAC invoices, a listing of all revenues offset from the claim by source (usually with finance) and supporting documentation on how figures were calculated in the federal offset column. RMS roster for the quarter we select (we will review on your computer or hard copy). Your survey results in the SDAC Application (we will review on your computer or hard copy). Evidence of SDAC training of all random moment survey roster participants (copies of training materials and dates, names of attendees, and signed certifications of training).

11. SNT:

Copies of Special Needs Transportation Logs for the review year. A record of which SNT students are, or have been, Medicaid-eligible. Copies of the bus drivers' license, documentation of training for the drivers and staff on the SNT process. You will be asked during the review to provide a particular student's IEP and a clinical service note that documents the student had a medical service on a day (selected by your QA Representative) that the district billed Medicaid for the student's transportation.

12. Corrective Action Plan (CAP)

Documentation of implementation of all Corrective Action Plan (CAP) related to Quality Assurance findings (prior Internal Self-assessments, prior SCDE visits, and prior SCDHHS visits). Any additional items requested by the SCDE, Office of Medicaid Services should be readily available for review.

13. Program Integrity:

Copies of documentation, if applicable (for the current and prior school years) that verifies the following for funds that were recouped by SCDHHS Program Integrity:

The reason for recoupment of funds:

- a. The amount of funds that was recouped
- b. The type of site visit that was conducted (desk audit or onsite audit).

c. PERM:

- i. Copies of PERM recoupment documentation.

14. TPL:

Proof of Medicaid eligibility checks on all students to include TPL requirements, at the beginning of the year (and periodically) and review all remittance advice information received from Medicaid and district contracted billing companies, to ensure that Medicaid billing is accurate:

- a. Provider of service licensed by LLR, if applicable
- b. The Explanation of Benefits (EOB)? NOTE: If not, is there a denial letter on file?
- c. Copy of the Eligibility Verification for the child
- d. TPL Credentialing information, if, applicable
- e. Copy of the beneficiary's insurance card in the file