**Commonwealth of Virginia**

**Department of Human Resource Management**

**Third Party Medical Review Services**

**RFP # OHB 16-01**

**Addendum # 1**

**November 5, 2015**

**Please sign this form and include as a part of your submission.**

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**This addendum addresses all questions received through Wednesday November 5, 2015. The submission date remains unchanged.**

1. 1.0 Introduction (pp.3), 1.2 Background states “The Contractor shall provide reviews of denials which shall pertain only to the issue of medical necessity or experimental/investigational status of a treatment or procedure.”

Exhibit 3 (pp. 29), Current Appeal Process Overview, #8 states: “The external impartial health entity will provide clinical and legal expertise to review medical, legal, and contractual issues relevant to a medical appeal.”

**Question:** What type of legal expertise or legal review (noted in Exhibit 3) would be necessary for a Medical necessity review?

**Response:** As a part of the review process, the contractor will need to take specific provisions of the health plan, as outlined in the Summary Plan Description (member handbook), into consideration when making their determination. The contractor would also be asked to ensure any determination be in accordance with legal requirements related to health care coverage.

1. Also in Exhibit 3 (pp. 29), #9 states “the Department Director’s final case determination is communicated to the member via certified letter.”

**Question**: Communication regarding the review decision goes directly to the Department and the Department sends out a letter to the member/appellant?

**Response**: Response:  The contractor would be required to send their decision letter, which would include a cover sheet indicating the outcome of the review, to the member with a copy to the Department.  If the adverse decision is upheld or revised, the contractor would also be responsible for including the information regarding the member’s right to appeal under the Administrative Process Act (APA).  The Department would provide the required language regarding the member’s APA rights.

1. The RFP encompasses services related to reviewing denials of care appealed by employees and their dependents covered by the Department’s self-funded health insurance plans and providing specific consulting and research services upon the Department’s request.  Exhibit #1 provides background on the annual number of appeals.

**Question**: Is there a similar summary on the number of Consulting/Research engagements?

**Response**: No, these services have been rarely used.

1. Because our Independent Third Party Medical Review Services and Consulting and Research Services would be administered outside the Commonwealth of Virginia, we currently do not have any relationships with DSBSD-certified small-, women-, or minority-owned businesses. Page 28 of the RFP indicates that “It is important to note that these proposed participation will be incorporated into the subsequent contract and will be a requirement for the contract. Failure to obtain the proposed participation percentages may result in breach of the contract.” Further, on page 9 of the RFP, item 4.3 – Criteria for Evaluation indicates that 20% of the evaluation will be based on our relationships with DSBSD-certified Small, Women, and Minority Owned businesses.

**Question**:  Should we invest our time responding to the RFP if our response will not be considered because we do not have these relationships?  Will our proposal be automatically penalized 20% in the Evaluation Criteria? Given the projected scope of work outlined in the RFP, is it possible that you will waive this requirement?

**Response:** This solicitation is a competitive procurement. All proposals will be evaluated based on the criteria identified in the RFP.