



DISTRICT OF COLUMBIA DEPARTMENT OF MENTAL HEALTH
 CONTRACTS AND PROCUREMENT ADMINISTRATION
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June 19, 2012

iCAMS
REQUEST FOR PROPOSAL (RFP) AMENDMENT NUMBER ONE (1)

Solicitation Number: RM-12-RFP-093-BY3-IT-iCAMS-TH

To All Prospective Bidders:

Solicitation **RM-12-RFP-093-BY3-IT-iCAMS-TH** is hereby amended as follows:

Question No.	IFB Section	Question
One	J & K	<p>If we are a current vendor certified to do business and is currently doing business with the District of Columbia, do we need to complete and submit any of the attachments referenced in Section J.11 (p. 82) and Section K.1 (p. 84) as found on the Office of Contracting and Procurement – Solicitation Attachments website? Please clarify which vendor certification forms/attachments would need to be submitted with our RFP response.</p>
<p>DMH RESPONSE: The Government of the District of Columbia legislation mandates that prior to the award of contracts, certain documents are required for Contract Award. There may be additional and/or varied documents required in the solicitation. The basic documents and requirements listed in Section J and Section K of the solicitation such as the documents listed below must be submitted:</p> <ul style="list-style-type: none"> • EEO Information and Mayor Order 85-85 • Tax Certification/Affidavit • First Source Employment Agreement • Bidder/Offeror Certifications • Cost/Price Data Package 		

Question No.	IFB Section	Question
Two	L.17	<p>For the meeting on June 21, will you be able to provide a call-in number so we can attend by phone?</p>
<p>DMH RESPONSE: This is an Optional Pre-Proposal Conference, a call-in number shall not be provided. Questions shall be answered in the form of an amendment and posted on www.dmh.dc.gov.</p>		



Question No.	IFB Section	Question
Three	J & K	We have downloaded the above iCAMS RFP and noticed that the referenced web links for additional attachments do not seem to work (for example: page 39, 41, 81-82). Please forward us the correct link(s) or the correct attachments.

DMH RESPONSE: Please find links below:

Pg 39 --

<http://ocp.dc.gov/DC/OCP/Vendor+Support+Center/District+of+Columbia+Supply+Schedule/Standard+Contract+Provisions+-+2010>

Pg 41 --

<http://ocp.dc.gov/DC/OCP/Vendor+Support+Center/District+of+Columbia+Supply+Schedule/Standard+Contract+Provisions+-+2010>

Pg 74 -- <http://ocp.dc.gov/DC/OCP/> Then click on Solicitation Attachments

Section J is deleted in its entirety and replaced with the following:

**LIST OF DOCUMENTS, EXHIBITS and OTHER ATTACHMENTS
TABLE OF CONTENTS**

CLAUSE No. CLAUSE TITLE

WEBSITES ADDRESSES FOR COMPLIANCE DOCUMENTS:

J.1	STANDARD CONTRACT PROVISIONS (JULY 2012) (27 pages) http://ocp.dc.gov/DC/OCP/ Then click on Solicitation Attachments STANDARD CONTRACT PROVISIONS (July 2010) (38 pages) Online Solicitation and Purchase Order Only http://ocp.dc.gov/DC/OCP/ Then click on Solicitation Attachments
J.2	WAGE DETERMINATION (REVISION 13, JUNE 13, 2011) http://www.wdol.gov/wdol/scafiles/archive/sca/05-2103.r9
J.3	Consent Order date December 12, 2003 in Dixon, et al. v Gray, et al., CA 74-285 (TFH) (Dixon Consent Order). (18 pages) http://www.dmh.dc.gov/dmh/cwp/view,a,3,q,639222,dmhNav,\31262\,asp
J.4	EQUAL EMPLOYMENT OPPORTUNITY INFORMATION AND MAYOR ORDER 85-85 http://ocp.dc.gov/DC/OCP/ Then click on Solicitation Attachments
J.5	FIRST SOURCE EMPLOYMENT AGREEMENT http://ocp.dc.gov/DC/OCP/ Then click on Solicitation Attachments
J.6	BUDGET PACKAGE
J.7	TAX CERTIFICATION AFFIDAVIT http://ocp.dc.gov/DC/OCP/ Then click on Solicitation Attachments
J.8	LIVING WAGE ACT FACT SHEET (THE WAY TO WORK AMENDMENT ACT OF 2006) http://ocp.dc.gov/DC/OCP/ Then click on Solicitation Attachments
J.9	DEPARTMENT OF MENTAL HEALTH POLICIES AND RULES http://www.dmh.dc.gov/dmh/cwp/view,a,3,q,621393,dmhNav,%7C31262%7C,asp
J.10	Solicitation/Request for Proposal Number: RM-12-RFP-093-BY3-IT-iCAMS-TH.
J.12	Proposal/Contractor Certifications available at www.ocp.dc.gov click on "Solicitation Attachments"



Question No.	IFB Section	Question
Four	J&K	Section J.11 (p. 82) and Section K.1 (p. 84) refer to contractor certifications which are a link to the Office of Contracting and Procurement – Solicitation Attachments. Please clarify specifically which attachment(s) are required with our RFP response submission.
<p>DMH RESPONSE: The basic documents and requirements listed in Section J and Section K of the solicitation such as the documents listed below must be submitted:</p> <ul style="list-style-type: none"> • EEO Information and Mayor Order 85-85 • Tax Certification/Affidavit • First Source Employment Agreement • Bidder/Offeror Certifications • Cost/Price Data Package 		
Question No.	IFB Section	Question
Five		Is a MS Word version of the RFP available especially for the sections that require vendor responses (ie: Appendix N – Section C.7-0 through C.9.0 and Section C.10.0)?
<p>DMH RESPONSE: There shall not be a MS Word Version of the RFP, upon written request to icams.rfp@dc.gov, we shall provide Appendix N, in MS Word.</p>		
Question No.	IFB Section	Question
Six	L.2	<p>On page 86, L.2 PROPOSAL FORM, ORGANIZATION AND CONTENT of the iCAMS RFP we noticed the following instruction regarding page limits that requires clarification.</p> <p>“Stapled or bond technical proposal shall be submitted with a minimum of five (5) pages and not to exceed the maximum of ten (10) pages, additional pages only for cost proposal and supporting documentation.”</p>
<p>DMH RESPONSE: Section L.2, First Paragraph, is deleted in its entirety and replaced with the following:</p> <p>One original and five (5) copies of the written proposals shall be submitted in two parts, titled "Technical Proposal" and "Price Proposal". Each page shall be numbered and labeled to include the Solicitation number and name of the Prospective Contractor, Stapled or bond technical proposal shall be submitted not to exceed the maximum of one hundred fifty (150) pages (Pages to include Appendix N), additional pages only for cost proposal and supporting documentation (compliance documents). Proposals shall be typewritten in single space, single page, Times New Roman: twelve (12) point font size on 8.5” by 11” bond paper, single sided. <u>Telephonic and telegraphic proposals or electronic email shall “NOT” be accepted.</u> Each proposal shall be submitted in a sealed envelope conspicuously marked: "Proposal in Response to Solicitation No. (RM-12-RFP-093-BY3-IT-iCAMS-TH, Title and name of Prospective Contractor)".</p>		



Question No.	IFB Section	Question
Seven		Can you provide Word version of RFP?
<p>DMH RESPONSE: There shall not be a MS Word Version of the RFP, upon written request to icams.rfp@dc.gov, we shall provide Appendix N, in MS Word.</p>		

Question No.	IFB Section	Question
Eight	C	<p>I have read and reread the requirements re: the requirement for MCO software (e.g., sections C.5.2 , C.8.19 Provider Management), and it is difficult to tell if Wash DC DOMH wants a MCO software to manage provider eligibility, authorizations and payments. Please confirm one way or the other.</p>
<p>DMH RESPONSE: Provider Eligibility and status shall be received via electronic feed into our system from the Economic Security Administration (ESA), and the Department of HealthCare Finance via (DC Access). Eligibility from these systems must be interfaced with iCAMS (the system) to assure that as ‘real time’ as possible each eligible consumer who may seek to receive care shall have their current eligibility status in place. Authorizations, or level of care/benefit packages as determined by DMH shall be ‘attached’ to each Consumer record providing a back end acknowledgment of insurability for the appropriate provision of care by the selected provider and clinician.</p> <p>The same system (Electronic Health Record) must be able to produce an outgoing 837 and receive the incoming 835 for posting to each identified accounts receivable, identifying insurance payment and individualized claim payment/denial information. The Consumer ledger must maintain line history by individual claim including self pay or ‘liability’ sliding fee scale, for claim review and audit capability. If the product has the internal ability to re-adjudicate/reprocess and pay claims all the better, as noted DMH would like to retain this internal capability. An active ‘real time’ interface for claim adjudication and payment may be acceptable as long as the process is seamless and real time to the provider community and DMH for immediate access to claim status and financial reporting.</p>		



Question No.	IFB Section	Question
Nine	C	In the RFP, it says that you are requesting a single platform. If we have a partner that can handle processing claims, can we respond to this RFP or are you definitely looking for one company that can handle the EHR component as well as processing claims.

DMH RESPONSE: The Electronic Health Record shall have built back end logical capability to understand and recognize Consumer status as it relates to care including but not limited to; Consumer insurability/eligibility, level of care/'benefit package' for services which are authorized, stemming from the consumer diagnosis or other identified criteria. The service provision must be recognizable by the system at the time of scheduling (rules) having capability to identify correct service delivery by appropriately credentialed clinicians for each consumer based on the system programming. This may include having additional modifiers as filters, including contract rates and payor rules for clean and auditable provision of care and immediate clean seamless billing capability.

The same system (Electronic Health Record) must be able to produce an outgoing 837 and receive the incoming 835 for posting to each identified accounts receivable, identifying insurance payment and individualized claim payment/denial information. The Consumer ledger must maintain line history by individual claim including self pay or 'liability' sliding fee scale, for claim review and audit capability. If the product has the internal ability to re-adjudicate/reprocess and pay claims all the better. An active 'real time' interface for claim adjudication and payment may be acceptable as long as the process is seamless and real time to the provider community and DMH for immediate access to claim status and financial reporting.

Question No.	IFB Section	Question
Ten	C	In reviewing the RFP, I was unsure of whether you are looking for an EHR that also processes claims. Can you clarify?

DMH RESPONSE: The Electronic Health Record shall have built back end logical capability to understand and recognize consumer status as it relates to care including but not limited to; consumer insurability/eligibility, level of care/'benefit package' for services which are authorized, stemming from the consumer diagnosis or other identified criteria. The service provision must be recognizable by the system at the time of scheduling (rules) having capability to identify correct service delivery by appropriately credentialed clinicians for each Consumer based on the system programming. This may include having additional modifiers as filters, including contract rates with payor rules for clean and auditable provision of care and immediate clean seamless billing capability.

The same system (Electronic Health Record) must be able to produce an outgoing 837 and receive the incoming 835 for posting to each accounts receivable, identifying insurance payment and individualized claim payment/denial information. The Consumer ledger must maintain line history by individual claim including self pay or 'liability' sliding fee scale, for claim review and audit capability. If the product has the internal ability to re-adjudicate/reprocess and pay claims all the better. An active 'real time' interface for claim adjudication and payment may be acceptable as long as the process is seamless with real time outcomes to the provider community along with DMH for immediate access to claim status and financial reporting.



ALL OTHER TERMS AND CONDITIONS OF THE REQUEST FOR PROPOSAL REMAIN UNCHANGED.

Only one copy of this amendment is being sent to prospective Offerors. Offerors shall sign below and attach a signed copy of this amendment to each proposal to be submitted to the place specified for receipts of proposals. Proposals shall be mailed or delivered in accordance with the instructions provided in the original RFP. In the event your proposal has been previously deposited with the Department of Mental Health, Contracts and Procurement Administration (DMH/CPA), submit this signed Amendment in a sealed envelope, identified on the outside by the RFP number and submission date. This signed Amendment must be received by the DMH/CPA no later than the date and time for closing.

Failure to acknowledge receipt of Amendment One (1) for Solicitation Number RM-12-RFP-093-BY3-IT-iCAMS-TH may be cause for rejection of any proposal submitted in response to the subject RFP.

Signed:

Samuel J. Feinberg, CPPO, CPPB
Director, Contracts and Procurement
Agency Chief Contracting Officer

Amendment Number One (1) is hereby acknowledged and is considered a part of the proposal for Solicitation Number **RM-12-RFP-093-BY3-IT-iCAMS-TH**

Signature of Authorized Representative

Date

Title of Authorized Representative

Print or Type Name of Offeror