

DME and Medical Supply FAQ's – Part II

1	How can I obtain a response to my questions regarding the RFPs?	Part I of the FAQs is posted on bcbst.com in the Provider section under Quick Links. If you need a response to questions not already on the FAQ's, please email kit_dockery@bcbst.com or susan_dorsch@bcbst.com and we will respond to your questions within 2 business days
2	In Section 5.16 - Please define USAGE; is this volume as in the number of units or in revenue?	What % of your total revenue is made up of these categories?
3	In Section 5.23 - Please define Pediatric. Under 18 years of age?	Actually, 18 or younger
4	Please clarify by HCPC what should be considered for both HME and Medical Supplies for the RFP process.	Any HCPCS code that represents an item you wish to supply to our Members should be included in your submission, along with the proposed fee for each code represented as a % of current TN Medicare.
5	Is the intent of the RFP to award an exclusive contract or to award a limited number of contracts to narrow the networks?	We anticipate a limited number of awardees. This will not be exclusive
6	What is the total membership for both Commercial and TennCare?	Commercial: 2.5M; TennCare: 300K
7	Does the Commercial RFP include all HMO, PPO and Medicare Advantage plans?	BCBST has no HMO product, only PPO. This initiative does not apply to our Medicare Advantage products
8	Would BCBS TN accept letters of support in addition to the 3 client references?	Yes
9	Is this RFP open to Network Management firms and Home Health Agencies with a DME component? If so, what will be the requirements regarding accreditation? Because Network Management firms are not service providers, we are not eligible for accreditation	Yes, this RFP is open to Network Management firms and Home Health agencies with a DME component. Accreditation must be obtained by all service providers – so all providers in your network must be accredited, or in the process of being accredited.
10	How long is the initial multi-year term as outlined in the Purpose/Scope of Proposal?	The initial term will be three years.
11	As outlined in Organization and Staffing, what level of management does BCBS of TN want for job descriptions?	All Management
12	Section 3.1(a) requests a list of services provided. Is this general by category or by HCPC?	Category.
13	Section 5.8. States “Provide details on your company’s Claims and Information management - Standards, performance, turnaround, information technology	Yes, in addition to any other IT capabilities such as reporting or tracking to monitor quality and efficiency.

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	<p>capabilities and programs in place.”</p> <p>Is this referring to what our policy is regarding the protection of the patients claims and medical records, both hard copy and our electronic processing of PHI?</p>	
14	<p>Section 5.16. states “ Provide details on your company’s equipment Usage – volume, repairs, replacement, issues for:</p> <p style="padding-left: 40px;">CPAPs Oxygen Wheelchairs Insulin Equipment Wound Care”</p> <p>Is Insulin Equipment referring to strips, lancets, and monitors or those items that insulin is actually used with?</p>	We are referring to Insulin pumps and associated supplies.
15	<p>Fee schedule: Can we bid different percentages for different HCPC codes?</p>	Yes
16	<p>C. Response: We can satisfy all the information required in the printed copy. Is the CD Rom expected to be an exact replica of the printed copy? We would have to scan a great deal of material i.e forms, insurance policies, licenses, etc. and figure out how to integrate it into the printed copy. Will the complete printed copy suffice, with a copy of the response (questions) burned to CD Rom?</p>	Yes
17	<p>Is question 2.2 D. correct? Or should it be not planning to contract?</p>	This is referring to employee / subcontractor vacancies. How do you provide services if someone quits or leaves unexpectedly?
18	<p>Will suppliers retained in this RFP be more judged on their service area, service level or price alone?</p>	All these things will be taken into account. We are attempting to provide the most cost-effective, highest quality service to our Members.
19	<p>Can we submit different % off for different products and or product lines?</p>	Yes
20	<p>May we submit different % discounts for individual HCPCs?</p>	Yes
21	<p>How is BCBS going to do the bid process? Lets say we bid on 20 products and meet all the criteria that you are looking for, will we win all 20 categories that we bidded on?</p>	In theory, yes, it’s possible. Please remember we are looking at several different factors, not just price. We are looking at several quality measures such as staffing, clinical expertise, coverage area and hours of operation, just to name a few. Simply selecting the lowest bidder would be very short-sighted

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22	Will every winning company receive the same fee schedule?	Yes
23	Can you tell me about the four separate contracts: a. private BCBS --- durable medical equipment. Any item that is identified as durable medical equipment, correct? We would print out all items that pertain to this category and put our bid amount or write in blank "No Proposal", correct?	Correct
24	The private BCBS supplies contract --- We don't do a lot of supplies. However, since we do some urological supplies and lots of CPAPs supplies, we would need to complete this application in order to bid on these products, correct?	Correct
25	To my understanding the VSHP plan is the TennCare select and we would need to do each of these contracts like the above private in order to do TN CARE Select, correct?	BlueCare and TennCare Select, correct
26	Question number one in the RFP Process --- When BCBS states they would like a understanding of the proposed services, are they looking for how we interpret the RFP Process?	Yes
27	During the questions BCBS, what does the following mean? 4.1. (a) Describe your philosophy for interaction with the BCBST medical management team and disease management programs? Do you want us to help get your management team CEU's or are you wanting us to do disease management protocols with BCBS? If so, can you please give me an example of what you are talking about? Just need some clarification, please.	How do you see your interaction with these areas of medical management? Do you see them as a partner, or an adversary?
28	How will you determine the fee schedule? Will there be one fee schedule or multiple?	There will be one fee schedule for all DME providers. The intent of the RFP is to provide the most cost-effective, highest quality services for our Members. The fee schedule will be based on a % of TN Medicare.
29	How many providers will you choose for a given area?	We cannot predict how many contracts will be awarded until we have reviewed all proposals. We will not sacrifice access to services for our Members.
30	Please be more specific on large client? Is that a referral source?	It can be. It could also be a patient, a manufacturer or another payer.
31	How will you handle current rental	They will be transitioned from non-par

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	patients for capped rental and oxygen?	providers to par providers after the Members have been given a 30-day notice.
32	Will you allow providers that are not included in the new network to keep their existing patient base?	There may be some isolated exceptions, but for the most part, no.
33	Will Blue Cross let more companies in the network this time especially if there are no other companies in specific counties? If you do not let companies in the network that have offices in the county it will make it difficult on patients to pick up items as well as delivery time from vendors traveling over 50 miles one way in some cases. Especially with the cap of oxygen and delivery of portable oxygen.	We cannot predict how many companies will be awarded contracts until we have reviewed all proposals. We will not sacrifice access to services for our Members.
34	Will our company's most recent federal tax return by itself be adequate for question 2.4? An audited financial statement is very costly and will require over 6 weeks to obtain.	The tax return will be sufficient.
35	In regards to question 4.1 (a) (b) Are these question not in relation to home health nursing? Please explain in detail what you are wanting if it is in relation to DME.	If you do business with Medicare, you are Medicare certified. You will need to submit a copy of your certification letter from CMS with your proposal. We also want to know if a significant percentage of your Medicare claims are denied and for what reasons
36	In question 5.16 Do you want the # of patients we currently serve on these products? What insulin products are you asking about?	Yes. Insulin pumps and diabetic supplies.
37	For the cost proposal, what do you mean by Maximum Allowable? Is this the Medicare Allowable? Or is this my bid? Do you want both the Medicare allowable as well as our bid? Or is this the maximum quantity allowed per month, quarter, etc?	Reimbursement is customarily set at a % of the Medicare allowable. We already know what the Medicare allowable is. We need to know what you propose your reimbursement be as a % of the Medicare allowable.
38	What do you mean by Percent of Tennessee Medicare? Do you mean what percent of the Tennessee Medicare Allowable is our bid?	Yes
39	What specifically are you asking for in question 5.17?	Explain how you would transition services to another provider, from another provider, or to a different piece of equipment
40	Question 2.2d, what is being asked by "explanation of vacancies for each service you are planning to contract "?	If your company loses staff or subcontractors who assist you in rendering services, how will you address
41	We recently contracted with BCBST. Are we going to need to submit bids for all	DME and Medical Supply providers who wish to remain contracted with BCBST for our

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	BCBSTN networks & plans in order to continue to bill BCBST?	Commercial or TennCare networks must submit a response to the RFP. Providers who are not selected to be contracted as a result of the RFP will then be considered non-par. Non-par providers may still file claims to BCBST for commercial Members, but the benefits are reduced and the Members pay more out-of-pocket. Any services provided by a non-par provider to a TennCare Member require prior authorization
42	If and when we are awarded contracts and wish to apply for award of new product lines, can we revise the contract or do we have to wait until the bidding reopens to apply for those additional services?	The awarded contracts will be amended to include any new product lines
43	Will being a new company with a small patient census and currently having a small staff hurt chances of contract award? This is a great concern within our office.....	All bidders will be scored using the same criteria as outlined in the RFP documents
44	Please explain again the difference between the DME and Medical Supply RFPs? Can we fill out all four if certain specifications apply in each category? Example- If a patient already has a CPAP purchased from another provider and previous non BCBS member and we are now billing BCBS for only supplies and no actual equipment is being billed is this still DME? Medical Supply? or both?	Generally, E-codes are considered DME, while A-codes are considered Medical Supplies. Some within the industry will also refer to these items as “hard goods” and “soft goods” respectively. There are several exceptions to these generalizations that include K, L and T-codes. If bidders wish to continue to supply any of these items to our Members, they must submit a proposal for each specialty and for the commercial and TennCare networks to be considered.
45	The RFP states that "Bidder will be willing to have due diligence review by Delegate Oversight and maintain on-going monitoring with our company" is this an indication that there will be a site survey before contracts are awarded?	Yes
46	Please clarify Section 4.8.C Performance standards and reporting capabilities	Please explain if and how you track your turn around times from the time you receive the referral to the time you deliver the equipment. We also would like to know if you have the capability to submit reports with this data.
47	Please clarify Section 4.8.G Utilization review plans	How your company keeps track of utilization of equipment and/or supplies to ensure that the patient is properly provided for
48	In case we need to supply a document to support our response to a question, should we type “please see attached document #...” or something similar? If	You can submit your non-electronic attachments with your hardcopies. Just note it on the electronic version

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	we can, will we have to scan non-digital documents to include on our CD-ROMs?	
49	If there is a section that does not pertain to us should we indicate N/A	Yes
50	Does the proposed bidding process affect traditional Blue Cross and Blue Shield?	There are RFPs for both Commercial and TennCare
51	Will there be an extension on the due date?	We do not anticipate an extension at this time
52	Can I supply a copy of our accreditation manual in lieu of the questionnaire?	Each bidder must complete the questionnaire
53	If we are selected as a winning provider what is the deadline date a provider has to receive their accreditation?	8/1/08
54	I am having a difficult time finding 2-10r in the BCBST link to the TennCare Contractor Risk Agreement (CRA). Can you help?	<p>Here is the language for 2-10.r. Prior Authorization Reporting: On a monthly basis, the CONTRACTOR shall provide a summary of all requests for prior authorization by type of service (e.g., Inpatient, Home Health, Pharmacy, Therapy, Durable Medical Equipment, etc.) received in the preceding month that will include, at a minimum, the following information: Total number of requests for prior authorization received; Total number of requests for prior authorization processed; Total number of requests approved; and Total number of requests denied, sub categorized by denial reason [e.g., 10 total denied, 5 –denied for member not eligible, 3 –denied....., etc.(list very specific denial reasons)].</p> <p>Effective July 1, 2003, Pharmacy services shall be provided by a TennCare contracted pharmacy benefits manager (PBM). At such time, all authorization requests shall be directed to and reported by the TennCare PBM.</p> <p>This information shall be reported on an Excel file in the format acceptable to TENNCARE and shall be sent to TENNCARE electronically. Failure to provide monthly reports of authorization activities, as specified above, shall result in the application of liquidated damages as described in Section 4-8 of this Agreement.</p> <p>Here is the link to the CRA from the State's Website...</p>

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		http://www.state.tn.us/tenncare/forms/mcoriskagreement.pdf
55	<p>It appears there are several typos in the numerical listings/sub listings of certain sections of the RFP.</p> <p>Should we address questions in those sections as they are numerically listed or address them by the corrected number?</p> <p>Examples:</p> <ul style="list-style-type: none">• 4. Quality & Credentials, Sub listing 4.9 listed as “1.9”• 5. Operations, Sub listing 5.2 is listed twice and sub listing 5.4 was skipped	<p>The same snafu occurred for all 4 RFPs. I think the easiest thing to do in your response is keep the number listed, and put the correct number in parenthesis</p>