



RFP09029CK Third Party Administrative Services

Questions & Answers #1

Issued: 9/1/2010

Question #1: Does the Hospital currently use an electronic claims management system, if so what software are they using? Does it include notes, checks, reserves etc?

GHS Response: GHS currently utilizes Peminic as its electronic claims management system. The software includes notes, reserves, and check records. The check transactions are currently being processed out of GHS' finance department.

Question #2: When converting the data is it the hospitals desire to convert all historical data including closed claims? How far back does the data go?

GHS Response: GHS desires to only convert the data for the open claims.

Question #3: What is the Hospital's policy on settling claims?

GHS Response: GHS formal policy for settling claims is currently in development.

Question #4: What is the Hospital's policy on providing light duty work?

GHS Response: GHS requires all employees to return to light duty assignment when released by the ATP. All departments are required to provide accommodations for the modified assignment. If light duty can not be provided within the department than they utilize a pool of light duty jobs that allows the employee to be assigned to another department.

Question #5: What is the Hospital currently using a Panel of Physicians, Conformed Panel or MCO? Please provide a list of the doctors on the panel or in the MCO.

GHS Response: GHS utilizes a Panel of Physicians that can be found as Attachment A.

Question #6: Are all state Board filings up to date?

GHS Response: Yes

Question #7: Who is the current excess carrier? What is the SIR? Have all claims been reported per the carriers reporting requirements?

GHS Response: Safety National, \$350,000, All claims have been reported per the reporting requirements.

Question #8: Will the successful TPA be reporting to CMS on behalf of GHS?

GHS Response: Yes

Question #9: Confirm that GHS Workers' Compensation claims are currently self-administered. If self-administered, how many staff members involved?

GHS Response: Yes, GHS is self-administered. Five staff members are within the workers compensation department.

Question #10: If not currently self-administered, who is the TPA and how long have they represented GHS? Are there any service issues with this incumbent?

GHS Response: N/A

Questions #11: Is current pricing available?

GHS Response: N/A

Question #12: What type of performance agreement is GHS considering?

GHS Response: GHS is seeking the most creative mutual financial guarantee. GHS' goal is to mitigate the annual workers compensation loss cost.

Question #13: Who is the current broker? How long have they been the broker for GHS?

GHS Response: McNeary is GHS excess workers compensation broker for the last five years.

Question #14: Confirm that "run off" claims are to be priced for too.

GHS Response: Yes

Question #15: What specifically is the current involvement (if any) by local, small or economically disadvantaged providers?

GHS Response: N/A

Question #16: Is multi-year deal pricing requested?

GHS Response: It will be considered.

Question #17: How many users does GHS need to (a) just look up status of claim, and (b) utilize analytical tools?

GHS Response: Three (3) users are necessary for both functionalities.

Question #18: Describe who and how many external users may enter notes into RMIS claim record? Are these employees of GHS?

GHS Response: One (1) user and they will be an employee of GHS.

Question #19: Will GHS's claim system in use today be able to generate a historical transaction file needed to convert data to the new system? If the new system is taking over open claims and subsequently all historical claim data, what monthly uploads will be required?

GHS Response: Yes, GHS systems should be able to generate historical transactional files. The new system will only be taking over open claims thus monthly uploads will not be required.

Question 20: Please define the method and frequency used by GHS to allocate costs in order for the system to include delivery of custom allocation.

GHS Response: A formal allocation system has not been yet finalized. It is currently under development. The loss cost will be allocated by cost center.

Question #21: Please describe data sources the vendor's system needs to address.

GHS Response: GHS has data from the following sources: HR feed & Peminic.

Question #22: Do we assume all data is to be transferred? What frequency? Is File Transfer Protocol (FTP) acceptable by GHS? Does the output need to conform to a specific file format, and if so, please submit specifications.

GHS Response: No, we only need open claims data transferred. FTP is acceptable. The output would need to be in Excel format.

Question #23: HR data to be integrated will be employee data to support first notice of loss. Does GHS require HR data to populate RMIS from an exposure perspective to support custom allocation or custom reporting?

GHS Response: GHS does not require HR data to populate exposure, but if TPA has the capability it will be ideal due to allocation mechanism currently being considered.

Question #24: Define Enhanced Med Only claims.

GHS Response: A Medical Claim that requires medical treatment for longer than six months.

Question #25: Explain your internal treatment protocols, as applicable, i.e. when would an injured worker treat within the hospital system vs. accessing non-GHS medical providers?

GHS Response: The current procedure for an injury worker is to report the injury to their supervisor than they are to report to GHS's Employee Health Services (EHS) for an initial evaluation of the injury. If EHS determines the injury is minor they will provide them with guidance for the treatment. If on-going care and/or specialty treatment is required EHS refers them to WC department and the injury worker chooses a physician from the panel.

Question #26: How do you plan to handle internally generated medical bills?

GHS Response: This is a point of discussion with the chosen TPA. Currently, GHS does not generate internal medical bills for services provided at EHS.

Question #27: Do you have pre-negotiated rates with your panel and other physicians in the community?

GHS Response: No.

Question #28: Please provide a list of your current panel providers.

GHS Response: See question #5.

Question #29: Will pharmacy be dispensed internally? What percentage of prescriptions will be filled externally?

GHS Response: Not as a customary practice. Approximately 90% are filled externally.

Question #30: Who is your current and prior Excess Carriers?

GHS Response: See question #7.

Question #31: What is an APD Claim? (Reference Internal Procedures # 8)

GHS Response: This portion of the question is withdrawn.

Question #32: What is your current claim system? What are the data feed requirements into and out of your system, as applicable.

GHS Response: See question #1

Question #33: Please specify the expectations for Nurse Consultation Services and Loss Control under Section 4/Question 18.

GHS Response: GHS is seeking guidance in the respect of safety policies and training, which will mitigate the overall frequency of losses and repeat claimants. The nurse consultation services requested are in the event GHS' staff needs to consult with a nurse in regards to the medical technicalities of a diagnosis.

Question #34: Can you explain the increase in Medical Only claims for 2009 and 2010 compared to years past?

GHS Response: Prior to 2009, GHS did not record medical only claims that when employee was treated by the EHS.

Question #35: Do you have any current CAT cases?

GHS Response: Yes.

Question #36: How many dedicated WC professionals currently handle claims?

GHS Response: Five (5).

Question #37: What is the total employee headcount for all divisions of Grady Health System?

GHS Response: Five thousand, three hundred (5300).

Question #38: Would there be any consideration to a change in effective date, considering the proposed timeline of awarding the contract on or around 10/1? The implementation timeline shows the takeover of run-off claims to begin on 10/30/2010. Are the run-off claims in paper format or electronic? If electronic, would there be consideration for a change in the effective date in order to allow for a complete and accurate data transfer?

GHS Response: It is possible a change in effective date may be considered, but GHS is on a short time frame as they are looking to gain financial savings within the 2010 calendar year. Most of the run-off claims are in electronic format.

Question #39: Would GHS consider a contract for a term longer than one year?

GHS Response: See Question #16.

Question #40: Is most of the claim related medical treatment rendered by GHS physicians? If so, does GHS invoice the file for the services rendered within your own system? No, most of the medical treatment is not rendered by GHS physicians.

GHS Response: Please refer to question # 34.

Question #41: Who currently provides medical bill review or cost containment services for GHS?

GHS Response: H S I

Question #42: Does GHS or the cost containment provider utilize a PPO network? If so, what was the PPO penetration rate / % achieved for these time periods (PPO paid as percentage of total paid)?

GHS Response: No.

Question #43: Will all medical bills be sent to the chosen TPA for adjudication?

GHS Response: Yes.

Question #44: Do you currently have a pharmacy benefits management program in place?

GHS Response: Yes.

Question #45: Are all pharmacy bills sent to the chosen TPA?

GHS Response: Yes.

Question #46: How many case management assignments were made in 2009 for:

a. Telephonic Case Management –

GHS Response: Handled internally by a TCM within the WC department for all indemnity claims.

b. Onsite Medical Case Management – Can GHS provide the number of case management hours or dollars paid? –

GHS Response: None – Outside of Salary for the in-house Nurse Case Manager.

c. Vocational Rehabilitation

GHS Response: None.

Question #47: Please clarify Systems Section question #3. How many unique levels/coding does Grady Health System require? Can you provide an example?

GHS Response: Four (4) levels of coding and each level could have up to 360 codes.

Question #48: Please clarify Systems question #4. What is needed with regard to tracking FMLA days?

GHS Response: Absence and Leave Management is an area GHS is enhancing currently. They would like to find a TPA whose system has the ability to provide them data when an employee is out of work for any reason. .

Question #49: What workers compensation claim system does GHS currently use to administer the workers compensation claims?

GHS Response: See question # 1.

Question #50: (Page 6, Question 13:) Please provide file layout with data elements of the historical data expected to be passed to TPA.

GHS Response: Please note this question is withdrawn.

Question #51: (Page 6, Question 15:) Please provide file layout with data elements of monthly EDI data feed to GHS.

GHS Response: Please note this question is withdrawn.

Question #52: (Page 7, Question 26:) What specifically would be the nature of the interface to a banking system (positive pay?)

GHS Response: Please note this question is withdrawn.

Question #53: (Page 7, Question 34:) What specifically would be the nature of the interface with an HR system? (This is also referenced under the system evaluation criteria)

GHS Response: Employee record information from the HR data system for department, wages, etc.

Question #54: Is the system used today an in-house system or is a vendor being used? Who supports/manages/updates it?

GHS Response: See question # 1.

Question #55: Are documents imaged in the current environment?

GHS Response: Most documents are imaged.

Question #56: What is the current banking arrangement? Where are checks for payments produced? How are EOBs generated today?

GHS Response: Banking and checks are currently produced out of GHS finance department. EOB's are generated by H S I.

Question #57: For the exchange of any data via EDI or other electronic means, what is the go-live date?

GHS Response: As soon as practicable.

Question #58: General Administration #1: Will GHS consider life of contract pricing vs life of claim?

GHS Response: No.

Question #59: General Administration #2-(last 2 dot points on page 9) What is meant by multiple coverage?

GHS Response: This portion of the question is withdrawn.

Question #60: General Administration #14 – Is GHS looking for a 3rd party annual audit or something else?

GHS Response: Yes, third party annual audit

Question #61: Please provide actual subrogation and SITF recoveries in dollars for the past 3 years.

GHS Response:

2007 - Unavailable

2008 - \$382,625

2009 - \$629,175

Question #62: Can you briefly describe what hopes to achieve by outsourcing the workers compensation claims administration? Is there any expectation for the chosen TPA to hire GHS employees who may be outplaced by this change?

GHS Response: Please refer to the scope of services on page 4 of the RFP.

Question #63: How does GHS currently assign claims to adjusters (by claim type or another method)? What is GHS' definition of an indemnity claim? Medical only claim?

GHS Response: GHS does assign by claim type currently. An indemnity claim is defined as any claim with loss time and medical only is any claim without loss time.

Question #64: Who is the current excess carrier? Who places that coverage?

GHS Response: See question # 7 and question #13

Question #65: If GHS already has a method to report SCHIP claims, please provide the method or name of the current vendor and what information will the chosen TPA be expected to provide?

GHS Response: GHS is currently utilizing Beverly Manley and Gould & Lamb for reporting of SCHIP claims.

Question #66: Are all workers compensation claims submitted through the W/C process or are there self absorbed claims that never are processed and paid?

GHS Response: As of 2009 all are processed via WC.

Question #67: Are all the facilities of Grady Health Systems in the Metro Atlanta area? If no, please describe the locations outside Metro Atlanta.

GHS Response: Yes.

Question #68: Will all of the open run-off claims be transferred to the new TPA?

GHS Response: Yes.

Question #69: Are you looking to the TPA to perform bank reconciliations regardless of banking arrangement?

GHS Response: No.

Question #70: Which formats of reporting for check registers, etc are acceptable? Paper, excel or on-line?

GHS Response: Excel.

Question #71: Which methods of claim payment are acceptable? Check, electronic?

GHS Response: Check.

Question #72: Please provide specifics regarding the performance guarantee mentioned on page 11.

GHS Response: See Question # 12.

Question #73: Who is the incumbent workers' compensation Third Party Administrator for Grady Health Systems? Are there specific concerns that GHS seeks to address by issuing this RFP?

GHS Response: See Question # 10.

Question #74: What is the existing price structure and design? Life Of Claim? Life Of Contract? Flat Monthly Fee? Is GHS seeking a specific cost design for services?

GHS Response: No, current pricing structure exists. GHS is seeking life of claim pricing.

Question #75: When was the last Request For Proposal for administering GHS's workers' compensation program?

GHS Response: The current staff has been in place since 1998 and a RFP has not been conducted since they have been employed at GHS.

Question #76: Is GHS willing to be flexible on the start-date of October 1, 2010 to allow for a more orderly transition?

GHS Response: See Question # 38.

Question #77: Does GHS own any PPO or have any internal design for channeling care through GHS facilities and affiliates?

GHS Response: No.

Question #78: How does GHS presently design and administer FMLA?

GHS Response: It is currently controlled via the HR department and reported to HR by the employee's supervisor. GHS currently does not have an electronic FMLA tracking system currently in place.

Question #79: Exhibit B "Historical Claim Counts by Year" shows a substantial increase (some 230%) from 2008 to 2009 in MO claims. Is this increase due to a known cause and if so what is the cause?

GHS Response: See Question # 34.

Question #80: What is GHS's definition of "Run-Off" claims?

GHS Response: All open claims as illustrated in Exhibit A of the RFP.

Question #81: How many of the "Run-Off" claims require ongoing nurse case management?

GHS Response: Approximately fifty (50).

Question #82: Would GHS be interested in the creation of a Exclusive Provider Organization (EPO) specifically tailored to the frequency and severity of the GHS claims?

GHS Response: It would be considered.

Question #83: Which criteria are currently used for nurse case management intervention for both telephonic and field?

GHS Response: Current practice is any claim that is lost time is assigned a telephonic case manager. GHS has an internal TCM.

Question #84: Is GHS interested in a Pharmacy Benefit Program for its Workers Compensation Program?

GHS Response: Yes.

Question #85: Will the offerors be given the opportunity to present their IT capabilities in person or by other means such as WebEx or a combination of these two?

GHS Response: The TPA's that are selected as finalists and proceed to the presentation phase will be given the opportunity to present their IT capabilities.

Question #86: How many TPAs was the invitation to bid sent to? From the list of invited TPAs, how many will be given the opportunity to present to the Technical Evaluation Team?

GHS Response: The RFP was sent to approximately nine (9) vendors and posted to the GHS website. Presentations are normally given by those vendors that fall within the competitive range once the proposals have been evaluated by the technical team.