

Clarification Questions for State of Arkansas RFP

Submitted

January 11, 2013

Following is a list of questions / statements for which the bidder requests clarification and/or additional information.

1. Regarding Section 10.1 (Background), what is the current breakdown of claims (incident only, medical only, indemnity)? What are the most common types of injuries reported?

Answer: The number of claims received in Calendar Year 2012 were as follows:

Medical-only: 2,895

Incident-only: 47

Lost-Time: 742

Most common injuries: Fingers and lower back

2. Please describe the current process for claim intake and triage/initial clinical direction.

Answer: Agencies are responsible for filling out initial claims paperwork and faxing, mailing or sending the claims forms by courier. Most claims are received by fax.

3. Regarding Section 10.1 (Background), what is the current reporting timeframe from injury to claim intake? What is the current timeframe from claim report to claim disposition (referral to case management or closure)?

Answer: By state law agencies have 10 days from the date of accident to report the claim to the Public Employee Claims Division. Some agencies are good about reporting claims with 48 hours. Others have difficulty in meeting this deadline. Overall, agencies are running 89% timely in reporting lost time claims within 10 days.

4. Regarding Section 10.1 (Background), how many injuries are reported after hours and/or on weekends?

Answer: This data is not tracked. However, the following agencies typically have large numbers of employees working after hours and/or on weekends: Arkansas Department of Correction; Arkansas Department of Community Correction; Arkansas Highway Police; Arkansas State Police; University of Arkansas Medical Sciences; Arkansas Dept. of Health & Human Services Human Development Centers; Arkansas State Police; Arkansas Military Department. The vast majority of the 56,000 state employees that the division covers work regular business hours.

5. Regarding Section 10.1 (Background), how does the current process accommodate language barriers (translation, bilingual intake personnel, etc.)? How are translation services currently billed? What foreign languages are most common among the past year's callers/claimants?

Answer: We have very few injured employees who do not speak English. The majority of non-English speaking employees speak Spanish. The agencies have been responsible for completing the initial claims paperwork. For claims administration, these rare situations have been handled on a case-by-case basis.

6. Would the State need services for hearing-impaired employees? If so, does the state have TTY devices installed?

Answer: We have one TTY line installed in the Public Employee Claims Division and one employee in the division who converses in sign language.

7. Would the State provide historical call volume for the 3,600 reports per year, by date and time, so the bidder can analyze the call volume for the past year?

Answer: We do not currently receive intake of claims by phone call so this information does not exist.

8. Regarding Section 20.2 (General Requirements), what risk management information system is currently utilized for claim adjudication and on what platform is it built (Oracle, .NET, etc.)? What EDI interfaces are currently in place?

Answer: The division has a custom built SQL database system. We currently perform electronic data Interchange with our Pharmacy Benefit Manager and Managed Care Organizations by transfer of ASCII files via secure FTP server.

9. **Regarding Section 20.4 (Reporting Requirements), could the State provide a sample report to enable optimum compliance with this requirement?** For quick reference, Section 20.4 follows: "The contractor will submit a monthly bill to the Public Employee Claims Division of the Arkansas Insurance Department listing the claims reported sorted by employer code. This will include the claimant's name, agency code and social security number and date of birth in a format that is mutually agreeable to the parties. Charges for the services will be on a set fee per claim reported basis. Charges for report-only where no medical treatment was directed shall be identified. Charges for reported claims where first-aid only was recommended shall be identified."

Answer: There currently is no set format for this report and the Public Employee Claims Division will work with the selected vendor on the format for this report.

10. Regarding Section 40.4 (Agency Background and Experience), a total of six (6) references are required – 3 as reference letters and 3 with contact information only – correct?

Answer: This is correct.

11. Regarding Section 50.2 (Terms of the Contract), the initial contract term appears to be eight (8) months, with the possibility of renewal. Is the renewal term also for eight (8) months, or is it for a full year or longer?

Answer: The initial contract term would end on June 30th to match the state's fiscal year. Subsequent renewals would be on a 12 month basis. July 1st through June 30th to match the state's fiscal year.

12. Will the State transfer any open claims to the new Contractor for resolution? If so, what volume is anticipated?

Answer: No currently open claims will be provided to the contractor for resolution. This contract is only for the initial intake, initial direction of care and reporting of claims. Claims administration will be handled by the Public Employee Claims Division claims staff.

13. Can a copy of all questions (from all bidders) be provided?

Answer: Yes.

2nd Set of Questions:

Submitted January 9, 2013

1 By whom and how are WC claims reports filed currently? If the supervisor calls in the injury, is it likely the employee will be readily available for a discussion with the clinical professional?

Answer: Claims are reported to the Public Employee Claims by facsimile, courier and mail. The employer agency is responsible for completing the Form I-A1 and PECD form.

It is likely the employee will be available.

2 What is the current time between the Injury Date and the Date the Injuries are reported (commonly referred to as the Injury Reporting Lag Time)? If it is more than one day, please clarify the State's expectations does the State want direction to medical care to occur if it is likely the employee has already received initial treatment?

Answer: The current lag time varies from agency to agency, but overall 89% of the lost-time claims are reported within 10 days to the Public Employee Claims Division. If the employee has already received initial treatment then any redirection of care will be taken care of by claims staff at the Public Employee Claims Division.

3 Page 7 D(5.)- In what format will the managed care network used by the Public Employee Claims Division of the AR Insurance Dept be made available to the contractor – hard copy or electronically or via internet portal? Could it be provided in excel format?

Answer: The managed care network used by the Public Employee Claims Division is available by internet website. The Public Employee Claims Division currently receives an updated copy of the network in an ASCII file every month and this can be provided to the contractor. The Division also has hard copies available but they are updated only once a year.

4 Page 10 Section 40.4 – To confirm, you are looking for a total of 6 references, three written letters and three separate contacts.

Answer: Yes.

5 Is the State open to alternative service models for staffing the call center (in addition to its requested model)?

Answer: The state is open to alternative service models for staffing the call center although there are concerns if non-medical personnel are directing care.

6 The outline on Page 10 of the tabs for the Proposal is missing III, and has two VIIIs. Do you want proposers to correctly label tabs or follow the numbering on page 10 for consistency sake.

Answer: Using the correct numbering or following the numbering system used in the request for proposal will be accepted.