First Amendment to the Iowa Department of Human Services Member Management, Consumer Assistance, and Eligibility Help Desk Services for Iowa Medicaid and Healthy and Well Kids in Iowa (Hawki) Request for Proposal

This Amendment to RFP Number MED-25-003 is effective as of September 6, 2024. The RFP is amended as follows:

Revision 1. *Proposal Request, Duration of Contract*, is hereby deleted and replaced with the following:

Duration of Contract.

The Agency anticipates executing a contract that will have an initial 3-year contract term with the ability to extend the contract for three (3) additional one (1) year terms. The Agency will have the sole discretion to extend the contract.

Revision 2. *Bidder Eligibility* is added as follows to the *Proposal Request section*: Bidder Eligibility Requirements.

The Agency will accept proposals from qualified bidders that can meet the independence and freedom from conflict-of-interest requirements set forth in 42 C.F.R. § 438.810.

Revision 3. Section 1.3.1.1.B(1)(c)(i), Staffing, is hereby amended as follows:

i. Three (3) years of experience managing Call Center operations in a healthcare environment similar in scope and volume to the Iowa Medicaid Program. The experience shall include Call Center operations and soft skills management, quality management, and knowledge of HIPAA rules and requirements.

Revision 4. Section 1.3.1.1.B(2)(a) is hereby amended as follows:

a.) Be committed to the project full time and available to meet in person if the Agency requests it within twenty-four (24) notice.

Revision 5. Section 1.3.1.1.B(2)(f), is hereby renumbered as follows:

e) Develop, implement, maintain, and adhere to a plan for job rotation and knowledge transfer to ensure that all functions can be adequately performed during the absence of key personnel for vacation and other reasons. Any planned absences of key personnel shall be communicated to the Agency upon notification of the planned absence. The Contractor shall ensure staff are trained and able to perform the functions of sensitive positions when the primary staff member is absent.

Revision 6. Section 1.3.1.1.F(1), is hereby renumbered as follows:

- c) Perform continuous workflow analysis to improve performance of Contractor functions and submit quarterly reports of the quality assurance activities, findings, and corrective actions, if any, to the Agency electronically.
- d) Provide the Agency with a description of any changes to the workflow for approval prior to implementation.

Revision 7. Section 1.3.1.1.I, is hereby renumbered as follows:

- 9. The Contractor shall routinely test, at a minimum weekly, the IVR system using sample Member data to ensure all options are operating correctly.
- 10. The Contractor shall build relationships with internal and Agency staff, MCPs, other Medicaid units, and community stakeholders to improve communication patterns to build trust through transparency.

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Revision 8. Section 1.3.1.3.A, Operations, is hereby amended to add the following:

14. The Contractor is responsible for maintaining any and all certification and licensure required, if any, to act as an Enrollment Broker in the state of Iowa.

Revision 9. Section 1.3.1.3.B(14)(b)(i), is hereby renumbered as follows:

d. Ongoing tracking and data entry, to be reported to the Agency in a monthly report.

Revision 10. Section 1.3.4, Contract Payment Methodology, is hereby deleted and replaced as follows:

1.3.4 Contract Payment Methodology.

1.3.4.1 Payment Methodology.

- 1. The Contractor will be paid a fixed amount for services rendered, in accordance with the pricing set forth in Special Contract Attachment F (i.e., the Cost Proposal).
- 2. Withhold of First Payment. The Agency will withhold the first monthly payment until such time as the final work plans and SOPs are accepted by the Agency.
- 3. Deliverables and Performance Measure Withholding Payment. The Contractor may Invoice 92% of the fixed amount each month. The Agency will withhold 8% of the monthly amount to assure the Contractor meets required Deliverables and Performance Measures as follows:
 - a) Section 1.3.2.B Call Center General Requirements 2% of the monthly amount.
 - b) Section 1.3.2.D Managed Healthcare Enrollment Broker 2% of the monthly amount.
 - c) Section 1.3.2.F Member Inquiries 2% of the monthly amount.
 - d) Section 1.3.2.I Reporting 2% of the monthly amount.
- 4. In order to claim the withhold amount, the Contractor must show in the monthly performance report that each performance measure has been met. Determination of whether performance measures have been met is strictly and solely at the discretion of the Agency.
- 5. Withholding of Final Payment. The Agency may withhold the last full monthly payment due at the end of the Contract until such time as the Contractor has fully completed all Turnover activities and completely closed out the Contract.

Revision 11. Sample Contract *Section 1.5, Data and Security*, is deleted and replaced as follows:

1.5 Reserved. (Data and Security)

Revision 12. Section 2.26, Review of Notice of Disqualification or Notice of Intent to Award Decision, is hereby deleted and replaced as follows:

2.26 Review of Notice of Disqualification or Notice of Intent to Award Decision.

Bidders may request reconsideration of either a notice of disqualification or notice of intent to award decision by submitting a written request to the Agency:

Bureau Chief c/o Bureau of Service Contract Support Department of Health and Human Services Lucas State Office Building 321 E 12th Street Des Moines, Iowa 50319-1002 email: reconsiderationrequest@dhs.state.ia.us The Agency must receive the written request for reconsideration within five calendar days of the date of either a disgualification notice or a notice of intent to award, exclusive of Saturdays, Sundays, and legal state holidays. The written request may be emailed or delivered by postal service or other shipping service. Do not deliver any requests for reconsideration to the office in person. It is the Bidder's responsibility to ensure that the request for reconsideration is received prior to the deadline. Postmarking or submission to a shipping service by the due date shall not substitute for actual receipt of a request for reconsideration by the Agency. The request for reconsideration shall clearly and fully identify all issues being contested by reference to the page and section number of the RFP. If a Bidder submitted multiple Proposals and requests that the Agency reconsider a notice of disgualification or notice of intent to award decision for more than one Proposal, a separate written request shall be submitted for each. At the Agency's discretion, requests for reconsideration from the same Bidder may be reviewed separately or combined into one response. The Agency will expeditiously address the request for reconsideration and issue a decision. The Bidder may choose to file an appeal with the Agency within five calendar days of the date of the decision on reconsideration, exclusive of Saturdays, Sundays, and legal state holidays, and in accordance with 441 lowa Admin. Code Ch. 7.

Revision 13. Section 3.2.3, Information Include Behind Tab 3. Bidder's Approach to Meeting Deliverables, first paragraph is hereby amended as follows:

3.2.3 Information to Include Behind Tab 3: Bidder's Approach to Meeting Deliverables. The Bidder shall address each Deliverable that the successful Contractor will perform as listed in Section 1.3.1, Scope of Work, by first restating the Deliverable from the RFP and then detailing the Bidder's planned approach to meeting each Contractor Deliverable immediately after the restated text. Bid responses should provide sufficient detail so that the Agency can understand and evaluate the Bidder's approach and should not merely repeat the Deliverable.

Revision 14. *Technical Proposal Components subsection in Section 4.3, Proposal Scoring and Evaluation Criteria*, is hereby deleted and replaced as follows: Technical Proposal Components

When Bid Proposals are evaluated, the total points for each component are comprised of the component's assigned weight multiplied by the score the Bid Proposal earns. Points for all components will be added together. The evaluation components, including maximum points that may be awarded, are as follows:

Technical Proposal Components	Weight	Score (0 – 4)	Potential Maximum Points
General Obligations (Section 1.3.1.1)	60	-	240
Transition (Section 1.3.1.2)	30	-	120
Managed Health Care: Enrollment Broker (Section 1.3.1.3.A)	90	-	360
Member Inquiries and Relations (Section 1.3.1.3.B)	80	-	320
Member Outreach and Education, and Iowa Medicaid Communications Support (Section 1.3.1.3.C)	60	-	240
Medicare Part A and Part B Buy-In (Section 1.3.1.3.D)	60	-	240
HHS Contact Center (Section 1.3.1.3.E)	70	-	280
Turnover (Section 1.3.1.4)	30	-	120
Experience (Section 3.2.4	125	-	500

Personnel (Section 3.2.5)	125	-	500
TOTAL Potential Score	730	-	2,920

Revision 15. Scoring of Cost Proposal Pricing subsection in Section 4.3, Proposal Scoring and Evaluation Criteria, is hereby deleted and replaced as follows: Scoring of Cost Proposal Pricing

Cost Proposal pricing will be scored based on a ratio of the lowest Cost Proposal versus the cost of each higher priced Bid Proposal. Under this formula, the lowest Cost Proposal receives all of the points assigned to pricing. A Cost Proposal twice as expensive as the lowest Cost Proposal would earn half of the available points. The formula is:

Weighted Cost Score = (price of lowest Cost Proposal/price of each higher priced Cost Proposal) **X** (points assigned to pricing).

Total Points Assigned to Pricing: 680.

Total Points Possible for Technical and Cost Proposals: 3,600.

Revision 16. Section 4.4, Recommendation of the Evaluation Committee, is hereby amended as follows:

The Medicaid Director shall consider the committee's recommendation when making the final decision but is not bound by the recommendation.

Revision 17. Attachment G: Agency-provided Facilities, Equipment, and Software, is hereby deleted and replaced as follows:

Attachment G: Agency-provided Facilities, Equipment, and Software

As part of the Contract agreement the Agency will not require all Contractor staff be housed at the Iowa Medicaid facility. The Agency will allow flexibility with staff working from home and onsite, subject to Agency approval. Regardless of whether staff are working from home or on-site, the Agency will provide the following to Contractor staff, unless otherwise noted below:

On or Offsite Locations	Onsite Only
Telephones and telephone service	Shared office workspace
Standard Agency Desktop PC or Laptop with Docking Station	Access to storage
Keyboard and mouse	 Access to break rooms, restrooms, and conference rooms
HHS Network access	Access to shredding
Access to HHS laptops for occasional use	 Access to copiers, including copy supplies, network printers, and Fax
Software list (see table below)	 Printing, envelopes, and postage for correspondence directly related to the Agency's program
HHS Standard Forms	Access to Agency training equipment

Note: Work surfaces throughout the building have been installed at the "standard" height. If a Contractor employee is tall or short, the work surface can be adjusted for that employee up or down. If an employee has pain due to equipment they are using, an ergonomic evaluation can be completed at the Contractor's expense. If special equipment is needed based on the ergonomic evaluation, purchase of equipment is at the Contractor's expense. If any change is needed due to a medical necessity, a note from the employee's doctor is required. This includes lights out or on, work surfaces raised for standing purposes (more than an inch or two), etc.

Systems and Software List

Below is a list of Agency-licensed systems and software available for use on Agency computers.

Name of System/Software	Business Purpose
Adobe Acrobat	Reports
Appeals Information System (AIS)	HHS System for appeal tracking
Cisco VPN	Field staff use to connect to the HHS network
ELIAS/ABMS Eligibility Integrated Application Solution	Medicaid Eligibility Determination system
First Data Bank (previously known as MEDISPAN)	Clinical drug information to help inform medication-related decisions
Microsoft Windows 10 Enterprise Operating System	Operating system
Microsoft Outlook	Email and Calendar
Microsoft Teams	Video conferencing
Iowa Health Information Network (IHIN)	Iowa's Health Information Exchange system, access EHR information, alerts, and notifications for Members
Iowa Medicaid Portal Access (IMPA)	Secure HHS system for document uploads.
Institutional and Waiver Authorization and	HCBS services coordination and workflow
Narrative System (IoWANS)	system.
Microsoft 365 (Access, Excel, Powerpoint, Project, Publisher, Sharepoint, Visio, Word)	
Microsoft Windows 10 (version 22H2) Enterprise Operating System	Operating system
MMIS	Medicaid information system (enrollment, PA entry, claims)
Medicaid Quality Utilization Information Data System (MQUIDS)	Data entry and retrieval application for documenting review data and outcomes related to HCBS Programs
OCRA (Online Card Replacement Application)	Used to have member's eligibility cards reprinted and mailed on request.
OnBase Client	Workflow and document management system
PowerBI	Data visualization software
PPS (Premium Payment System)	Statements for IHAWP and Hawki as well as accounts receivable.
QualAssure Performance System (QPS)	Data entry and retrieval application for documenting data and outcomes related to provider reviews

RightFax Utility Software	Fax utility software
Web-ex	Used to route CenturyLink calls to call center.
Worker Information System Exchange (WISE)	Slot database, number of slots filled, released, Member info for each slot assigned, etc)
WinZip	Send/receive compress/ encrypted files

Revision 18. *Attachment F: Cost Proposal* is deleted and replaced in its entirety. *See Attachment F: Cost Proposal – Amended.*