



## Questions and Answers

### Beacon Health Options, Inc.

1. Will the counties be able to provide an eligibility file?
  - Answer: Counties will be able to provide an eligibility file.
2. Will reporting be uniform for all counties? For example, will the successful vendor be able to provide one file that has a filter/identifier for the county or will each county require unique reporting?
  - Answer: While reporting will contain the same data elements for participating counties, separate files will need to be produced for privacy/security reasons.
3. Will CalMHSA be able to provide a standard eligibility file that shows current enrollment status for Medi-Cal enrollees?
  - Answer: CalMHSA anticipates being able to provide a standard eligibility file.
4. What other data exchanges can you anticipate being required?
  - Answer: Anticipated data includes but is not limited to bed/hospital utilization data, authorization determination data; Notices of Adverse Beneficiary Determinations; payment data; hospital and MHP communication/care coordination data.

### Keystone Peer Review Organization, Inc.

Which counties are included in this RFSQ?

- Answer: The number and names of counties participating have not been finalized.

Please indicate the incumbent Concurrent Review organizations for the MHPs under this RFSQ.

Answer: There is no one incumbent concurrent review organization. County MHPs have either conducted concurrent review internally or have individually contracted with external organizations.



Is a Concurrent Review contractor guaranteed at least 1000 reviews per month?

Answer: No. The number of inpatient psychiatric hospitalizations varies from month to month, with no guaranteed minimum number.

What is the intended start date for the MHP's Concurrent Review program?

Answer: We anticipate a start date in Quarter 1 of Calendar Year (CY) 2022.

What are the intended implementation and start dates for the Concurrent Review program(s)?

Answer: We anticipate an implementation and start date in Quarter 1 of Calendar Year (CY) 2022.

- Will the vendor be provided all the appropriate information / records for desk reviews? is there a need to perform the review onsite at the facility? If there is an onsite need, approximately what percent of reviews have an onsite component?

Answer: The vendor is expected to have the capability to electronically receive, store and transmit medical record information for concurrent review. Receipt, storage and transmittal must comply with HIPAA and other relevant confidentiality laws protecting medical information. Reviews will be conducted remotely, and an onsite component is not required.

- Will the vendor staff be expected to use Medi-Cal, county, or other electronic health record / systems (i.e. – systems that are not owned by the vendor)? If so, what systems?

Answer: The vendor must have the ability to receive and review medical record information electronically. Participating counties and hospitals utilize an array of Electronic Health Record (EHR) systems. While accessing hospital EHRs directly may be an option in some cases, that access would be dependent on the individual hospitals.

- Is electronic notification for the provider acceptable? (rather than paper mail) (I am thinking we want to use our provider portal....)

Answer: Yes, electronic provider notification is acceptable

- What will the vendor's role in appeals and fair hearings be?

Answer: The vendor will be responsible for adjudicating appeals. State Fair Hearings will be the responsibility of the Mental Health Plan (MHP).



- Is the vendor expected to play a role in completing UM TAR and invoice processing? If so, what is the role? how do we notify a beneficiary in writing with adverse determinations for concurrent review when they are in a facility?

Answer: The vendor is expected to forward the completed Treatment Authorization Request (TAR) to the fiscal intermediary for payment. The method for providing written notification to beneficiaries while in a facility is at the discretion of the vendor.

Question - 2.3.2.5.1 Can the State Provide a copy of the Level of Care Assessment used for the IDD population?

Disregard this question.

Answer: Question disregarded per request

1 – What is the expected term of the contract?

Answer: The expected contract term is 12 months.

2 – Please provide the denial/adverse determination rate for the last 2 years.

Answer: Since concurrent review is performed individually by MHPs or a contracted organization on behalf of an individual MHP, overall denial/adverse determination rates are not available.

Additional question - The slide deck that was supplied as supporting information indicates that for one or more of the counties that the current contractor accesses the hospital EHR (directly?)

Answer: The vendor must have the ability to receive and review medical record information electronically. Participating counties and hospitals utilize an array of Electronic Health Record (EHR) systems. While accessing hospital EHRs directly may be an option in some cases, that access would be dependent on the individual hospitals.

Question: If this process would remain the same or if the expectation is that we would need to build an interface for it.

Answer: The vendor must have the ability to receive and review medical record information electronically. Participating counties and hospitals utilize an array of Electronic Health Record (EHR) systems. While accessing hospital EHRs directly may be an option in some cases, that access would be dependent on the individual hospitals. Building an interface to the hospital EHRs directly is not required.