

AMENDMENT I
RFP #1622-DLTC-BC
March 12, 2008

Please note the following revisions to the RFP:

Section 1.2: Scope of Project

DELETE:

Completing Medicaid claims processing using the state's encounter reporting system and other related claims payment functions.

INSERT:

The FSA needs to be able to process claims and handle other claims support functions in a manner that will allow them to meet the encounter reporting requirements provided in the Implementation Guide for the Long Term Care Encounter Reporting Data Collection and Validation Utility (found on the website:

<http://dhfs.wisconsin.gov/LTCare/Encounter>). Information at this website, while written for managed care organizations, serves as the same instruction for any respondent to the SDS Waiver FSA RFP. The encounter reporting system is used to collect and validate data from the claims processing system that is used by the FSA. The respondent shall describe the claims payment procedures and also claims payment software it will use to implement the program.

Section 4.2.1

Respondent Organization, Capabilities, Qualifications, and Experience:

INSERT:

Respondents that have not had an audit must include a copy of their un-audited financial records in place of the audit. The scoring in the evaluation section will award the highest points in this category to the response that includes a copy of audit results indicating the respondent meets or exceeds generally accepted audit standards.

Section 4.2.4: Project Work Plan

DELETE:

The FSA will provide bill paying services within the scope of the individual support and service plan that is approved by the ICA, will generate monthly spending reports to each program participant, will monitor spending to assure disbursements are according to plan, will serve as the collection point for program participant Medicaid Cost share payments, and will operate a comprehensive claims payment system using the state's prescribed encounter reporting system.

INSERT:

The FSA will provide bill paying services within the scope of the individual support and service plan that is approved by the ICA, will generate monthly spending reports to each program participant, will monitor spending to assure disbursements are according to plan, will serve as the collection point for program participant Medicaid Cost share payments, will operate a comprehensive claims payment system and will report claims payment information on the state's prescribed encounter claims payment reporting system.

DELETE:

Obtain federal and state approval to operate as a Financial Services Agency Respondent will need to assure the Department that it has followed all state and federal laws that apply to its operation as a State Financial Services Agency. A copy of appropriate registration serves as evidence that this requirement is met.

INSERT:

The respondent must follow all laws, rules and regulations related to their functioning as the statewide FSA business.

SECTION 5.0 Pricing and Organization:

INSERT:

The Department has projected the potential number of consumers that may select this program option to be 700, 1000 and 1500 respectively for the three covered years by this RFP. Respondents should base the budget part of their responses on these projected numbers. If the actual participation in this program differs significantly from the projected numbers, then the Department will negotiate any necessary rate adjustment during the contract period. Any request for start up cost funding must be separately identified and should not be included in the per member per month rate calculation.

Section 7.1 Mandatory Terms and Conditions

DELETE:

Certification as a Wisconsin Medicaid Provider

The successful Respondent will provide documentation that it is a Wisconsin Medicaid Provider, according to Medicaid Program certification rules prior to the contract effective date.

INSERT:

The respondent must be willing and able to sign a **Medicaid Provider agreement** prior to the commencement of the contract.

