



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

RFP #13-00029

Medical Registry Services Network Management Provider

Bidders Pre-Proposal Conference Notes

Wednesday, January 8, 2014, 1:30 p.m. – 3:30 p.m.

CONFERENCE ATTENDANCE

- CareerStaff Unlimited
- Healthcare Select
- Management Solution
- PharmPro Network, Inc.
- Platinum Advisors
- The Validus Group, Inc.
- Valley Healthcare Systems, Inc.

BACKGROUND AND PURPOSE

For this procurement, CCHCS Medical Contracts is looking for a single company responsible for contracting and managing all temporary/relief registry medical staffing at all CDCR institutions/facilities statewide. For this solicitation, vendors will be required to:

- Have an electronic ordering system so that we do not have to use paper and so that institutions' needs can be communicated immediately;
- Work directly with our credentialing unit to approve and verify providers in a timely manner;
- Charge rates that are reasonable and competitive, because we want to save taxpayer money and not interfere with State civil service hiring;
- Provide reports including usage and hourly pay rates, and
- Ensure that CCHCS patients receive timely access to needed medical care.

The deadline for questions pertaining to this solicitation is Friday, January 17, 2014 by 4:00 pm PST. If we are unable to answer any of the questions asked today, we will post the answers online later.

KEY DATES

- Proposals are due January 24, 2014 by 2:00 pm PST
- Evaluation process completed over the next few weeks
- Notification of award will be on or around February 13, 2014
- Proposed network start date is April 1, 2014 – this may be a statewide implementation or a phased approach beginning on this date



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

INVOICE PROCESS

The CCHCS Healthcare Invoice, Data and Provider Services Branch (HIDPSB) will work very closely with the selected vendor to develop and oversee a process for time-keeping and invoicing.

The vendor can use any system they want, but HIDPSB will be available daily for advice and to answer questions.

The Medical Registry Network will include “one-source billing.” The individual providers will not bill CCHCS directly; they will bill the vendor who wins the network contract, and that vendor will submit invoices to CCHCS.

QUESTIONS & ANSWERS

Q1: Can you outline the changes made in the previous VMS contract from the RFP to the awarded contract?

A1: The difference is this contract is solicited under substitute contracting processes authorized under Court order, under which there is no administrative protest procedure. Also, it will be approved by the Receiver and not the Department of General Services.

Q2: What is the average number of days that invoices are paid under the newly awarded VMS

A2: The state is mandated to pay all invoices within 45 days of receipt. Invoices must be sent to the correct address and must be filled out correctly with no missing or inaccurate information. Invoices are date stamped when received and that date is considered the start date. If invoices are not paid within 45 days, the State Controller’s Office may apply late payment penalties.

Q3: Will existing vendors’ contract information be disclosed to bidders on this RFP?

A3: Yes. We do not keep this information confidential in this process. It is in the State’s best interest to provide this information. All of this information is also subject to Public Records Act requests. We want this process to be fair and give all of our providers a chance to participate in this network.

The bid matrices for our registry contracts are currently available online for the public to see. Once this network is implemented, we will eliminate the bid matrix process.



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

Q4: Who makes up the evaluation team?

A4: The team will be selected at a future date. It will include a representative from Medical, Nursing, and possibly a representative from Ancillary services.

Q5: The 975 hour requirement was removed from certain classifications. Will it be removed from this contract?

A5: The 975 hour requirement is currently included in the RFP. Any changes to the 975 hour requirement will be done through an addendum or amendment to the awarded contract.

Q6: What is being done to get realistic rates for each modality?

A6: Rate caps are based on state salaries plus benefits for each classification. The State cannot pay more than a civil service classification salary as it will interfere with our ability to recruit and hire civil service employees.

Q7: Is it possible to have VMS bill on an hourly rate and Medicare-based billing?

A7: No. All services provided under the Medical Registry Services Network will be billed at an hourly rate.

Q8: Is this purely per diem, or are we also using travelers? If so, what is the breakdown between per diem and travels?

A8: The state will pay one hourly flat rate and will not pay for travel or per diem separately.

Q9: Do you have to be a medical corporation to provide doctors?

A9: This initiative permits a network provider to contract directly with multiple entities; therefore the network provider need not be a medical corporation simply for the purpose of providing physician services. A physician could be a separate provider who subcontracts directly with a network provider or an employee or subcontractor of a medical corporation



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

Q10: How is it possible to have one flat rate across the state, when different regions require different pay rates due to the cost of living?

A10: The State currently has a pay rate across the state for civil service employees. Rate caps are based on state salaries plus benefits for each classification. A vendor may set their pay rates to accommodate the regional differences. For example, a vendor may need to take a slight loss in Southern California and compensate with gains in Northern California.

Q11: What happens if the VMS is unable to find providers for certain services?

A11: CDCR/CCHCS will seek an alternate means of procuring temporary/relief medical services if the Contractor is unable to perform the work as required.

Q12: Will this contract have a liquidated damages clause?

A12: Yes, there is a liquidated damages clause in Exhibit B.

Q13: Is there a requirement for the vendor to be vendor neutral? Or can they bring in their own staff?

A13: The goal of this procurement is to allow for the Registry Network Management Vendor to be responsible for the management of registry based service providers contracted with their organization to provide registry services to CDCR/CCHCS. During the Network development and implementation stages CDCR/CCHCS will provide the Vendor a listing of medical registry providers currently contracted with CDCR/CCHCS. The Registry Network Management Vendor will work with the registry providers to contract for selected medical registry services. However, it is not a requirement and the vendor may use their own staff.