



Office of Vermont Health Access
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Agency of Human Services

DATE: May 8, 2008
TO: Clinical Criteria Vendors
FROM: Office of Vermont Health Access (Medicaid)
SUBJECT: Request for Price Quote -- License Agreement to Access Clinical Criteria

The Office of Vermont Health Access (OVHA) wishes to enter into a license agreement that provides access to nationally recognized clinical criteria to support clinical decision making.

BACKGROUND

Vermont Medicaid is the largest insurer in Vermont, covering 148,437 individuals, and paying some or all of the health care costs for 25% of the state's population. Of the nearly \$5 billion dollar health care industry in Vermont, OVHA Medicaid programs represents about 25% of spending in that system.

The State Medicaid program has been designated a Managed Care Organization (MCO) under the CMS approved "Global Commitment to Health" 1115 waiver. Under the Global Commitment waiver, OVHA is a Managed Care Organization, and must meet rules for Medicaid managed care organizations. OVHA has interagency agreements with Vermont Agency of Human Services departments that provide or fund Medicaid covered services. These agreements make these departments part of the MCO within the framework of the Global Commitment. Consequently, services provided by those departments pursuant to the terms of the agreements are MCO services. Included in the MCO are all Medicaid funded services, except long term care services included in the other State 1115 waiver called "Choices for Care" Also not included in the Global Commitment are approximately 3,000 children funded in Vermont through the State Child Health Insurance Program (SCHIP). These children live in families with incomes between 225% and 300% of the Federal Poverty Level.

PROPOSED REQUIREMENTS

The Office of Vermont Health Access (OVHA) wishes to enter into a one year license agreement for access to clinical criteria sets that are required to support our clinical decision making processes.

The OVHA recognizes the need to implement a clinical system that incorporates evidence-based medicine (EBM) into every clinical coverage decision. Decisions based on strong sources of EBM will help the OVHA:

- Accomplish its mission
- Achieve its Quality Improvement Program goals
- Meet several CMS Managed Care Organization (MCO) requirements
- Yield defensible clinical coverage determinations
- Appropriately incorporate scientific research into all decisions that require clinical input

Therefore, the criteria must utilize evidence-based medicine as the foundation of establishing medical necessity and must include the source documentation in the criteria.

OVHA's Clinical and Program Integrity Units are responsible for several Utilization Management processes that will be supported by the clinical criteria sets. These include: prior, concurrent and retrospective reviews, clinical initiative research and clinical considerations for policy decisions. The Clinical Unit also reviews requests for non-covered services that are unique to the beneficiary such that there would be serious detrimental health consequences if the service or item were not provided (referred to as the M108 Process). OVHA wishes to have access to nationally recognized clinical criteria which can be used to support these processes.

Specific Criteria Requirements:

The criteria should be a static view, secure web version, searchable and accessible to OVHA staff with user names and passwords. The services that need to be included in the criteria sets are: Durable Medical Equipment, Inpatient and Outpatient Procedures, Rehabilitation, Goal Length of Stay.

License Agreement Term

The term of the license agreement that is required is September 1, 2008 to August 31, 2009.

THE PROPOSAL MUST INCLUDE

The proposals can be submitted in letter form, or other form if preferred by the bidder. However, it must include the following.

- The description of the clinical criteria offered under license, including:
 - a description of the scope of services covered by the criteria;
 - a description of the manner in which clinical staff would access the criteria
 - identification of any limitation on the number of OVHA staff who could access the criteria

- A financial proposal that includes:
 - the proposed annual cost; and
 - the proposed cost after the first license year.

- A description of any limitations on the proposed license agreement.

- A description of the frequency with which the criteria are updated, OVHA's access to those updates, and the time lag between an update and when they are available to licensees.

- A "Bidder information sheet" containing the following information must also accompany the proposal:
 - Name of company or individual
 - Mailing address
 - Street address (for FedEx or other mail delivery service)
 - Company Federal ID Number (or if an individual, the bidder's social security number)
 - Name and title of the person who would be the contact for the license agreement.
 - Name and title of the company contact person (if different)
 - For each key person: direct telephone number, fax number and e-mail address.

LICENSE AGREEMENT TERM AND AMOUNT

The annual cost for the license agreement cannot exceed \$100,000. The Agreement will begin on September 1, 2008 for a term of one (1) year, with a possibility for subsequent license renewals.

QUESTIONS

Questions may be directed to Daljit Clark, Director, Clinical Unit via email at Daljit.Clarke@ahs.state.vt.us. Questions must be submitted by 4:00 PM on Monday, May 19, 2008. Questions submitted after that date will not be addressed. OVHA will make every effort to respond to questions by Friday, May 30, 2008.

SUBMITTAL DEADLINE AND REQUIREMENTS

Please submit price quotes and proposals no later than **4:00 PM on Monday, June 9, 2008** to:

Deborah Stempel, Contracts Administrator
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Proposals may be submitted via email if followed by a copy sent by regular mail.