



AN HONORS UNIVERSITY IN MARYLAND

Department of Procurement
University of Maryland, Baltimore County
1000 Hilltop Circle
Baltimore, MD 21250

PHONE: 410-455-2273
FAX: 410-455-1009
VOICE/TTY: 410-455-3233
WEB: www.umbc.edu

DATE: October 22, 2018

TO: All Prospective Proposers Cc: Procurement File

FROM: Elizabeth Moss

RE: UMBC HEDIS software Solicitation
BC-21112-M: ADDENDUM #1

The following amends the above referenced solicitation document. Receipt of this addendum must be acknowledged by completing the enclosed "Acknowledgement of Receipt of Addenda" form and submitting it along with your firm's technical proposal. All other specifications, terms and conditions of this solicitation not expressly amended by the responses in this Addendum remain as originally stated.

The following questions were submitted for a response:

General

Q1. What is the projected go-live date?

UMBC hopes to have the software go live in December 2018 - January 2019. However, this date will depend on the date of award for the solicitation and the implementation schedule for the selected software.

Q2. Who is UMBC's current certified HEDIS software vendor?

UMBC does not currently have certified HEDIS software.

Q3. What is motivating UMBC to change HEDIS software vendors? What are the pain points with your current software/process/vendor that can be improved?

See above. This will be a new software product installed on campus.

Q4. Will you run parallel processes as you complete a transition to a new HEDIS platform?

As we do not have a current platform, we will compare the new HEDIS software measures/results to existing HEDIS measures Hilltop codes in-house using SAS programming.

Q5. What are the 3 most important aspects of a HEDIS solution/vendor for UMBC?

In addition the information requested in the response, UMBC will be reviewing the ability of the software to provide HEDIS results for up to a five year trend analysis; the flexibility and ease of use of the tool, including the ability to allow changes; and a demonstrated record of accurate results.

Q6. Can UMBC confirm if they are interested a submission vendor for HEDIS?

UMBC will need to provide the Maryland Department of Health results for the Maryland Medicaid program. We do not need to formally submit any data for HEDIS.

Q7. Can UMBC please confirm that no price proposal is due with the initial response on October 25, 2018?

Correct. Price information is expressly prohibited from inclusion in the technical submission due on October 25th.

Measures Scope

Q8. Could you please provide a list of the HEDIS measures that are included in the scope of this RFP?

Primarily, HEDIS volume 2: Technical Specifications. UMBC would like to ensure that the LTSS measures are included, but will not need to calculate the medical case review measures.

Q9. Are hybrid measures included in the scope of this RFP?

This RFP only includes claims data. Medical charts will not be used to complement claims data.

Q10. Could you please provide a list of the HEDIS-like state specific measures that are included in the scope of this RFP?

UMBC provides the following examples as illustration:

1. For the Healthcare Effectiveness Data and Information Set (HEDIS) 2019 Technical Specification for Health Plans' Ambulatory Care measure (AMB, pages 370-373), the Maryland Department of Health requests that health plan receive credit if their participants visit:
 - a. An urgent care center i.e. an ambulatory care visit is inclusive of HCPCS S9083 (global fee for urgent care centers) and S9088 (services provided in an urgent care center); or
 - b. If the MCOs provide services related to mental health or substance use disorders that are normally excluded from the HEDIS ambulatory care service measure.
2. Additionally, MDH may request that measures use a different enrollment period. For example, HEDIS typically requires an enrollment period that is inclusive of all member months for the ambulatory care visit measure described above (AMB), however, MDH may request an enrollment period of 320+ days in the same MCO, with no more than one gap in enrollment, and each participant needs to be enrolled as of December 31 of the measurement year. They may also request the measure for only people with disabilities, meaning the software would ideally need to determine whether a participant has been in a

disabled coverage group for a certain period of time (e.g. 320+ days in a disabled coverage group).

3. For the HEDIS measure looking at the Use of Opioids at High Dosage (UOD, pages 284-288), MDH may request running the measure using the strict HEDIS definition of high dosage (average milligram morphine equivalent [MME] > 120 mg) per 1,000 members, and also generating the a similar measure using a lower threshold i.e. average MME > 90 mg per 1,000 members

These are examples for the request for HEDIS like measures, and are not all inclusive. UMBC requires the ability in the software to run the strict HEDIS measures, as well as have the capability to run some form of hybrid measures. It is difficult to quantify the number of these changes because the Department may request during the year.

Data/Sizing

Q11. What is the expected data refresh and measure runs processing frequency (weekly, monthly, and quarterly)?

The data is updated monthly. The measures will be generated on an as-needed basis, depending on requests.

Q12. Is there a maximum time period (business days) that the measure refresh process has to be completed within once the incremental data is received?

At least 30 days.

Q13. Do you expect the total enrollment loaded into the HEDIS solution in Year 1 to be 1.4 million lives? What is the expected enrollment growth rate over the potential 4 additional years of contract?

It will likely be about 1.4 million in year one. UMBC does not expect substantial growth over the next four years - maybe 1-2% growth. However, the tool needs to be able to generate historic HEDIS measures to enable a trend analysis.

Q14. What is your data volume based on available history (example: approximately 10 million medical claims, 2.6 million pharmacy claims, 1 million lab claims)? What is your daily incremental data volume?

UMBC receives data from Maryland Department of Health on a monthly basis.

Q15. Besides administrative data, are there any other data sources (for example, supplemental data) to be included in the solution?

No.

Analytics/Reporting

Q16. How is the HEDIS data used?

The HEDIS results will be used to provide evaluation for MDH of the Maryland Medicaid program.

Q17. Do you have a preferred output from the HEDIS software – reports, raw measure calculation results, etc.?

UMBC would prefer the reports and the raw measure calculations.

Q18. Are you looking for prospective and predictive analytics capabilities for Quality Improvement?

At this time, UMBC is looking to support evaluations of the Medicaid program for MDH.

Q19. Are you looking for other capabilities beyond HEDIS measure calculation?

No.

Q20. Can you provide a pre-defined list of required reports and some examples of current report layouts?

UMBC would like to be able to generate all the Volume 2 HEDIS measures, including the long-term care measures.

Q21. Do any custom or ad-hoc reports need to be developed, and what is the frequency for these?

Yes, on an ad-hoc basis, the Maryland Department of Health typically requests Hilltop to these type of reports. The frequency varies.

Enclosure: Acknowledgement of Receipt of Addenda Form

END OF ADDENDUM #1, DATED 10/22/18

RFP NO.: BC-21112-M

RFP FOR: UMBC HEDIS Software

TECHNICAL PROPOSAL DUE DATE: THURSDAY, OCTOBER 25, 2018 on or before 2:00 P.M. EST.

NAME OF PROPOSER: _____

ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA

The undersigned, hereby acknowledges the receipt of the following addenda:

Addendum No. <u> 1 </u>	dated <u> 10/22/18 </u>
Addendum No. <u> </u>	dated <u> </u>
Addendum No. <u> </u>	dated <u> </u>
Addendum No. <u> </u>	dated <u> </u>
Addendum No. <u> </u>	dated <u> </u>

As stated in this Addendum, this form is to be returned with your Technical Proposal.

Signature

Printed Name

Title

Date