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DATE: February 28, 2019

TO: All Prospective Proposers

FROM: Elizabeth Moss
Executive Director of Procurement & Strategic Sourcing

RE: UMBC HEDIS Software
BC-21130-M: ADDENDUM #2

The following amends the above referenced RFP 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:

1. Will the University be loading 1.4 Medicaid Members into the database?

Yes, the University expects to include all eligible Medicaid members in the database. There may also be a few additional members loaded for the previous five (5) year trend.

2. Will the University be conducting hybrid medical record reviews?

No, the University does not conduct medical record reviews.

3. Will the University be submitting HEDIS results for the members or simply using the database for analyzing gaps in care, trending, in addition to other research?

The University evaluates the Maryland Medicaid program, which consists of fee-for-service (FFS) members, as well as members served by nine (9) managed care organizations (MCOs). The HEDIS software would be used for completing scheduled reports and *ad hoc* requests from the Maryland Department of Health (MDH).

4. *How many times does the University expect to load data and run measures on an annual basis? What is the cadence, e.g., monthly?*

The Medicaid data housed at the University in the Hilltop Institute is refreshed on a monthly basis. The underlying data that is used in the HEDIS measures may be refreshed based on that schedule. The reporting schedule for generating HEDIS measures will be based on the requests received from MDH, but may range from monthly to annually, depending on the measure.

5. *Does the University require the State of Maryland Medicaid measures? Does the University require any other measures? If so, how many additional measures?*

Primarily, HEDIS Volume 2: Technical Specifications for Health Plans will be required. Hilltop will not need to calculate the medical case review measures.

Below are a few examples of measures where MDH may request changes to HEDIS specifications:

1. For the Healthcare Effectiveness Data and Information Set (HEDIS) 2019 Technical Specification for Health Plans' Ambulatory Care measure (AMB, pages 370-373), MDH 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

6. *Regarding the following requirement: "It is expected that the software shall provide the ability to perform trend analysis through the inclusion of measures for multiple years (up to 5 years). The trend analysis may use the same HEDIS specifications applied across all years, or*

apply each specific year's HEDIS specifications", please clarify the phrase "apply each specific year's HEDIS specifications".

Does this mean that the University will want to use the HEDIS measure logic starting this year and going forward 5 years? Or does the University require the HEDIS measure logic from 2014 (5 years ago)? And, if the University requires the Maryland measures, would the University also need the measure logic across 5 years?

The University will accept either of the following approaches to working with data from previous years:

- Option 1
 - Use measurement specifications for each HEDIS version with the intended measurement year (e.g. use HEDIS 2017 for measurement year of calendar year (CY) 2016 data, use HEDIS 2016 for CY 2015 data, etc). Depending on the number of years requested in the analysis, there may be multiple HEDIS versions being used.
- Option 2
 - Use the current year's measurement specifications and apply to previous years. For example, HEDIS 2018 would be applied to data from the measurement years 2017, CY 2016, CY 2015, etc.

7. Provide the current, active enrollment by line of business.

The University anticipates enrollment will be approximately 1.4 million Medicaid in year one. The University does not expect substantial growth over the next four years, although there may be minor 1-2% growth. However, the software needs to be able to generate historic HEDIS measures to enable a trend analysis. The University requires the ability to calculate measures for all of Medicaid (1.4 million), as well as for FFS members, and for each MCO separately.

8. Provide the current number of members who will be loaded into the software, by line of business.

All members will be loaded into the software.

9. Does UMBC require any custom output/exports (i.e., non-CMS PLD files, State export requirements, etc.)? If so, please list the exports needed and provide appropriate details.

UMBC prefers to have the software provide reports and the raw measure calculations.

A person-level dataset in a standard format (e.g. csv) is also required.

10. How many rate runs (e.g. preliminary run, refresh run #1, refresh run #2, etc.) does UMBC generate in the annual reporting project?

UMBC does not officially report HEDIS scores, but several runs may be required depending on requests from MDH.

11. Does UMBC generate proactive/prospective rate runs? If so, how many proactive/prospective runs does UMBC generate, annually? How often are these runs scheduled (weekly, bi-monthly, monthly, quarterly, etc.)?

UMBC does not generate proactive/prospective rate runs. UMBC responds to requests for health care measures for Medicaid program evaluation from MDH.

12. Will UMBC license MRR software for the UMBC team to manage (retrieve/abstract/data entry) your own MRR project, or do you anticipate utilizing a 3rd party MRR vendor for chart retrieval and abstraction?

Hilltop will not be conducting medical record reviews/chart abstraction.

13. Will UMBC require a vendor's MRR software for year-round chart collection and abstraction? If so, which hybrid measures would be included in your year-round MRR project?

Hilltop will not be conducting medical record reviews/chart abstraction.

14. How many users are expected to utilize the software?

The number of users may vary, but the University expects about 10 users at the start of the contract.

15. Confirm when UMBC expects to go-live with a new *Quality Measurement and Reporting* vendor? Include anticipated timeframe to implement annual reporting, as well as proactive/prospective reporting.

UMBC anticipates the contract will begin June 1, 2019. UMBC would like to go-live as soon as possible following contract commencement, which will depend on the implementation schedule proposed by the selected firm. Measures will be calculated for MDH soon after go-live, including annual reporting for CY 2014 - 2018.

16. How many reporting populations will be defined in your project?

Hilltop will need the option to report results based on each of the nine individual managed care organizations. The denominator, or eligible reporting population, the numerator, or clinical criteria for each measure is specified by the HEDIS criteria.

END OF ADDENDUM #2, DATED 3/01/19

RFP NO.: BC-21130-M

RFP FOR: UMBC HEDIS Software

TECHNICAL PROPOSAL DUE DATE: March 13, 2019 on or before 11:59 P.M. Eastern Time.

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> 2/18/19 </u>
Addendum No. <u> 2 </u>	dated <u> 2/28/19 </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