

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1. Solicitation Number DCHT-2012-R-0002	Page of Pages 1 7	
2. Amendment/Modification Number A0005		3. Effective Date 10/14/11	4. Requisition/Purchase Request No.		5. Solicitation Caption Quality Improvement Organization
6. Issued By: Department of Health Care Finance Office of Contracts and Compliance 899 North Capitol Street, N.E., Suite 6037 Washington, D.C. 20002			7. Administered By (If other than line 6) Department of Health Care Finance Office of Chronic and Long Term Care 899 North Capitol, Street, N.E. Room 6037 Washington, DC 20002		
8. Name and Address of Contractor (No. Street, city, country, state and ZIP Code) Potential Offerors			9A. Amendment of Solicitation No. DCHT-2012-R-0002		
			9B. Dated (See Item 11) 10/14/2011		
			10A. Modification of Contract/Order No.		
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS					
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input checked="" type="checkbox"/> is extended. <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning two(2) copies of the amendment: (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or fax which includes a reference to the solicitation and amendment number. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by letter or fax, provided each letter or telegram makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.					
12. Accounting and Appropriation Data (If Required)					
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14					
A. This change order is issued pursuant to: (Specify Authority) The changes set forth in Item 14 are made in the contract/order no. in item 10A.					
B. The above numbered contract/order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) set forth in item 14, pursuant to the authority of 27 DCMR, Chapter 36, Section 3601.2.					
C. This supplemental agreement is entered into pursuant to authority of:					
D. Other (Specify type of modification and authority)					
E. IMPORTANT: Contractor <input type="checkbox"/> is not, <input checked="" type="checkbox"/> is required to sign this document and return <u>1</u> copy to the issuing office.					
14. Description of amendment/modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible.) Solicitation DCHT-2012-R-0002 is hereby amended as described below:					
1. Section A, page 1, Block 9, date Delete: January 11, 2012 Insert: January 25, 2012		3. Responses to offer's questions are attached.			
2. Section L.3.1., first sentence Delete: January 11, 2012 Insert: January 25, 2012		4. Section B.3 Delete: Amendment No. 4 of Section B.3 in its entirety Insert: Amendment No.5 of Section B.3 in its entirety.			
ALL OTHER TERMS AND CONDITIONS OF THE CONTRACT REMAIN UNCHANGED					
Except as provided herein, all terms and conditions of the document referenced in Item (9A or 10A) remain unchanged and in full force and effect					
15A. Name and Title of Signer (Type or print)			16A. Name of Contracting Officer Courtney Lattimore <i>for</i>		
15B. Name of Contractor (Signature of person authorized to sign)		15C. Date Signed	16B. District of Columbia <i>Jerome A. Jahur</i> (Signature of Contracting Officer)		16C. Date Signed 1-6-12

DCHT-2012-R-0002 – QIO Clarifying issues reference questions received 12-22-2011 through 12-30-11.

Amendment A0005 reflects a complete revision to volume estimates of Section B.3 Price Schedule.

No.	Solicitation Section Referenced	Question	Response
1	B.3.1	Is 0001AF (Home Health) different from 0001AG (Extended Personal Care Aide (PCA) or 0001 and (Personal Care Aide (PCA) Services)?	0001AF (Home Health) is different from 0001AG (Extended Personal Care Aide (PCA). Home Health denotes skilled nursing, PT, OT and ST therapies as well as Home Health Aide Services. Reference your clarification yes it is correct. Please see revised C.3.8.7.
2	C.3.8.2 – C.3.2.4	Residential Treatment Center	Please see revised B.3. This service is retained.
3	C.3.8.2	Define bordering county	This section does not include areas outside of the contiguous area.
4	C.3.9	Has “e” and “f” been deleted in the amendment?	No. e & f has not been deleted only “aa” through “nn”.
5	B.3 – Amendment No. 004	Address B.3 Price Schedule	All referenced volumes in B.3 Price Schedule and in Amendment No. 004, Attachment J-2 FY 10 Review Activity Report has been revised in accordance with Amendment No. 005. Disregard Amendment No. 004 reference to B.3 in its entirety. See Amendment No. 005. Amendment No. 005 reflects most current estimates in accordance with reviews conducted by current contractor as of the last contract period ending April 30, 2011.
6	B.3.1	Does the District anticipate an increase in acute care hospital review during the new contract period and if so, what is driving the increase?	Yes, DHCF is anticipating an increase in acute care hospital review; drivers are unclear.
7	B.3.1	Does Pre-Admission Review category 0002AG Pediatric Specialty Hospital relate only to reviews	002AG refers to only two hospitals; Kennedy Krieger

		for Maryland Cumberland Hospital? Section C.3.3 describes this review category as "g. Pediatric Specialty Hospitals – Maryland. Will reviews be conducted under this category for Maryland Cumberland Hospital or all pediatric specialty hospitals in Maryland?	in Baltimore and Cumberland Hospital in Virginia.
8	B.3.	The estimated number of annual Emergency Admission Reviews for 0003AB Acute Care Hospitals Bordering Counties reflected in the price schedule is 4,883 reviews and is the same review volume as 0003AA Acute Care Hospitals, per Attachment J-12. The number of Acute Care Hospitals, Bordering Counties reviews in FY-10 was 393 reviews. Does the District anticipate an increase in the Acute Care Hospitals Bordering Counties review during the new contract or will the expected annual review volume be closer to 393 reviews.	We have revised the volume estimates (see Amendment No. 0005) to show the number of all reviews conducted by the current contractor during the most recent contract period ending April 30, 2011. Drivers for increase are unclear.

3. Section B.3

CLIN	Item Description	Unit	Unit Price	Est. Qty	Estimated Total Price
0001	PRIOR AUTHORIZATION (PA) REVIEWS as described in C.3.2				
0001AA	Acute Care Hospitals	Each Admission	\$ _____	1,258	\$ _____
0001AB	Acute Care Hospitals Bordering Counties	Each Admission	\$ _____	6	\$ _____
0001AC	Gastric By-pass Surgery	Each Admission	\$ _____	43	\$ _____
0001AD	Selected Outpatient Medical & Surgical Procedures	Each Admission	\$ _____	1,416	\$ _____
0001AE	Home Health Care	Each Service	\$ _____	0	\$ _____
0001AF	Extended Personal Care Aide (PCA)	PCA Service	\$ _____	1,782	\$ _____
0001AG	Hearing Aids and Artificial Larynxes	Each Service	\$ _____	292	\$ _____
0001AH	Eyewear and Contact Lenses	Each Service	\$ _____	6,161	\$ _____
0001AI	Dental & Orthodontic Service	Each Service	\$ _____	1,835	\$ _____
0001AJ	Durable Medical Equipment	Each Service	\$ _____	3,175	\$ _____
0001AK	Intellectual and Developmental Disabilities Waiver	Each Service	\$ _____	10,000	\$ _____
0001AL	Elderly and Individuals with Physical Disabilities (EPD) Waiver	Each Service	\$ _____	2,699	\$ _____

0001AM	Specific Durable Medical Equipment, Prosthetics, Orthotics and Medical Supplies (DME/POS)	Each Service	\$ _____	3,176	\$ _____
0001AN	Non-Cosmetic Botox Injections	Each Service	\$ _____	100	\$ _____
0001AO	Out of State Nursing Home Placement	Each Service	\$ _____	0	\$ _____

CLIN	Item Description	Unit	Unit Price	Est. Qty	Estimated Total Price
0002	PRE-ADMISSION REVIEWS as described in C.3.3				
0002AA	Medlink & Hadley Memorial Hospitals (or other specialty hospitals)	Each Admission	\$ _____	1,316	\$ _____
0002AB	National Rehabilitation Hospital (or other rehabilitation hospitals)	Each Admission	\$ _____	533	\$ _____
0002AC	Hospital for Sick Children (or other specialty hospitals for special needs)	Each Admission	\$ _____	66	\$ _____
0002AD	Psychiatric Institute of Washington and Riverside Psychiatric	Each Admission	\$ _____	436	\$ _____
0002AE	St. Elizabeth's Hospital (or other inpatient behavioral health hospitals)	Each Admission	\$ _____	32	\$ _____
0002AF	Out of State Mental Health Facilities	Each Admission	\$ _____	7	\$ _____
0002AG	Pediatric Specialty Hospitals	Each Admission	\$ _____	5	\$ _____
0003	EMERGENCY ADMISSION REVIEWS as described in C.3.4				
0003AA	Acute Care Hospitals	Each Admission	\$ _____	11,829	\$ _____
0003AB	Acute Care Hospitals Bordering Counties	Each	\$ _____	1,085	\$ _____

		Admission			
0004	CONTINUED STAY REVIEWS as described in C.3.5				
0004AA	Medlink and Hadley Memorial Hospitals or other specialty hospitals)	Each CSR	\$ _____	1,316	\$ _____
0004AB	National Rehabilitation Hospital (or other rehabilitation hospitals)	Each CSR	\$ _____	533	\$ _____
0004AC	Hospital for Sick Children (or other specialty hospitals for special needs)	Each CSR	\$ _____	66	\$ _____
0004AD	Non-DRG Acute Care Hospitals	Each CSR	\$ _____	1,604	\$ _____
0004AE	Psychiatric Institute of Washington and Riverside Psychiatric	Each CSR	\$ _____	436	\$ _____
0004AF	Out of State Mental Health Facilities	Each CSR	\$ _____	7	\$ _____
0004AG	St Elizabeth's Hospital (or other acute care behavioral health facilities)	Each CSR	\$ _____	32	\$ _____
000AH	Pediatric Specialty Hospitals- Maryland Cumberland Hospital	Each CSR	\$ _____	5	\$ _____
0005	RETROSPECTIVE REVIEWS as described in C.3.6				
0005AA	Transfers Acute Care Hospital to Acute Care Hospital	Each Admission	\$ _____	184	\$ _____
0005AB	Readmissions to Acute Care Hospital	Each Admission	\$ _____	50	\$ _____

0005AC	Cost Outliers	Each Admission	\$ _____	50	\$ _____
0005AD	Return Admissions within 72 hours	Each Admission	\$ _____	50	\$ _____
0005AE	DRG Payment Admissions	Each Admission	\$ _____	50	\$ _____
0005AF	Subsequent Eligibility Admissions	Each Admission	\$ _____	2,360	\$ _____
0005AG	PPS Hospitals – Out of State	Each Admission	\$ _____	1500	\$ _____
0005AH	Non PPS Hospitals - Out of State	Each Admission	\$ _____	50	\$ _____
0005AI	Undocumented Residents (780) Medical Review for Limited Emergency Services	Each Service	\$ _____	0	\$ _____
0006	LONG TERM CARE REVIEWS as described in C.3.7				
0006AA	Level of Care Determinations	Each Admission	\$ _____	8,318	\$ _____
0006AB	Medical Eligibility Reviews	Each Admission	\$ _____	841	\$ _____
0006AC	Continued Stay Reviews	Each Admission	\$ _____	3,956	\$ _____
0006AD	Pre-Admission screening and Annual Resident Review (PASRR)	Each Admission	\$ _____	3,316	\$ _____
0006AE	EPD Waiver Program Medical Review	Each	\$ _____	2,699	\$ _____
0007	MISCELLANEOUS AND OTHER REVIEWS as described in C.3.8				
	Individual Determinations			12	

	Residential Treatment Centers			0	
	Nursing Facilities Out of State			0	
	Codes			0	
	Equipment, Pharmaceuticals, Procedures, and Technology			0	
BASE YEAR					
TOTAL					

B.3.2 OPTION YEAR 1 – (DATE OF AWARD TO 12 MONTHS THEREAFTER)

B.3.3 OPTION YEAR 2 – (DATE OF AWARD TO 12 MONTHS THEREAFTER)

B.3.4 OPTION YEAR 3 (DATE OF AWARD TO TWELVE MONTHS THEREAFTER)

B.3.5 OPTION YEAR 4 (DATE OF AWARD AND TWELVE MONTHS THEREAFTER)

B.4 CBE REQUIREMENTS

Any offeror responding to this solicitation must submit with its proposal, a notarized statement detailing any subcontracting plan required by law. Proposals responding to this RFP shall be deemed nonresponsive and shall be rejected if the offeror fails to submit a subcontracting plan that is required by law. For contracts in excess of \$250,000, at least 35% of the dollar volume of the contract shall be subcontracted in accordance with Section H.9.

