
Solicitation Amendment

Total Joint Replacement Bundled Episode of Care

RFP No. 15-023 Amendment No. 2

Date Issued: November 30, 2015

Purpose: RFP 15-023 Questions and Answers

Amendment need not be submitted with Proposal. All other Terms, Conditions, and Specifications remain unchanged. The above referenced solicitation is amended as follows:

ANTICIPATED PROCUREMENT SCHEDULE

The following procurement schedule applies to RFP 15-023 Questions and Answers:

Q1: Please confirm whether there will be an external party compiling medical information and then referring patient(s) to the Center(s) of Excellence; or will the patient be able to do a self-referral?

A1: HCA anticipates that the patient will be able to self-refer to either a COE, or another UMP network provider. However, there will be significant financial incentives for the Member to use a COE. HCA's TPA will work to identify potential patients based on claims data to begin the case management process.

Q2: Please confirm who will have the functional responsibility of utilization management and what type of prior authorization will Member(s) need prior to participating in this program.

A2: HCA anticipates that the Third Party Administrator (TPA) will have the responsibility for prior authorization and will involve ensuring that the Bree Collaborative requirements have been followed and documented.

Q3: Please confirm whether it is appropriate to include all patients discharged with DRG 469 and DRG 470 regardless of the Bree Collaborative bundle criteria, for Section A, Question 2 in the Non-Cost Proposal of the Submittal Document.

A3: HCA would like to see that all patients who have been discharged with DRG 469 and DRG 470 are included, regardless of the Bree Collaborative Criteria.

Q4: Please provide an example of the type of flow diagram HCA is requesting for Section C, Total Joint Replacement Process, Questions 2, 3 and 4 in the Non-Cost Proposal.

A4: An example is provided below in Exhibit 1 of this Amendment 2 document. HCA would like to see a detailed flow diagram for each cycle of the bundle.

Q5: Please define the trigger point for the start of the bundle for the Cost Proposal. Please confirm if it begins once the patient has cleared surgical appropriateness criteria of Cycle 1 and Cycle 2 of the Bree Collaborative.

A5: HCA confirms that the trigger point for the start of the bundle for the Cost Proposal begins with Cycle 1 of the Bree Collaborative criteria. However, if the patient does not meet the fitness for surgery criteria, visits related to this determination will be paid outside of the bundle on a fee for service basis.

Q6: Please confirm whether HCA anticipates two different prices for the Bundled Payment for DRG 469 and DRG 470 in the Cost Proposal.

A6: HCA anticipates that this will be negotiated during the Contract negotiation phase.

Q7: Please confirm whether HCA has a preferred outlier methodology.

A7: HCA does not currently have a preferred outlier methodology for this RFP; however, this may be negotiated in the Contract negotiation phase.

Q8: Please confirm if it is HCA's intent that the initial Bundled Payment in the Cost Proposal be held at flat rate through the initial four (4) year term of the Contract.

A8: HCA anticipates that the Cost Proposal will not necessarily be held at a flat rate through the initial four (4) year term of the Contract, and that this may be negotiated in the Contract negotiation phase.

Q9: Please confirm whether HCA anticipate a cap on the potential Warranty cost exposure for providers.

A9: Yes, HCA does anticipate a cap on the potential Warranty cost exposure for providers.

Q10: Please confirm if the 30-60-90 day readmission is intended to be all cause?

A10: No, HCA is intending for the warranty period to be complication-specific and to be similar to the Bree Collaborative warranty and/or CMS Comprehensive Care for Joint Replacement (CJR) model.

Q11: Please confirm whether the title of Appendix B, Sample Contract, "Accountable Care Program Marketing and Communication Consulting Services" is correct and if this is the appropriate Contract template for a bundled service.

A11: Appendix B, Sample Contract of the RFP is HCA’s standard boilerplate contract language and the title of the Sample Contract is a typo. HCA anticipates that the Awarded Contract will be negotiated during the Contract negotiation phase between HCA and the Awarded Contractor(s).

Q12: Please provide an example or more detail on the expectation of the invoice as it related to this work, on page 6, Section 2.4.8 in the Sample Contract.

A12: HCA anticipates that this section may not apply beyond “a description of the work performed”.

Q13: Please confirm whether the Awarded Contractor(s) will be administered through a contract with the assigned Third Party Administrator (TPA) as well as with the HCA; or will the Contract for the TKR/THR Bundled Episode of Care serve as the only legally binding relationship between the parties?

A13: HCA anticipates that the Awarded Contractor(s) will have separate Contracts with the TPA.

Q14: Please confirm whether the Awarded Contractor(s) will be administered through a contract with the assigned Third Party Administrator (TPA) as well as with the HCA; or will the Contract for the TKR/THR Bundled Episode of Care serve as the only legally binding relationship between the parties?

A14: HCA anticipates that the Awarded Contractor(s) will have separate Contracts with the TPA.

Q15: Please confirm if it is the expectation of HCA that when a provider recommends a patient for surgery that does not meet the appropriateness standards under Bree and is documented as such, that this patient will still be eligible for the bundle and warranty through this benefit, per Section 1.3.8 in the RFP.

A15: HCA anticipates that patients who do not meet the fitness for surgery standards as outlined in the Bree Collaborative criteria, will not be eligible for the bundle and warranty through this benefit.

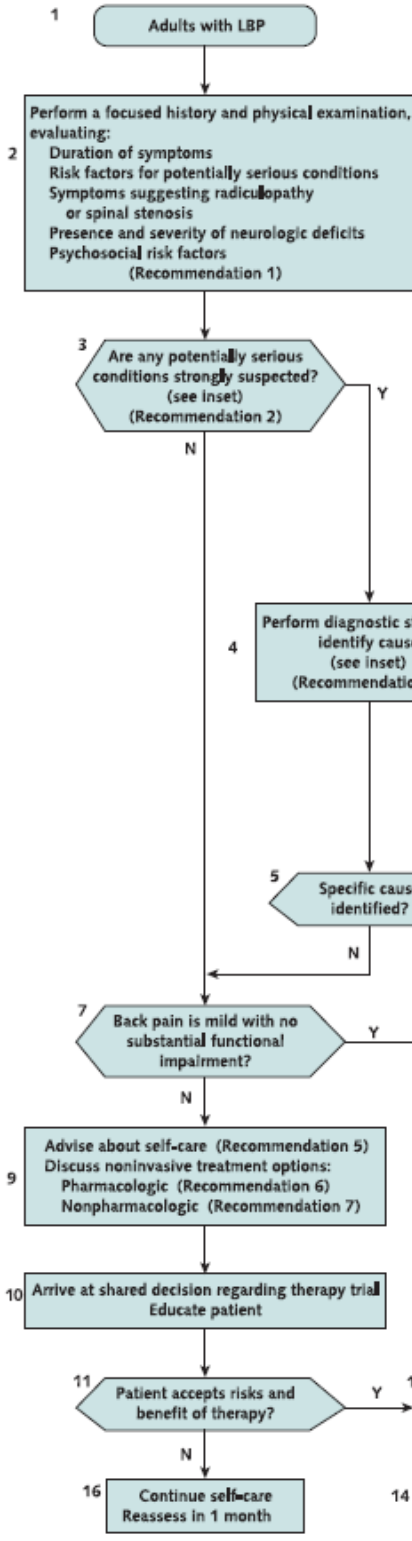
Q16: In Exhibit 1, Warranty Definition in the RFP, the time periods of responsibility for the different complications types are not explicitly defined. Please confirm if HCA will follow the time periods defined in the Bree Collaborative for the surgical and medical complications.

A16: Yes, the HCA anticipates that the warranty period to be similar to the Bree Collaborative warranty and/or CMS Comprehensive Care for Joint Replacement (CJR) model.

Q17: Please clarify if the post-operative care period for the Bundled Payment includes inpatient rehabilitation and/or SNF services? Does HCA have a detailed list of the post-operative care services that are included in the Bundled Payment?

A17: HCA does not anticipate including inpatient rehab or SNF services as part of the TJR Bundle, as our members do not normally require them post discharge for joint replacement procedures. For purposes of the RFP, please include return physician visits, as appropriate, DME, and any services which are used more than 50% of the time.

EXHIBIT 1 - Flow Chart Example 1

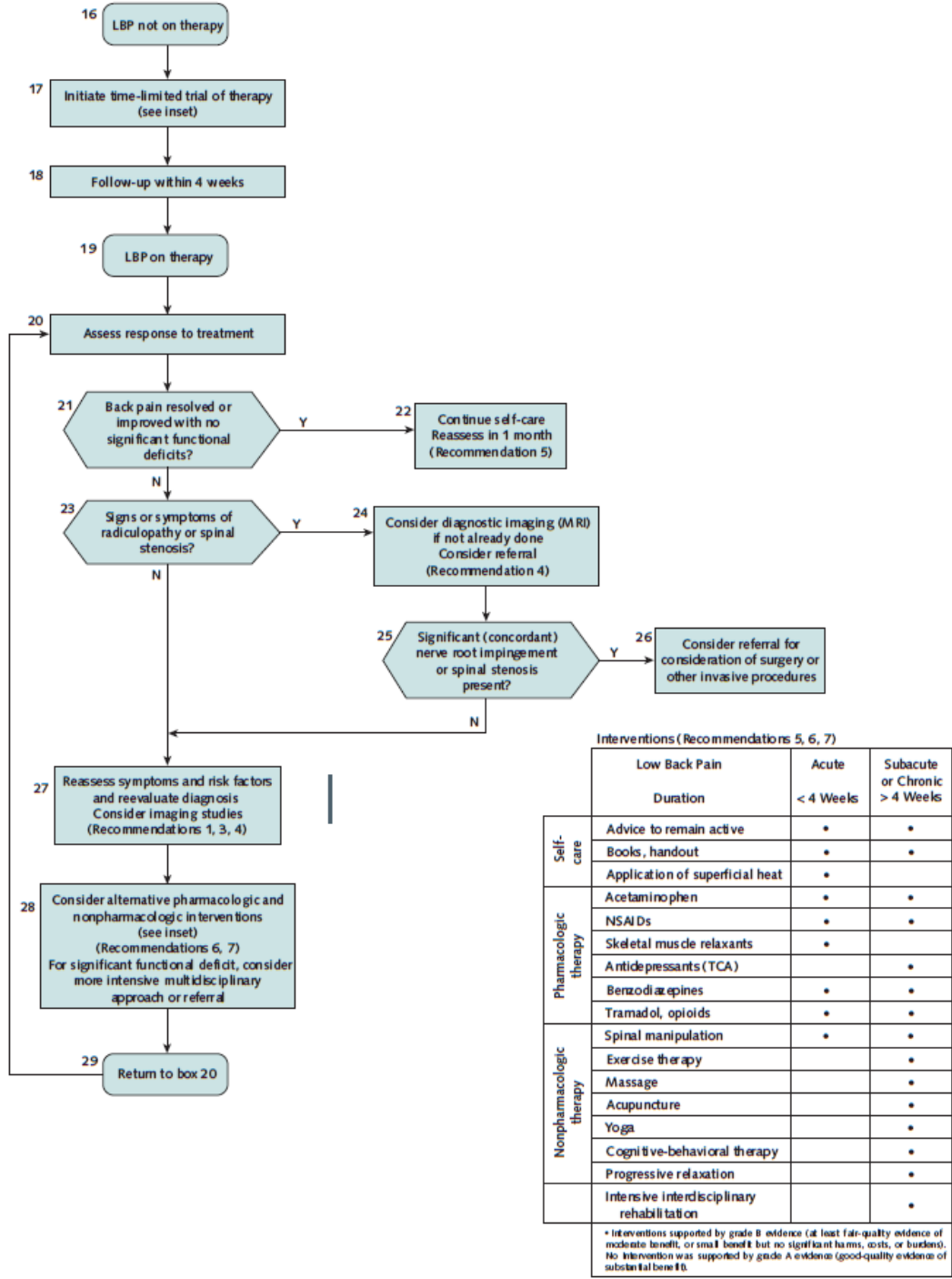


Diagnostic Work-up

Possible cause	Key features on history or physical examination	Imaging*	Additional studies*
Cancer	History of cancer with new onset of LBP	MRI	ESR
	Unexplained weight loss Failure to improve after 1 month Age >50 years	Lumbosacral plain radiography	
	Multiple risk factors present	Plain radiography or MRI	
Vertebral infection	Fever Intravenous drug use Recent infection	MRI	ESR and/or CRP
Cauda equina syndrome	Urinary retention Motor deficits at multiple levels Fecal incontinence Saddle anesthesia	MRI	None
Vertebral compression fracture	History of osteoporosis Use of corticosteroids Older age	Lumbosacral plain radiography	None
Ankylosing spondylitis	Morning stiffness Improvement with exercise Alternating buttock pain Awakening due to back pain during the second part of the night Younger age	Anterior-posterior pelvis plain radiography	ESR and/or CRP, HLA-B27
Severe/ progressive neurologic deficits	Progressive motor weakness	MRI	Consider EMG/NCV
Herniated disc (Recommendation 4)	Back pain with leg pain in an L4, L5, or S1 nerve root distribution Positive straight-leg-raise test or crossed straight-leg-raise test	None	None
	Symptoms present >1 month	MRI	Consider EMG/NCV
Spinal stenosis (Recommendation 4)	Radiating leg pain Older age (Pseudoclaudication a weak predictor)	None	None
	Symptoms present >1 month	MRI	Consider EMG/NCV

*Level of evidence for diagnostic evaluation is variable.

EXHIBIT 1 - Flow Chart Example 2



¹ Flow chart examples were taken from the Spine/Low Back Pain Topic in the Bree Collaborative http://www.breecollaborative.org/wp-content/uploads/spine_lbp.pdf