



**UCare Interpreter Services RFP
Bidders Conference November 9, 2009
Questions Submitted Prior to Conference**

Question: In reference to the RFP page 11, section 2.5 (Provider Agreement/Administrative Manual): states that the certificates of insurance shall be provided within ten (10) business days from issuance of a contract to the ISA. Immediately following, though, it states that all certificates of insurance should be included with the RFP response. Please clarify when the certificates of insurance would need to be submitted.

Answer: The insurance certificate will need to be included in the RFP to gauge ability to meet contract standards.

Question: Exhibit B, Page 39 Reimbursement Schedule: How much does UCare intend to pay for interpreter services per hour or actual time?

Answer: Face to face interpreters are reimbursed at the current fee schedule with a one hour minimum.

Question: How many ISA's are going to be hired by UCare (Approximately how many vendors will be chosen for this contract)?

Answer: UCare has not established a set number of contracted agencies, but will create a network of quality interpreter agencies to meet the needs of UCare members.

Question: Does UCare require receiving billings by paper invoice or by electronic billing?

Answer: To comply with Minnesota State Statute 62J.536, UCare requires all contacted agencies to bill electronically and accept electronic remittances.

Question: Does UCare provide any special software for billing and/or for verification of members' eligibility?

Answer: UCare does not provide software for billing claims. Any contracted agency will have to use a claims clearinghouse contracted with UCare. For more information please see the UCare provider manual, Chapter 6: Claims Submission Information. To verify that an individual is an active member of UCare, a contracted agency may use Access UCare via the UCare web site. UCare also has an interactive voice response system (IVR) to verify a member's eligibility.

Question: Does UCare require that a specific agency be used for background checks of potential interpreters?

Answer: As stated in the provider manual, Chapter 11: Interpreter Services, “the interpreter service agency, or clinics, through which the interpreter is working, is required to perform a criminal background check through the Minnesota Bureau of Criminal Apprehension with the cost incurred by the individual or the employer”.

Question: Section 2.4, page 9, Question # 15: Please define "Policy to guarantee that the exclusion list is checked". Where is the exclusion list?

Answer: Please describe your policy regarding using the exclusion list. A link to the OIG list is <http://exclusions.oig.hhs.gov/search.aspx>

Question: Section 2.4, page 10, Question #26: Please clarify what UCare means - "regarding the screening practice to ensure quality interpreter services for complex medical cases and Behavioral Health services"?

Answer: Provide agency's procedure for screening used to determine which interpreters are appropriate for complex cases.

Question: If selected as a Finalist by March 19, 2010, what would be the start date for the contract?

Answer: UCare anticipates issuing contracts to the agencies selected during the second quarter of 2010.

Question: Does UCare inform the clinic that I am available as an interpreter agency for a possible interpreter appointment?

Answer: UCare will publish a list of contracted agencies in Chapter 11: Interpreter Services, of the UCare provider manual, which is available to all providers serving UCare members.

Question: Does UCare want the electronic copy of the RFP response sent by fax or e-mail?

Answer: An electronic copy of the response needs to be sent to Interpreter2009RFP@ucare.org. Four hard copies should be sent to the address listed on page 5 of the RFP.

Question: What do you mean by a Scheduling protocol and guidelines process?

Answer: Provide documentation on how the agency schedules interpreter appointments.

Question: Can you be more specific on the Customer service policy?

Answer: Please provide policy on agency's approach to responding to customers.

Question: 2.5 Interpreter Service Agency Additional Information (page 10). What is your agency's expectation on how many patients each interpreter is expected to serve, per day, week or month? Please provide a document outlining the agency's expectations. Please clarify this question for us. At this time we don't have a document outlining, would we be disqualified from the proposal?

Answer: Section 2.5 is intended to address the agency business model and capacity of the ISA to provide quality services to UCare members. All agencies that have submitted an "Intent to Respond" document by 11/23/09 and submit an RFP response by 12/18/09 will have their documentation reviewed as part of the RFP review process.

Question: (Section 2.5 Additional Information) Do you have a documented plan regarding how the agency would handle the potential increased capacity when contracted with UCare? If so please provide a written description of your plan. In addition, please provide the current capacity load (i.e. # of available appointments per day and percent filled) to UCare. Please clarify this question for us. Would you be able to give us an example?

Answer: Please describe your plan to increase capacity for particular languages and/or service area as need arises. Example: New refugee population (Karen).

Question: What is the estimated number of interpreting assignments on an annual basis that are out-sourced to vendors like us?

Answer: In 2008, UCare processed over 140,000 Interpreter Services claims.

Question: What percentage of UCare's 180,000 members require the use of an interpreter?

Answer: Approximately 20% UCare State Public Program members have limited English proficiency.

Question: What percentage of interpreter assignments are requested outside of business hours? What percentage of interpreting assignments are provided outside of business hours?

Answer: Interpreting time is documented on work orders but not regularly analyzed.

Question: What percentage of interpreting assignments are in the 7 county metro area?

Answer: The majority of LEP UCare members reside in the Metro area.

Question: What percentage of total interpreting services is represented by the five most common languages?

Answer: (2008 Data) – Hmong 39%, Somali 35%, Spanish 8%, Russian 5%, Vietnamese 3%

Questions Asked at the Interpreters Bidders Conference

Question: Regarding 2.4, (required documents) What is to be included in the list of contracted interpreters?

Answer: Please provide a list of entities with which you currently hold contracts.

Question: What is the current reimbursement schedule and the reimbursement schedule with the 6% DHS reduction?

Answer: The current Medicaid rate of \$12.50 per unit minus past and current ratable reductions from DHS.

- Medicaid (GA) is now paid 11.5% less than fee schedule amount.
- MinnesotaCare is now paid 5% less than fee schedule amount.
- *UCare Complete* (MnDHO) is now paid 6.5% less than fee schedule amount.

Please refer to the DHS website for further information.

Question: Clarify the background checks for interpreters and when are they expected to be done?

Answer: The background check should be done prior to an offer of employment to an interpreter.

Question: What format should responses be in?

Answer: Please follow the sequence of the checklist and submit as stated on the last question on page 2.

Question: In section 2.4 (Required Documents), Clarify item #4 - blinded copy of bill.

Answer: A blinded sample of the agency's invoice used to bill health plan without PHI.

Question: Clarify the exclusion list and website address.

Answer: Please see question #2 on page 2 of this document. The web address is <http://exclusions.oig.hhs.gov/search.aspx>.

Question: What percentage of assignments that are needed are for emergency services and/or late night?

Answer: Interpreting time is documented on work orders but not regularly analyzed.

Question: About #23, Which interpreter roster is being referred to in required document item number 22? Is it the Court Roster?

Answer: Answer: It refers to the Minnesota Roster of Spoken Language Healthcare Interpreters housed at the Minnesota Department of Health (a link to the roster site is found on the web site of the Upper Midwest Translators and Interpreters Association web site (www.umtia.org)). Interpreters apply to be on it and pay a \$50 fee. Carol Berg encouraged all interested parties to participate in the collaborative called the Interpreting Stakeholder Group (an UMTIA committee). The ISG Registry Committee is helping MDH with the roster and developing a proposal to evolve it to a verified registry that will be submitted to the Legislature in January 2010. It is possible to participate in ISG meetings by conference call. Carol asked people to sign up for the ISG notifications, if interested Carol will send email. Also referenced UMTIA.org website

Question: Clarify Fraud, Waste and Abuse and who the attestation should come from.

Answer: Agency or owner, attesting that all interpreters have gone through training, and that the UCare presentation that was emailed is the same as all other health plans. The link can be found at www.ucare.org.

Question: RFP asks if agency uses telephonic interpreting and if they're required to do so. Concerns about using that type of service should go to ISG.

Answer: In person interpreting is the preferred methodology but in some instances telephonic is the only option. Concerns about using telephonic interpreting can be discussed at ISG meetings (described above).

Question: How many agencies does UCare expect to contract with?

Answer: UCare has not established a set number of contracted agencies, but will create a network of quality interpreter agencies to meet the needs of UCare members (Same answer as question #3, page 1).

Question: Will UCare be giving preference to agencies that do telephonic and face-to-face?

Answer: Telephonic interpreting is referenced in the Section 2.5, Additional Information. UCare would prefer the agency offers both services.

Question: Clarify hours of operation and service time.

Answer: UCare is looking for what hours the agency's services are available. Please provide the agency's hours of operation.

Question: Clarify the phone reimbursement rate.

Answer: There is a flat fee of \$8 for telephonic interpreting services.

Question: What is the percentage of phone vs. face-to-face services for UCare members?

Answer: UCare has not analyzed the claims data to determine a percentage.

Question: What is the rate for hours/late night requests/services?

Answer: The same rate applies for late night requests as services provided during business hours.

Question: Is there more than one agency called when looking for services?

Answer: The clinic or hospital is arranging the services, so UCare is generally not involved when the clinic/hospital is securing services.

Question: Are we sending a confirmation that we've received their letter of intent RFP?

Answer: No. If you would like a confirmation, please send a request to the email box at interpreter2009rfp@ucare.org.

Question: Does UCare look for and send out interpreters?

Answer: Sometimes the UCare Customer Services Department arranges interpreters, but most are done by the clinic.

Question: What is meant in 9b, list standard equipment?

Answer: UCare is looking for what type of telephonic equipment the agency has – phone system (hardware and software).

Question: What's meant in 9c, business recovery plan?

Answer: UCare would like to see documentation that a business recovery plan has been established in case of disruption to the agency's physical location.

Question: Do we allow members to select a specific interpreter?

Answer: UCare encourages continuity of care, which includes consistency of interpreters. However, the provider generally arranges the interpreter service.

Question: Clarify need for NPI numbers.

Answer: Agencies are atypical providers. Billing information is in Chapter 6 of the UCare Provider Manual.

Question: Reimbursement for no shows.

Answer: Reimbursement of \$25 is paid if the provider or member doesn't show. There is no reimbursement if the interpreter doesn't show.

Question: Clarifying question on Section 2.4, #23, the state roster.

Answer: UCare would like to obtain how many of your interpreters have applied currently from an agency.

Question: Clarify Section 2.5, #10.

Answer: UCare wants to know if and how an agency would be able to meet the needs in situations such as an expanded service area, different immigrant population, etc.

Question: Will increased UCare population be brought into account when determining how many agencies we need, particularly in the metro?

Answer: Yes

Question: Provide a rough percentage estimate of how many of our members are in metro?

Answer: Estimate about 70-80%. Clarifying statement from UCare: If an agency expands their service area, they need to let UCare know.

Question: Clarify what documentation in Section 2.5 will be sufficient.

Answer: Please provide documentation to support your agency's ability to address the items in the section. Answers should be limited to 500 words per question.

Question: Clarify if insurance information needs to be submitted with an RFP response and if amounts will be the same.

Answer: Coverage amount is the same as now; \$1,000,000/occurrence and \$3,000,000/aggregate. UCare needs the certificate with the RFP, not later.

Question: Attended asked about a sending a sample of their invoice and asked if we want sample of work order too.

Answer: Yes.

Question: Does UCare pay for the clearinghouse fees.

Answer: No, fees are paid by the agency, UCare also is charged fees. Explained that rates vary, and that the claim goes to the clearinghouse and the work order is sent as an attachment and matched up to the claim. Chapter 6 (Billing Chapter) in provider manual explains. Interpreter added that IGI is a free billing service.

Question: Is the provider manual available to non-contracted agencies?

Answer: Yes, it's housed on the UCare website.

Question: Does the checklist apply to contracted and non-contracted?

Answer: Yes, the same scoring criteria will be used for all applicants.