

**VIRGINIA BIRTH-RELATED
NEUROLOGICAL INJURY COMPENSATION PROGRAM
SOLICITATION FOR PROPOSALS**

Title: Third Party Claims Administration & Processing for the Virginia Birth-Related Neurological Injury Compensation Program

Issuing Entity: Virginia Birth-Related Neurological Injury Compensation Program
7501 Boulders View Drive, Suite 210
Richmond, Virginia 23225

Using Entity: Virginia Birth-Related Neurological Injury Compensation Program
7501 Boulders View Drive, Suite 210
Richmond, Virginia 23225

Submission Deadline: May 25, 2017, 4:00 p.m.

Name and address of firm:

By: _____
Signature

Printed Name: _____

Date: _____

Telephone Number: _____

***Attach an executed copy of this form to the front of the proposal submitted.**

Submission of Proposals:

The Virginia Birth-Related Neurological Injury Compensation Program will review all proposals received by the stated deadline. No pre-proposal interviews are planned in conjunction with this SFP. **Please submit at least five copies of your proposal. Proposals should be no longer than 30 pages** however additional corporate materials, i.e. brochures, contracts, etc., may be attached. Please direct any questions to George Deebo, Executive Director (330-2471 x307).

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Purpose:

The purpose of this Solicitation for Proposals is to solicit proposals for medical care claims administration/processing for approximately 160 admitted claimants in the Virginia Birth-Related Neurological Injury Compensation Program, an independent state agency.

Background:

The Virginia Birth-Related Neurological Injury Compensation Act was enacted in 1987 by the Virginia General Assembly to provide compensation for the medically necessary and reasonable expenses described in Virginia Code §38.2-5009 for children who are admitted into the Program under Virginia Code §38.2-5000, *et seq.*. Additional information concerning the history and operation of the Program and Board of Directors is available at www.vabirthinjury.com.

Scope of Work

1. Provide access to and utilization of one or more contracted provider networks. Contracted network(s) must provide for substantial monetary savings/discounting and include hospitals, physicians, therapists, pharmacy, home care services, laboratory services, durable medical equipment and other normally used medical services.
2. Review and examine claims (bills, invoices, and statements) submitted by admitted claimants' parent/s or guardian/s or received from physicians, hospitals, pharmacies, labs, and any other eligible providers who have rendered care to eligible claimants. Procure any missing information immediately, by personal contact, telephone, or correspondence.
3. Determine reasonableness of charges and monitor the quality, quantity, and utilization of professional, medical, and hospital care rendered, referring medical claims for "medical review" when necessary.
4. Process all appropriate claims as determined by the provisions of any applicable health insurance policy, Virginia Code §38.2-5009, and the Program's Guidelines, utilizing the fee/reimbursement schedules established and provided by the Program's Board of Directors or from approved contracted provider networks. For claims incurred outside of Virginia determine allowable charges for that geographical area. Obtain timely updates of fee schedules and conversion factors. Accurate claims processing in a timely manner, according to performance standards, will be required.
5. Prepare/issue checks and itemized Explanation of Benefits forms to admitted claimants' parent/s or guardian/s.
6. Pend or deny claims not eligible for payment and issue related correspondence. Advise admitted claimants' parent/s or guardian/s whose claims have been denied of the specific reasons for such denial, and the procedure for a review of the denial. Advise plan participants regarding the pending of a claim, the reasons for such action and the actions necessary to release the claim.

Customer Service

1. Provide professional, courteous, and timely responses to telephone, written, in person inquiries and complaints from all sources. Such inquiries may include eligibility information, claims payment, benefit provisions, and related questions, from parties with authorized access to information such as admitted claimants' parent/s or guardian/s, providers, or legal counsel.
2. Establish commonly utilized avenues for filing claims to include a telephone number, mailing address, electronic submission, email, etc.
3. Furnish a toll-free telephone number for incoming customer service calls.
4. Provide assistance when requested with respect to special inquiries from the Program which could arise involving claims processing for payment of claims.

Prescription Drug Program

Coordinate processing and payment of prescription drug claims utilizing an electronic claims processing pharmacy system/network.

Case Management

Provide the services of a registered nurse/case manager (or a contracted case management agency) approved by the Program, for chronic or catastrophic injuries/illnesses.

Provide timely Case Management reports.

Utilization Review Services

Provide hospital pre-admission certification; hospital concurrent utilization review; hospital length of stay monitoring; discharge planning services; preauthorization when requested by providers and admitted claimants' parent/s or guardian/s, etc.

Medical Review

Coordinate with the Program's contracted medical review consultant(s) or provide a medical review system, utilizing medical professionals, acceptable to the Program.

Coordination of Benefits

Provide coordination of benefits in accordance with Virginia Code §38.2-5009, the Program's Guidelines, and federal/state law. Apply standard, non-duplication of benefits.

Compensation (also see Fees section under Questions):

Clearly state your proposed method of compensation for these services.

Compensation for these services may be proposed in any form deemed appropriate by the offeror. However, the proposal must clearly describe in detail the methodology and any assumptions for the proposed compensation.

If applicable, please identify those services identified that your firm proposes to bill separately and how it proposes to be compensated for those services.

(Note: fees include management only, insurance, taxes, etc. should not be included as part of management fees.)

Terms and Conditions:

-The Program reserves the right to request clarification and additional information from respondents.

-The Program reserves the right to reject any and all proposals and to select the proposal that, in its best judgment, best accomplished the purpose of the solicitation.

Criteria for Evaluation:

Proposals will be evaluated primarily on the basis of the evaluation criteria stated below and such other additional factors as the Staff and Board of the Virginia Birth-Related Neurological Injury Compensation Program deem appropriate. The Program reserves the right to reject any and all proposals received in response to this SFP and to waive any informalities or defects in any proposal or provisions herein.

After review of written proposals, the Program intends to conduct interviews of not more than three firms and thereafter to negotiate a satisfactory arrangement with that offeror whose qualifications rank it first.

Criteria and Weight

- 1. Extent to which proposed services are responsive to the Program’s needs. **25**
- 2. The reasonableness of compensation proposed in relation to the scope of work. **25**
- 3. Qualifications, including professional credentials of the staff and capability and capacity to provide the required services, including ability of key staff members. **20**
- 4. Demonstrated understanding of the Program’s operations, the challenges facing the Program and the ability to create, identify and execute innovative solutions. **20**
- 5. Experience with similar engagements. **10**

Total: 100

Questions:

Following is a list of questions that must be answered as a part of any proposal.

Organization

- 1. Provide a brief history of your firm, its ownership structure and its experience in third party administration.
- 2. Provide brief biographies of key staff that will provide the services.
- 3. What do you consider to be your organization’s main strengths?
- 4. Provide at least two references of clients for whom you have provided similar services.

Fees

1. Please provide a fee proposal for the services outlined in this SFP.
(Note: fees include management only, insurance, taxes, etc. should not be included as part of management fees.)
2. What other costs or expenses might the Program incur with your firm?

Note: This public body does not discriminate against faith-based organizations in accordance with the Code of Virginia, §2.2-4343.1 or against an Offeror because of race, religion, color, sex, national origin, age, disability, or any other basis prohibited by state law relating to discrimination in employment.

-End-