

AMENDMENT OF SOLICITATION / MODIFICATION OF CONTRACT			1. Solicitation Number CFOPD-20-R-022		Page of Pages	
					1	Plus Attachments
2. Amendment/Modification Number Amendment No. 1		3. Effective Date See Box 16C	4. Requisition/Purchase Request No.	5. Solicitation Caption Medical Audit Services		
6. Issued by: Office of the Chief Financial Officer Office of Contracts 1100 4 th Street SW Suite E610 Washington, DC 20024			Code	7. Administered by (If other than line 6) Office of Finance and Treasury Government of the District of Columbia 1101 4th Street, SW Washington, DC 20024		
8. Name and Address of Contractor (No. street, city, county, state and zip code) ALL POTENTIAL OFFERORS Code Facility			X	9A. Amendment of Solicitation No. CFOPD-20-R-022		
				9B. Dated (See Item 11) January 27, 2020		
				10A. Modification of Contract/Order No.		
				10B. Dated (See Item 13)		
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS						
<input checked="" 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 a ___ written copy 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 ACKNOWLEDGMENT 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 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):						
B. The above numbered contract/order is modified to reflect the administrative changes.						
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 type="checkbox"/> is required to sign this document and return 1 copy to the issuing office.						
14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible.) The above referenced solicitation to provide Medical Audit Services is hereby amended to reflect the following changes (Attachment A) and response to inquiries received (Attachment B). ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED						
Except as provided herein, all terms and conditions of the document is 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 Drakus Wiggins, CPPB, CPPO			
15B. Name of Contractor (Signature of person authorized to sign)		15C. Date Signed	16B. District of Columbia  (Signature of Contracting Officer)		16C. Date Signed 02/21/20	

Attachment A

The following changes are hereby incorporated into the solicitation.

- 1. The proposal due date is hereby extended to March 11, 2020, 2:00pm EST.**

2. Section M.1.1 is replaced as follows to identify up to three awards:

M.1.1 The District intends to award up to three contracts to the responsive, responsible Offerors whose offers are most advantageous to the District, based upon the evaluation factors specified below. Thus, while the points in the evaluation factors indicate their relative importance, the total scores will not necessarily be determinative of the award. Rather, the total scores will guide the District in making an intelligent award decision based upon the evaluation factors that consists of a combination of experience and qualifications, pricing, and ability to meet the needs of the District.

3. Section C.3.11.1.n is replaced as follows to correct the reference:

n. Non-CASSIP MCOs within five (5) months.

4. Section C.3.9 is hereby revised to relocate the original paragraph to Section C.3.13 (see Item 5 below) and add the following paragraph to incorporate a description of the audit services for the Stevie Sellows Fund and the Nursing Home Quality of Care Fund:

C.3.9 The Contractor shall perform audit services of the Stevie Sellows Fund and the Nursing Home Quality of Care Fund. The Stevie Sellows Fund Audit is an internal audit of the assessments, collections and disbursements of funds pursuant to D.C. Official Code § 47-1273, which imposes a provider tax on all intermediate care facilities for individuals with intellectual disabilities (ICF/IID) operating in the District of Columbia. The Nursing Home Quality of Care Fund Audit is an internal audit of the assessments, collections and disbursements of funds pursuant to D.C. Official Code §§ 47-1261-1269, which imposes a provider tax on all nursing facilities operating in the District of Columbia.

5. Section C.3.13.5 is hereby added as follows to incorporate comprehensive audit work with the Special Project task:

5. Notwithstanding the foregoing audit services, at the option of both DHCF and the Contractor the two may agree on comprehensive audit procedures to be applied to providers as an entity with hours agreed upon depending on the nature and complexity of the provider, such procedures to be designed to apply to various or all types of services and cost accumulating areas of the entity under consideration. Typically, but not exclusively, areas to be considered include ICFIID, Home Health, Day Treatment, SSA §1115 and §1915 waivers costs as well as Home Office costs and costs of other related organizations and parties.

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6. Section B.4, Price Schedule is hereby amended to remove the Items “Comprehensive Audit” and mark the respective CLINs 038, 138, 238, 338, and 438 as RESERVED. The Special Projects Fee hourly rate will include any comprehensive audit work.

Attachment B

The following are responses to inquiries received.

Question 1. M.1.1, page 78: This section states that the District intends to “award a single contract.” In the 2015 RFP, it was noted that the District anticipated that it would award “up to two contracts”, which was revised to “up to three contracts”. Please confirm that only one contractor will be awarded this contract and all resulting task orders

Response 1. See Attachment A, Item 2 as the District anticipates awarding up to three contracts. The District anticipates issuing task orders under the resultant contracts to each contractor based on the District’s review of the contractors’ qualifications and capacity to fulfill the audit or services being requested at that time. Note, per Section B.2.2, the estimated quantities shall not be construed to limit the quantities which may be required from the Contractor.

Question 2. C.3.3, page 20: Number 10 notes that audit services will be completed for providers under authority of §1115 and §1915c of the Social Security Act. Do these providers file a cost report to the District?

Response 2. This service, under the resultant contracts, will be the District’s first time auditing under §1115 and §1915(c) waivers. A provider that will be audited under this task may have completed a cost report if the provider is also performing under another category that requires a cost report. Historically, all providers have not completed cost reports, however, the District plans to transition to requiring all providers to be audited under §1115 and §1915(c) waivers to complete cost reports. At this time, the District does not expect full transition to the cost report requirement for providers in year one of the resultant contract.

Question 3. B.4.1.1, page 3: CLIN 003 in Base Year is for the “Stevie Sellows Fund Audit”. There is no description in the RFP regarding the scope of the audit. Is more information available?

Response 3. The Stevie Sellows Fund Audit is an internal audit of the assessments, collections and disbursements of funds pursuant to D.C. Official Code § 47-1273, which imposes a provider tax on all intermediate care facilities for individuals with intellectual disabilities (ICF/IID) operating in the District of Columbia. See Attachment A, Item 4.

Question 4. B.4.1.1, page 3: CLIN 004 in Base Year is for the “Nursing Home Quality of Care Fund Audit”. There is no description in the RFP regarding the scope of the audit. Is more information available?

Response 4. The Nursing Home Quality of Care Fund Audit is an internal audit of the assessments, collections and disbursements of funds pursuant to D.C. Official Code §§ 47-1261-1269, which imposes a provider tax on all nursing facilities operating in the District of Columbia. See Attachment A, Item 4.

Question 5. B.4.1.1, page 5: CLIN 036 in Base Year is for the “Audits of Providers Subject to Provider Taxes – hospitals - 1 Report”. Is this a cost report audit similar to other CLINs, covering all hospitals? Please provide more information.

Response 5. This task is not a cost report audit. This task is an audit of the support for revenues declared for the purpose of computing a provider’s tax liability. D.C. Official Code Section 44-664 imposes inpatient and outpatient provider taxes on certain hospitals operating in the District of Columbia based on filed cost reports. The accuracy of this data require examination in order to provide assurance as to the appropriation and distribution of amounts deposited in the two funds established by law.

Question 6. B.4.1.1, page 5: CLIN 037 in Base Year is for the “Audits of Providers Subject to Provider Taxes – nursing homes - 1 Report”. Is this a cost report audit similar to other CLINs, covering all nursing homes? Please provide more information.

Response 6. This task is not a cost report audit. This task is an audit of the support for revenues declared for the purpose of computing a provider’s tax liability. The purpose of this task is to determine the accuracy and reliability of nursing home revenues reported by providers to be used as the basis for determining tax liability.

Question 7. B.4.1.1, page 5: CLIN 038 in Base Year is for the “Comprehensive Audit”. There is no description in the RFP regarding the scope of the audit. Please provide more information.

Response 7. See Attachment A, Items 5 and 6 as comprehensive audit work shall be covered in scope and paid as Special Projects and CLIN 038 will be marked as RESERVED.

Question 8. C.3.2.9, page 19: This section states the contractor shall design and execute field audit procedures for full scope verification. Please confirm full scope audit procedures can be performed at the contractor's site, rather than at the MCO.

Response 8. Although not recommended, there is no prohibition against doing so but it requires coordination with and cooperation of the entity being audited.

Question 9. C.3.6, page 12: This section states the District is required to periodically provide for the audit of the encounter data and the Medical Loss Ratio (MLR). Please confirm the District is seeking the audit of the encounter data and MLR scope of work to be performed as distinct audits, and therefore, should be priced as separate reports under CLIN items 33, 34, and 35 in section B.4.1.1 (and accordingly for the following option years).

Response 9. Annual examination of the encounter data and Medical Loss Ratio are considered aspects of a single task and should be priced accordingly as part of the same audit.

Question 10. C.3.11,1 page 22: This section states the contractor shall complete audits and deliver reports for Health Maintenance Organizations within five (5) months. Please confirm this requirement is in reference to the Non-CASSIP MCO report deliverables, as noted per Section B.4 (ex: CLIN 33-35), C.3.3, and C.3.6.

Response 10. See Attachment A, Item 3 to correct the reference to non-CASSIP MCOs.

Question 11. Who is the incumbent?

Response 11. Bert Smith and Company, Williams Adley LLC and Myers Stauffer LC are the firms presently contracted with the District.

Question 12. Are they still eligible to bid?

Response 12. Yes, firms currently contracting with the District are eligible to bid.

Question 13. Are any of the auditees out of state?

Response 13. No out of District providers have been audited under the current contracts. Providers in MD or VA are eligible to enroll in the program. Should such enrollment be granted, the provider will be subject to audit services under the resultant contracts.

Question 14. Can we bid on parts of RFP or if we have to bid on the whole thing?

Response 14. Offeror must respond with a proposal to perform all parts of the service requirements in the RFP. Subcontracting is allowed.

Question 15. How will a proposer know if they will need to subcontract to a CBE?

Response 15. If the proposer's price (total price per contract period in Section B) is in excess of \$250,000 and there is no waiver of the Section H.3 prior to the proposal due date, the provisions of Section H.3 will apply and the proposer must submit a compliant subcontracting plan with its proposal. The subcontracting plan must clearly show 35% of the estimated contract value set aside for the identified CBE.

Question 16. What should a Contractor do if they can't subcontract to CBEs?

Response 16. Refer to Section H.3.12 Waiver of Subcontracting Requirements.

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Question 17. What parts of the contract should the contractor sub to CBEs and how should contractors find CBEs to sub to?

Response 17. Offerors must make a business decision regarding the work to be subcontracted to a CBE and may contact the Department of Small and Local Business Development at Phone: (202) 727-3900 for assistance or go to <http://dslbd.dc.gov/> for the CBE database.