

Key Metrics

Registered Dentists: 41

Registered Physicians: 182

Pharmacies: 14

Hospitals: 3

Question	HSA/CINICO Response
1. What is the entire enrollment capacity required by the system?	50,000 -100,000
2. What is the total number of control access points required?	Please define your use of the phrase "control access point"
3. There are a wide range of "patient" data sources capture devices mentioned without specific description which is preferred – meg stripe readers cost less then biometric ones but validation scale is different, what kind of mobile devices are preferred etc. ?	What is your standardized set-up? Use your standard/preferred device or suggest an alternative. We are less concerned about the technology and more concerned about quality of service and total cost of ownership.
4. Considering as above do you have any plans to prepare Case Study first before you launch system tender?	No
5. What is the anticipated number of clinical sites that would be supported? a. Provider offices? b. Free-standing Clinics/Hospitals	Approximately 10-20, depending on the deployment strategy, not including commercial pharmacies.
6. What is the anticipated number of card readers that would need to be supplied?	Approximately 10-20, depending on the deployment strategy, not including commercial pharmacies.
7. What percentages of provider offices and free-standing clinics have personal computers and connection to the internet? a. -For those that do not have this capability is the bidder to assume they are to purchase and supply the necessary PC hardware and connectivity to the internet?	100%; HSA and CINICO will cover PC and network costs.

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<p>8. What types of pricing (reimbursement) arrangements exist for providers?</p> <p>a. -Is pricing a flat rate by procedure, a % of RVRBS, or % of some other baseline?</p> <p>b. - How many unique pricing mechanisms are in existence?</p>	<p>The current reimbursement model is primarily fee-for-service, based upon HSA's charge master. The charge master is based almost entirely on AMA CPT and CMS HCPCs codes. CINICO adjudicates claims and reimburses HSA based upon the diagnosis code assigned by HSA coders; and the fees and associated CPT/HCPCs codes contained in the charge master. HSA physicians are salaried and not compensated according to the revenue they generate or their productivity levels.</p>
<p>9. How many covered members (insured individuals) does the scope of the pricing response address? Is it the entire population?</p>	<p>Initially, 11,000 covered patients will be included, but we also want to project costs to cover the entire population.</p>
<p>10. The RFP states 1.5M claims and 6,000 referrals (pre-authorizations) per month, is this correct or is this an annualized number?</p>	<p>1.5M per annum & the 6,000 pre-cert per month</p>
<p>11. Related to Eligibility Cards:</p> <p>a. -How often are benefits assigned and/or changed?</p> <p>b. -What is the anticipated monthly rate of card issuance or replacement?</p>	<p>Benefits are assigned upon employment and changed annually or along with significant life events. We expect a turnover of 1,000 cards per month between new and lost cards (about 10% of the covered lives). However, we are not assuming that cards are the best and only means of patient identification. A growing number of companies are finding the use of palm scans to be a useful means of identification with lower total cost of ownership.</p>
<p>12. - How are demographic changes coordinated between members and the insurance company(s)?</p> <p>a. Is there a formalized process, and if so, what is it?</p>	<p>Through their various HR departments. Change forms are submitted.</p>
<p>13. What is the current turn-around time frame for claims payment? Is there a governing body that monitors compliance to turn-around times?</p>	<p>Maximum of 30 days; Yes</p>
<p>14. How many administrative (insurance/government) users are expected to utilize the systems environment and how many separate physical buildings are they located within?</p>	<p>Approximately 13,000; approximately 15 different buildings.</p>

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15. Are there standards currently in that govern provider id naming conventions and assignment?	No
16. Does the Cayman Islands currently utilize U.S. ICD-9 and CPT-4 coding standards?	Yes
17. Is the Cerner system environment currently generating HL-7 and 837 transactions?	Highly modified HL-7 and 837 transactions. We do not want to continue using these modified transaction sets.
18. Does the Cayman Islands have clearinghouses that currently support the electronic transfer of claims? a. Do they support proprietary formats? b. Do they support ANSI 837 transaction formats? c. What percentage of providers submit claims in electronic fashion for purposes of adjudication and payment?	No clearing house CINICO and 3 private insurance companies have an electronic claims submission feature

Page	Section	Language	Question	Response
N/A	N/A	N/A	Does HSA/CINICO wish to examine a hosted solution, or license-only at this time?	Prefer a licensed, Software-as-Service model, but will consider hosting our own system if there are compelling reasons to do so.
3	1.0	“Capability to process approximately 1.5 million claims and 6,000 pre-authorization requests on a monthly basis.”	The RFP states that there are currently approximately 50,000 eligible members. What membership is the 1.5 million claims based on?	This section of the RFP is a bit confusing. To clarify, there are approximately 50,000 people in the entire Cayman Islands population. Under this phase of this procurement, approximately 11,000 of those 50,000 would be included.
5	4.0	“There are approximately 50,000 eligible clients across the three Cayman Islands registered with approved health	Is the membership mentioned in the RFP the only transaction base or would tourist and expatriate claims be included?	At present, only those 50,000 might eventually be included in the RTA/EV system. However, we need to develop a better model

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		insurance providers in the Islands.”		for processing claims for the tourist and expat patients and are open to suggestions from vendors in that regard.
5 through 8	4.0 through 6.0		It appears that vendors must respond to these three sections in addition to the items outlined in 8.0. Section 8.0 also outlines the way in which proposals should be organized; however, there is no indication of where the responses to sections 4.0 through 6.0 should be placed. Can you please specify where you would like these sections placed in the overall response?	Address Section 4 (Functional Requirements), Section 5 (Audit & Control), and Section 6 (Technical Requirements) in Section 4 of the bid, “Vendor Qualifications”.
18	Attachment D	“The following pages present a sample Service Contract that would be modified per the scope of this RFP and signed by the Cayman Islands Government and the contractor prior to commencement of work.”	Is it HSA/CINCO’s intention that the enclosed contract be used, or would it be possible to present vendor’s contract as an alternative? If we cannot present vendor’s contract, may we redline the provided contract with our requested changes or outline exceptions to the contract?	The intention is to use the enclosed contract. Yes, you may redline the provided contract with your requested changes.