

FEASIBILITY DETERMINATION, COST ANALYSIS, AND EVALUATION FORM

Overview: Before conducting a Procurement for certain Services exceeding \$250,000, the Department may be required to complete a written Cost Analysis under PCRB 47-0250. Architectural et al. and Client Services are excluded. This form serves as the Department's Summary of its determinations and evaluation.

Date: May 1, 2010	Project Name/Location: Third Party Administrator for Mental Health and Addiction Services Division
Type of Service: Claims adjudication and payment, coordination of benefits, technical assistance with claims coding, manage downloads from State of Oregon Health Plan eligibility and enrollment information for more than 90,000 Verity enrollees a year as well as uninsured indigent individuals.	

1. PCRB 47-0250 (Rule) instructs the Department on use of this Form. ☒ I have read this Rule.
2. ☒ A Feasibility Determination has been made for this Procurement, based on the following PCRB 47-0250 (3):

- | | |
|---|---|
| <input checked="" type="checkbox"/> Lack Specialized Technical Expertise – PCRB Rule Sec. (3)(A) | <input type="checkbox"/> Conflict of Interest; Unbiased Review – PCRB Rule Sec. (3)(b)(D) |
| <input type="checkbox"/> Grant or other Funding – PCRB Rule Sec. (3)(b)(A) | <input type="checkbox"/> Emergency Procurement – PCRB Rule Sec. (3)(b)(E) |
| <input type="checkbox"/> State or Federal Law Requirements – PCRB Rule Sec. (3)(b)(B) | <input type="checkbox"/> Delay – PCRB Rule Sec. (3)(b)(F)(G) |
| <input type="checkbox"/> Incidental Services for Real or Personal Property – PCRB Rule Sec. (3)(b)(C) | <input type="checkbox"/> Services Completed within Six Months – PCRB Rule Sec. (3)(b)(H) |
| <input type="checkbox"/> Other Special Circumstance – PCRB Rule Sec. (3)(b) | |

Written Findings are required. PCRB Rule Sec. (3). The Written Findings are attached or located at:

Please see attached.

APPROVAL OF THE FEASIBILITY DETERMINATION – NO COST ANALYSIS REQUIRED (PCRB Rule Sec. 47-0250 (3):


 Department Manager Signature (or Designee)

6-10-10
 Date

Karl Brimmer
 PRINT Name

Director, Mental Health and Addiction Services Division
 PRINT Title

3. ☐ A Cost Analysis has been made for this Procurement and documentation is attached for the following requirements: (Not required if section 2 has been completed and any one of the feasibility requirements have been met)

Agency Estimate to Perform the Services:		Agency Estimate to Contract Out the Services:	
Agency Costs – PCRB Rule Sec. (4)(a)		Contractor Costs – PCRB Rule Sec. (4)(b)	
A. Salary or Wage & Benefit Costs PCRB Rule Sec. (4)(b)(A)	\$	A. Salary or Wage & Benefit Costs PCRB Rule Sec. (4)(c)(A)	\$
B. Material Costs – PCRB Rule Sec. (4)(b)(B)	\$	B. Material Costs – PCRB Rule Sec. (4)(c)(B)	\$
C. Related Costs – PCRB Rule Sec. (4)(b)(C)(D)	\$	C. Related Costs – PCRB Rule Sec. (4)(c)(C)	\$
D. Other Information – PCRB Rule Sec. (4)(b)(E)(F)	\$	D. Other Information – PCRB Rule Sec. (4)(c)(D)	\$
(Costs the Department would incur)	\$	(Costs the Contractor would incur)	\$
Subtotal:		Subtotal:	
4. Department compared the above data and made the decision described in the PCRB Rule, Sec. (5)			
(no entry)		(no entry)	
TOTAL: (Costs the Department would incur to perform the Services.)	\$	(Contractor Price) TOTAL: (Costs the Department would incur to contract out the Services.)	\$
5. Department compared the above totals and made the decision described in the PCRB Rule, Sec. (6)			

6. Department Determinations and Decision

- A. ☐ Department intends to perform the Services. Describe the decision made under the PCRB 47-0250 (4)(a) and (5). Provide the determinations that explain and support the decision.

Determination **Required** Attach additional pages as needed:

- B. ☐ Department intends to contract out the Services. Describe the decision made under the PCRB 47-0250 (5)(6)(7). Provide the determinations that explain and support the decision.

Determination **Required** Attach additional pages as needed:

7. APPROVAL OF CPCA MANAGER – PCRB 47-0250 (8):

CPCA Manager Signature (or Designee)

Date

PRINT Name

Phone Number

Email

PROCESS EVALUATION

Departments must submit the following information to the _____ upon its request:

1. Did meeting the requirements of PCRB 47-0250 aid the Department in making its sourcing decision?
 - a. Yes ☐ Provide explanation: _____
 - b. No ☐ Provide explanation: _____
2. How much time was spent in complying with PCRB 47-0250, including performing the Feasibility Determination or Cost Analysis, over and above the time that would have been spent doing the level of analysis the Department would have previously done for a Procurement of this type and size?
3. What was the impact to the procurement process as a result of meeting the requirements of PCRB 47-0250 (If there was a delay, provide an estimate of the cost and time impact to the Department.)

To the best of my knowledge, the information entered on this form is true and accurate.

Preparer Name

Phone Number

Email

****Submit this form and any supporting documentation to the CPCA Manager.**

Mental Health and Addiction Services Division
Feasibility Study for Third Party Administrator Procurement
May 2010

As part of the feasibility study to determine whether to procure third party administrator services MHASD staff reviewed the work performed and expertise required. In addition, we considered the areas of financial risk to the county and to the providers who compose our behavioral health system of care. We reviewed the amount and type of work required to interact with the State of Oregon as they fix the problems with their Medicaid and Medicare Information System (MMIS). We determined that the technical expertise and infrastructure we needed would be found in one of the existing organizations with demonstrated years of experience.

County staff lack the technical expertise required to perform third party administrator services necessary to run a managed care organization. MHASD requires a significant amount of work from the organization currently contracted as our third party administrator (TPA). Our Verity membership has grown to well over 90,000 enrollees annually and our TPA also serves our Multnomah Treatment Fund adult and child population. This work is critical to the authorization, management and payment of mental health services in Multnomah County. Our TPA performs mental health claims processing including encounter data, reports, mailing and printing of membership materials as required by OAR for more than 90,000 members annually. Specific responsibilities include:

- Adjudicate and pay claims within specified timelines using a variety of payment methodologies. Check coded claims information for error or omission and to ensure services comply with Medicaid regulations or MHASD specifications.
- Coordinate benefits when members have Medicare or other insurance in addition to Oregon Health Plan to ensure that the appropriate insurance has been billed prior to us.
- Perform customer service functions for the entire MHASD provider network, answering questions about correcting claims or other reimbursement issues.
- Provide ongoing education and training on claims coding and submission to the MHASD provider network and MHASD staff.
- Manage the eligibility and enrollment data Oregon Health Plan membership download from the state. Make a secure system of eligibility and enrollment records available to Multnomah County staff and providers for eligibility verification.
- Manage treatment authorization data and make system available to Multnomah County staff and providers in network. The system must account for multiple authorization types and prevent duplicative authorizations that result in overpayment.
- Provide standard and customized reports on claims submitted and paid as well as client authorizations. MHASD uses the claims system the TPA maintains to track our budget as well as monitor the fiscal performance of our providers.
- Regular large-scale mailings to Oregon Health Plan members enrolled in Verity.
- Troubleshooting and coordination with other claims processing organizations involved in Medicaid business on the State level.

MHASD relies on the information provided by the TPA to gauge the fiscal and clinical health of the system of care. We make decisions about payment rate and system design of the public behavioral health services for the entire county based on this information. The specialized expertise of a third party administrator is critical and does not exist within the county.

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Date: 6/9/2010	Project Name/Location: Inverness Jail Roof Restoration and Mechanical Replacement
Type of Service: Building Alteration and Repair	

1. PCRB 47-0250 (Rule) instructs the Department on use of this Form. ☐ I have read this Rule.
2. ☒ A Feasibility Determination has been made for this Procurement, based on the following PCRB 47-0250 (3):

- | | |
|--|---|
| <input type="checkbox"/> Lack Specialized Technical Expertise – PCRB Rule Sec. (3)(A)

<input type="checkbox"/> Grant or other Funding – PCRB Rule Sec. (3)(b)(A)

<input type="checkbox"/> State or Federal Law Requirements – PCRB Rule Sec. (3)(b)(B)

<input type="checkbox"/> Incidental Services for Real or Personal Property – PCRB Rule Sec. (3)(b)(C)

<input type="checkbox"/> Other Special Circumstance – PCRB Rule Sec. (3)(b) | <input type="checkbox"/> Conflict of Interest; Unbiased Review – PCRB Rule Sec. (3)(b)(D)

<input type="checkbox"/> Emergency Procurement – PCRB Rule Sec. (3)(b)(E)

<input type="checkbox"/> Delay – PCRB Rule Sec. (3)(b)(F)(G)

<input checked="" type="checkbox"/> Services Completed within Six Months – PCRB Rule Sec. (3)(b)(H) |
|--|---|

Written Findings are required. PCRB Rule Sec. (3). The Written Findings are attached or located at:

Project is scheduled for a 90-day duration to be completed in the summer/fall of 2010. Extended wet weather could extend the 90-day duration, as the project is weather dependent.

APPROVAL OF THE FEASIBILITY DETERMINATION – NO COST ANALYSIS REQUIRED (PCRB Rule Sec. 47-0250 (3):

June 9, 2010

Department Manager Signature(or Designee)

Date

Robert C. Thomas

PRINT Name

Director of Multnomah County Facilities and Property Management

PRINT Title

3. ☐ A Cost Analysis has been made for this Procurement and documentation is attached for the following requirements: (Not required if section 2 has been completed and any one of the feasibility requirements have been met)

Agency Estimate to Perform the Services:		Agency Estimate to Contract Out the Services:	
Agency Costs – PCRB Rule Sec. (4)(a)		Contractor Costs – PCRB Rule Sec. (4)(b)	
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C. Related Costs – PCRB Rule Sec. (4)(b)(C)(D)	\$	C. Related Costs – PCRB Rule Sec. (4)(c)(C)	\$
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(Costs the Department would incur)	\$	(Costs the Contractor would incur)	\$
Subtotal:		Subtotal:	
4. Department compared the above data and made the decision described in the PCRB Rule, Sec. (5) (no entry)		(no entry)	
TOTAL: (Costs the Department would incur to perform the Services.)	\$	(Contractor Price) TOTAL: (Costs the Department would incur to contract out the Services.)	\$
5. Department compared the above totals and made the decision described in the PCRB Rule, Sec. (6)			

6. Department Determinations and Decision

- A. ☐ Department intends to perform the Services. Describe the decision made under the PCRB 47-0250 (4)(a) and (5). Provide the determinations that explain and support the decision.

Determination **Required** Attach additional pages as needed:

- B. ☐ Department intends to contract out the Services. Describe the decision made under the PCRB 47-0250 (5)(6)(7). Provide the determinations that explain and support the decision.

Determination **Required** Attach additional pages as needed:

7. APPROVAL OF CPCA MANAGER – PCRB 47-0250 (8):

CPCA Manager Signature (or Designee)

Date

PRINT Name

Phone Number

Email

PROCESS EVALUATION

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 - a. Yes ☐ Provide explanation: _____
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To the best of my knowledge, the information entered on this form is true and accurate.

Preparer Name

Phone Number

Email

****Submit this form and any supporting documentation to the CPCA Manager.**

PROCUREMENT REQUEST - PUBLIC WORKS BID

TO:	Central Procurement & Contract Administration	Today's Date: 6/9/2010
ATTN:	Paula Rickman	
Please advertise the attached project for Bid. (Attach draft or send email of the solicitation to your Senior Buyer)		Mail Code: M - 786

Project Name:	Inverness Jail Roof Restoration and Mechanical Replacement		
Bid No:	B10-10233	Project No:	CP08.08.40
Toxic Substance ID:	Will toxics be included in the items purchased or used in the delivery of services? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, please identify or attach a description: [Describe here or attach]
Estimated Cost:	\$ [Insert Dollar Amount]	Requisition No:	10049375
Source of Funds (i.e. 100% Federal funds; 50/50 Federal - State; 100% Local):		100%	
Dept Contact:	Gray/Proffitt	Contact Phone No:	84056/84218
Cost Center: (Cost Center, WBS Element, or Internal Order)	CP08.08.40	Interoffice Address:	B274

Newspapers:	DJC (AD is always placed in the Daily Journal of Commerce)		
AD Date:	6/25/2010	Bid Closing Date:	7/22/2010
Prequalification:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> SMP	Notes: [Insert Additional Info if Needed]	
Class of Work:	Building Alteration and Repair by Tremco Certified Installers		
Pre-Bid Conference:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Conference is: <input checked="" type="checkbox"/> Mandatory <input type="checkbox"/> Optional	
Time and Place:	10:00 am on July 1, 2010 at MCIJ lobby and thence to conference room ,11540 NE Inverness Drive, Portland, OR 97230		
Description of Work (to appear in AD): Remove and dispose of existing gravel surface, remove and install existing metal flashing, remove and replace specified mechanical equipment, resaturate existing roof membrane as more fully described in the drawings and specifications.			

Suggested Subcontract Areas for M/W/ESB Participation (Attach additional pages as necessary):

Subcontract Area (Description)	State Code (Number)
Refuse Recycle	42100
Mechanical	10131

**Department Director or
Division Manager Approval:**

Signature (Required if approved requisition not included)

Date