



**Amendment #1: IFB Responses to Questions
Utilization Management/Quality Improvement Organization
IFB # 20230303 / RFX #3160005603
Date: April 7, 2023**

This document contains all questions submitted by potential offerors by the IFB Questions Deadline of March 17, 2023.

Receipt of Amendment #1 Acknowledged:

Signature

Print Name

Title

Entity Name

Question #	RFP Section #	RFP Page #	Question	DOM Response
1	General	N/A	Will the State allow for an Executive Summary (up to 15 pages) to accompany the response?	Yes. DOM will amend Section 3.5.5 to allow the IFB to have an Attachment C Addendum 1a: Additional Supporting Documentation, although additional information is not required. Refer to item #4 in Amendment #2 Section 3.5.5 for submission format of Additional Supporting documentation.
2	Response Attachments	Multiple	Are digital signatures, such as DocuSign, acceptable?	DOM will accept DocuSign signatures with a date and time stamp.

3	1.1	4	<p>This section states that "The Bidder must have certification as a Utilization Review Resource for the State of Mississippi as defined in Section 41-83-1, et seq. of the Mississippi Code of 1972, as amended."</p> <p>Is certification required at the time of bid submission?</p>	<p>No, an awarded bidder will need to have this certification at contract start date (beginning of implementation) to ensure continuity of service.</p> <p>However, the Bidder must provide supporting documentation evidencing Bidders efforts that: (1) Bidder's application for certification pursuant to Miss. Code Ann. Sec. 41-83-1, et seq. has been properly submitted; and (2) Bidder's application is currently in process for review, with it's bid submission. Bidder's failure to include sufficient supporting documentation of its application may result in the Bid being deemed non-responsive.</p> <p>Refer to item #1 in Amendment #2 Section 1.8.2 for ADDED language to the Minimum Qualifications.</p>
4	1.1	4	<p>The IFB states "The Bidder must have certification as a Utilization Review Resource for the State of Mississippi as defined in Section 41-83-1, et seq. of the Mississippi Code of 1972, as amended." If the bidder (company) is in the process of obtaining this certification from the state when the proposal for this IFB is submitted, does DOM consider that acceptable for meeting this requirement?</p>	<p>No, please refer to Question #3.</p>
5	1.1	4	<p>Does DOM expect expansion of the Fee-for-Services population over the course of the new contract term? If so, please provide an estimate of this expansion.</p>	<p>DOM is unable to provide this information.</p>
6	1.1	5	<p>The "Historical Data - UMQIO PA Volume By 3-Year Average" report on the DOM website referenced in Section 1.1 shows a 3-year average of 1,457 PAs for Maternity Reporting. Please provide additional information and/or the manual/policies that describe Maternity Reporting services and related PA requirements.</p>	<p>The line item for maternity reporting relates to deliveries for members enrolled in MississippiCAN. There are no utilization management tasks related to this line item. This was used historically for DOM Financial Reporting. Deliveries for fee-for-service (FFS) members are captured in the inpatient admission line item.</p>
7	1.3	5	<p>When will bidders receive access to the SharePoint site for submitting bids?</p>	<p>All Bidders who submitted Letters of Intent should have received access to the Sharepoint site as of 3/31/2023.</p>
8	1.3	5	<p>How will bidders receive access to the SharePoint site for submitting bids?</p>	<p>Bidder(s) will receive an email from Microsoft on behalf of the Mississippi Division of Medicaid notifying the email address, provided in the Mandatory Letter of Intent, that access to the Sharepoint site has been granted. Bidder(s) should follow the process as directed in the email.</p>
9	1.5	6	<p>In the event the release of Q/As is delayed, is the State willing to provide an extension to allow a fair opportunity for vendors to provide competitive responses?</p>	<p>If responses to the IFB Questions are not issued on 4/7/2023, DOM will issue a revised IFB schedule through an IFB Amendment to accommodate the delay in issuing the responses to IFB Questions.</p>

10	1.8.3.11 2.4.3 Attachment C: Bid Form	10 49-52 118	In section 1.8.3.11, it states the Staffing Plan be part of Attachment C: Addendum 2: Capability to Provide Services. In Attachment C: Bid Form, the RFP states the Staffing Plan should be attached here. Please clarify where the Staffing Plan should be submitted?	The Staffing Plan should be included with Attachment C: Bid Form.
11	2.1	13	Please provide the volume of submissions by type (mail, phone, fax, and portal) for at least the last year.	DOM is unable to provide this information.
12	2.1.2	13	Do the review volumes in the "Historical Data - UMQIO PA Volume By 3-Year Average" and "3 Year Historical ADV Imaging Review Volume" reports on the DOM website referenced in Section 1.1 include concurrent reviews, retrospective reviews, and reviews related to retroactive eligibility? Or are these report volumes for prospective reviews (prior authorization/precertification) reviews only? If for prospective reviews only, can DOM please provide volumes for concurrent, retrospective, and retroactive eligibility reviews.	DOM is unable to provide this information.
13	2.1.2.5	14	To help the bidder understand the full costs associated with the contract, please provide the 3-year historical average volume of prepayment reviews (or the estimated annual number of these reviews the Contractor will perform under the new contract).	DOM is unable to provide this information.
14	2.1.2.6	14	To help the bidder understand the full costs associated with the contract, please provide the 3-year historical average volume of post-payment reviews (or the estimated annual number of these reviews the Contractor will perform under the new contract).	DOM is unable to provide this information.
15	2.1.3	14	This section indicates that professionals other than physicians can make 2nd level adverse decisions depending on type of review/specialty. What are all allowable other types of "appropriate health care professional" for adverse second level review decisions by a non-physician?	Page 14 of IFB #20230303 mentions dentists and orthodontists for 2nd level reviews. Other "appropriate health care professionals" with a terminal degree in the appropriate field may be included in 2nd level reviews.
16	2.1.5.2	16	The IFB states "The contractor shall allow providers ten (10) business days to submit additional information." Please clarify if this is for all review types, prospective and retrospective?	This timeframe would apply to all review types subject to a status of "pending additional information".
17	2.1.5.3	16	Please confirm that technical denial notifications can be sent via fax?	Notification of technical denial may be sent via fax if the provider utilized fax to submit the request to the vendor. However, if the provider utilized a web-based portal, the notification should be provided via the portal.
18	2.1.5.4	16	Please provide the volume of medical necessity denials broken out by service area over the last year?	DOM is unable to provide this information.
19	2.1.5.5	17	Approximately how many reconsiderations have been received by the current UM/QIO Contractor over each of the last 3 years (Calendar or State Fiscal).	DOM is unable to provide this information.

20	2.1.5.5	17	Is the vendor required to allow for reconsiderations for both technical and medical denials or just medical denials?	Reconsiderations are limited to medical denials.
21	2.1.5.5	17	Please clarify the vendor's role in appeals	Refer to Section 2.3.5 Clinical/Medical Consulting Services, item #3 on page 44 that outlines the vendor's role in reviewing adverse benefit determinations (denials, suspensions, terminations) by a Coordinated Care Organization participating in the MississippiCAN.
22	2.1.5.5, 2.2.1.3.1.2, and others	17, 23, and others	Please confirm that it is acceptable to use a telephone number that provides callers an option for reconsiderations rather than a separate dedicated phone line. This provides callers with a single number to use for different issues and will improve customer satisfaction and reduce call abandonment and call redirections.	IFB #20230303 Section 2.1.5.5 Reconsiderations on page 17 states that a dedicated telephone and facsimile number are required for reconsideration requests.
23	2.1.6	17	Please provide historical line level PA and claims data to devise clinically-sound recommendations regarding making recommendations for providers who should be exempt from PA requirements through the Gold Card program? Examples: What was requested vs. what was approved vs. what was denied, requested dates of service, what was actually billed.	DOM is unable to provide this information.
24	2.1.6	17	Does the state have a pre-existing gold carding program, including criteria for inclusion/exclusion from the program?	DOM does not have pre-existing gold card program criteria.
25	2.1.6	17	Who determines if a provider meets criteria for the Gold Card Program?	DOM does not have pre-existing gold card program criteria.
26	2.1.6	17	Who maintains the provider listing for the Gold Card Program?	DOM does not have pre-existing gold card program criteria.
27	2.1.6	17	This section requires Contractor to have capability for establishing a Gold Card Program, but does not specifically say it is required. Will the contract as awarded require a Gold Card Program? If yes, when is it required to be active? What role will other vendors serve that are involved with the Gold Card Program? For examples, will the provider exemptions be implemented in the MS Medicaid Enterprise System managed by Gainwell with cost of those changes being the responsibility another entity instead of the UM/QIO vendor?	IFB #20230303 requires the Contractor to be capable of establishing a Gold Card Program. This is a potential future requirement. If DOM moves forward with this requirement, specific criteria will be provided to the Contractor and all involved entities. The Contractor will be responsible for costs associated with their system. The fiscal agent will be responsible for potential changes within their system.
28	2.1.6	18	Will Please confirm that DOM will provide the criteria or the "high standards for frequency, performance and approval rates" for determining exemption in this program?	If DOM moves forward with the Gold Card Program, specific criteria will be provided to the Contractor.

29	2.2.1.1	19	InterQual is a commercially licensed product with limitations on release of its proprietary content. While InterQual does have summary views to share with non-licensed parties, the QIO could not release all information from InterQual to DOM. Will summary information on InterQual available from Change Healthcare meet this requirement?	State and federal regulations and requirements will sometimes require DOM to provide third parties with information about specific criteria, on a case-by-case basis. Because the requirements will vary from situation to situation; however, when these circumstances arise, DOM will work with the vendor to comply with legal requirements in a manner that is least intrusive proprietary rights.
30	2.2.1.1	19	The section states "the Contractor shall use InterQual® criteria (IQ). When InterQual® criteria is not available for medical necessity determination, then the Contractor shall use a nationally recognized standard for the clinical criteria in all review types, as approved by DOM. Would DOM consider using MCG in instances where InterQual criteria is not available?"	When InterQual® criteria is not available for medical necessity determination, then the Contractor shall use a nationally recognized standard for the clinical criteria in all review types, as approved by DOM.
31	2.2.1.2	20	"3. The Contractor shall have the established procedures to receive authorization requests and supporting documentation via a Web-based system, telephone, facsimile and mail submissions from all applicable facilities and providers." What percentage of requests are received telephonically?	DOM is unable to provide this information.
32	2.2.1.2	20	"3. The Contractor shall have the established procedures to receive authorization requests and supporting documentation via a Web-based system, telephone, facsimile and mail submissions from all applicable facilities and providers." What percentage of requests are received via facsimile?	DOM is unable to provide this information.
33	2.2.1.2	20	#7 references notifying providers and beneficiaries of the review determination within one business day. Is the expectation that all beneficiaries will be notified for all review decisions, i.e. Approvals? If beneficiaries must be notified of all decisions, does this require a mailed determination letter?	IFB #20230303 requires review determinations within one (1) business day from the date the determination is made, which may include mailed determination letters. The Contractor shall ensure mailed determination letters are dated and mailed within one (1) business day from the date of the determination review.
34	2.2.1.2	20	"8. The Contractor shall issue verbal and written notification of denials, modifications, or reductions to the requesting provider, and beneficiary, or if a child, the legal guardian/representative." Are verbal notifications required on denied requests in addition to written notifications? Or are verbal notifications only required if written notification is not provided?	Verbal notifications are required if written notification is not provided. Refer to Section 2.1.5.2 that states "The Contractor shall have a process to document verbal notifications."
35	2.2.1.2	20	"9. The Contractor shall have the capability and established procedures for verbal and written notification to the requesting provider of a pending review and for informing the provider of the information needed along with a timeframe for submission." Are verbal notifications required on pending requests in addition to written notifications? Or are verbal notifications only required if written notification is not provided?	Verbal notifications are required if written notification is not provided. Refer to Section 2.1.5.2 that states "The Contractor shall have a process to document verbal notifications."
36	2.2.1.2.3	20	Please provide the approximate percentage of prior authorization requests (historical or estimated under the new contract) received for each of the following transmission types: 1) contractor's web-based system, 2) facsimile, 3) secure email, 4) telephone, 5) mail and, 6) other.	DOM is unable to provide this information.

37	2.2.1.2.7	20	Please provide the historical or anticipated volume of outbound mail associated with the FFS UM/QIO work?	DOM is unable to provide this information.
38	2.2.1.2.9	20	Please confirm that verbal notification for pended requests can be satisfied through a generic notice sent via an outbound dialing campaign.	The Contractor's use of an outbound dialing campaign would require prior approval by DOM prior to initiation.
39	2.2.1.2.9	20	Please clarify if verbal notification for each pended request. Or, is it only required for urgent requests?	Please refer to Section 2.5.2 Pending Additional Information that states "The Contractor shall also allow verbal notification of pended reviews to providers unable to use the Web-based system or receive written facsimile notification."
40	2.2.1.2	21	Typically, if reviews must be escalated for higher level review, additional time is provided. Please clarify what the timeframes would be in the event the request is submitted for higher level review.	IFB #20230303 does not allow for additional time for reviews requiring higher level review. Review determinations timeframes are established for a complete review.
41	2.2.1.3.2	24	We could not locate the annual volumes of Outpatient Services and Surgical Procedures in the IFB documents. Please provide the historical annual volume for each of the last 3 years (or estimated annual volume under the new contract) for Outpatient Services and Surgical Procedures.	DOM is unable to provide this information.
42	2.2.1.3.2	24	This section states DOM may require authorization of outpatient services and surgical procedures. Will DOM require outpatient services during the contract? If so, when? What volume of outpatient authorizations should be used for pricing estimates?	DOM is unable to provide this information.
43	2.2.1.3.2	28	Does the state allow the use of imaging readers or similiar capabilities to aid in the approval (or auto-approval) of imaging requests?	Please refer to Section 2.2.1.1 Medical Services Criteria Development that states "DOM shall have prior approval of the criteria used for automated and manual reviews."
44	2.2.1.3.19.1	27	What, if any, additional UM services does DOM anticipate to be established during the contract? Are there currently any pending or being considered?	DOM does not have any information to share about anticipated UM services to be established in the future.
45	2.2.4	37	Will the State be able to provide historical level of care services volume for each level of care service type?	Refer to the historical data line item for Disabled Child Living at Home or Katie Beckett. Long-Term Care LOC reviews: 2020 = 16 2021 = 24 2022 = 7

46	2.2.4.2	39	To help the bidder understand the full costs associated with the contract, please provide the 3-year historical average volume of Long-Term Care Clinical Eligibility Recommendations (or the estimated annual number of these recommendations the Contractor will perform under the new contract).	Refer to the historical data line item for Disabled Child Living at Home or Katie Beckett. Long-Term Care LOC reviews: 2020 = 16 2021 = 24 2022 = 7
47	2.2.4.2	39	Will DOM confirm the Long-Term Care Clinical Eligibility Recommendations SOW includes: Nursing Home, Elderly and Disabled Waiver, Independent Living Waiver, Traumatic Brain Injury/Spinal Cord Injury Waiver, and Assisted Living Waiver?	Yes, the Long-Term Care LOC reviews would apply to all of those programs.
48	2.2.4.2	39	What are any "in-person" expectations for the Long-term Care Clinical Eligibility Recommendation work -or- is all the contractor's work conducted via system submissions/referrals and clinical and documentation review (remote)?	The Long-Term Care LOC recommendations are not conducted "in-person".
49	2.2.4.2.4	39	Re: "Contractor shall provide physician review and clinical recommendations for level of care LTC applicants." Is the expectation that a physician review every referral/application or is the physician review only required upon initial denial?	The expectation is that physician review is required for initial denial.
50	2.3	40-47	In the Additional Services Section, the numbering advances from 2.3.3 to 2.3.5. What, if anything, is included in subsection 2.3.4?	This was a formatting/numbering oversight. There is no Section 2.3.4.
51	2.3.3	40-43	Please provide the approximate number of provider/practitioner peer reviews conducted over each of the past 3 years under the current UM/QIO contract and/or the estimated number of annual peer reviews the Contractor will perform under the new contract.	Peer Reviews may be included in the following historical volume line items: - Adverse Benefit Determinations - Program Integrity
52	2.3.5.1	44	Please provide the approximate number of consultation hours the current UM/QIO Contractor provided over each of the past 3 years assisting DOM in addressing medical necessity issues, researching new technology, developing medical policies, addressing quality issues, etc., and/or the approximate number of annual hours the Contractor will provide under the new contract for this consultation.	DOM is unable to provide this information.
53	2.3.5.2	44	Please provide the approximate number of hours the current UM/QIO Contractor provided over each of the past 3 years performing clinical/medical consultation for various types of healthcare practitioner participating in the Mississippi Medicaid program, and/or the approximate number of annual hours the Contractor will provide under the new contract for this consultation.	DOM is unable to provide this information.

54	2.3.5.3	44	Please provide the approximate number of reviews of adverse benefit determinations by a Coordinated Care Organization conducted over each of the past 3 years under the current UM/QIO contract and/or the estimated number of annual peer reviews the Contractor will perform.	Please refer to DOM's Procurement page https://medicaid.ms.gov/resources/procurement/ and review the link entitled Historical Data - UMQIO PA Volume By Calendar Years (03/03/2023) that contains a line item for Adverse Benefit Determinations.																								
55	2.3.6	45	Please provide the approximate number of beneficiaries that were provided Care Management services over each of the past 3 years under the current UM/QIO contract and/or the estimated number of beneficiaries requiring Care Management services under the new UM/QIO contract.	<table border="0"> <tr> <td>DCLH Katie Beckett:</td> <td>HIV/AIDS:</td> </tr> <tr> <td>2020 = 125</td> <td>2020 = 16</td> </tr> <tr> <td>2021 = 94</td> <td>2021 = 22</td> </tr> <tr> <td>2022 = 89</td> <td>2022 = 30</td> </tr> <tr> <td>Hemophilia:</td> <td>Postpartum:</td> </tr> <tr> <td>2020 = 6</td> <td>2020 = 89</td> </tr> <tr> <td>2021 = 5</td> <td>2021 = 248</td> </tr> <tr> <td>2022 = 4</td> <td>2022 = 459</td> </tr> <tr> <td>Hepatitis:</td> <td></td> </tr> <tr> <td>2020 = 32</td> <td></td> </tr> <tr> <td>2021 = 22</td> <td></td> </tr> <tr> <td>2022 = 23</td> <td></td> </tr> </table>	DCLH Katie Beckett:	HIV/AIDS:	2020 = 125	2020 = 16	2021 = 94	2021 = 22	2022 = 89	2022 = 30	Hemophilia:	Postpartum:	2020 = 6	2020 = 89	2021 = 5	2021 = 248	2022 = 4	2022 = 459	Hepatitis:		2020 = 32		2021 = 22		2022 = 23	
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56	2.3.6	45	Please provide Care Management Services FFS historic population?	<table border="0"> <tr> <td>DCLH Katie Beckett:</td> <td>HIV/AIDS:</td> </tr> <tr> <td>2020 = 125</td> <td>2020 = 16</td> </tr> <tr> <td>2021 = 94</td> <td>2021 = 22</td> </tr> <tr> <td>2022 = 89</td> <td>2022 = 30</td> </tr> <tr> <td>Hemophilia:</td> <td>Postpartum:</td> </tr> <tr> <td>2020 = 6</td> <td>2020 = 89</td> </tr> <tr> <td>2021 = 5</td> <td>2021 = 248</td> </tr> <tr> <td>2022 = 4</td> <td>2022 = 459</td> </tr> <tr> <td>Hepatitis:</td> <td></td> </tr> <tr> <td>2020 = 32</td> <td></td> </tr> <tr> <td>2021 = 22</td> <td></td> </tr> <tr> <td>2022 = 23</td> <td></td> </tr> </table>	DCLH Katie Beckett:	HIV/AIDS:	2020 = 125	2020 = 16	2021 = 94	2021 = 22	2022 = 89	2022 = 30	Hemophilia:	Postpartum:	2020 = 6	2020 = 89	2021 = 5	2021 = 248	2022 = 4	2022 = 459	Hepatitis:		2020 = 32		2021 = 22		2022 = 23	
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57	2.3.6.1	45	Please provide historic Care Management Service population for Hepatitis?	DOM is unable to provide this information.																								
58	2.3.6.1	45	Please provide historic Care Management Service population for Hemophilia?	DOM is unable to provide this information.																								
59	2.3.6.1	45	Please provide historic Care Management Service population for Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS)?	DOM is unable to provide this information.																								

60	2.3.6.1	45	How many members are under the care management program?	<p>DCLH Katie Beckett: 2020 = 125 2021 = 94 2022 = 89 Hemophelia: 2020 = 6 2021 = 5 2022 = 4 Hepatitis: 2020 = 32 2021 = 22 2022 = 23</p> <p>HIV/AIDS: 2020 = 16 2021 = 22 2022 = 30 Postpartum: 2020 = 89 2021 = 248 2022 = 459</p>
61	2.3.6.1	45	If DOM designates additional populations for Care Management during the life of the contract, will DOM amend the contract to cover the cost of managing these additional populations?	If state and/or federal regulations require additional populations for Care Management during the life of the contract, DOM will likely address such requirements through an amendment pursuant to Sec. 4.13, which shall be subject to PPRB approval.
62	2.3.6.1	45	In Mississippi, there are current plans to extend postpartum coverage from 60 days to 12 months. Is the postpartum coverage period for this contract now 12 months?	Section 2.3.6 Care Management Services does not limit postpartum coverage to 60 days. The intent is for care management services to be available for the duration of the members postpartum coverage period.
63	2.3.6.1	45	If DOM designate another population or diagnosis group, what is the anticipated implementation timeframe and evidence base medical criteria to be used?	If DOM includes additional population or diagnosis group, timeframes and criteria will be provided in advance of an effective date.
64	2.3.6.2	45	<p>Re: "That system will be presented to DOM in writing no later than sixty (60) calendar days after the award of the contract."</p> <p>Would DOM accept a system demonstration rather than documents about the system?</p>	IFB #20230303 requires this to be submitted in writing. DOM is agreeable to a demonstration to supplement the written submission, but not as a replacement of the written requirement.
65	2.3.6.3	46	This section includes the statement: "Such agreements will be designed to support the implementation of..." Does DOM expect the Contractor to have written agreements with each partner agency? If so, what are the required provisions of such agreement? Do the anticipated services and support from the agencies include anything paid by MS Medicaid, or is it all from alternate sources of funding?	The intention of this provision is for the UM/QIO to grow cooperative relationships with organizations for the benefit of the care management population. A draft standard agreement, including provisions of the agreement beyond what is required through the IFB that are desired by the UM/QIO, should be submitted to DOM with the UM/QIO's Care Management Strategy. After approval of the UM/QIO's Care Management Strategy, agreements with other organizations must be in writing, and submitted to DOM for approval. DOM will not provide funding to outside organizations. Agreements must conform to all applicable state and federal regulations and laws.
66	2.4.1	48	Please provide call center volumes and statistics for the last 3 years.	DOM is unable to provide this information.

67	2.4.1	48	Please provide appeals volume for the last 3 years broken out by service area?	DOM is unable to provide this information.
68	2.4.1	48	Are there any call center metrics the vendor is required to meet?	No
69	Historical Data	N/A	The UM/QIO three year volumes are current through December 2022. The Advanced Imaging volumes are current through SFY22 (June 2022). Can Advanced Imaging volumes through December 2022 be provided,? https://medicaid.ms.gov/wp-content/uploads/2023/03/3-Year-Historical-ADV-Imaging-Review-Volume-SFY20-SFY21-SFY22.pdf	DOM is unable to provide this information.
70	2.4.1	48	For calls received Monday through Friday, 8 AM to 5 PM during non-holidays, can calls be transferred to agents out of state, or must all calls during business hours be answered by live operators within the office located in Mississippi?	IFB #20230303 Section 2.4.1 Base of Operations states: The Office shall include at least one (1) statewide toll-free telephone number for receipt of medical and behavioral health authorization requests and a separate statewide toll-free telephone number for inpatient hospital medical/surgical services. The numbers shall be answered by live operators located at the office location within Hinds, Madison, or Rankin County at minimum Monday through Friday, 8:00 a.m. to 5:00 p.m. Central Standard Time including State holidays except for New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.
71	2.4.1	48	Would DOM allow remote staff to work from a remote location outside of the state of MS?	The Contractor must receive DOM approval to allow staff to work from a remote location, pursuant to Section 2.4.1.
72	2.4.3.1	49	Please confirm whether a position deemed "full-time" (40 work hours per week), such as the Medical Director described in Section 2.4.3.3.3, requires the position to be 100% dedicated to the UM/QIO contract.	IFB #20230303 Section 2.4.3.3 Key Personnel Position Descriptions requires the Project Manager, Assistant Project Manager, Quality Director, and Education Manager be wholly dedicated to this contract.
73	2.4.3.1 & 2.4.3.3	49 & 51	P49. The Contractor must have, at a minimum, the following personnel with comparable qualifications, as listed below, employed within ninety (90) days after the award of this Contract. P51. At a minimum, the Contractor must employ all Key Personnel by sixty (60) days prior to operation start date. These two statements appear to provide contradictory requirements. Please clarify?	DOM's intent is for the Contractor to employ Key Personnel by sixty (60) days prior to operation start date. Refer to item #2 in Amendment #2 Section 2.4.3.1 for general staffing requirements.
74	2.4.3	49-52	Please confirm the State wants resumes submitted for all key personnel. If so, is there a page limit for the resume response? In what Section shall those resumes be submitted? In a separate attachment?	1) There is no page limit for the resume response. 2) Resumes shall be included after the Staffing Plan. See also response to Question #10.

75	2.5.2	53	Is the state's expectation that vendors utilize interoperability capabilities at contract start, or in alignment with CMS' timeline for requiring such standards?	The intent will be to align with CMS' timelines for interoperability capabilities, unless otherwise directed by DOM.
76	2.5.2.9 & 2.5.4.4	54 & 56	Please clarify what the requirements are for a bidder to participate in the HIE (what are the interoperability requirements)?	There are currently two privately run HIEs in operation in MS. Webpages to the HIEs are below. Interoperability requirements for those entities should be requested directly from the HIE. https://www.mhax.org/ https://www.mhanet.org/Online/Data_Services/IntelliTrue.aspx
77	9	54	What is the desired workflow for HIE interaction with the UM application? Are HL7 messages currently being passed to the UM system and which HL7 message types are expected?	The desired workflow would be for the UM/QIO to receive data from the HIEs (Connected Trading Partners) through the DOM integration layer. While there are currently no HL7 messages being sent to the UM system through DOM, it is our preference to do so through this procurement that will allow for bidirectional data sharing. The agency's expectation is for the awarded vendor to support all HL7 message types to include but not limited to HL7 ADT, HL7 ORM, HL7 ORU, HL7 MDM, HL7 ACK, HL7 CVX, etc. as well as USCDI and CCDA clinical standards for sharing data.
78	2.5.4	55	Please provide the percentage of the Medical services (PA) volume that would be auto approved?	DOM is unable to provide this information.
79	2.5.4	55	Please provide the approximate percentage of prior authorization and prepayment cases received by the current UM/QIO Contractor that are certified by the Contractor's rules-based system and do not have to be manually reviewed.	DOM is unable to provide this information.
80	3	56	Does this requirement mean the state has an expectation for 2 separate portals for PA submission? If so, what would the purpose be for redundant portals?	The Contractor shall have the capability to work with another web portal system, if directed by DOM.
81	2.5.5	57	Is the intention of the data repository to contain non-UM data?	The data repository is not limited to non-UM data.
82	2.5.5	57	A data repository that meets all of the data capture and reporting requirements in section 2.5.5 is included as a part of our COTS UM software. Requirement #1 in this section states: "The data repository and data developed because of this IFB and the resulting contract are the property of DOM." 1. Is the expectation that we develop a new customized data repository specifically for DOM? or 2. Can we meet the requirements with our data repository solution that already exists?	DOM intends for the UM/QIO to maintain data as needed for this contract, and that any data developed remain the property of DOM. DOM is not seeking a new repository solution.
83	2.7.1.1	61	Please provide the historical APD-DRG volume.	2020 = 0 Claims reviewed 2021 = 2098 Claims reviewed 2022 = 622 Claims reviewed

84	2.7.1.2	62	Please provide the historical Quality of Care volume.	DOM is unable to provide this information.
85	2.8	65-67	Please clarify the bidder should submit a sample implementation plan as part of the proposal response. What, if any, formatting specifications are required? Can the sample implementation plan be included as a separate attachment or appendix?	1) A proposed Implementation plan should be submitted as part of the bid response. No specific formatting required. 2) Work Plans should be submitted as Appendix A - Work Plans. Refer to item #4 in Amendment #2 Section 3.5.5 for submission format of Work Plans.
86	3.1	69	The Procurement Process Approach indicates the procurement process provides for the evaluation of the IFB and selection of the lowest and "most responsive and responsible Bidder" in accordance with Federal and State laws and regulations. This suggests bidder proposals will be based on evaluation criteria and scored. However, the evaluation criteria on how "responsive and responsible" are scored is not presented. Please provide the evaluation criteria and scoring guidelines for bidder responses.	There is no separate evaluation criterion or scoring guidelines. The IFB response is reviewed based on the lowest responsive and responsible bidder. Responsive speaks to the vendor providing all required information (including minimum requirements) and in the format requested. Responsible is that the bidder met the minimum requirements as outlined in Section 1.8.2. The IFB language will be amended to remove the words "and most" and it will read lowest responsive and responsible Bidder. Refer to item #3 in Amendment #2 Section 3.1 for the amended language.
87	3.5	73	This section states "Bids shall be evaluated based on the requirements set forth in this IFB. This IFB sets forth the evaluation criteria to be used. No criteria shall be used in an evaluation that is not set forth in this IFB." Please provide the evaluation criteria that DOM will use to evaluate the bidders' proposals including the weights and points assigned to each scored section.	See response to Question #86
88	3.5.5	74	The instructions in the Bid Submission Format seems to suggest that a separate section be prepared for every item in the response. Section 1.8.3 provided an organization of the proposal that referenced specific SOW sections within those questions. Please confirm that Section 3.5.5 provides an EXAMPLE of how bidders should create section cover pages and headers and that this approach should be applied to each of the requirements for the response organization in Section 1.8.3? Or does DOM want bidders to respond to each of the questions in 1.8.3 and then also respond to each section of the SOW separately? If so, can the State confirm that the response to the individual SOW sections should be placed in Attachment C after Addendum 2 and that there are no page restrictions for the response to each SOW section.	1) Bidders are not required to provide responses for each section of the 2.0 Scope of Services sections and subsections. 2) Bidders should ONLY respond to the questions in Section 1.8.3 of the IFB. Please number and restate each question before each response. Refer to item #4 in Amendment #2 Section 3.5.5 for amended submission requirements.

89	3.5.5	74	<p>In the Bid Submission Format, paragraph three states "One combined PDF file should be uploaded...".</p> <p>In paragraph four though, it states "Non-separation or co-mingling of PDF files may cause a Bid to be immediately rejected." This suggests that the documents/Attachments for the response be separated.</p> <p>Please clarify how the bid should be submitted. Either individual PDFs or submitted altogether as one PDF.</p>	<p>The IFB response should be submitted as one (1) combined PDF file.</p> <p>Refer to item #4 in Amendment #2 Section 3.5.5 for amended submission requirements the non-separation or co-mingling language.</p>
90	3.5.5	74	<p>In the Bid Submission Format, there is no mention of the inclusion of a Table of Contents, List of Figures, or List of Acronyms.</p> <p>Please clarify these three documents are able to be included. If they are able to be included, please note their desired location within the submission and if they are excluded from any page count.</p>	<p>Yes, all three documents can be included in the response submission. If you plan to have a Bidder Cover page, please include the Table of Contents after your entity's coverpage and before Attachment A.</p> <p>The List of Figures and List of Acronyms can be included in Attachment C - Addendum 1a: Additional Supporting Documentation. Refer to item #4 in Amendment #2 Section 3.5.5 for submission format of Additional Information.</p>
91	3.5.5	74	<p>Within Attachment C: Addendum 2: Capability to Provide Services, should the pages of the entire submission sequentially numbered?</p> <p>Or, should each Section within Addendum 2 be numbered individually?</p>	<p>The pages of the entire submission should be numbered sequentially.</p> <p>The language in Section 3.5.5 has been amended to further explain the submission requirements. Refer to item #4 in Amendment #2 Section 3.5.5 for amended submission requirements.</p>
92	3.5.5	74	<p>This section states that "Each page of the bid and all attachments shall be numbered and appear in the footer of each page, centered. Failure to submit a bid on the bid form provided may be considered just cause for rejection of the bid. Modifications or additions to any portion of the procurement document may be cause for rejection of the bid." Is bidder permitted to alter DOM's attachments to apply page numbers as directed?</p>	<p>Bidders may only add page numbers to DOM IFB Attachments. Bidders are not allowed to make any alterations to the substantive content of DOM IFB Attachments.</p>
93	4.1	79	<p>In what instances would DOM use a BAFO with this IFB?</p>	<p>BAFO's are not applicable to IFBs.</p> <p>Refer to item #5 in Amendment #2 reflecting amended language for Section 4.1 and 4.1.1.</p>
94	4.13	99	<p>This section references use of unit prices form the Bid to address Changes. The Bid form does not include reference to unit prices. Does DOM expect unit pricing with Bid? If so will the bid sheet be amended to include or should this information be an attachment?</p>	<p>No, DOM does not expect unit pricing with Bid.</p> <p>Refer to item #7 in Amendment #2 Section 4.13 for amended language removing the word "unit".</p>
95	4.13	99	<p>This sections states that "The purchase price shall be the lower of the unit cost identified in the Contractor's bid or the Contractor's then-current, published price." The Bid Form does not include unit pricing. Is unit pricing required with the Bid?</p>	<p>No, please refer to Question #94.</p>

96	4.2.2	83	In three boxes of the table on page 83, subsections 4.13.4, 4.13.23, and 4.4.17 is referenced. However, those subsections do not appear within the RFP. Please clarify this reference.	This was a referencing oversight. Refer to item #6 in Amendment #2 Section 4.2.2 for amended references.
97	4.2.2	83	In two boxes of the table on page 83, subsection 4.2.1.3 is referenced, however, this section does not appear in the RFP. Please clarify the reference.	Please refer to Question #96.
98	4.2.2	83-84	In two boxes of the table on page 83 and 84, subsection 4.21.3 is referenced, however, this section does not appear in the RFP. Please clarify this reference.	Please refer to Question #96.
99	Attachment C	114-115	On which line of the Budget Summary table should the bidder include the costs for the prepayment reviews described in IFB Section 2.1.2.5	Prepayment reviews are included in Prior Authorization (PA) Services.
100	Attachment C	114-115	How much is the allotted budget for the resulting contract?	DOM is unable to provide this information.
101	Attachment C	117	Can the bidder edit the PDF document table to add space to complete "Bidder Responses" to "Company Information:" questions if needed? If not, can we provide an attachment to this page with answers?	Yes
102	Attachment C	118	"The bidder must meet the minimum qualifications to be deemed responsible to this IFB either directly or by subcontracting with an organization that has the required expertise and experience." Please confirm that subcontractor references regarding their UM and/or QIO experience can be included toward the bidder's meeting of the minimum qualifications.	Yes
103	Attachment D	119	Attachment D indicates technical specifics of standard file layouts will be "negotiated upon award of the contract/project initiation". Please confirm that no response is required for Attachment D.	No response is required.
104	Attachment E	120	Can bidder add space/lines in the reference table to input information?	Yes, space within the same line item of the reference table can be added.