

**DOM OFFICIAL RESPONSE TO MS MES AND FISCAL AGENT SERVICES RFP QUESTIONS:
RELEASE JANUARY 21, 2014**

#	RFP Page #	RFP Section #	Paragraph	Question	DOM Response
109	7	2.2. Medicaid Eligibility Bidder's Library	1	<p>In researching the Bidders' Library, we have [been] unable to locate information critical to sizing and costing of the operations infrastructure.</p> <p>CALL CENTER. Will DOM provide a breakdown of the call center activities and volumes occurring currently? Statistics, such as the number of member and provider calls received and a breakdown of the call types, AVRS activity, and pharmacy calls for the last year, are necessary to ensure that Offerors scope the work to be performed correctly.</p> <p>CLAIMS VOLUME. We also note a possible discrepancy on the number of claims processed. The documentation provided indicates 30,878,609 claims processed annually, yet the number of paper and electronic claims (paid and denied) is 20,767,473. Will DOM explain what claim types account for the difference of 10,111,136 (30,878,609 minus 20,767,473) claims?</p> <p>MEMBER VOLUMES. In reviewing the RFP, we have found a discrepancy in the number of members being covered in Mississippi. Will DOM verify that the counts provided in Table 2-1 are correct and should be used to scope the work outlined in the RFP?</p>	<p>This information may be accessed via the Bidders' Library: MS Operations Metrics and Volumes > MS Call Volumes. DOM is unable to provide a breakdown related to the types of inquiries/calls.</p> <p>The difference between the Claims Processed and the Paid / Denied figures are adjusted claims, encounter claims, capitations and Special Batch claims. The approximate number of adjustments for the fiscal years 2012 and 2013 are 4,851,126 and 4,728,838, respectively. Pharmacy claims have been included in the paid and denied count. The figure for the period ending 06.30.13 is higher due to mass adjustments that affected large numbers of claims.</p> <p>The figures in table 2-1 reflect the current DOM member counts. The figures displayed in Appendix G, Pricing Schedule, Operational (spreadsheet), are reasonable figures to facilitate procurement evaluation. Offerors should use the figures in Appendix G when calculating costs on a per member basis during the Operations phase.</p> <p>Please see response to Question #141 below.</p>

#	RFP Page #	RFP Section #	Paragraph	Question	DOM Response
110	5, 55, 7	1.3.4. Proposal Submission Requirements ; 6.1. General; Appendix L	2, 1, 1.4	In RFP Section 1.3.4, RFP Section 6.1, and Appendix L, the instructions for submitting the Business Proposal do not agree. Please confirm that the Offerors should provide one original printed Business Proposal and one electronic copy on portable media with text being provided in Microsoft Word or Adobe Acrobat and the Pricing Schedules in Microsoft Excel as outlined in Section 6.1.	Yes this assertion is confirmed. Offerors shall submit one (1) original Business Proposal, as well as one (1) copy on portable media in Microsoft Word or Adobe Acrobat (.PDF) format. The Pricing Schedule shall be provided with the portable media copy in Microsoft Excel 2007.
111	11	2.3	1	For existing outsourced services that may be retained, please confirm whether the DOM intends to continue the contractual relationship directly with the outsourcer or whether the bidder would be expected to have that contractual relationship.	<p>In a prior Question and Answer release, DOM advised that some of the currently outsourced service contracts will expire during the MES DD&I phase. For the purpose of the response to this RFP, DOM hereby identifies the following services that are to be included in the MES/Fiscal Agent services and those that will be outsourced by a contracted service vendor for the purpose of the response to this RFP.</p> <p>PRIOR AUTHORIZATIONS</p> <ul style="list-style-type: none"> The Offeror should be aware that prior authorizations related to Medical Services (eQHS/HSM) and advanced imaging for non-emergency outpatient studies will continue to be outsourced services. DOM's outsourced service vendor will use a PA system(s) that is external to the MES. The Offeror is required to accept prior authorization files from a DOM contracted service vendor(s).

#	RFP Page #	RFP Section #	Paragraph	Question	DOM Response
					<ul style="list-style-type: none"> The successful Offeror will be responsible for the Pharmacy prior authorization process. This functionality should be included in the MES. Offerors should respond with solutions that are consistent with the requirements stated in the RFP for the MES and Fiscal Agent services. For informational purposes, DOM welcomes alternative ideas, concepts, and solutions to perform the range of services required. <p>PROVIDER SCREENING AND CREDENTIALING</p> <p>The successful Offeror will be responsible for the provider screening and credentialing process. Offerors should respond with solutions that are consistent with the requirements stated in the RFP for the MES and Fiscal Agent services. For informational purposes, DOM welcomes alternative ideas, concepts, and solutions to perform the range of services required.</p> <p>THIRD PARTY LIABILITY</p> <p>In regards to the Third Party Liability Data Matching and Recovery Services functionality, the Offeror should be aware that DOM will continue to outsource this functionality. The successful Offeror will be responsible for performing pay-and-chase billings for commercial or governmental insurance carriers. The successful Offeror will be responsible for generating and submitting claims to Third Party insurance</p>

#	RFP Page #	RFP Section #	Paragraph	Question	DOM Response
					<p>companies for the pay-and-chase effort regardless of the identification method.</p> <p>DRUG UTILIZATION REVIEW</p> <p>The Offeror should be aware that the Drug Utilization Review process will continue to be an outsourced service.</p> <p>PREFERRED DRUG LIST AND SUPPLEMENTAL DRUG REBATE</p> <p>The Offeror should be aware that the Preferred Drug List and Supplemental Drug Rebate process will continue to be an outsourced service. However, the successful Offeror will be responsible for operating all functions of the Federal drug rebate process and must be able to assist the outsourced supplemental drug rebate vendor with reconciliation of Federal / supplemental rebate invoices. DOM performs oversight for all rebate processes.</p> <p>RECOVERY AUDIT</p> <p>The Offeror should be aware that the Recovery Audit contract will continue to be an outsourced service.</p> <p>NON-EMERGENCY TRANSPORTATION SERVICES</p> <p>The Offeror should be aware that the Non-Emergency Transportation Services will continue to be performed</p>

#	RFP Page #	RFP Section #	Paragraph	Question	DOM Response
					<p>by an outsourced service vendor.</p> <p>STATE LEVEL REPOSITORY</p> <p>The State Level Repository (SLR) will be an outsourced service. However, the successful Offeror will be responsible for all data exchanges between the SLR and the MES.</p> <p>CARE MANAGEMENT</p> <p>DOM intends for the successful Offeror to provide a comprehensive Care Management solution as part of the proposed solution. The Offerors should respond with solutions that are consistent with the requirements stated in the RFP. The Offeror shall propose a solution that allows for DOM staff to conduct care management activities and allows for the creation of a case and tracking the case through completion.</p> <p>PREADMISSION SCREENING AND ASSESSMENTS</p> <p>The Offeror should be aware that the Preadmission Screening and Level II Assessments will be performed by outsourced service vendors.</p> <p>How the Offeror’s solution accommodates the included services will be assessed and scored as part of the evaluation process. The Offeror should provide any costs associated with the inclusion of these</p>

#	RFP Page #	RFP Section #	Paragraph	Question	DOM Response
					<p>services.</p> <p>For outsourced services not included as part of the MES, DOM wants to gain an understanding of efficiencies that the Offeror's proposed system may offer beyond the current process. DOM expects the Offeror to respond to requirements as they relate to outsourced services. These requirements will be evaluated but will not be individually scored. Associated costing for these services should not be included in the proposal but will be addressed by negotiation of a change order at proposed change order rates at the appropriate time (if required). The Offeror should be advised that requirements that necessitate the MES to support any of DOM's additional outsourced service contracts, such as interfaces, should be included in their cost proposal.</p> <p>This response supersedes the response provided to Question #21, released on 12/20/2013.</p>
112	11	2.3. Currently Outsourced Services	Bullet 7	Preadmission screening and resident review is currently outsourced to Ascend Management Innovations. There is no direction in the RFP as to whether the State will continue to outsource this service or whether the State would like the new vendor to take over those services. Would the State clarify their position on this?	Please refer to the response to Question #111 above.

#	RFP Page #	RFP Section #	Paragraph	Question	DOM Response
113	12	2.3.2. HMS (TPL Data-matching and Recovery Services)	1	<p>The RFP states: “The MES needs to support electronic exchange of data with HMS to operate the TPL functionality required to accurately maintain member information and process claims accurately.”</p> <p>Appendix M and N requirements imply that the MES Contractor will provide the TPL services currently being supplied by HMS.</p> <p>Please confirm that HMS or another DOM-contracted vendor will provide TPL resource file updates, commercial billing, Medicare disallowance, data-matching services, and TPL recoveries where other coverage was available for claims paid by Mississippi Medicaid when the selected MES Contractor begins Maintenance and Operations on or about September 2017.</p> <p>Or, will the MES Contractor begin providing the TPL services listed in the preceding paragraph at the start of the Maintenance and Operations Phase?</p>	Please refer to the response to Question #111 above.
114	12	2.3.3	2	<p>“Effective December 1, 2013, eQHS/HSM will perform prior authorization certifications for the following services:”</p> <p>Will eQHS/HSM use the Prior Authorization system that would be implemented by the contractor that wins the MMIS contract? In other words, which system would eQHS/HSM use for PA certifications?</p>	<p>Please refer to the response to Question #111 above.</p> <p>DOM's outsourced service vendor will use a PA system(s) that is external to the MES.</p>

#	RFP Page #	RFP Section #	Paragraph	Question	DOM Response
115	13	2.3.5	1 st	Section 2.3 (Currently Outsourced Services) makes reference to Digital Harbor supporting the provider screening and credentialing process; however, there are several requirements in the RFP requiring the MES vendor to provide this functionality (see requirements PR2SS10, PR2SS11, PRSS2.01, PR1SS27, PR2.05, OPRSS03, OPRSS14, OPRSS48, OPRSS50, OPRSS58, etc). Please confirm the screening, credentialing, and monitoring functionality needed to support provider enrollment should be supplied by the MES vendor as defined in the RFP.	Please refer to the response to Question #111 above.
116	13, 105	2.3.5, 7.7.1	1, 19	Will Digital Harbor be responsible for providing credentialing verifications with the new MES or is the DOM open to use of other credentialing vendors?	Please refer to the response to Question #111 above.
117	13, 105	2.3.5, 7.7.1	1, 19	Does Digital Harbor currently make the determination of whether a provider should be enrolled based on credentialing data? If not, who makes this determination?	The Division of Medicaid makes the final determination to enroll or deny a provider application.
118	13	2.3.5. Digital Harbor (Provider Credentialing)	1	RFP Section 2.3.5 states that provider credentialing will be handled by Digital Harbor. Section 3 (Service Level Agreement – Database Updates), bullets 3 and 5 of Appendix P, allude to capturing provider licensure and certification board information. Is the Fiscal Agent expected to interface with Digital Harbor for this information?	Please refer to the response to Question #111 above.

#	RFP Page #	RFP Section #	Paragraph	Question	DOM Response
				Or, will the MES Contractor begin providing the provider credentialing services, such as collecting information directly from licensing and certification boards, at the start of the Maintenance and Operations Phase?	
119	20	2.5.4	5	Xerox's SLR and the MES is bidirectional and includes provider data as well as claims count information, in addition to incentive payment information sent to the MES. Will DOM please confirm that as a part of this requirement that the MES vendor will be responsible for all required data exchanges between Xerox's SLR and the MES?	The successful Offeror will be responsible for all data exchanges between the SLR and the MES. Please refer to the response to Question #111 above.
120	25	2.6.8	Bullet 3	The RFP requires that Fiscal Agent will manage Tier 2 member calls. However, in requirement OBESS41 (Appendix N), the State has indicated the following: "Ensure that the call center is the front line of call transfer from the toll-free number to more effectively manage the triage of member calls." OBESS41 implies that all calls for Tier 1 and Tier 2 member calls are received by the fiscal agent. Please confirm that Fiscal Agent will accept all member calls including Tier 1 and Tier 2? Please provide the volumes and average handle time for these calls? Please define what constitutes a Tier 1 versus a Tier 2 Member call?	The MES Contractor's call center is expected to accept member calls to the toll free number. RFP section 2.6.8, third bullet is hereby amended to state "The Fiscal Agent will accept provider and member calls to the toll free number. DOM will have access to Fiscal Agent tools for member management and the PBM/POS Prior Authorization Support Unit." The MES Contractor can transfer member calls that require additional assistance to the appropriate DOM business area. Offerors should be aware that most member calls are made to and handled by the DOM regional offices. This information may be accessed via the Bidders' Library: MS Operations Metrics and Volumes > MS Call Volumes.

#	RFP Page #	RFP Section #	Paragraph	Question	DOM Response
121	25	2.6.8. Improve Customer Service	Bullet 2	The bullet states: "The Fiscal Agent will continue to manage the provider call center and tier two member calls. DOM will have access to Fiscal Agent tools for member management and the PBM/POS Prior Authorization Support Unit." Please define "tier two member calls."	Please refer to the response to Question #120 above.
122	28	3.3. Accuracy of Statistical Data	1	The RFP states: "Should any element of such data later be discovered to be inaccurate, such inaccuracy shall not constitute a basis for contract rejection by any Offeror. Neither shall such inaccuracy constitute a basis for renegotiation of any payment rate after contract award." Significant inaccuracies may have a major impact on the Offerors' abilities to provide accurate sizing of the solution. Please consider using the following language: "Such inaccuracy, if it causes a major impact to the Contractor's Business Proposal as determined by the State and the Contractor, will be considered justification for contract negotiations."	DOM firmly believes that it has provided the most accurate and detailed information available to Offerors to assist in the preparation of their proposals. Final terms, including payment provisions, will be subject to contract negotiations post award.
123	35, 42-44	4.4.13. Release of Public Information; 5.2., Tab 1 – Transmittal Letter	3, 1, 3	In Section 4.4.13, Release of Public Information, the RFP states that "all pages with confidential material must be itemized under the above-referenced 'request for confidential treatment of information' section of the Transmittal Letter," and "This request and other Transmittal Letter requirements are described further in Section 5."	An itemized list of confidential material must be included in the Transmittal Letter under a section referenced "Request for Confidential Treatment of Information".

#	RFP Page #	RFP Section #	Paragraph	Question	DOM Response
		5.3., Tab 2 – Executive Summary		<p>Section 5.2, Tab 1 – Transmittal Letter, makes no mention of adding this information in the Transmittal Letter.</p> <p>Section 5.3, Tab 2 – Executive Summary, says “Also, the Offeror may designate those provisions of the proposal that contain trade secrets or other proprietary data that it believes may remain confidential in accordance with Section 25-61-9 of the code.”</p> <p>Please clarify in which section—either the Transmittal Letter or the Executive Summary—an itemized list of confidential material must be included.</p>	
124	40	5.1. Introduction	2	<p>RFP Section 5.1, Introduction, page 40, states, “A format that easily follows the requirements and order of this RFP should be used. The Offeror may intersperse their response following each RFP specification, but must not otherwise alter or re-key any part of the original text of this RFP.”</p> <p>To shorten the length of proposal responses, would DOM prefer that Offerors not include RFP requirement text in their Technical Proposal responses?</p>	Please refer to the response to Question #51 released on January 10, 2014. Offerors may also include amended RFP text in Times New Roman, font size 8.
125	40	5.1. Introduction	3	<p>RFP Section 5.1, Introduction, page 40, states, “The Offeror must respond with ‘ACKNOWLEDGED,’ ‘WILL COMPLY’ or ‘AGREED’ to each outlined point in each section of the RFP. Where an outlined point asks a question, requests information or indicates the Offeror to perform, provide, improve, implement, etc.; the Offeror must respond with the specific answer or</p>	DOM requires assurances that each Offeror has fully read and understands the RFP. Offeror's are required to include a response (either "ACKNOWLEDGED", "WILL COMPLY", or "AGREED") for each section of the RFP within their Technical Proposal and in accordance with the instructions outlined in Section 5.1. This response may be included as a separate template or

#	RFP Page #	RFP Section #	Paragraph	Question	DOM Response
				information requested.” Please clarify “outlined point” so that Offerors are measured in addressing this requirement while remaining compliant. If vendors included “Will Comply” at the beginning of their response to RFP Section 5.7, Tab 6-Design Phase, for example, would that acknowledgement cover every aspect of that proposal section, or should an acknowledgement statement be used multiple times within the response?	within each section of the Technical Proposal response, as determined by the Offeror, to ensure that DOM understands the Offeror's understanding and commitment of each requirement of the RFP.
126	44	5.4. Tab 3 - Corporate Background and Experience and 5.4.3. Corporate Experience	1, 1	Section 5.4 asks vendors to provide “a list of all current or recent Medicaid or related projects. The timeframe to be covered should begin, at a minimum, in January 2008 through the present date.” Section 5.4.3 states: “The details of the Offeror’s Medicaid project experience for projects equal in scope and complexity shall be cited from the last five (5) years.” Does the DOM want a complete list of Medicaid and related project experience within the last five years, or only those Medicaid and related projects that are of equal scope and complexity?	Offerors should provide a list of all current or recent Medicaid or related projects as described in Section 5.4.3, detailing only those Medicaid and related projects that are of equal scope and complexity.
127	45	5.4.1. Corporate Background	Bullet 6, Model Office	The RFP states: “Current products and services— including, a description of how their proposed solution currently supports SOA and the CMS Seven Standards and Conditions and if the proposed solution is CMS-certified or actively pending CMS-certification.” Are “current products and services” those that would be relevant to this RFP only or include other lines of	Offerors should describe current products and services relevant to this RFP.

#	RFP Page #	RFP Section #	Paragraph	Question	DOM Response
				products and services?	
128	52	5.14	2	The RFP requires a network diagram. With the detail work plan anticipated being created, the network diagram would be more than 10,000 pages on 8.5 x 11 paper. The information that is being requested for the network diagram will be available in the Detail Work Plan print we will provide. Will the DOM accept this in lieu of the network diagram or the network diagram in electronic format only?	DOM would like to ensure that the Offeror has created a network diagram and specifically identified the Critical Path while developing their proposal. However, DOM understands that a project of this size and scope will create an arduous network diagram on paper. Therefore, DOM will accept the required Gantt chart that notes the major milestones in the project schedule, in lieu of a network diagram. Additionally, to accompany the Gantt chart, the Offeror should provide a summary of the critical path activities.
129	52	5.14	Last paragraph , second bullet	Producing an entire project network diagram of all tasks and subtasks produces a large volume of paper and is difficult to read. Would DOM consider revising this requirement to accept or allow a PDF of the critical path view of tasks and subtasks?	Please refer to the response to question #128 above.
130	52	5.14	Last paragraph , third bullet	In order to provide appropriate task detail as well as the Gantt timeline, would DOM accept a summary Gantt chart view and a separate detail task sheet view, depicting the planned start and end dates of all tasks and subtasks, and all milestones?	Please refer to the response to question #128 above.
131	58	6.4.5. Labor Rates Price Sheet		The RFP states: "In addition, the Offeror must specify the annual support increase ceiling to which the Offeror is willing to agree. Price escalations, if any, for annual support coverage will be permitted but shall not exceed	The annual support increase ceiling shall be specified in the Transmittal Letter of the Business Proposal and built into the annual labor rates.

#	RFP Page #	RFP Section #	Paragraph	Question	DOM Response
				<p>the lesser of a five (5) percent increase or an increase consistent with the percent increase in the consumer price index, all Urban Consumer US City Average (CPI-U), for the preceding year. Offerors are responsible for verifying all totals for each worksheet.”</p> <p>Currently there is no place on the Labor Rates Price Sheet to specify the annual support increase ceiling. Please provide clarification as to where this information is to be provided.</p>	
132	97	7.5.1., Execute Training Plan	Bullet 3, Technical and Operations	<p>To enable Offerors to adequately scope software education sessions, please provide guidance to Offerors regarding the stakeholder groups that DOM envisions participating in software education sessions and the approximate number of staff in those stakeholder groups.</p>	<p>DOM expects the Offeror to propose a training plan that addresses how the Offeror will train the various stakeholder groups. DOM expects the Offeror to address the following stakeholder groups, but is not limited to:</p> <p>-- DOM Staff - There are approximately 10 Divisions within the Division of Medicaid totaling approximately 1,050 positions. The Offeror should be aware that not all of these positions are active users of the current MMIS. This information may be accessed via the Bidders’ Library: DOM Organizational Chart > MS DOM Organization Chart. The approximate number of positions has been added.</p> <p>-- Providers - There are currently 27,000 enrolled providers with the Division of Medicaid</p> <p>-- State Agencies</p>

#	RFP Page #	RFP Section #	Paragraph	Question	DOM Response
					-- Additional Contracted Staff
133	99-101	7.6. Implementation		<p>The RFP states the following: "Section 7.6.1: Scope – Implementation activities will commence once DOM has completed final acceptance of the MES." "Section 7.6.1: Final Acceptance – The Contractor shall ensure that the system is ready to be implemented and DOM approvals have been obtained to begin operations of the MES. This is known as Final Acceptance. To achieve Final Acceptance by DOM, the MES must satisfy all functional and technical requirements specified in the RFP, documented during the requirements definition and design activities, and receive UAT approval from DOM." "Section 7.6.1: Final Acceptance - Final Acceptance of the solution shall occur following system implementation and the Contractor’s demonstration that: 1) the system successfully provides all the functionality required by DOM; 2) the system meets or exceeds the performance standards in the contract; 3) the system meets HIPAA requirements; and 4) the system meets or exceeds all criteria required for successful certification by CMS as described in Section 7.9." Please confirm that the Final Acceptance occurs prior to implementing the MES and is based upon the MES Contractor demonstrating in UAT and ORT that the</p>	Final Acceptance shall follow system implementation. The Contractor must demonstrate that the system meets or exceeds all criteria in UAT, ORT and the transition to Production.

#	RFP Page #	RFP Section #	Paragraph	Question	DOM Response
				system and services are ready to begin Production Operations.	
134	107	7.7.1, Fiscal Agent Responsibilities for the Coordinated Care Program	Last bullet	Does this mean that the Fiscal Agent is responsible to provide prior authorizations for inpatient hospital services and non-emergency transportation for the CCO population because these services are carved out of the CCO plans and covered under the FFS program instead? If so, would DOM please provide the volumes for the past two years as well as the anticipated volumes for the coming years.	Please refer to the response to Question #111 above. Inpatient hospital prior authorizations and non-emergency transportation for the CCO population are not included in the MES.
135	107	7.7.1, Fiscal Agent Responsibilities for the Coordinated Care Program	N/A	Are any other prior authorization services part of this procurement? If so, for what services? In addition, would DOM please provide the volumes for the past 2 years as well as the anticipated volumes for the coming years?	Please refer to the response to Question #111 above. Inpatient hospital prior authorizations and non-emergency transportation for the CCO population are not included in the MES.
136	107	7.7.1, Fiscal Agent Responsibilities for the Coordinated Care Program	N/A	Please provide guidance on the responsibilities of the MES vendor in the prior authorization process.	Please refer to the response to Question #111 above.
137	107	7.7.1, Fiscal Agent Responsibilities	N/A	What types of PA's is the MES vendor responsible for making a decision on, merely whether the PA is	Please refer to the response to Question #111 above.

#	RFP Page #	RFP Section #	Paragraph	Question	DOM Response
		s for the Coordinated Care Program		approved or not?	
138	107	7.7.1, Fiscal Agent Responsibilities for the Coordinated Care Program	N/A	What types of PA correspondence is the MES vendor responsible for receiving or sending?	Please refer to the response to Question #111 above.
139	107	7.7.1, Fiscal Agent Responsibilities for the Coordinated Care Program	N/A	What PA related workflows would the MES vendor be involved in supporting?	Please refer to the response to Question #111 above. The workflow process related to Pharmacy PAs will be defined during the Design phase.
140	Price Schedule #6	Appendix G	Summary Price Sheet	Please confirm that all formulas and cell references on all Price Sheets accurately calculate to summary totals. Cell references for the Summary Price Sheet, row 22 for each Operations Year, point to the Operational Price Sheet, row 6, which represents the PMPM rate proposed by the Offeror for each year. Row 7 contains the calculated price each year by multiplying DOM's provided number of Medicaid members by the PMPM. Currently, the Summary Price Sheet, row 22 for Total Bid Price for Medicaid Members, totals the PMPM amounts from the Operational Price Sheet, row 6, and	This assertion is confirmed. Please see the amended Appendix G.

#	RFP Page #	RFP Section #	Paragraph	Question	DOM Response
				<p>not the total from row 7, Total Maintenance and Operations Phase Bid Price.</p> <p>Also, the Summary Price Sheet, cell C16 does not contain a formula that will total the yearly proposed price for "Total Cost for Project and Training Facilities." Each of the cells that would be included in the total are protected in the Excel file published in Appendix G and do not allow for a value to be entered.</p> <p>Please provide Offerors with an updated Appendix G – Pricing Schedules that reflects all the correct formulas and cell references and permits the Offeror to enter data in the required fields.</p>	
141	Price Schedule #6	Appendix G	Summary Price Sheet	<p>The costs for hardware, software purchases, and facilities are in the Design, Development, and Implementation (DD&I) area of the price schedule for Years 1 through 7 and not the "Operations" area, even though the costs will be incurred during DD&I and Operations and, in some cases, Operations only. Please confirm that purchases of hardware, software, and facilities should be included in the DD&I price schedule.</p>	<p>Appendix G is being reissued to address this and other related questions. The newly revised Appendix G now includes 10 years of costs related to hardware, software, and facilities. The totals, by year, for purchase and maintenance costs are carried forward to appropriate location on the summary price sheet.</p> <p>Please reference the "Note" provided in the Hardware Price sheet as it relates to Total Costs and quantity.</p> <p>Offerors are expected to directly input their facilities costs by contract year into the summary price sheet. For evaluation purposes, the first 3 years (encompassing the expected 36 mo. DD&I period) of hardware, software, and facilities costs will be considered part of the overall DD&I price. Costs for</p>

#	RFP Page #	RFP Section #	Paragraph	Question	DOM Response
					<p>hardware, software, and facilities for Years 4-10 (encompassing the expected years of regular FA operations) should be fully loaded into the Offeror's proposed PMPM for operations. Summary totals in the price sheets have been updated to reflect this clarification.</p> <p>Please note that the figures to be used for evaluation purposes for Total Number of Medicaid Members have been revised. Refer to the amended Appendix G.</p> <p>The RFP language in Sections 6.4.3. (Hardware Price Sheet) and 6.4.4. (Software Price Sheet) are also hereby amended as a result of this response.</p>
142	Price Schedule #6	Appendix G	Summary Price Sheet	Will there be any costs incurred that represent pass-through costs to DOM, such as postage, printing, audit fees as examples? If there are pass-through costs, please provide guidance to Offerors on how to incorporate pass-through costs into the Price Sheets. Or, will pass-through costs be excluded from Offerors' submitted price?	DOM expects that there will be pass-through costs as part of the final agreement, however, those costs will not be included in the evaluation and thus should not be included in the Offeror's Appendix G response. Offerors are asked, however, to identify their anticipated pass-through services as part of their Business Proposal.
143		Appendix G	"Operational" worksheet	Please confirm that the "Price Per Member Per Month" row also will be used to calculate the incremental unit revenue that the bidder is entitled to receive, for member volumes beyond the projected Medicaid volume shown in the price table.	Yes.

#	RFP Page #	RFP Section #	Paragraph	Question	DOM Response
144		Appendix G		The DOM has indicated approximately 900,000 members for fiscal year 11/12 and 12/13 in the Executive Summary. The pricing sheets indicated approximately 700,000 members with growth in each year. Please confirm the expected member population and projected growth is indicated in the price sheets.	Offerors should use the Total number of Medicaid Members count indicated in Appendix G, Operational Price Sheet when preparing their Business Proposal response. Please see the amended Appendix G.
145		Appendix G		Postage for mailings and distribution of materials has not been specifically identified as a pass-through costs, which is typical for a fiscal agent RFP. Please confirm that postage is a pass-through cost.	Please see the response to Question #142 above.
146		Appendix G	2. Hardware	Please unprotect column D Quantity to allow data entry.	Column D has been corrected to allow data entry. Please see the amended Appendix G.
147		Appendix G	2. Hardware, 3. Software	Appendix G requests the purchase price of hardware and software. Would the DOM permit a lease price of hardware and software as opposed to a purchase?	DOM would permit leasing for hardware/software at the Offeror's discretion. Offeror's should include any one-time acquisition costs associated with hardware or software in the "Purchase Price" category and any recurring costs (such as lease costs) in the "Annual Maintenance Fee" category.
148		Appendix G	6. Summary tab	Please correct row 22 of the Pricing Summary that links to the operational unit price rather than the operations total price per year. The cell reference in cells D22:J22 in the summary tab should link to cells C7:I7 of the Operational tab.	Row 22 of the Pricing Summary has been corrected. Please see the amended Appendix G.

#	RFP Page #	RFP Section #	Paragraph	Question	DOM Response
149		Appendix G	6. Summary tab	Please correct cell C16 of the Summary tab to read sum (D16:J16) for the total costs of project and training facilities.	This has been corrected. Please see the amended Appendix G. Please see the response to Question #141 above.
150		Appendix G	6. Summary tab	Rows 11, 12, 15 summarize pricing for hardware, software, and facilities for the DDI Phase. Can these rows also be used for similar costs during the Operational Phase?	Please see the response to Question #141 above.
151		Appendix G	6. Summary tab	Row 16 Total Facilities requires data entry into the summary tab. Is this intentional or should row 16 link to a separate facilities tab in a similar way to other price categories?	This is intentional. Please see the response to Question #141 above.
152		Appendix G	6. Summary tab	The initial hardware and software will be required during Development and Implementation phases of DDI. This will be in Contract Year 1 and 2. However, the Summary tab 6 assumes the first hardware cost to be placed in Year 1 of the Operations period, which is Contract Year 4. Please clarify where initial hardware and software should be reported for DDI.	Please see the response to Question #141 above.
153		Appendix G	6. Summary tab	Rows 11, 12, 15 summarize pricing for hardware, software and facilities for the DDI Phase. However, the annual period indicate Years 1-7 of the operations period. Can these rows also be used for hardware, software, and facilities costs during the Operational Phase?	Please see the response to Question #141 above.

#	RFP Page #	RFP Section #	Paragraph	Question	DOM Response
154	4	Appendix G, Pricing Schedules	Sheet #4 Labor Rates Price Sheet	Please confirm that Sheet 4 Labor Rates is excluded from the price evaluation.	This assertion is confirmed. The Labor Rates are used for informational purposes in the event DOM requests additional modifications or enhancements outside of the negotiated contract.
155	5	Appendix G, Pricing Schedules	Sheet #5, Operational Price Sheet	Are there any pass through costs (i.e. postage, etc) which should be excluded from the bid price because they will be reimbursable at actual cost to the contractor?	Please see the response to Question #142 above.
156	6	Appendix G, Pricing Schedules	Sheet #6 Summary Price Sheet	Please confirm that the Total on the Summary Sheet 6 should be linked to row 7 of Sheet 5 Operations.	This assertion is confirmed. Please see the amended Appendix G.
157	6	Appendix G, Pricing Schedules	Sheet #6 Summary Price Sheet	Please indicate where the costs for the DDI facility should be entered by year to appropriately populate the Summary Sheet 6.	DDI facility cost should be manually entered into the summary worksheet. Please see the response to Question #141 above.
158	2-3	Appendix G, Pricing Schedules	Sheet #2, Hardware Price Sheet and Sheet #3, Software Price	Please confirm that bidders may add rows on the HW and SW detail spreadsheets if necessary to accommodate the full listing of HW and SW.	Yes, this assertion is confirmed.

#	RFP Page #	RFP Section #	Paragraph	Question	DOM Response
			Sheet		
159	8	Appendix G, Pricing Schedules and Appendix L, Mandatory Requirements Checklists	Pricing Schedules and #3.2, first bullet	In item #3.2 of Appendix L, Mandatory Requirements Checklists DOM lists "Planning" as one of the price sheets that should be included in the Business Proposal however, there is not a price sheet labeled "Planning" in Appendix G, Pricing Schedules. Would DOM either reissue Appendix G with all the required price sheets or correct the RFP requirement listed in Appendix L, Mandatory Requirements Checklist on page 8?	Please disregard the requirement listed in Appendix L that calls for Planning and DD&I Milestones Prices Sheets. Appendix L, Requirement #3.2 is hereby amended to read: "The Business Proposal includes the following Price Sheets: - DD&I Phases - Hardware - Software - Labor Rates - Operational; and - Summary"
160	8	Appendix L, Appendix G	Mandatory Business Proposal Requirements Checklist, Item 3.2, Bullet 1 and 2; All tabs	Item 3.2 in the Appendix L, Mandatory Business Proposal Requirements Checklist lists "Planning" and "DD&I Milestones" as first two Price Sheets. Appendix G does not include either price sheet. Please consider amending Appendix G to include Price Sheets for Planning and DD&I Milestones to be included in the DD&I Phases Price Sheet.	Please see the response to Question #159 above.
161	47	Appendix M	CR2.05	The RFP discusses drug rebate in multiple requirements, including Appendix M, CR2.05. Please provide a list of each of the programs that must	FFS (Federal Rebate) POS and medical claims should be processed separately from CCO (Federal Rebate) POS

#	RFP Page #	RFP Section #	Paragraph	Question	DOM Response
				be separately invoiced for drug rebate.	and medical claims.
162	47	Appendix M	CR2.05	The RFP discusses drug rebate in multiple requirements, including Appendix M, CR2.05. To estimate the level of effort that will be needed for drug rebate dispute resolution and data conversion, please provide the current receivable balances by program for each quarter back to 1991, or other date as required by DOM.	This information may be accessed via the Bidders' Library: MS Operations Metrics and Volumes > Rebate Payments.
163	77	Appendix M	POS1SS07 – POS1SS07.07	RFP Requirement POS1SS07.07 states: "Other MMIS data needed for POS claims adjudication and rebate invoicing." The interface requirements in POS1SS07.01–POS1SS07.06 appear to cover the data requirements an MMIS requires. To help Offerors size and scope to this requirement, please define the types of data that DOM envisions the MMIS will need to accept and transfer.	DOM will determine if additional data ("Other") for POS claims, claims adjudication and rebate invoicing is required during the Design phase.
164	81	Appendix M	POS2SS24	Please clarify what DOM intends by the "full audit capabilities" that are required in POS2SS24.	The MES should be able to produce routine and ad hoc reporting to verify drug reference files and appropriate claims processing.
165	84	Appendix M	POS6SS11	RFP requirement POS6SS11 states: "Provides the capability to calculate, bill and collect rebates for durable medical equipment (DME) and supplies." Please confirm that the MES Contractor will not be responsible for calculating the DME rebate rates based on DOM's contracts.	DOM anticipates developing a policy related to DME rebates in the future, however at this time, DOM is unable to define the formats for which the rebate information will be provided. DOM will provide format details during the Design phase, if policy has been defined.

#	RFP Page #	RFP Section #	Paragraph	Question	DOM Response
				If the MES Contractor is expected to calculate the DME rebates, please describe the format that the DME rebate contract information be provided to the MES Contractor, such as paper or electronic.	Offerors must provide a narrative for the proposed solution. It is the responsibility of each Offeror to supply sufficient information to provide DOM evaluators an adequate understanding of how their proposal meets or exceeds each requirement. For informational purposes, DOM welcomes alternative ideas, concepts, and solutions to perform the range of services required by DOM.
166	85	Appendix M	POS6SS23	RFP requirement POS6SS23 states: "Provides the capability to calculate and invoice supplemental rebates separately, based upon DOM supplemental drug rebate agreements." Will the MES Contractor be responsible for calculating the supplemental rates based on DOM's contracts? If so, how will the supplemental contract information be received (paper, electronic)? If the MES Contractor is responsible for calculating the supplemental rates, how many supplemental rate formulas are there? Please document the different formulas.	Please refer to the response to Question #111 above.
167	85	Appendix M	POS6SS27	RFP requirement POS6SS27 states: "Accommodates exclusion of certain classes of drugs from rebate participation per State or federal mandate (e.g., 340B Program)." Note that 340B claims are not a class of drug. What other types of exclusions besides 340B does DOM	The only exclusions that should be considered are those identified in the 340B program.

#	RFP Page #	RFP Section #	Paragraph	Question	DOM Response
				anticipate excluding?	
168	85	Appendix M	POS6SS28	RFP requirement POS6SS28 states: "Accommodates receipt of current quarter drug rebate payment details through other electronic forms, as defined by DOM." To what type of "other electronic forms as defined by DOM" does this requirement refer? How many document types and types of "other electronic" forms?	DOM will determine if other electronic forms are necessary to accommodate receipt of current quarter drug rebate payment details during the Design phase.
169	86	Appendix M	POS6SS33	RFP requirement POS6SS33 states: "Enters and retains drug rebate amounts that are negotiated separately by DOM with manufacturers." Does this requirement refer to supplemental contract component data being stored in the drug rebate system? If so, will DOM or MES Contractor staff be responsible for keying in supplemental contract terms, or will this be provided in electronic form?	Please refer to the response to Question #111 above.
170	88	Appendix M	POS6SS56	RFP requirement POS6SS56 states: "Provides the capability to apply credit balances from previous quarters to amounts due from the current quarter prior to the invoicing process." The current CMS-approved invoicing form does not have a location for the application of credit balance to a current quarter invoice. Please indicate DOM's preference for the location of this information.	DOM prefers to have the credit amount applied prior to invoicing for the current quarter. DOM and the MES Contractor will work together to determine the best placement/location of this type of information.

#	RFP Page #	RFP Section #	Paragraph	Question	DOM Response
171	89	Appendix M	POS6SS23, POS6SS23, and POS6SS41	What is the scope of effort for the MES vendor as it relates to supplemental rebates?	Please refer to the response to Question #111 above.
172	103	Appendix M	Care Management requirements	Some of the requirements in Appendix M appear to overlap with services requested in the Long Term Services and Supports Information and Tracking System (LTSS) RFP #20130531. Would DOM please clarify the division of responsibilities for the MES vendor and the LTSS contractor?	Offerors should respond with solutions that are consistent with the requirements stated in the RFP. The Offeror shall propose a solution that allows for DOM staff to conduct care management activities and allows for the creation of a case and tracking the case through completion.
173	103	Appendix M	General	There are many requirements that describe waiver case management and other care management activities that must be accommodated within the MES system. Would DOM please confirm that the waiver and care management staff are anticipated to use the MES care management system to perform care management services? Specifically, is it the expectation that users will perform the following care management/waiver care management activities in the MES system? (Or do we refer to it as the Care Management system?) Perform assessments for level of care; Enroll members into waiver programs; Create cases; Establish and update plans of care; Establish and update service plans; Establish and update service authorizations for waiver services; Perform ongoing management of cases; Provide correspondence to/education for members.	Please refer to the response to Question #111 above.

#	RFP Page #	RFP Section #	Paragraph	Question	DOM Response
174	103	Appendix M	General	Can DOM please provide the number of users, types of care management activities, and associated case volumes to be performed under this contract?	<p>There are currently approximately 20,000 beneficiaries participating in DOM's waiver programs and 18,000 beneficiaries in Nursing Homes. The following is a list of care management activities, but is not limited to:</p> <ul style="list-style-type: none"> -- annual recertification -- updates to plans of care -- notification to providers of authorizations -- notifications to DOM Regional offices of approved eligibility -- clock in / clock out of service providers <p>DOM anticipates approximately 85+ users should have access to care management activities cited above.</p>
175	103	Appendix M	General	Can DOM also identify if these care managers are contractor staff, CCO staff, or state staff?	DOM anticipates that care managers will be a mix of State and contracted staff or service providers.
176	103	Appendix M	WA1.04	Is MES the system of record for waiver program eligibility and enrollment? Is DOM expecting Waiver Care Management staff to perform level of care assessments and re-evaluations in the MES care management system?	<p>DOM's MEDS system will determine eligibility and enrollment and interface this information to the MES. DOM expects the Offeror to propose a solution that performs level of care assessments and re-evaluations as part of the MES Care Management system.</p> <p>Please refer to the response to Question #111 above.</p>
177	104	Appendix M	WA3SS03	Please clarify whether plan of care updates are expected to be entered by users or imported from a	The proposed solution must have the capability to accept plan of care updates. The Offeror should be

#	RFP Page #	RFP Section #	Paragraph	Question	DOM Response
				source system? If updates are imported through a system interface, please describe the system with which MES must interface for this functionality.	able to define the methods available for accepting plan of care updates. Please refer to the response to Question #111 above.
178	105	Appendix M	WA4SS03	Please clarify this requirement.	The Offeror's proposed solution must have the ability to accept a modified plan of care.
179	117	Appendix M	PI1SS02	Requirement PI1SS02 states: "Provides all payment information (incoming and outgoing) in a central repository and incorporate other agency/source payment information in the repository." Please provide examples of incoming and outgoing payments that DOM would expect to be retained in this central repository.	DOM clarifies the requirement to mean that the Offeror shall provide payment information for provider and recipient investigations (i.e. MFCU or other entities) related to funds owed to DOM, global payments due or civil money penalty payments.
180	112-113	Appendix M	Case Management	DOM identified 31 distinct programs captured in these requirements. Will each of these programs require unique care/case management program tools such as: Screening assessments; Level of care assessments; Plans of care; Correspondence; Workflows; Work queues.	Please refer to the response to Question #111 above.
181	93-96	Appendix M	TP1SS65–TP1SS69 TP2.08–TP2.10 TP2SS02 TP2SS08 TP2SS09	DOM has included several TPL pay-and-chase recovery requirements, including those listed here, that are generally handled by a TPL recovery vendor, such as pay-and-chase billing and letters to third-party insurance companies. Is it DOM's intent for Offerors to assume support of all TPL recovery efforts or to simply demonstrate their	Please refer to the response to Question #111 above.

#	RFP Page #	RFP Section #	Paragraph	Question	DOM Response
			TP2SS15 TP2SS20 TP2SS21	ability to interface with the TPL vendor?	
182		Appendix M	DSS1.05	The RFP references “Associates clinical data (e.g. claims attachment) with the claim record.” Would the DOM please provide more details on the “Clinical Data”—such as claims attachment? Is the DOM looking to extrapolate clinical data from MMIS administrative data?	The clinical data referenced in requirement DSS1.05 relates to the following, but is not limited to: sterilization procedures, consent forms, unlisted procedure codes, invoices for home modification or equipment. Each attachment must be tied back to the claim record.
183		Appendix M	DSS1SS05	The RFP references “Stores additional data in the DSS/DW as requested by the DOM including but not limited to HIPP, Buy-In, and Medicare Part D clawback”. Would the DOM please provide the size and other system information related to HIPP, Buy-In, and Medicare Part D Clawback for the vendor to accurately size and estimate the efforts needed to integrate the additional data?	<p>On a monthly average there are approximately 77,000 enrollments and 185 dis-enrollments processed for Clawback, Part D. The Fiscal Agent must process the MMA file and produce the RB152 report to support the billing from CMS. If there are any discrepancies in the monthly billing and the RB152 report, it is the fiscal agent’s responsibility to track down the reason for any out of sync conditions and notify DOM.</p> <p>There are approximately 153,000 dual eligible beneficiaries on a monthly basis associated with Part B Buy-In and 5,000 to 6,000 for Part A.</p> <p>On a monthly average, the number of transactions processed for Part A Buy-In is 5,205 and approximately 171,406 transactions processed for Part B Buy-In. These numbers include accretions, deletions, changes,</p>

#	RFP Page #	RFP Section #	Paragraph	Question	DOM Response
					etc. by the state and CMS.
184	14	Appendix N	OFISS12	<p>RFP requirement OFISS12 states: "Provide to DOM each month a 100% accurate reconciliation of billed charges to expenses incurred, for DOM approval." Please clarify this requirement. Does this requirement mean that the MES Contractor is to invoice DOM the monthly costs incurred, marked up for administrative overhead and profit, for review and approval by DOM to reconcile to billed charges (calculated as the total members times the PMPM)?</p> <p>Is the MES Contractor bound to the fixed-price bid even though member volume fluctuations could necessitate the Contractor incurring more costs? This seems to be a highly unusual approach for a fixed-price, competitively bid procurement where Offerors are to provide PMPM pricing and is more indicative of a cost-plus contract. Also, it will necessitate the MES Contractor to provide sensitive cost data that can become a part of the public domain.</p> <p>Please consider changing this requirement to remove the reconciliation to support the MES Contractor's invoice. The MES Contractor can invoice DOM each month for the total members on record at the end of each month times the PMPM rates from the Operational Price Sheet.</p>	<p>The MES Contractor will be required to provide DOM a monthly invoice that identifies all expenditures, including any change orders. The Offeror's proposed per Member per Month (PMPM) rate is a fixed price. For evaluation, this rate is applied to the membership counts on the Cost Sheet. The proposed per Member per Month (PMPM) rate will be included in the MES Contractor's post award contract. The Offeror must also provide any cap or range applicable to the proposed PMPM rate. During contract negotiation the Offeror and DOM will agree upon limitations that will be applicable to fluctuations in member volume.</p>

#	RFP Page #	RFP Section #	Paragraph	Question	DOM Response
185	15	Appendix N	OFISS26	RFP requirement OFISS26 states: "Track and report drug rebates." Will the MES Contractor or DOM be responsible for operating the rebate system, including dispute resolution and payment posting/reconciliation? For example, which operational functions will the MES Contractor perform, and which will DOM perform?	Please refer to the response to Question #111 above.
186	16	Appendix N	OFISS24	Will CHIP premiums be disbursed by the Fiscal Agent?	Currently CHIP premiums are paid by DOM. However, with the new MES, DOM will require that CHIP premiums be processed and paid by the Fiscal Agent. The Fiscal agent will also be responsible for reconciling those payments as referenced in OFISS24. DOM hereby amends requirement OFISS24 to read as follows: "reconcile premium payment information with 100% accuracy on the 21st day of the current month and submit premium payment information to DOM for approval."
187	38	Appendix N	OCRASS133	Requirement OCRASS133 reads: "Submit prior authorization, addendums to prior authorization and update requests to DOM, for approval or denial, within 24 hours of receipt and perform appropriate processing of the requests, following approval or denial by DOM." This is one of 18 requirements in Appendix N that specify a 24-hour timeframe for completion of a requirement. As an example, as written, if a request	DOM acknowledges that there are requirements that fail to address specific due periods/dates as they related to calendar days, business days, holidays and weekends inclusions/exclusions. However, DOM is unable to provide a comprehensive statement that would apply to each requirement in relation to due times. DOM hereby amends the following requirements in the RFP to:

#	RFP Page #	RFP Section #	Paragraph	Question	DOM Response
				<p>were received at 4 p.m. Friday, it would have to be sent from the MES Contractor to DOM, then processed by 4 p.m. Saturday, and may require DOM approval. Other similar requirements identify “within 12 hours” and “within two days,” but these time requirements do not clearly state whether this is within normal business hours or just straight time, including holidays and weekends.</p> <p>To help clarify the requirement and to allow Offerors to respond appropriately with the proper staffing and processes, please consider modifying the requirements to read as follows:</p> <p>Modify the “within 24 hours” and “within 12 hours” requirement to be “by the end of the next business day”</p> <p>Modify the “within two days” requirement (found in OCRSS11, OPRSS18, OWSSS01, and OWSSS02) to be “by the end of two business days.”</p>	<p>OCRSS11 -- Update the Frequently Asked Questions section of the Call Center scripts within two business days of receipt of request from DOM.</p> <p>OPRSS18 -- Update provider files within two business days of receipt of updated information.</p> <p>OWSSS01 -- Complete additions and/or deletions to the Web portal that do not require functionality change(s) within two business days from DOM request.</p> <p>OWSSS02 -- Update the Frequently Asked Questions (FAQ) section of the Web Portal within two business days of receipt of DOM approval.</p> <p>Requirements that require further clarification will be obtained during the Design phase.</p>
188	53	Appendix N	OPISS37	<p>Requirement OPISS37 states: “Maintain the system capability of detecting and separating duplicate providers, members, diagnoses, procedures, and other items with discrete values.”</p> <p>Please provide Offerors with an explanation of the requirement to detect and separate duplicate providers, members, diagnoses, procedures, and other items.</p>	<p>DOM clarifies the requirement to mean that the Offeror shall have the capability to identify the duplicate number of payments made by providers or recipients on the same date of services and whether the providers are the billing or servicing provider.</p>

#	RFP Page #	RFP Section #	Paragraph	Question	DOM Response
189	76	Appendix N	ODSSSS73	Does DOM anticipate that training will be conducted at all 30 plus regional offices, or can training be conducted at a specified number of centralized locations or through alternate means such as CBT or Train the Trainer?	DOM does not anticipate the Offeror being required to provide training to all thirty (30+) regional office staff. If Regional Office staff require training, the training will be conducted in a centralized location(s) as agreed upon by DOM.
190		Appendix N	OCRASS13 , OCRASS96	Requirements OCRASS96 and OCRASS13 require Medical Review of suspended claims referred by the DOM and these must be reviewed by a registered nurse within 24 hours. Please provide the annual volumes of claims referred by the DOM for Medical Review.	The Fiscal Agent is required to perform a review of suspended claims for medical necessity/appropriateness, manual pricing and policy adherence. During Calendar Year 2013, there were approximately 136,867 claims suspended and reviewed by the Medical Review Team.
191		Appendix N	Requirement OBESS34	OBESS34 requires the contractor to provide language translation services for members who use the Member Help Line and for written member inquiries and responses. Please provide the languages required to be supported for member language translation services. Additionally, please provide the average volume of calls and written inquiries.	DOM expects the MES Contractor to propose a solution that utilizes a contractor who provides comprehensive translation services which will be provided on an as needed basis. DOM has utilized a contracted service provider for language translation services 159 times from January 1st, 2013 through November 30, 2013.
192		Appendix N	OPRSS09	OPRSS09 requires that the Fiscal Agent provide a sufficient number of Provider Enrollment Tracking System licenses for all authorized DOM employees. Please describe the specific business functions this system supports as part of the enrollment process. Is it the DOM's intention that this system is taken over or	The Provider Enrollment tracking system has numerous functions which include, but are not limited to: paperless workflow process, receipt of application (both paper and web), return of incomplete applications, ability to store application documentation, ability to approve/deny applications

#	RFP Page #	RFP Section #	Paragraph	Question	DOM Response
				are vendors to propose their own solution? Please also indicate the number of DOM staff members who require access.	<p>and generate provider notifications, ability to receive and process provider changes and updates within the system.</p> <p>DOM anticipates approximately 50+ users will require access.</p> <p>Please refer to the response to Question #111 above.</p>
193		Appendix N	OPRSS71.09	OPRSS71.09 requires that the Fiscal Agent support onsite visits to providers, upon request. Please provide the number of provider visits for the most current fiscal year. Additionally, please provide the number of field representatives who support this function today.	Currently, this is a task that has not been launched. The Offeror should respond with solutions that are consistent with the requirements stated in the RFP for the MES and Fiscal Agent services. DOM welcomes alternative ideas, concepts, and solutions to perform the range of services required by DOM for informational purposes.
194		Appendix N	OCRASS25	OCRASS25 requires the Fiscal Agent to process adjustments received each week. We are unable to find volumes for adjustments in the bidder's library. Please provide the average monthly volumes.	<p>DOM has identified the following quarterly counts associated with claim adjustments:</p> <p><u>Fiscal Year 2011 - 2012</u> July - September -- 151,626 October - December -- 364,320 January - March -- 3,800,336 April - June -- 534,844</p> <p><u>Fiscal Year 2012 - 2013</u> July - September -- 1,694,202 October - December -- 586,839</p>

#	RFP Page #	RFP Section #	Paragraph	Question	DOM Response
					January - March -- 1,108,533 April - June -- 1,339,264
195		Appendix N	OCRASS81 , OCRASS133	<p>The RFP describes the functions of the current PA contractors and that the MMIS Fiscal Agent must support interfaces to these PA contractor's systems. OCRASS81 and OCRASS133 imply that the Fiscal Agent will process PAs. Please confirm that the Fiscal Agent is only responsible for managing the interfaces between the MES and State's PA contractors.</p> <p>Requirement OCRASS81 states "Process prior authorization for designated services, as required by the DOM's policy, and carry sufficient information to adjudicate all claims."</p> <p>OCRASS133 states "Submit prior authorization, addendums to prior authorization and update requests to DOM, for approval or denial, within 24 hours of receipt and perform appropriate processing of the requests, following approval or denial by DOM."</p>	Please refer to the response to Question #111 above.
196	4	Appendix P	3. Database Updates, #5	<p>The RFP indicates the following: Provider Licensure Updates Turnaround Time: Other. Update the system with Provider licensing/certification information for Providers licensed by agencies for which there is no online interface at least once a month.</p> <p>We request the following:</p> <ul style="list-style-type: none"> • Describe how these records are received. • A list of entities that send these updates. • The average monthly number of provider records that 	A License Expiration Notice is sent to the Provider prior to the License(s) expiring. The Provider is responsible for submitting their updated License(s) to the Fiscal Agent via fax or postal mailing. License Expiration dates are staggered by Provider type and the Licenses provided. However, DOM welcomes alternative ideas, concepts, and solutions to perform the range of services required by DOM.

#	RFP Page #	RFP Section #	Paragraph	Question	DOM Response
				require this type of update.	Refer to Question #205 for the average number of provider record updates.
197	6	Appendix P	5 - Customer Service Support	<p>The DOM has indicated several SLAs for Customer Service. We are unable to find volumes in the bidder's library related to this business function. To properly size the operations to meet the SLA requirements, please provide the following:</p> <ul style="list-style-type: none"> • Average monthly call volumes and average handle time for each help desk—such as provider, member, pharmacy, provider enrollment, and EDI • Average monthly written correspondence for provider, member, pharmacy, EDI, provider enrollment—Provide volumes for email and hard copy • Average monthly calls handled within the IVR, meaning inquiries that are resolved within the IVR and not routed to an agent 	<p>This information may be accessed via the Bidders' Library: MS Operations Metrics and Volumes > MS Call Volumes.</p> <p>The annual average monthly requests via fax and email were 11 and 92, respectively. The Offeror should be aware that these counts do not include Return to Provider for provider enrollment forms.</p>
198	8	Appendix P	6 - Claims Adjudication #4	<p>This requirement states the following: "Suspended Claims Finalization Rate. Finalize 100% of all suspended claims and submit to Accounts Payable for payment processing within 15 days of receipt. Suspended (or "pending") claim is defined as a claim suspended from adjudication processing due to error condition/s, including those errors resulting from issues outside of the Contractor's claims processing system. A claim is not to be submitted for payment processing until all error conditions"</p> <p>This requirement appears incomplete. Please clarify</p>	<p>DOM hereby clarifies the definition within the Suspended Claims Finalization Rate to mean a reason may necessitate placing a manual hold or suspense upon a claim that is not a current edit in the claim processing system. Regardless, DOM expects all suspended claims to be released for payment within 15 days of receipt, except in those cases where DOM approves a longer suspense period.</p>

#	RFP Page #	RFP Section #	Paragraph	Question	DOM Response
				what is intended by the statement, "including those errors resulting from issues outside of the Contractor's claims processing system"?	
199	8	Appendix P	6a - Claims Adjudication	<p>SLA indicates to adjudicate 95% of electronic claims within two days and paper claims within five days. Requirement OCRASS73 indicates Pay or deny properly 90% of all clean claims within 30 calendar days of receipt, 99% of all claims within 90 calendar days of receipt, and all claims within one year of receipt, except in those cases where DOM approves a longer suspense period. These requirements are in conflict. Please clarify what processing time frames apply.</p>	<p>The RFP defines an adjudicated claim as a claim that requires no further resolution or a claim suspended from adjudication processing due to error conditions, including those errors resulting from issues outside of the Contractor's claims processing system. Therefore, DOM expects 95% of all electronic claims to be adjudicated (validated for payment or denial) within two days, while paper claims should reach the 95% threshold within five days of receipt.</p> <p>DOM hereby amends requirement OCRASS73 of the RFP to read as follows: Pay or deny properly 95% of all claims (electronic, clean, suspended) within 30 calendar days of receipt and 99% of all claims should be paid or denied within 90 calendar days of receipt, except in those cases where DOM approves a longer suspense period.</p>
200	10	Appendix P	9. SLA – Drug Rebate	<p>Drug Rebate SLA #8, Collection, states: "Ensure that 97% of invoices eligible for Drug Rebate are identified for collection." Please confirm that this requirement means that 97 percent of claims eligible for rebate are invoiced.</p>	<p>DOM confirms that the referenced SLA will require the Contractor meet the performance standards requirement to ensure that 97% of claims that are eligible for rebate are invoiced.</p>

#	RFP Page #	RFP Section #	Paragraph	Question	DOM Response
201	10	Appendix P	Section 8(6), Federal and State Reporting and File Production/Distribution Schedule	<p>This Section of the RFP indicates that the Contractor shall “Produce and submit all required Federal and state reports and data files on a schedule defined per regulation and by the State.”</p> <p>The requirement for producing and submitting required Federal and State reports on a schedule defined by the State makes it difficult for any Offeror to accurately staff and price this aspect of the solution since that schedule is not known. Clearly, the schedule must enable DOM to meet any schedule defined by regulation but typically, time frames for producing these types of deliverables are part of a mutually agreed-upon project plan between the contractor and the state, with the proviso that all aspects of that project plan meet any regulatory requirements.</p> <p>For Offerors to staff and price this part of the solution in a manner that is both cost efficient and legally compliant, would DOM consider amending this requirement so that the service level agreement is defined as follows, with the changed wording in bold: “Produce and submit all required Federal and state reports and data files on a schedule mutually agreed upon between the Contractor and the State but in no event later than the schedule defined per regulation.”</p>	<p>The proposed Service Level Agreements contained within this RFP are consistent with the SLAs exercised under its current MMIS and Fiscal Agent contract. Final SLA terms and associated penalties will be subject to contract negotiations.</p>
202	1-3, 1-4	Bidders' Library	Chapter 21, Chapter	<p>The “Introduction” file, at the “MMIS System Documentation” link in the Bidders’ Library, lists 38 chapters. Three chapters are not currently available on</p>	<p>The Drug Rebate chapter contains proprietary information such as unit conversions, accounting processing system, and other details. Therefore, DOM</p>

#	RFP Page #	RFP Section #	Paragraph	Question	DOM Response
			31, and Chapter 34	<p>the website:</p> <ul style="list-style-type: none"> • Chapter 21 Drug Rebate • Chapter 31 Medical Eligibility Determination (MED) • Chapter 34 Medical Eligibility Determination Expansion (MEDSX) <p>Please provide these documents on the Bidders' Library website.</p>	is unable to provide the requested information. The newly modernized MEDS system is currently being implemented and its functionality is outside the scope of the MES and is not included in this procurement.
203		Bidders' Library		Would the DOM please include the current Data Warehouse/SUR/MAR/PI system architecture and other information in the bidder's library?	This information is not available at this time. DOM is not attempting to replicate the current solution; rather the Offeror should respond to the requirements outlined in this RFP and appendices and provide sufficient detail to demonstrate to DOM the Offeror's understanding of this RFP and its ability to successfully accomplish the task.
204		Bidders' Library		Please provide an organization chart for the current Fiscal Agent operations including corresponding FTE counts by functional team.	DOM is unable to provide this requested information.
205		Bidders' Library		<p>We are unable to find information regarding volumes of provider enrollment applications and updates in the bidder's library.</p> <p>Please provide the volumes of paper and electronic applications received monthly.</p> <p>Additionally, please provide the number of updates and changes that are received monthly.</p> <p>The DOM has indicated approximately 30,000 active providers. Please confirm if this total includes ordering,</p>	<p>DOM receives an average of 334 applications monthly, both paper and Web.</p> <p>An average of 1,302 Licenses and 145 address changes are updated monthly.</p> <p>ORP enrollment will become effective January 1, 2014, therefore, DOM has no data as to the number of ORP</p>

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				referring, rendering, and prescribing providers. If not, please provide those volumes.	applications received.
206		Bidders' Library		Has the DOM begun to recertify or revalidate their provider community according to CMS guidelines? If not, when does the DOM anticipate this to begin and complete?	DOM anticipants beginning the revalidation process for providers in early Spring of 2014.