## Official Responses to Submitted Questions
### RFP # 2011-1104

**Medicaid Provider Enrollment Credentialing Services**

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<td>1</td>
<td>1.4.2</td>
<td>8</td>
<td>Would you please clarify what background checks are required for High Risk Category applicants?</td>
<td>Please refer to 42 CFR Section 424 and 455 of the Anti-Fraud Final Rule of the Affordable Care Act.</td>
</tr>
<tr>
<td>2</td>
<td>1.4.2</td>
<td>8</td>
<td>What geographic coverage is needed (Jackson, the entire state etc.) to service Medicaid applicants?</td>
<td>Provider Enrollment Applications will be processed at the Division of Medicaid state office in Jackson, MS. Providers will be located throughout the state of Mississippi and all other states within the U.S.</td>
</tr>
</tbody>
</table>
| 3          | 1.4.2         | 8          | There are 2 ways of providing fingerprinting services:  
1. Multiple sites are setup and operated by the Vendor  
2. Equipment is provided to Medicaid and Medicaid staff provide the fingerprinting services  
Which method does Medicaid prefer? | The Contractor will be required to perform these services. |
<p>| 4          | 1.2           | 5          | Is there an incumbent? | No. This is a new project. |
| 5          | 1.2           | 5          | Is the state looking for the vendor to integrate with the state’s current application system to pull data for processing – the system built and maintained by ACS, Inc.? | Data may be pulled via an automated process. |</p>
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<tr>
<td>6</td>
<td>1.2</td>
<td>5</td>
<td>Please define Fiscal Agent. Is that ACS, Inc. or is that the designated term for the winner of this bid?</td>
<td>Fiscal Agent does not refer to the winner of this bid. The current Fiscal Agent is ACS.</td>
</tr>
<tr>
<td>7</td>
<td>1.4.1</td>
<td>8</td>
<td>In regards to confirming identity, is there a specific method desired or is the state seeking a program recommendation?</td>
<td>DOM has not defined a specific method for accomplishing this task. The Offeror must propose the best solution for this requirement.</td>
</tr>
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<td>8</td>
<td>1.4.1</td>
<td>8</td>
<td>In reviewing the MS application for Medicaid we have identified 156 different types of providers with varying levels of requirements including groups of practitioners. Is this accurate and will the winning bidder be required to configure to each individually?</td>
<td>Currently there are approximately 81 provider types. The extent to which individual configuration is required has not yet been determined.</td>
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<td>9</td>
<td>1.4.1</td>
<td>8</td>
<td>We have identified the sources for verification as OIG (LEIE), GSA (EPLS), NPPE, NPDB, and to be determined verification of SSN and Identity. Will the winning bidder be required to verify things such as education, formal training, practice history, and professional references?</td>
<td>At a minimum the Contractor must be able to perform verifications as outlined in the RFP.</td>
</tr>
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<td>10</td>
<td>1.4.1</td>
<td>8</td>
<td>Will the winning bidder be required to process onsite inspections?</td>
<td>No.</td>
</tr>
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<td>11</td>
<td>1.4.1</td>
<td>8</td>
<td>Will the winning bidder be required to store and make available documents such as licensure, Driver’s License etc. available to DOM for use?</td>
<td>Yes</td>
</tr>
<tr>
<td>12</td>
<td>1.4.2</td>
<td>8</td>
<td>Is there an incumbent or is this a new program?</td>
<td>No. This is a new project.</td>
</tr>
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<td>13</td>
<td>1.4.2</td>
<td>8</td>
<td>Does the state already have a network of facilities for fingerprint collection (rolling) or will one need to be developed?</td>
<td>DOM has no network or facilities for finger print collection.</td>
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<tr>
<td>14</td>
<td>1.4.2</td>
<td>8</td>
<td>Will the winning bidder be designated as the agent to receive the results of the fingerprint background screening process to report or will results be reported directly to DOM?</td>
<td>The Offeror should propose the best solution for this requirement.</td>
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<tr>
<td>15</td>
<td>1.6.2</td>
<td>9</td>
<td>Who makes the determination regarding penalties for failure to meet performance standards?</td>
<td>The determination will be made by DOM</td>
</tr>
<tr>
<td>16</td>
<td>1.6.2</td>
<td>9</td>
<td>Will changes in scope result in changes to due dates and will delays outside the control of the vendor be considered i.e., an integration with ACS that is delayed by ACS? Section 4.3.5 addresses this situation however is there any flexibility in negotiating this aspect of the bid?</td>
<td>It is expected that discussions will be held. However, in the event that no agreement can be reached the processes outlined in the RFP will be utilized. See Section 1.6 Performance Standards and Section 4 Terms and Conditions, including Sections 4.3.2.1</td>
</tr>
<tr>
<td>17</td>
<td>1.9.2</td>
<td>11</td>
<td>Will there be provisions for reviewing pricing if volume significantly exceeds forecasted volumes on RFP?</td>
<td>The RFP allows for modifications when necessary. See Section 4.9.5.</td>
</tr>
<tr>
<td>18</td>
<td>1.9.2</td>
<td>11</td>
<td>With nearly 30,000 practitioners in the state that accept Medicaid, should this bid account for the processing of the entire population for database searches and annual fingerprint/background checks?</td>
<td>The Contractor will be required to provide the services as outlined in the RFP.</td>
</tr>
<tr>
<td>19</td>
<td>1.9.2</td>
<td>11</td>
<td>Would the state consider an initial transactional pricing model with a review of the costs after one year to transition into a subscription based model?</td>
<td>A firm fixed price is required as outlined in the RFP; however Offeror may propose additional pricing methodologies. Because this is a new project, DOM is considering holding discussions concerning alternate pricing methods.</td>
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<tr>
<td>22</td>
<td>5.2, #14, 4.11.4</td>
<td>38, 31</td>
<td>Section 4.11.4 states that…. “The Contractor must agree to sign the Drug Free Workplace Certificate (Exhibit 1).” Additionally, Section 5.2, bullet #14 says “14. A statement agreeing that the Contractor and all subcontractors will sign the Drug Free Workplace Certificate (Exhibit 1)” Please confirm that Exhibit 1 does not have to be submitted with the actual proposal and that the agreement statement is all that is required for proposal submission.</td>
<td>The Offeror should submit signed Exhibit 1 with the proposal submission.</td>
</tr>
<tr>
<td>23</td>
<td>5.2, #15</td>
<td>38</td>
<td>We understand that the Offeror must include the signed DHHS Certification Regarding Debarment, Suspension, and Other Responsibility Matters for Primary Covered Transactions (Exhibit 2) with the Transmittal letter. Does this requirement apply to any potential subcontractor of an Offeror?</td>
<td>No, however the primary Contractor is ultimately responsible for all requirements of the RFP.</td>
</tr>
<tr>
<td>24</td>
<td>4.7.3</td>
<td>26</td>
<td>Section 4.7.3 Public Information states that “Offerors must bind separately those provisions of the proposal which contain trade secrets or other proprietary data which they believe may remain confidential in accordance with Sections 25-61-9 and 79-23-1, et seq. of the Mississippi Code Annotated of 1972, as amended.” Rather than bind trade secret or proprietary data separately from the proposal, we recommend that the State require Offerors to provide a separate redacted version of their proposals in electronic format only. In that way, an evaluator would be able to read the proposal as a whole and would not have to access another binder to read the sections that were marked proprietary or trade secret. Additionally, the State would then have a separate redacted version that indicated where confidential data had been removed.</td>
<td>Along with the complete Technical and Business Proposals, the Offeror may submit a separate redacted version of the proposal in electronic format only. In addition, the Offeror should mark in the complete Proposals, the sections which it deems confidential or proprietary.</td>
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<tr>
<td>25</td>
<td>5.3</td>
<td>38</td>
<td>Section 5.3 Executive Summary states “….In this component, Offerors may designate those provisions of the proposal which contain trade secrets or other proprietary data which they believe may remain confidential in accordance with Section 25-61-9 and 79-23-1 of the Mississippi Code. The Executive Summary should be no more than five (5) single-spaced typed pages in length.” We request that the designation of trade secret or proprietary data not count towards the five page limit. Would the State allow Offerors to include this information as an attachment to the Executive Summary so it does not count toward the five page limit?</td>
<td>The Offeror may provide the designation of trade secret or proprietary data as an attachment to the proposal.</td>
</tr>
<tr>
<td>26</td>
<td>7.2.2.1, item #3</td>
<td>43</td>
<td>Section 7.2.2.1 Corporate Background and Experience states that …The Evaluation Committee will evaluate the experience, performance on similar contracts, resources, and qualifications of the Offeror to provide the services required by the RFP. The evaluation criteria will address: 1. Experience of Offeror in providing the requested services. 2. Corporate experience providing similar services. 3. Amount and level of resources proposed by the Offeror. 4. Specific qualifications that evidence the Offeror’s ability to provide the services requested.” Would the State remove item #3 (Amount and level of resources proposed for this project, will be evaluated as part of Project Staffing.</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>7.2.3</td>
<td>44-45</td>
<td>On page 44 and again on page 45, the RFP says, “Three hundred (500) points…” Please verify that 500 points is correct.</td>
<td>Concerning evaluation of the Business Proposal, a maximum of five hundred (500) points will be assigned to the lowest acceptable proposal.</td>
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<td>28</td>
<td>1.4.1 #2</td>
<td>8</td>
<td>How often will revalidations be required of the providers? What is the estimated volume?</td>
<td>The revalidation process has not yet been determined. However, DOM intends to establish an on-going process by which all providers are revalidated every five years.</td>
</tr>
<tr>
<td>29</td>
<td>1.4 (general)</td>
<td>7-9</td>
<td>How will provider data be provided to the successful bidder?</td>
<td>This has not been determined at this time.</td>
</tr>
<tr>
<td>30</td>
<td>1.4. (general)</td>
<td>7-9</td>
<td>There will be a lot of data exchanges/integration between the successful bidder, the fiscal agent, and the DOM. Should the bidder’s price include costs incurred by the fiscal agent for such interfaces and integration?</td>
<td>The Offeror must propose all costs associated with providing services described in the RFP.</td>
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<tr>
<td>31</td>
<td>General</td>
<td>General</td>
<td>How will the $500 application fee be handled? Is that a requirement for the successful bidder?</td>
<td>Collection of the application fee is not a part of this contract.</td>
</tr>
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<td>32</td>
<td>1.4.2</td>
<td>8</td>
<td>The RFP is silent on unannounced site visits to high risk providers. How does the DOM intend to meet this federal requirement? Does the vendor’s price need to include costs for this service?</td>
<td>Site visits are not a part of this contract.</td>
</tr>
<tr>
<td>33</td>
<td>General</td>
<td>General</td>
<td>How should value-added services to be proposed by the Offeror?</td>
<td>Offerors are encouraged to propose innovative, cost effective solutions. If the Offeror proposes additional services, those costs should be identifiable from the required services.</td>
</tr>
<tr>
<td>34</td>
<td>1.4.1 #6</td>
<td>8</td>
<td>The requirement refers to pre-and post-enrollment database checks. Are the post-enrollment database checks the same activity as the monthly checks on active providers listed in Requirement #5?</td>
<td>Item number 6 is a general statement referring to all verification and validation activities.</td>
</tr>
<tr>
<td>35</td>
<td>1.1</td>
<td>5</td>
<td>Reference is made to “42 CFR Parts 424 and 455 of the Anti-Fraud Rule of the ACA” – This document alludes to the “requirement” that fingerprints be collected and transmitted by an FBI channeler. Is this requirement still in force?</td>
<td>It is DOM’s intent to comply with federal regulations. DOM is not aware of a change waiving this requirement.</td>
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<td>36</td>
<td>1.4.1</td>
<td>8</td>
<td>Item 2 - The RFP mentions that the contractor is required to determine the required screening activities to be conducted for each enrolling or re-validating provider based on provider type, risk level and DOM directives. Will DOM provide to the contractor all of the screening activities required by DOM for each enrolling and re-validating provider based on the provider type, risk level of the provider and the directives of DOM?</td>
<td>Yes.</td>
</tr>
<tr>
<td>37</td>
<td>1.4.1</td>
<td>8</td>
<td>Item 3 - Do other states have real-time capabilities to verify all valid licenses and certifications that are required by the provider types that will be enrolling and re-validating Medicaid Providers? A) Is there an organization or methodology currently in place that you are aware of that provides such a service which would be national in scope; or B) is the contractor expected to conduct the time-consuming research, exploration, personal contact all 50 states to learn of such licensure boards and authorities; or C) will these boards and Licensure authorities be provided by name and contact information?</td>
<td>DOM is not aware of which states, boards or organizations, if any, have real-time verification capabilities. A) DOM is not aware of any national services currently in place. B) Yes. C) No.</td>
</tr>
<tr>
<td>38</td>
<td>1.4.1</td>
<td>8</td>
<td>Item 5 – The interface with the LEIE and the EPLS – does it have to be real-time since obviously part or all of such data is not provided in real time? Is a monthly check only with supplements (which is currently available) download acceptable?</td>
<td>Interfaces should be real time when available. The Offeror must propose the best solution for this requirement.</td>
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<tr>
<td>39</td>
<td>1.4.2</td>
<td>8</td>
<td>In fiscal year 2010 (or 2011, if available) approximately how many fingerprint criminal history checks were performed on your enrolled and re-validating providers? Of the Active Providers by Type furnished as an addendum to the RFP, approximately how many persons of these would be categorized as “high risk” for fingerprinting service purposes?</td>
<td>DOM has not performed any fingerprinting and criminal history checks on providers. An estimated 5% of the total active providers are currently in the high risk provider category.</td>
</tr>
<tr>
<td>40</td>
<td>1.4.2</td>
<td>8</td>
<td>How and where does DOM intend for the contractor to collect fingerprints from statewide providers? Will fingerprint cards be mailed to DOM, is the contractor expected to have a mobile unit for collections, etc.? How does DOM anticipate the collection of such fingerprints, i.e., by live scans or by card scans, and are these expected to be in various locations throughout the State?</td>
<td>The Offeror should propose the best solution for this requirement</td>
</tr>
<tr>
<td>41</td>
<td>1.5</td>
<td>8</td>
<td>Items no. 1 and 2 – With reference also to Items 1 through 6 in Section 1.4.1 - verifying valid licenses – For such boards and licensure authorities that are NOT available for live interface/updates, will DOM accept timely updates to the database as this is made available by the various authorities?</td>
<td>The Offeror is responsible for establishing a real time relationship with all boards and licensing authorities as stated in RFP 1.4.1</td>
</tr>
<tr>
<td>42</td>
<td>1.5</td>
<td>8</td>
<td>Item 3 - Define how communications are to be documented? Fields for entry into the database, or actual scanned faxes, letters, emails, attached thereto, etc.</td>
<td>The Offeror should propose the best solution for this requirement with final approval to be determined by DOM.</td>
</tr>
<tr>
<td>43</td>
<td>1.5</td>
<td>8</td>
<td>Item 4. Define “any other required data sources” – and will DOM provide every specific data source desired for tracking by provider types?</td>
<td>Required data sources refers to possible future requirements of CMS and/or DOM.</td>
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<tr>
<td>44</td>
<td>1.5</td>
<td>8</td>
<td>Item 5. Does DOM have an ORI for fingerprint submissions to the FBI via DPS/MCIC?</td>
<td>DOM does not currently have an ORI.</td>
</tr>
<tr>
<td>45</td>
<td>1.6.1</td>
<td>9</td>
<td>Item 2 - Define “system for effective communication” for all entities mentioned.</td>
<td>Regular business communications systems, (phones, fax, e-mail, etc.) required to best accomplish the work required under the RFP.</td>
</tr>
<tr>
<td>46</td>
<td>1.8.1</td>
<td>10</td>
<td>Please give a ballpark estimate of time DOM is “anticipating” from implementation stage to completion of project, considering authorities who provide this data cannot be mandated to the timetable of DOM or the successful contractor.</td>
<td>Many contracts have a 90-day implementation period. The Offeror should determine if they will require more time or if they can begin Operations in less time.</td>
</tr>
<tr>
<td>47</td>
<td>1.8.2</td>
<td>10</td>
<td>The statement in the second paragraph - states that “The Contractor will be required to adhere to the performance requirements of the contract as well as the requirements of any revisions in federal and state legislation or regulations which may be enacted or implemented during the period of performance of this contract …..” Does this indicate that while development and implementation is in process of occurring, there may be additional mandates under new regulations that would prevent the contractor from meeting the initially proposed timeline? If so, would DOM make accommodations in the schedule initially submitted by the Contractor in Response to this RFP? If so, would those accommodations take into consideration the fact that those newly added regulations require something not available by the authority which has to be utilized in the implementation? Or, will this be considered a non-performance by the contractor who is unable to provide such performance due to no fault of the Contractor, and thus incur penalties for lack of performance referred to in the RFP.</td>
<td>In the event of revision in federal and state legislation or regulations, necessary accommodations will be negotiated between DOM and the Contractor.</td>
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<tr>
<td>48</td>
<td>1.9.6</td>
<td>12</td>
<td>- DOM is released from all liabilities and obligations arising from this contract. – Does this mean that DOM does not wish to continue maintenance of the system subsequent to the completion of the implementation, or that DOM does not wish to have a local support person of the contractor available Monday – Friday for support for its operation?</td>
<td>No.</td>
</tr>
<tr>
<td>49</td>
<td>General</td>
<td>0</td>
<td>Additional Questions Not Related to Specific Items - If the system proposed involved implementation on the network of DOM, how many workstations would be required for licensing initially? Clarify user rights for system use within DOM, i.e. will all users have full access to database</td>
<td>That cannot be determined at this time. Currently 10 - 15 employees at DOM and ACS process provider applications. DOM will work with the Contractor to determine system requirements during the Implementation Phase.</td>
</tr>
<tr>
<td>50</td>
<td>Appendix A</td>
<td>46</td>
<td>Budget Summary - Should the licensing of the Database Checks and Tracking System be separate?</td>
<td>Please see amended Budget Summary. The Offeror should include all costs in its price as listed on Appendix A.</td>
</tr>
<tr>
<td>51</td>
<td>General</td>
<td>0</td>
<td>Will DOM users have remote access, Internet based, or otherwise?</td>
<td>Either of these will be possible. The Offeror should determine the best method for access.</td>
</tr>
<tr>
<td>52</td>
<td>1.6.2</td>
<td>9</td>
<td>Please explain further the requirements of the first item in this section. Is this for the implementation phase? Appendix A does not appear to provide for this response. Where should it be included?</td>
<td>The Offeror shall provide, as an attachment to the Budget Summary, a detailed worksheet by line item of all costs as they pertain to the Contractor’s responsibilities and deliverable as found in the RFP.</td>
</tr>
<tr>
<td>53</td>
<td>1.8.1 and Appendix A</td>
<td>10 and 46</td>
<td>Please clarify pricing for implementation and SFY12 operations. It appears that each bidder will specify the length of implementation beginning 4/1/12 and that price for this period would go in the first column on Appendix A. Based upon each bidders proposed length of implementation, an operations price for the remainder of time to 6/30/12 would then be proposed in the second column.</td>
<td>Please see amended Budget Summary. The Offeror shall assign costs for the Implementation Phase within the year they expect the cost to be incurred.</td>
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<tr>
<td>54</td>
<td>1.4.2</td>
<td>8</td>
<td>Please provide an estimate of the number of applications and the number of renewals that will require criminal background checks and fingerprinting.</td>
<td>The revalidation process has not yet been determined. However, DOM intends to establish an on-going process by which all providers are revalidated every five years. An estimated 5% of the total active providers are currently in the high risk provider category.</td>
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<tr>
<td>55</td>
<td>1.2</td>
<td>5</td>
<td>Will there be any initial work required with the approximately 28,000 existing providers, or will first interaction with the providers be at their renewal?</td>
<td>We expect monthly OIG checks for all currently enrolled providers to begin at operations start date. Other interactions with currently enrolled providers will begin upon start of the revalidation process.</td>
</tr>
<tr>
<td>56</td>
<td>7.2.3</td>
<td>44, 45</td>
<td>Please clarify scoring method for the business/cost proposal: “Three hundred (500) points will be awarded to the lowest and best acceptable bid”, and “. . . a maximum of three hundred (500) points will be assigned to the lowest acceptable proposal.”</td>
<td>Concerning evaluation of the Business Proposal, a maximum of five hundred (500) points will be assigned to the lowest acceptable proposal.</td>
</tr>
<tr>
<td>57</td>
<td>1.1</td>
<td>5</td>
<td>42 CFR Parts 424 and 455 of the Anti-Fraud Final Rule of the Affordable Care Act (ACA) establish new procedures regarding Medicaid Provider Enrollment that are designed to improve program integrity and prevent fraud, waste and abuse. Is it DOM's intent to implement all procedures designed to improve program integrity and prevent fraud, waste and abuse as required by 42 CFR Parts 424 and 455 of the Anti-Fraud Final Rule of the Affordable Care Act (ACA) . If some procedures are not included - please outline the procedures out of scope.</td>
<td>Site visits and the collecting of provider application fees required by 42 CFR Parts 424 and 455 are not required under this RFP.</td>
</tr>
<tr>
<td>58</td>
<td>1.2</td>
<td>5</td>
<td>DOM receives approximately 200 applications per month through the provider web portal operated and maintained by its Fiscal Agent. Will the vendor be required to process any paper applications? If so - please provide the provider type and the volume per month.</td>
<td>No. The contractor will be responsible for the collection and validation of required screenings of all applicant providers regardless of the method of receipt.</td>
</tr>
<tr>
<td>Question #</td>
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<tr>
<td>59</td>
<td>1.2</td>
<td>5</td>
<td>DOM receives approximately 200 applications per month through the provider web portal operated and maintained by its Fiscal Agent. Overall, does the DOM expect the enrolled and future provider enrollees to be worked on the vendor's system or will the DOM have all software in place for the vendor to perform the scope of work?</td>
<td>DOM does not currently have software in place for this project. The Offeror should propose its best solution to accomplishing the tasks required under the scope of work.</td>
</tr>
<tr>
<td>60</td>
<td>1.2</td>
<td>5</td>
<td>DOM receives approximately 200 applications per month through the provider web portal operated and maintained by its Fiscal Agent. Will the vendor be required to support a call center? If so, how many calls per day are expected? What is the average duration of a call?</td>
<td>No call center is required. However, the Contractor must be available to answer calls from DOM.</td>
</tr>
<tr>
<td>61</td>
<td>1.2</td>
<td>5</td>
<td>DOM has recently upgraded its provider application to capture all information required by the Anti-Fraud Rule. DOM will modify its enrollment processes to encompass the required screening activities to be performed by the contractor. Will the DOM provide all software necessary for the vendor to complete the scope of requirements? Will the vendor need to create any additional software?</td>
<td>DOM will not provide any software to the Contractor. The Contractor must provide any software necessary to accomplish the services in the scope of work.</td>
</tr>
<tr>
<td>62</td>
<td>1.4.1</td>
<td>8</td>
<td>The Contractor will be required to perform the following verifications and validations for all enrolling and revalidating Medicaid providers. What is the volume of providers by type that are re-validated each year?</td>
<td>We have not assessed the number of providers to be revalidated by provider type.</td>
</tr>
<tr>
<td>63</td>
<td>1.4.1</td>
<td>8</td>
<td>Verify valid licenses and certifications via real time interfaces with all required licensing boards and authorities, including those in other states. Does the DOM already have these interfaces established and available for the contractor or will the vendor be required to create/obtain these interfaces?</td>
<td>DOM has not established the interfaces required for this project. It is the responsibility of the Contractor to provide or establish any necessary software or interfaces to meet the requirements of the RFP.</td>
</tr>
<tr>
<td>Question #</td>
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<tr>
<td>64</td>
<td>1.4.1</td>
<td>8</td>
<td>Interface with the Social Security Administration to verify social security numbers and dates of death…Does the DOM already have these interfaces established and available for the contractor or will the vendor be required to create/obtain these interfaces?</td>
<td>DOM has not established the interfaces required for this project. It is the responsibility of the Contractor to provide or establish any necessary software or interfaces to meet the requirements of the RFP.</td>
</tr>
<tr>
<td>65</td>
<td>1.4.1</td>
<td>8</td>
<td>Interface with the ...National Practitioner Databank...Does the DOM already have these interfaces established and available for the contractor or will the vendor be required to create/obtain these interfaces?</td>
<td>DOM has not established the interfaces required for this project. It is the responsibility of the Contractor to provide or establish any necessary software or interfaces to meet the requirements of the RFP.</td>
</tr>
<tr>
<td>66</td>
<td>1.4.1</td>
<td>8</td>
<td>Interface with the ...National Plan &amp; Provider Enumeration System (NPPES)….Does the DOM already have these interfaces established and available for the contractor or will the vendor be required to create/obtain these interfaces?</td>
<td>DOM has not established the interfaces required for this project. It is the responsibility of the Contractor to provide or establish any necessary software or interfaces to meet the requirements of the RFP.</td>
</tr>
<tr>
<td>67</td>
<td>1.4.1</td>
<td>8</td>
<td>Interface with the List of Excluded Individuals/Entities (LEIE) and the Excluded Parties List System (EPLS) ….Does the DOM already have these interfaces established and available for the contractor or will the vendor be required to create/obtain these interfaces?</td>
<td>DOM has not established the interfaces required for this project. It is the responsibility of the Contractor to provide or establish any necessary software or interfaces to meet the requirements of the RFP.</td>
</tr>
<tr>
<td>68</td>
<td>1.4.1</td>
<td>8</td>
<td>The Contractor will be required to conduct database checks pre- and post- enrollment. What pre and post enrollment checks are required by provider type?</td>
<td>This information is contained in Section 1.4.1 of the RFP. In addition all requirements are detailed in 42 CFR Section 424 and 455 of the Anti-Fraud Final Rule of the Affordable Care Act.</td>
</tr>
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<td>Question #</td>
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<tr>
<td>69</td>
<td>1.4.2</td>
<td>8</td>
<td>The Contractor will be required to perform ... and fingerprinting for providers in the High Risk Category as required by federal regulations. It is assumed the vendor will collect fingerprints from providers in the High Risk Category via mail but the vendor will not physically be present during the fingerprinting process. Is this true?</td>
<td>The Offeror should propose how best to respond to this requirement.</td>
</tr>
<tr>
<td>70</td>
<td>1.4.2</td>
<td>8</td>
<td>The Contractor will be required to perform ... criminal background checks... for providers in the High Risk Category as required by federal regulations. It is assumed the vendor will collect criminal background checks from providers in the High Risk Category via mail but the vendor will not physically be present during the criminal background checks process. Is this true?</td>
<td>The Offeror should propose how best to respond to this requirement.</td>
</tr>
<tr>
<td>71</td>
<td>1.5</td>
<td>8</td>
<td>The Contractor shall maintain a tracking system that provides live update information on all activities provided under this Contract. Does the DOM already have this tracking system established and available for the contractor or will the vendor be required to create/obtain/utilize their tracking system?</td>
<td>This is a requirement of the Contractor. DOM does not have an established method for tracking the data required.</td>
</tr>
<tr>
<td>Question #</td>
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<tr>
<td>72</td>
<td>4.10.1</td>
<td>30</td>
<td>4.10.1 No Limitation of Liability Nothing in this contract shall be interpreted as excluding or limiting any liability of the Contractor for harm caused by the intentional or reckless conduct of the Contractor, or for damages incurred in the negligent performance of duties by the Contractor, or for the delivery by the Contractor of products that are defective, or for breach of contract or any other duty by the Contractor. Nothing in the contract shall be interpreted as waiving the liability of the Contractor for consequential, special, indirect, incidental, punitive or exemplary loss, damage, or expense related to the Contractor’s conduct or performance under this contract. Will the State establish liability to be limited by the Federal Health Information Technology for Economic and Clinical Health Act (HITECH)?</td>
<td>Section 4.10 will not be amended.</td>
</tr>
<tr>
<td>73</td>
<td>4.10.1</td>
<td>30</td>
<td>4.10.1 No Limitation of Liability Nothing in this contract shall be interpreted as excluding or limiting any liability of the Contractor for harm caused by the intentional or reckless conduct of the Contractor, or for damages incurred in the negligent performance of duties by the Contractor, or for the delivery by the Contractor of products that are defective, or for breach of contract or any other duty by the Contractor. Nothing in the contract shall be interpreted as waiving the liability of the Contractor for consequential, special, indirect, incidental, punitive or exemplary loss, damage, or expense related to the Contractor’s conduct or performance under this contract. Will the State consider negotiating additional language that will specify liability limitations for instances that may occur due to no fault of the contractor?</td>
<td>Section 4.10 will not be amended.</td>
</tr>
<tr>
<td>74</td>
<td>1.2</td>
<td>5</td>
<td>The RFP states that the application is initially reviewed by Fiscal Agent and finally reviewed by DOM. How many enrollment specialists are currently involved at each of these stages?</td>
<td>Currently 10 - 15 employees at DOM and ACS process provider applications.</td>
</tr>
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<td>75</td>
<td>1.4.1</td>
<td>8</td>
<td>What types of screening is currently performed during enrollment (e.g. licensure check, NPI check). Who does that screening - Fiscal agent or DOM?</td>
<td></td>
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<td></td>
<td>Currently DOM manually checks provider licenses; OIG is checked through LEIE database; and DOM receives NPI verification from NPPES.</td>
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</tr>
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<td>76</td>
<td>1.4.1</td>
<td>8</td>
<td>What percentage (approx.) of enrollment processing time is spent in screening related tasks</td>
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<td>That information is not currently available.</td>
<td></td>
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<tr>
<td>77</td>
<td>1.4.1</td>
<td>8</td>
<td>Would the state be interested in procuring an automated screening system that can integrate with existing enrollment system and enable existing enrollment users to do the screening without additional manpower resources. Would DOM entertain a demonstration of such a system as a potential lower cost alternative?</td>
<td></td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>Offerors are encouraged to propose innovative, cost effective solutions. If the Offeror proposes additional services, those costs should be identifiable from the required services.</td>
<td></td>
</tr>
<tr>
<td>78</td>
<td>1.4.1</td>
<td>8</td>
<td>How would the screening contractor receive enrollment data from the state (real-time, batch nightly updates etc.)</td>
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<td>This process has not been determined at this time.</td>
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<tr>
<td>79</td>
<td>1.4.1</td>
<td>8</td>
<td>What is the requirement to integrate with State MMIS to update provider status based on screening, re-screening or on-going monitoring?</td>
<td></td>
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<td></td>
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<td></td>
<td>This process has not been determined at this time.</td>
<td></td>
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<td>80</td>
<td></td>
<td></td>
<td>Does the state require the contractor to conduct site visits? If so, what is the anticipated volume of these site visits?</td>
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<td></td>
<td>Site visits are not required under this RFP.</td>
<td></td>
</tr>
<tr>
<td>81</td>
<td>1.4.2</td>
<td>8</td>
<td>Does the state currently require fingerprinting? If so, how does the state currently collect fingerprints?</td>
<td></td>
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<td></td>
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<td></td>
<td>Fingerprinting is not currently part of the enrollment process.</td>
<td></td>
</tr>
<tr>
<td>82</td>
<td>1.4.2</td>
<td>8</td>
<td>What is the anticipated annual volume of fingerprints (based on high-risk provider types and ratio of affiliated parties associated with those provider types)</td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
<td>An estimated 5% of the total active providers are currently in the high risk provider category.</td>
<td></td>
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<tr>
<td>83</td>
<td>1.4.1</td>
<td>8</td>
<td>How does DOM plan to address screening of existing 28,000 providers by 2015? Should we assume an additional monthly volume for existing rescreens for the 3 year period.</td>
<td>Yes. The Offeror should propose a solution that allows DOM to revalidate all currently enrolled providers within the next five (5) years.</td>
</tr>
<tr>
<td>84</td>
<td>1.4.1</td>
<td>8</td>
<td>The contractor will be required to conduct database checks pre and post enrollment. Can the state identify what checks need to be performed (i.e., criminal record checks, licensure checks, etc.). Also, what is the frequency of each database check (i.e., check weekly, monthly or when certain data elements change status)?</td>
<td>This information is contained in Section 1.4.1 of the RFP. In addition all requirements are detailed in 42 CFR.</td>
</tr>
<tr>
<td>85</td>
<td>1.4.1</td>
<td>8</td>
<td>What information does DOM capture during the enrollment process? Will all of the enrollment information be available to the vendor? If not, what will be available?</td>
<td>DOM will work with the Contractor to ensure all necessary information is available.</td>
</tr>
<tr>
<td>86</td>
<td>1.4.1</td>
<td>8</td>
<td>Please identify what types of provider and/or organization certifications must be validated? Examples: providers – DEA, Board Certifications; organizations – JCAHO, DMEPOS Accreditations.</td>
<td>DOM has not determined which certifications are necessary. The Offeror should be prepared to receive any certifications required to carry out the services described in the Scope of Work.</td>
</tr>
<tr>
<td>87</td>
<td>1.4.1</td>
<td>8</td>
<td>Is it necessary to interface with the National Practitioner Databank or may the contractor obtain the same information from the primary source that disseminates the information e.g. state board – sanctions? If not, NPDB assess a charge per query and/or for continuous queries – will DOM be prepared to pay the subscription fee for each provider enrolling or participating in Mississippi Medicaid?</td>
<td>The Offeror should propose how to best respond to this requirement. All charges should be included in the Offeror’s Business Proposal.</td>
</tr>
<tr>
<td>Question #</td>
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<td>88</td>
<td>1.4.1</td>
<td>8</td>
<td>Many state licensing boards do not support real-time interfaces. What is the required frequency that license statuses must be validated?</td>
<td>License verifications should be accomplished at pre-enrollment and re-validation.</td>
</tr>
<tr>
<td>89</td>
<td>1.6.1</td>
<td>9</td>
<td>Will DOM help/sponsor contractor to obtain access to data sources such as NPDB, which will require DOM to verify that contractor is working on behalf of the DOM agency?</td>
<td>DOM will work with the Contractor to obtain access to the necessary data sources.</td>
</tr>
<tr>
<td>90</td>
<td>1.4.2</td>
<td>8</td>
<td>Please explain your method for determining a provider’s risk score.</td>
<td>See CFR 42 Parts 424 and 455 of the Anti-Fraud Final Rule of the Affordable Care Act.</td>
</tr>
<tr>
<td>91</td>
<td>General</td>
<td>N/A</td>
<td>Is there any type of provider real-time claim review process and claim scoring process included in the scope of work?</td>
<td>No.</td>
</tr>
<tr>
<td>92</td>
<td>General</td>
<td>N/A</td>
<td>Is there a need for real-time risk scoring?</td>
<td>No.</td>
</tr>
<tr>
<td>93</td>
<td>General</td>
<td>N/A</td>
<td>Please expound on your meaning of credentialing.</td>
<td>See CFR 42 Parts 424 and 455 of the Anti-Fraud Final Rule of the Affordable Care Act.</td>
</tr>
<tr>
<td>94</td>
<td>1.2</td>
<td>5</td>
<td>Will the vendor assist in approving and denying the provider applications?</td>
<td>DOM will make the final decision concerning provider enrollment. The Contractor will provide services required by the RFP.</td>
</tr>
<tr>
<td>95</td>
<td>1.4.1</td>
<td>8</td>
<td>A re-verification or re-validation scheme is mentioned, this is in conformance with the HITECH Law, is this process to be done randomly or per individual on a designated 30 day cycle?</td>
<td>See CFR 42 Parts 424 and 455 of the Anti-Fraud Final Rule of the Affordable Care Act.</td>
</tr>
<tr>
<td>Question #</td>
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<td>RFP Page #</td>
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</tr>
<tr>
<td>96</td>
<td>1.4.2</td>
<td>8</td>
<td>How do you intend to capture fingerprints as well as store, is this open for recommendation?</td>
<td>The Offeror must propose the best solution for this requirement.</td>
</tr>
<tr>
<td>97</td>
<td>1.5</td>
<td>8</td>
<td>Once defining a credential, what vehicle is proposed to carry that credential, appropriately this should be in a form that can be presented and verified on demand or at time of services being rendered?</td>
<td>Your question does not seem to apply to this scope of work.</td>
</tr>
<tr>
<td>98</td>
<td>1.4.1</td>
<td>8</td>
<td>How deep should individual verification activity go? For example, to match and verify personal characteristics as well as demographics such as verification of address, contact info.</td>
<td>See CFR 42 Parts 424 and 455 of the Anti-Fraud Final Rule of the Affordable Care Act.</td>
</tr>
<tr>
<td>99</td>
<td>1.4.1</td>
<td>8</td>
<td>Interface to SSN, NPPES, and NPI databases, is this presently done at all?</td>
<td>No.</td>
</tr>
<tr>
<td>100</td>
<td>1.4.1</td>
<td>8</td>
<td>How are exclusions or non-qualifiers to be treated or what messaging agents should be used for this?</td>
<td>The Offeror should propose its best solution for this requirement.</td>
</tr>
<tr>
<td>101</td>
<td>1.4.1</td>
<td>8</td>
<td>If a provider is deemed non-qualified after having been qualified, what messaging agent would be best to stop Medicaid related service activities immediately, a notification systems of some kind must be in place and the ability to suspend or revoke a credential in place?</td>
<td>The Contractor must propose what methods will be utilized to notify DOM of results of credentialing activity.</td>
</tr>
<tr>
<td>102</td>
<td>1.4.1</td>
<td>8</td>
<td>A parameter of definitions which would either qualify or disqualify a provider must be in place for validation, assumption is those values are presently defined but how do you work into a process that is real time?</td>
<td>The Contractor will provide DOM with the results of credentialing activity. DOM will take the necessary action concerning provider enrollment.</td>
</tr>
<tr>
<td>103</td>
<td>1.4.1</td>
<td>8</td>
<td>Real time verification would be required as well as any disqualification measure, correct?</td>
<td>The Contractor will provide DOM with the results of credentialing activity. DOM will take the necessary action concerning provider enrollment.</td>
</tr>
<tr>
<td>Question #</td>
<td>RFP Section #</td>
<td>RFP Page #</td>
<td>Question</td>
<td>DOM Response</td>
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<tr>
<td>104</td>
<td>1.3</td>
<td>5</td>
<td>Regarding the possibility of orals presentations as part of the evaluation process:</td>
<td>The determination to hold Oral Presentations is strictly at DOM’s discretion. However, it appears likely that Oral Presentations will be held. Offerors who score less than 70% of the total points available, will not be eligible to move forward to oral presentations or cost evaluation.</td>
</tr>
<tr>
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<td></td>
<td>1. How will DOM determine whether it will hold orals?</td>
<td></td>
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<td>2. Who must attend?</td>
<td>The Offeror’s presentation team shall include, at a minimum, the proposed Project Manager and other key management staff necessary to implement the contract requirements. However, DOM reserves the right to limit the number of participants.</td>
</tr>
<tr>
<td>105</td>
<td></td>
<td></td>
<td>3. What will the orals session entail?</td>
<td>The presentation may include slides, graphics and other media selected by the Offeror to illustrate its Proposal. The purpose of the oral presentation is to provide an opportunity for the Offeror to present its proposal and credentials of proposed staff, and to respond to any questions from DOM. The original proposal cannot be supplemented, changed or corrected.</td>
</tr>
<tr>
<td>106</td>
<td>1.3.3</td>
<td>7</td>
<td>Please clarify the packaging requirement. If shipping the proposal, is the Contractor required to ship the technical and business proposal binders in two separate sealed packages?</td>
<td>Yes. The separately sealed packages may be placed in a larger box. There must be no pricing information included in the Technical Proposal.</td>
</tr>
<tr>
<td>1.2</td>
<td>1.4.1 Appendix A</td>
<td>5, 8, 46</td>
<td>Typically, the Contractor provides these services on the basis of firm fixed price per unit. Determining a fair firm fixed price per year will require a number of statistics and additional information, including:</td>
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<tr>
<td>Question #</td>
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<tr>
<td>107</td>
<td></td>
<td>1</td>
<td>1. Among the approximately 200 applications received through the provider web portal each month, how many will require first-time enrollment processing?</td>
<td>Two hundred (200) represents estimated new enrollments. These will all require first-time processing.</td>
</tr>
<tr>
<td>108</td>
<td></td>
<td>2</td>
<td>2. Of the 27,948 active enrollees, how many providers will require re-validation during each of the five contract years?</td>
<td>The revalidation process has not yet been determined. However, DOM intends to establish an on-going process by which all providers are revalidated every five years.</td>
</tr>
<tr>
<td>109</td>
<td></td>
<td>3</td>
<td>3. What is the average number of individuals to be screened for each application?</td>
<td>This number is determined by the number of owners and managing employees noted in the application by the enrolling/active provider.</td>
</tr>
<tr>
<td>110</td>
<td></td>
<td>4</td>
<td>4. Among the anticipated and active enrollees, what is the approximate percentage of low-, medium-, and high-risk providers?</td>
<td>DOM estimates that approximately 5% of the currently enrolled providers are in the high risk group. We have not determined numbers of low and medium risk providers.</td>
</tr>
<tr>
<td>1.4.1</td>
<td>8</td>
<td></td>
<td>1.4.1 Please elaborate on how work will be assigned.</td>
<td></td>
</tr>
<tr>
<td>111</td>
<td></td>
<td>1</td>
<td>1. How does the Fiscal Agent forward the application to DOM? Or, does DOM have access to the Fiscal Agent’s portal?</td>
<td>The Fiscal Agent forwards a paper packet of application information; and DOM has access to the application through the web portal.</td>
</tr>
<tr>
<td>112</td>
<td></td>
<td>2</td>
<td>2. At what point in the process will DOM transmit the applications to the Contractor?</td>
<td>DOM will work with the Contractor to determine the most appropriate time and method of transmitting provider information.</td>
</tr>
<tr>
<td>113</td>
<td></td>
<td>3</td>
<td>3. How will DOM transmit the new applications to the Contractor?</td>
<td>The process has not yet been determined. The Offeror is encouraged to propose a transfer plan.</td>
</tr>
<tr>
<td>1.2, 1.4.1</td>
<td>8</td>
<td></td>
<td>1.2, 1.4.1 With respect to the revalidation of active Mississippi Medicaid providers:</td>
<td></td>
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<td>Question #</td>
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<tr>
<td>114</td>
<td></td>
<td></td>
<td>1. How will DOM alert the Contractor that an existing provider needs to be re-evaluated?</td>
<td>This process has not been determined at this time.</td>
</tr>
<tr>
<td>115</td>
<td></td>
<td></td>
<td>2. What triggers their re-evaluation?</td>
<td>This process has not yet been determined.</td>
</tr>
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<td>116</td>
<td></td>
<td></td>
<td>3. How frequently are they re-evaluated?</td>
<td>Re-validation of providers will be an ongoing process. All currently enrolled providers will be revalidated within five (5) years.</td>
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<td>117</td>
<td></td>
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<td>4. What needs to be re-evaluated? In other words, does the re-evaluation process cover all the same areas (credentialing verification, criminal background checks, fingerprinting) as pre-screening or is it a shorter evaluation?</td>
<td>It is DOM’s intent to meet the requirements of CFR 42. DOM will work with the Contractor to determine how best to accomplish this task.</td>
</tr>
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<td>118</td>
<td></td>
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<td>5. For re-evaluation, are the areas to be validated the same for low-, medium-, and high-risk providers?</td>
<td>Please refer to 42 CFR Section 424 and 455 of the Anti-Fraud Final Rule of the Affordable Care Act</td>
</tr>
<tr>
<td>119</td>
<td>1.4.1</td>
<td>8</td>
<td>Aside from high-risk providers requiring fingerprint collection, what is the difference in the screening requirements for low- and medium-risk providers?</td>
<td>Please refer to 42 CFR Section 424 and 455 of the Anti-Fraud Final Rule of the Affordable Care Act</td>
</tr>
<tr>
<td>120</td>
<td>1.4.1</td>
<td>8</td>
<td>Will the same amount of screening need to be conducted on owners? Managing employees?</td>
<td>Please refer to 42 CFR Section 424 and 455 of the Anti-Fraud Final Rule of the Affordable Care Act</td>
</tr>
<tr>
<td>121</td>
<td>1.4.1</td>
<td>8</td>
<td>What is the turnaround time required for the Contractor’s credentialing process? Does it vary by provider type?</td>
<td>This has not yet been determined.</td>
</tr>
<tr>
<td></td>
<td>1.4.2</td>
<td>8</td>
<td>Regarding Criminal Background Checks and Fingerprinting</td>
<td></td>
</tr>
<tr>
<td>122</td>
<td></td>
<td></td>
<td>1. Is collecting the fingerprints the only requirement or is the Contractor also responsible for submitting and paying the fees associated with the FBI background check?</td>
<td>Yes. The Contractor will be responsible for the costs of the criminal background check.</td>
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<td>123</td>
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<td>2. Does the contractor need to be an authorized channeler to the FBI for criminal record checks or will the contractor only provide fingerprint cards?</td>
<td>CMS strongly encourages all required applicants to provide electronic fingerprints to the CMS selected authorized channeler but will accept the FD-258 card.</td>
</tr>
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<td>124</td>
<td></td>
<td></td>
<td>3. Does DOM require a criminal background check above and beyond fingerprint collection and processing through the FBI?</td>
<td>Fingerprinting and criminal background checks must meet requirements of 42 CFR Section 424 and 455 of the Anti-Fraud Final Rule of the Affordable Care Act,</td>
</tr>
<tr>
<td>125</td>
<td>1.4</td>
<td>7-8</td>
<td>With regard to system and database interface and access:</td>
<td></td>
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<td>126</td>
<td></td>
<td></td>
<td>1. Other than the databases and systems listed in RFP Section 1.4, are there any other databases or systems that the Contractor must access for initial enrollment or re-enrollment processing?</td>
<td>This list is current as of the release of the RFP. However, the Contractor will be responsible for services required by any changes made to the federal requirement.</td>
</tr>
<tr>
<td>127</td>
<td></td>
<td></td>
<td>2. Is it anticipated that that the contractor would use the Social Security Administrations Consent Based Social Security Number Verification System (CBSV) to verify social security numbers?</td>
<td>Social Security number verification must meet the requirements of 42 CFR Section 424 and 455 of the Anti-Fraud Final Rule of the Affordable Care Act.</td>
</tr>
<tr>
<td>128</td>
<td>1.4</td>
<td>7-8</td>
<td>Regarding the provider enrollment application form and web portal:</td>
<td></td>
</tr>
<tr>
<td>129</td>
<td></td>
<td></td>
<td>1. If the Contractor needed to add data field(s) or specific releases to the application to make processing more efficient, would that be possible?</td>
<td>DOM will work with the Contractor to ensure all required information is collected.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>2. If the Contractor needed to add screens to gain necessary approvals/clearances from providers, would that be possible?</td>
<td>DOM will work with the Contractor to ensure all required information is collected.</td>
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<td>130</td>
<td>Appendix A</td>
<td></td>
<td>The solicitation appears to require a fixed price for all efforts combined. These kinds of services are typically priced on a per application or per individual basis. Would DOM accept a proposal which provides pricing in this matter?</td>
<td>A firm fixed price is required as outlined in the RFP; however Offeror may propose additional pricing methodologies. Because this is a new project, DOM is considering holding discussions concerning alternate pricing methods.</td>
</tr>
<tr>
<td>131</td>
<td>1.2</td>
<td>5</td>
<td>Please clarify the volume of applicants estimated to be background checked and fingerprinted under this contract annually. For instance, what are the volumes for new enrollments and the re-enrollment cycle of the 27,948 active providers (renewals conducted on annual, bi-annual, or other schedule)?</td>
<td>An estimated 5% of the total active providers are currently in the high risk provider category. On average, approximately 200 new provider applications are received each month. The revalidation process has not yet been determined. However, DOM intends to establish an on-going process by which all providers are revalidated every five years.</td>
</tr>
<tr>
<td>132</td>
<td>1.4.1</td>
<td>8</td>
<td>Please provide Interface Control Documents for any required interfaces including Social Security Administration, NPPES, LEIE, and EPLS.</td>
<td>It will be the responsibility of the Contractor with DOM’s assistance to obtain this information.</td>
</tr>
</tbody>
</table>
| 133        | 1.4.2         | 8          | Please define what “criminal background checks” other than fingerprinting are required. Please clarify the vendor’s responsibilities with respect to fingerprinting:  
- Please define what fingerprint checks must be performed. Mississippi state check? FBI check?  
- If electronic submissions are required, please provide the interface control document.  
- If MS checks are required, please provide the MS fee for this service.  
- Is the vendor required to provide fingerprint capture sites throughout the state? If so, how many are there required? | The Offeror should propose the best method of providing fingerprinting services for providers who are located throughout the state and in other states. |
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<tr>
<th>Question #</th>
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<tr>
<td>134</td>
<td>1.6.1</td>
<td>9</td>
<td>Is the vendor required to provide a pre-registration website, toll-free customer service center, technical help desk supports, fee collection? If so, please provide requirements for each applicable service.</td>
<td>DOM is seeking services as stated in the RFP. The Offeror must propose support functions that are necessary to achieve successful implementation of the project.</td>
</tr>
<tr>
<td>135</td>
<td>5.8</td>
<td>40</td>
<td>Does the project require that the Bidder have an office location and personnel in Mississippi? The Work Plan and Schedule section (page 40 of the RFP) seems to indicate this may be a requirement.</td>
<td>No.</td>
</tr>
<tr>
<td>136</td>
<td>4.15</td>
<td>34 – 36</td>
<td>Does the bidder need to include any statement certifying agreement to the statements made in pages 34-36 of the RFP?</td>
<td>Statements required in the Offeror's Transmittal Letter are sufficient. This RFP and the winning Proposal will be made a part of the contract by reference. Therefore these statements will be contractually binding.</td>
</tr>
<tr>
<td>137</td>
<td>5.2</td>
<td>38</td>
<td>Does the bidder need to include “certifications by the secretary or other appropriate corporate official other than the corporate official signing the corporate proposal that the corporate official signing the corporate proposal has the full authority to obligate and bind the corporation to the terms, conditions, and provisions of the proposal” in both the Technical Proposal (Transmittal Letter) and Business Proposal (section 6.3 of RFP)? If this certification only needs to be included once, please specify within which proposal (Technical or Business) it should be included.</td>
<td>The Transmittal Letter containing the required certifications should be submitted with both the Technical and Business Proposal.</td>
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<td>138</td>
<td>1.2</td>
<td>5</td>
<td>Section 1.2, BACKGROUND, indicates “DOM receives approximately 200 applications per month.” Does this figure include including applications for new practice locations only? If not, can DOM provide the estimated number of application for new practice locations?</td>
<td>This figure is an approximate number of applications received each month from multiple provider types and does not exclude new practice locations.</td>
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<tr>
<td>139</td>
<td>1.2</td>
<td>5</td>
<td>Section 1.2, BACKGROUND, indicates “DOM has recently upgraded its provider application to capture all information required by the Anti-Fraud Rule. DOM will modify its enrollment processes to encompass the required screening activities to be performed by the contractor.” How application fees from prospective or re-enrolling providers handled and what role, if any, will the Contractor fee assessment/collections?</td>
<td>The assessment/collection of application fees are not included in this scope of work.</td>
</tr>
<tr>
<td>140</td>
<td>1.2</td>
<td>5</td>
<td>Section 1.2 states that DOM receives approximately 200 applications per month via the provider web portal. Can DOM confirm anticipated volume of applications per month once the full population of approximately 28,000 providers needs to be periodically recredentialed every five years?</td>
<td>The revalidation process has not yet been determined. However, DOM intends to establish an on-going process by which all providers are revalidated every five years.</td>
</tr>
<tr>
<td>141</td>
<td>1.4.1</td>
<td>8</td>
<td>Section 1.4.1, Verification and Validation. Requires the Contractor to &quot;determine required screening activities to be conducted for each enrolling or revalidating provider based on provider type, risk level and DOM directives.” Is the Contractor to only identify providers who are designated as “moderate” or “high” categorical risks to the Medicaid program, or is the Contractor also expected to conduct pre-enrollment and post-enrollment site visits of such providers?</td>
<td>Site visits are not included in this scope of work.</td>
</tr>
<tr>
<td>142</td>
<td>1.4.2</td>
<td>8</td>
<td>Section 1.4.2, Criminal Background Checks and Fingerprinting, requires the Contractor perform criminal background checks and fingerprinting for providers in the High Risk Category as required by federal regulations.” Of the “approximately 200 applications per month” referenced in section 1.2 on page 5, how many application does DOM anticipate for provider types in the High Risk Category, including Medicaid-only types providers not classified under 42 CFR § 424.518?</td>
<td>An estimated 5% of the total active providers are currently in the high risk provider category. We do not have an estimate for the number of Medicaid only providers or how many will be in the high-risk group.</td>
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<td>Question #</td>
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<td>143</td>
<td>1.6.1</td>
<td>9</td>
<td>Section 1.6.1, Contractor Responsibilities, states “the Contractor’s project manager must be available and prepared to meet with DOM staff and other individuals as considered necessary for the discussion of the RFP and contract requirements. The project manager must also be prepared to answer pertinent inquiries regarding the program, its implementation, and operation.” What level of participation is expected of the Contractor regarding participation in appeals by providers terminated or denied as a result of the required screening activities to be performed by the Contractor?</td>
<td>The Contractor may be required to participate in hearings as the result of adverse determinations. The extent of the Contractor’s participation will be in testifying to its findings.</td>
</tr>
<tr>
<td>144</td>
<td>5.4</td>
<td>39</td>
<td>Section 5.4, CORPORATE BACKGROUND AND EXPERIENCE, requires Offerors present details of their experience including “staff months expended” for each referenced experience. Can DOM define “staff months” as it is to be used in required responses?</td>
<td>The number of months per staff member. The Offeror should provide information concerning the amount of staff time on each specific experience provided.</td>
</tr>
<tr>
<td>145</td>
<td>7.2.3</td>
<td>44</td>
<td>Section 7.2.3, Phase Three - Evaluation of Business/Cost Proposal, appears to have a discrepancy regarding the maximum assigned to the lowest acceptable cost proposal. Please clarify whether the maximum points relative to the cost proposal is three hundred or 500.</td>
<td>Concerning evaluation of the Business Proposal, a maximum of five hundred (500) points will be assigned to the lowest acceptable proposal.</td>
</tr>
<tr>
<td>146</td>
<td>General</td>
<td>n/a</td>
<td>42 CFR 255.434 states that providers must “submit a set of fingerprints, in a form and manner to be determined by the State Medicaid agency.” Has the state determined the form and manner of submission, or is this up to the selected vendor to implement?</td>
<td>DOM has not determined the form and manner; therefore the Offeror may propose possible solutions for this requirement.</td>
</tr>
<tr>
<td>147</td>
<td>5.8</td>
<td>40</td>
<td>Does the State require the contractor be located in Mississippi or will the State consider a vendor who performs the majority of the services from an out-of-state location?</td>
<td>The Contractor is not required to be located in Mississippi.</td>
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<td>148</td>
<td>1.2</td>
<td>5</td>
<td>We assume that the scope of work includes re-credentialing and validation efforts per the ACA language. Is this a correct assumption? Do the 200 applications per month include these re-credentialing efforts? If not, could the State provide an estimate on re-credentialing for this effort?</td>
<td>The Offeror should propose a solution that meets all federal requirements concerning credentialing and revalidation. The two hundred (200) represents new applications. Number of revalidations to be conducted per year has not been determined. However, all currently enrolled providers must be revalidated within five (5) years.</td>
</tr>
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<td>149</td>
<td>1.9.1; 1.9.2; 4.3; 6.1</td>
<td>11; 20; 41</td>
<td>Section 1.9.2, 4.3 and 6.1 refer to the price as a firm fixed price contract. However, 1.9.1 says the “Contractor will be paid an implementation price of no more than the actual implementation costs up to the amount specified in the Contractor’s proposal set forth in Appendix A. Does DOM intend for the Implementation Price to be Cost Plus?</td>
<td>No payment will be made in excess of the total contract price. All implementation costs must be designated and must not exceed actual costs associated with implementation. This number should be a part of the firm fixed price. Please see amended Budget Summary.</td>
</tr>
<tr>
<td>150</td>
<td>6.3</td>
<td>41</td>
<td>Section 6.3, number 3 refers to “certification by the secretary or other appropriate corporate official…that the corporate official signing the corporate proposal has the authority to obligate and bind the corporation to the terms, conditions and provisions of the proposal”. Are there any special rules for Limited Liability Companies that do not have any “corporate officials”?</td>
<td>All proposals submitted must be certified by an appropriate individual that the official signing the proposal has the authority to obligate and bind the corporation to the terms, conditions and provisions of the proposal.</td>
</tr>
<tr>
<td>151</td>
<td>7.2.3</td>
<td>44; 45</td>
<td>Section 7.2.3 refers to “Three hundred (500) points will be awarded to the lowest and best acceptable bid”. Does the DOM intend 300 or 500 points?</td>
<td>Concerning evaluation of the Business Proposal, a maximum of five hundred (500) points will be assigned to the lowest acceptable proposal.</td>
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<td>Question #</td>
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<td>152</td>
<td>1.3.3</td>
<td>7</td>
<td>RFP provides Proposal Submission Requirements; Section 5.0 on pgs 37-40 of the RFP provides instructions for the Technical Proposal; Section 6.0 on pg 41 of the RFP provides instruction for the Business/Cost Proposal. Only the instruction for The Executive Summary (5.3) on pg 38 stipulates that that section should be no more than five (5) single-spaced typed pages in length. Are there any other restrictions for the page length of any of the other sections of the proposal?</td>
<td>No.</td>
</tr>
<tr>
<td>153</td>
<td>1.4.1 (1.)</td>
<td>8</td>
<td>Verification and Validation RFP States “Confirm the identity of providers to ensure that they may be considered for enrollment.” Please clarify what applicant information will be provided for verification purposes and please clarify if applicants will be just individual applicants or if entities will also need to be verified?</td>
<td>DOM intends to make available to the Contractor all pertinent information required. Both individual &amp; group/business provider information will be provided for validation.</td>
</tr>
<tr>
<td>154</td>
<td>1.4.1 (2.)</td>
<td>8</td>
<td>Verification and Validation RFP states: “2. Determine required screening activities to be conducted for each enrolling or revalidating provider based on provider type, risk level and DOM directives.” Who determines the provider type and risk level, the contractor or is it based on DOM directives?</td>
<td>DOM will provide directives related to provider and risk level assignment.</td>
</tr>
<tr>
<td>155</td>
<td>1.4.1 (3.)</td>
<td>8</td>
<td>Verification and Validation RFP states: “Verify valid licenses and certifications via real time interfaces with all required licensing boards and authorities, including those in other states.” In the event that a Real Time Verification is not available is a manual license verification acceptable with a service level agreement?</td>
<td>Yes.</td>
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<tr>
<td>156</td>
<td>1.4.1 (4.)</td>
<td>8</td>
<td>RFP states: “Interface with the Social Security Administration to verify social security numbers and dates of death”&lt;br&gt;Will the state be providing the required authorization forms that are required to verify SSN’s with the Social Security Administration?</td>
<td>DOM will work with the Contractor to facilitate this process.</td>
</tr>
<tr>
<td>157</td>
<td>1.4.1 (4.)</td>
<td>8</td>
<td>RFP states: that we must “Interface with the National Practitioner Databank and National Plan &amp; Provider Enumeration System (NPPES).”&lt;br&gt;Will the state be providing the provider/persons NPI number provided on the application?</td>
<td>Yes.</td>
</tr>
<tr>
<td>158</td>
<td>1.4.1 (5.)</td>
<td>8</td>
<td>RFP states: “Interface with the List of Excluded Individuals/Entities (LEIE) and the Excluded Parties List System (EPLS) to determine the exclusion status for enrolling/re-validating providers and persons with an ownership or control interest or who is an agent or managing employee of the provider.”&lt;br&gt;Will the state be providing the names of all persons with ownership or controlling interest or who is an agent or managing employee of the provider or is the contractor required to determine who these individuals are?</td>
<td>Yes. DOM will provide the Contractor with information obtained directly from the provider applicant through the application process.</td>
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<td>Question #</td>
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<tr>
<td>159</td>
<td>1.4.2</td>
<td>9</td>
<td>RFP states: “The Contractor will be required to perform criminal background checks and fingerprinting for providers in the High Risk Category as required by federal regulations.” Please confirm if the state will require only database criminal background search or if local agency checks/county criminal searches will also be required on High Risk Providers?</td>
<td>Details have not been determined; however the criminal background checks must meet the requirements of 42 CFR Section 424 and 455 of the Anti-Fraud Final Rule of the Affordable Care Act</td>
</tr>
<tr>
<td>160</td>
<td>1.6.1</td>
<td>9</td>
<td>RFP states: “Secure any necessary approvals and clearances required to conduct the tasks required by this RFP.” Please specify what approvals and clearances are needed.</td>
<td>The contractor is responsible for negotiating and securing all approvals and clearance with the required agencies/ boards, etc. in order to meet the requirements of the RFP.</td>
</tr>
<tr>
<td>161</td>
<td>4.1</td>
<td>19</td>
<td>RFP states: “The contract between the State of Mississippi and the Contractor shall consist of 1) the contract and any amendments thereto; 2) this request for proposals (RFP) and any amendments thereto; 3) the Contractor’s proposal submitted in response to the RFP by reference and as an integral part of this contract; 4) written questions and answers. In the event of a conflict in language among the four documents referenced above, the provisions and requirements set forth and/or referenced in the contract and its amendments shall govern. In Section 4.9 on pg 26 of the RFP it states: In the event of a conflict in language among any of the components of the contract, the RFP shall govern… The contract represents the entire agreement between the Contractor and DOM and it supersedes all prior negotiations, representations, or agreements, either written or oral between the parties hereto relating to the subject matter hereof.” Please verify that in the event of a conflict in language among the components of the contract that the RFP shall govern.</td>
<td>In the event of a dispute or conflict in interpreting the Contract, the Contract without its incorporated material, shall be the first controlling. After the Contract, the order of priority shall be: the RFP Bidder Questions and Answers, the Business Proposal, the Technical Proposal and its attachments, and the RFP.</td>
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<td>162</td>
<td>4.11.1</td>
<td>30 &amp; 31</td>
<td>RFP states: “DOM’s approval must be received in all instances in which the Contractor distributes publications, presents seminars, presents workshops, or performs any other outreach. The Contractor shall not use DOM’s name or refer to the contract directly or indirectly in any advertisement, news release, professional trade or business presentation without prior written approval from DOM. Please clarify if this applies to using the DOM contract as a past performance reference in any future proposals.</td>
<td>This section does not prevent the Contractor from listing DOM as a reference for future work.</td>
</tr>
<tr>
<td>163</td>
<td>4.11.2</td>
<td>31</td>
<td>RFP states: “The Contractor shall give priority consideration to hiring interested and qualified adversely affected State employees at such times as requested by DOM to the extent permitted by this contract or state law. Please clarify what qualifies as “adversely affected”.</td>
<td>This refers to State employees who are threatened with unemployment as a result of this contract.</td>
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<td>164</td>
<td>4.15.2</td>
<td>34</td>
<td>License Requirements RFP states: “The Contractor shall have, or obtain, any license/permits that are required prior to and during the performance of work under this contract.” What license/permits are required prior to performance of work under this contract?</td>
<td>This is a general statement indicating it will be the responsibility of the Contractor to obtain necessary license/permits. DOM is unaware of any specific license/permit that may be required under this contract.</td>
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<td>Question #</td>
<td>RFP Section #</td>
<td>RFP Page #</td>
<td>Question</td>
<td>DOM Response</td>
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<td>165</td>
<td>5.3</td>
<td>38</td>
<td>Executive Summary RFP states: &quot;The Executive Summary shall condense and highlight the contents of the Technical Proposal in such a way as to provide board understanding of the entire proposal. It should demonstrate the Offeror’s understanding of the services requested in this RFP, the nature of the contract, and any problems anticipated in accomplishing the work.&quot; What does DOM mean by ‘the nature of the contract’?</td>
<td>The type of work associated with this contract.</td>
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<tr>
<td>166</td>
<td>5.4</td>
<td>38</td>
<td>Corporate Background and Experience RFP states: “2. Customer References (including contact person, address and phone numbers)” Are there a specific number of references preferred?</td>
<td>A minimum of one reference is required. Three references would be optimum.</td>
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<tr>
<td>167</td>
<td>5.4</td>
<td>38</td>
<td>Corporate Background and Experience RFP states: “3. Description of the work performed.” Is there a maximum length for this?</td>
<td>No.</td>
</tr>
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<td>168</td>
<td>5.4</td>
<td>38</td>
<td>RFP states: “Present details of the Offeror’s experience with the type of service to be provided by this RFP.” Please clarify if there is a limit on the number of experiences the Offeror can report.</td>
<td>There is no limit.</td>
</tr>
<tr>
<td>169</td>
<td>5.4</td>
<td>39</td>
<td>RFP states: “DOM will check references at its option. DOM reserves the right to contact officials of the client other than those indicated by the Offeror. Overlapping responsibilities on the same client’s contract should be depicted so that they are easily recognized. Will the Offeror be notified of who the officials contacted other than those indicated?</td>
<td>No.</td>
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<td>Question #</td>
<td>RFP Section #</td>
<td>RFP Page #</td>
<td>Question</td>
<td>DOM Response</td>
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<td>170</td>
<td>5.4</td>
<td>39</td>
<td>RFP states: “…Present details of the Offeror’s experience with the type of service to be provided by this RFP. For each experience provide the following: 1. Customer name 2. Customer references (including contact person, address and phone numbers) 3. Description of the work performed 4. Time period of contract 5. Staff months expended 6. Personnel requirements 7. Contract cost” Please clarify what is meant by “staff months expended”.</td>
<td>The number of months per staff member. The Offeror should provide information concerning the amount of staff time on each specific experience provided.</td>
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<td>171</td>
<td>5.5</td>
<td>39</td>
<td>RFP states: “The Project Staffing section shall identify all proposed project team members and their abilities, experience and qualifications to undertake the proposed work. Include resumes for proposed project team members.” Are there a maximum number of references preferred?</td>
<td>No.</td>
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<td>172</td>
<td>5.6</td>
<td>39</td>
<td>Methodology RFP states: “The Methodology Section should describe the Contractor’s approach to providing the services described in the scope of work, Section 1, of the RFP. Is there a maximum length preferred for the Methodology Section?</td>
<td>No.</td>
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<td>173</td>
<td>5.7</td>
<td>39</td>
<td>Project Management RFP states: “4. Project status reporting, including examples of types of reports and internal quality control findings.” Are there a specific number of examples preferred?</td>
<td>No.</td>
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<td>Question #</td>
<td>RFP Section #</td>
<td>RFP Page #</td>
<td>Question</td>
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<td>174</td>
<td>7.2.3</td>
<td>44</td>
<td>RFP states: “Three hundred (500) points will be awarded to the lowest and best acceptable bid.” Please clarify the points awarded to the lowest and best acceptable bid.</td>
<td>Concerning evaluation of the Business Proposal, a maximum of five hundred (500) points will be assigned to the lowest acceptable proposal.</td>
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<tr>
<td>175</td>
<td>7.7</td>
<td>9 &amp; 10</td>
<td>RFP states: “The Offeror should propose personnel for each phase of the contract who are fully qualified to perform the work required therein.” Are there any restrictions on the number of Key Personnel or their titles?</td>
<td>No.</td>
</tr>
</tbody>
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