

**RFP Question and Answer Document**  
**Regarding Mississippi Third Party Data Matching and Recovery Services**

Question #	RFP Section #	RFP Page #	Question	Response
1	4.3	29	The current timeline allows only one week to between DOM's responses to the offerors' questions and the proposal due date. Would the State consider granting a two-week extension to allow the offerors more time to incorporate information from Q&A into the proposals?	We will extend the proposal due date to 5:00 p.m. CST, April 28, 2009. See posted revised schedule.
2	Appendix A		The dates listed on the Budget Summary are different from those listed in Sections 4.3 and 8.2 Operations Phase 2. Please identify what is the correct date for the Budget Summary.	The dates in Sections 4.3 and 8.2 are correct. Please see attached corrected Budget Summary.
3	Section 8.17.2 and Appendix A		The section 8.17.2 says the cost proposal should have a per match rate, but Appendix A appears to require a total year cost. If Appendix A is to be a per match price, how should the total columns be filled in.	The Offeror shall propose in its Business/Cost Proposal amounts to be paid per match. The Budget Summary must include a total contract price divided by fiscal years and must include a separate implementation price.
4	Section 8.17.2 and Appendix A		If Appendix A is to represent total annual. How should the rate per match be represented in the cost proposal?	The Offeror should determine how to display this information.

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5	Section 8.17.3 and Appendix A		<p>The section 8.17.3 says the cost proposal should have a per recovery rate, but Appendix A appears to require a total year cost. If Appendix A is to be a per recovery price, how should the total columns be filled in?</p> <p>If Appendix A is to represent total annual price, how should the rate per match be represented in the cost proposal?</p>	The Offeror shall propose in its Business/Cost Proposal amounts to be paid per recovery dollars. The Budget Summary must include a total contract price divided by fiscal years and must include a separate implementation price.
6	Section 8.17.3 and Appendix A		If Appendix A is to represent total annual price, how should the rate per match be represented in the cost proposal?	The Offeror should determine how to display this information.
7	8.4.3	48	Does the State require the use of the National Medical Support Notice, or is it a State-formatted notice?	The Contractor must adhere to Social Security Act Sec 1908A for Medical Child Support and MS Code 43-19-101.
8	8.9	48	Please describe the relationship and the processes between DHS, CSE and DOM with regards to medical support enforcement.	<p>The Contractor must adhere to Social Security Act Sec 1908A for Medical Child Support and MS Code 43-19-101.</p> <p>The Child Support Enforcement office is a part of the Department of Human Service. CSE notifies DOM of court ordered medical support via paper referrals and an annual data tape.</p>

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9	8.4.3	48	Does the State require the Contractor to generate, print, and mail the notice? If DOM requires the contractor to generate, print and mail the NMSN, what is the event that triggers the series, and to whom does it go to: the Employer, the Carrier?	The Contractor must adhere to Social Security Act Sec 1908A for Medical Child Support and MS Code 43-19-101.  The Contractor will update the MMIS TPL Resource File with new or updated insurance information when it is discovered. After DOM approval.
10	8.4.3	48	Assuming an interface file from the DHS CSE, how often is the file delivered to the Contractor for processing?	Presently DOM receives this information monthly. The Contractor will be responsible for its own agreements.
11	8.4.3	48	Assuming an interface file from the Contractor to DHS CSE, how often is the file delivered to the State?	This should be determined by the Offeror.
12	8.4.3	48	Can the State provide a sample Notice? If not, how many total pages does the Notice consist of?	This should be determined by the Offeror.
13	8.4.3	48	Does the State require single-sided Notices?	This should be determined by the Offeror.
14	8.4.3	48	How soon after receipt of interface file from DHS CSE, do the Notices need to be mailed?	This should be determined by the Offeror.
15	8.4.3	48	How soon after receipt of completed Notices, does the Contractor need to process the response?	This should be determined by the Offeror.

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16	8.4.2	48	Is the required data matching criteria referred to in 8.4.2 required to be passed from DHS CSE to contractor, in order to comply with data matching criteria?	No.
17	8.4.3	48	Approximately how many notices are sent out and how frequently?	The Contractor must adhere to Social Security Act Sec 1908A for Medical Child Support and MS Code 43-19-101.  The Child Support Enforcement office is a part of the Department of Human Service. CSE notifies DOM of court ordered medical support via paper referrals and an annual data tape.
18	8.4.3	48	Does the State require the Contractor to receive the completed notices?	The Contractor must adhere to Social Security Act Sec 1908A for Medical Child Support and MS Code 43-19-101.  The Child Support Enforcement office is a part of the Department of Human Service. CSE notifies DOM of court ordered medical support via paper referrals and an annual data tape.
19	8.4.3	48	Approximately how many notices are received each month?  Approximately how many are complete and how many require follow-up?  Does this include DFAS and social administration?	The Contractor must adhere to Social Security Act Sec 1908A for Medical Child Support and MS Code 43-19-101.  The Child Support Enforcement office is a part of the Department of Human Service. CSE notifies DOM of court ordered medical support via paper referrals and an annual data tape.

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20	8.4.3	48	Is the Contractor required to maintain electronic images of the received notices?	Yes.
21	8.4.3	48	What is the hardcopy retention policy? If electronic imaging is used, what is the retention requirement?	Refer to Sec. 3.7.6.
22	8.9	51	Does the State require the Contractor to run processing rules to determine the obligation to provide financial assistance when dependent insurance is not provided by the non-custodial parent (ncp) and provided by DOM? Or will DHS CSE provide the contractor with a “flag” for all ncps that are obligated to provide financial assistance? If the former, what are these rules?	The Contractor must adhere to Social Security Act Sec 1908A for Medical Child Support and MS Code 43-19-101.  The Child Support Enforcement office is a part of the Department of Human Service. CSE notifies DOM of court ordered medical support via paper referrals and an annual data tape.
23	8.9		Does the State require the Contractor to pursue collection activities, or does the State only require the Contractor to identify the NCPs who meet the criteria for collection services?	The Contractor must adhere to Social Security Act Sec 1908A for Medical Child Support and MS Code 43-19-101.  The Child Support Enforcement office is a part of the Department of Human Service. CSE notifies DOM of court ordered medical support via paper referrals and an annual data tape.

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24	8.4.1	47	What are the criteria for why a carrier might be excluded from a data match?	A specific carrier would only be excluded if the State had other recovery activities in process.
25	2.3	9	What is the expected impact to the TPL program when the State moves into managed care services?	DOM is unable to answer this question at this time.
26	8.17.2	55	<p>In pricing for data matching, are all policy types paid for individually?</p> <p>For example, if a beneficiary has a Major Medical policy with one insurer and a pharmacy policy with a different insurer, would payment be made for two policies?</p> <p>Are there any policy types for which a separate payment would not be made (dental, psychiatric, vision, surgical, indemnity, supplemental)?</p>	Payment will be by policy match not by beneficiary. However, multiple coverages under one policy or with one carrier will be paid as one match.

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Question #	RFP Section #	RFP Page #	Question	Response
27	8.17.2	55	<p>In pricing for data matching, is pricing based on a per policy or per Medicaid recipient basis?</p> <p>For example, if a family is covered by a major medical policy and two of the family members are Medicaid eligible during the coverage period, is payment made for both recipients when the policy is added to the MMIS?</p>	<p>Payment will be by policy match not by beneficiary. However, multiple coverages under one policy or with one carrier will be paid as one match.</p>
28	8.17.2	55	<p>If a pharmacy policy is discovered at Point of Sale, is payment made for adding that policy for future cost avoidance and retroactive recovery purposes?</p> <p>Would a data match payment be made for other policies added in conjunction with the pharmacy policy (i.e. a major medical policy)?</p>	<p>Only additional policies may be added.</p>
29	8.17.2	55	<p>How is the contractor paid for the pharmacy point of sale activities?</p>	<p>Payment will be by policy match not by beneficiary. However, multiple coverages under one policy or with one carrier will be paid as one match.</p>
30	8.4.3	48	<p>How many DOM staff and designated agents does the State expect to access the system for audit purposes?</p>	<p>Available staff will meet needs of the Contract.</p>

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31	8.6	49	Will DOM allow the contractor to recover and/or recoup health insurance overpayments from Medicaid providers?	8.6 refers to recoveries from insurers.
32	8.17.2	55	Please define "coverage" for fee payment purposes. For example, if a major medical policy does not have pharmacy coverage and the contractor discovers that the policy now includes pharmacy coverage, would the addition of the new coverage be billable?	Verified coverage not previously indicated on the Policy File.
33	8.17.2	55	<p>Is the contractor required to take over any billing responsibility from the current MMIS contractor's responsibility?</p> <p>Is the contractor required to produce any billing based on the PPO information they submit to the MMIS?</p>	<p>No.</p> <p>The Contractor shall establish, maintain and update an accounts receivable file for claims which the Contractor identifies and bills to other carriers.</p>



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Question #	RFP Section #	RFP Page #	Question	Response
34	8.4.2	48	In order to affect timely Cost Avoidance, would DOM allow the contractor to conduct data matches on new Medicaid enrollees with no third party insurance listed in the MMIS.	No.
35	8.6 (2)	49	Is the contractor responsible for the receipt and deposit of the third party checks?	Refer to Sec. 8.6, #1 & 2; and Sec. 8.10, #5
36	8.6.4	49	Please detail all recoveries disposition functions requirements within the (7) days period noted in this section.	The Offeror should develop this solution.
37	General		Please provide the file layouts and frequencies for all data files exchanged with DOM.	DOM will provide this information to the Contractor.
38	8.11	52	Will DOM provide all claim types and claims dispositions to the contractor?	Yes.
39	8.10.4 and 8.16	51, 54	Is the project manager a role that continues beyond the implementation phase?	Yes.

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Question #	RFP Section #	RFP Page #	Question	Response
40	8.17.2	55	Does the Medicaid receipt have to have current Medicaid eligibility in order to receive payment for a data match policy?	Verification includes coverage period matching eligibility segments.
41	2.2	9	The "TPL Processes in Mississippi" does not reference subrogation efforts (casualty, third party negligence, estate, annuity recoveries, etc.) – does DOM proactively identify and pursue these types of TPL recoveries? If so, can you please provide detail regarding your internal processes and how much you recovered from these efforts in 2007 and 2008 so that we can understand how to incorporate these internal efforts into our work plan and prevent potential overlap?	Tort/Casualty identification and associated recoveries; and Estate recoveries are excluded from this project.
42	8.4.2	48	RFP states, "To ensure non-duplication of effort, Contractor shall not include in their data matches/file searches any individuals who have had less than five (5) months of qualifying Medicaid eligibility during the nine (9) month immediately prior to the data match." – can you please provide the current internal processes and the reasoning why individuals must have at least five (5) months of eligibility before the awarded Contractor can identify and provide other insurance/TPL data match information?	DOM has the first right to pursue.

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43	8.6	49	<p>Bullet #1 states, “Recovery amounts equal to or exceeding the projections in the Contractor’s proposal for the term of the contract.” – this is the only reference in the RFP to providing “projected recoveries.” Can you please specify that you would like the projections included in the BUSINESS/COST PROPOSAL component of the response. Additionally, how will you factor into the scoring the “projected recovery amounts,” and will you include a performance guarantee requirement so that the Contractor awarded this contract is held accountable to the citizens of Mississippi for delivering the most dollars back (in line with their stated projections) with regards to TPL recoveries.</p>	<p>The Budget Summary must contain a total contract price based on anticipated recoveries. Refer to Sec. 3.2 concerning performance guarantees/penalties.</p>
44	8.12	53	<p>Section references, “DOM has the first right to pursue.” – What are DOM-mandated date restrictions regarding recovery by the contractor awarded this contract?</p>	<p>Refer to 8.4.2. The Contractor shall not include in their data matches/file searches any individuals who have had less than five (5) months of qualifying Medicaid eligibility during the nine (9) months immediately prior to the data match.</p>

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45	1.1 #3, 8.6	6, 49	Will the selected vendor be required to perform all activities related to “pay and chase” recoveries and recoveries resulting from insurance identification efforts identified to include those identified other state staff or sources other than the vendor implemented methods? (e.g. leads from the eligibility determination and review process)?	Yes.
46	1.1 #3, 8.6	6, 49	Will there be any commercial insurance “pay and chase” or recovery activities performed by state staff and if so, please describe which activities?	Yes. Please see recently posted Mississippi Division of Medicaid Provider Policy Section 6.0 Third Party Recovery.
47	1.1 #3, 8.6	6, 49	What are the most current fiscal year recoveries and cost avoidance figures for the Mississippi TPL program by area?	Please see Current Recoveries document on our website.
48	8.6	49	Statement #1 under Section 8.6 indicates that the contractor must “Recover amounts equal to or exceeding the projections in the Contractor’s proposal for the term of the contract.”  What is the consequence of not meeting or exceeding recovery projections? Would the contractor not be paid if those projections are not met? Or would there be some type of penalty?	Refer to Sec. 3.2 concerning performance guarantees/penalties.

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Question #	RFP Section #	RFP Page #	Question	Response
49	1.1	6	Can the state provide data on current TPL recoveries? What functions are being performed by the state? How much is the state recovering by area/function?	Please see recently posted Mississippi Division of Medicaid Provider Policy Section 6.0 Third Party Recovery.  Please see Current Recoveries document on our website.
50	1.1	6	Is there an incumbent contractor providing TPL recovery services for the State? If so, what is the contingency fee they are receiving for recoveries?	There is no incumbent contractor.
51	6.3 #1	41	Section 6.3 #1 indicates that the State is looking for a detailed worksheet with line item detail of all costs as it pertains to the contractor's responsibilities and deliverables. However, the contractor will be paid a contingency fee for recoveries so we are confused why there is a requirement for line item cost breakouts.  Can the State explain what it is looking for in this response?	The Offeror shall propose in its Business/Cost Proposal amounts to be paid per match. The Offeror must ensure there will be no additional or unidentified costs. The Budget Summary must include a total contract price divided by fiscal years and must include a separate implementation price.
52	3.3	12	The term of the contract period begins when signed and expires 90 days after contract execution. This implies the contract will expire after the implementation phase. These time frames are not consistent with the rest of the RFP. Can you please clarify?	Section 3.3 should be corrected to read "expires September 30, 2011."

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Question #	RFP Section #	RFP Page #	Question	Response
53	8.0	46	<p>Can the state please provide TPL recoveries for the past three years for the following;</p> <ol style="list-style-type: none"> <li>1. Number of commercial insurance policies verified monthly for past 3 years</li> <li>2. Actual pay and chase commercial recoveries for the past 3 years</li> <li>3. Commercial insurance cost avoidance for the past 3 years</li> <li>4. Medicare Part A, B, and D TPL recoveries for the past 3 years</li> <li>5. Average monthly Medicare buy in policies for the past three years</li> <li>6. Medicare cost avoidance for the past three years</li> <li>7. Pharmacy pay and chase recoveries for the past three years</li> <li>8. Monthly Pharmacy policies verified for the past 3 years</li> </ol>	Please see Current Recoveries document on our website.
54	8.11	52	<p>The RFP reporting requirements monthly reports on cost avoided claims and savings for pharmacy and medical. Since the contractor will update the states TPL resource file in order for the MMIS to cost avoid claims. Usually the TPL contractor cannot determine cost avoidance savings since these metrics are tracked in the MMIS. Is it the states intent to provide the vendor with all necessary data from the MMIS in order to compile these reports?</p>	DOM will provide data if and when necessary for required reporting.

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55	Appendix A	58	Is it correct to assume we should provide cost proposal to include a fixed fee for the implementation phase of the projects in addition to the requirements for the operations phase of the project.	Yes.
56	8.4.3	48	System access via the Internet to DOM staff: Is it the State's intent to have a "Web Portal" for staff? If the state has an existing system used by staff, would a database connection for that application be permissible? If a new system is required, can the state provide further guidance on the functional requirements of this system and or overview the scope?	DOM will provide access.
57	8.4.2	48	Data Match: Does the state have interest in conducting data matches against out-of-state Medicaid agencies such as neighboring states?	The offeror may provide such a solution but should price it separately.
58	8.4.2	48	Can the state provide a list of entities or systems currently being used to match against? This should include government databases, commercial carriers, and other data sources used to ID TPL or used for retroactive recovery and Medicare Buy-in. In addition, please provide the current frequency for these matches.	Presently DOM matches are minimal. Further details will be provided during the implementation phase.

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Question #	RFP Section #	RFP Page #	Question	Response
59	8.17.2	55	Can the state provide a current and historical view of data-match payments both in a per match and transaction quantity perspective?	Presently DOM matches are minimal. Further details will be provided during the implementation phase.
60	8.17.3	55	Can the state provide a current and historical view of recovery contingency fee percentage both in a per match and transaction quantity perspective?	There is no current TPL contractor.
61	NA	NA	What pre-enrollment public benefits screening for recipients takes place. Does this screening rely on self attestation with supporting documentation for assets and income or are third party sources such as credit file and employment information utilized.	DOM currently relies on self attestation with supporting documentation.
62	NA	NA	Please describe or list the current Edits that take place in the claims system to deny or pend claims that have suspected third party liability.	Details concerning current edits will be provided during the implementation phase.
63	NA	NA	Please describe the current process to identify suspect TPL for recipient records at the following points: enrollment, pre claim, and post claim.	DOM currently relies on self attestation with supporting documentation.



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Question #	RFP Section #	RFP Page #	Question	Response
64	NA	NA	How does the State load primary payer and TPL info into MMIS (to share with providers)? Does the State match other payer information to its MMIS files with SSN or Name and DOB separately as discrete searches or as one search with all demographic information. Does the State use address as part of this match process.	TPL information is manually entered into the TPL Resource file. MMIS uses discrete searches based on various data elements, but not addresses.
65	6	41, 58	Will DOM please clarify if a separate cost proposal may be submitted regarding the Scope of Work that includes Medicare Buy-In and Medical Support Enforcement services?	Separate cost proposals may be submitted.
66	6	41, 58	Will DOM please clarify if the Bidder can submit a cost proposal that includes one fixed price for data matches with government and commercial carriers approved by DOM, and a separate fixed price for the real-time pharmacy data matches, or does the Division want this included in the standalone Data Match price?	All data matches should be priced per match. You may propose a different price for specific types of matches such as real-time pharmacy matches or any other that is necessary to price separately.

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Question #	RFP Section #	RFP Page #	Question	Response
67	6	41,46, 58	Page 46 of the Scope of Work states that Offerors are encouraged to propose innovative solutions to meet or exceed the requirements of this RFP. If the Offeror proposes additional services, can a cost model be proposed to ensure that the Offeror is able to recover the costs associated with the project?	Yes. If the Offeror proposes additional services, those costs should be identifiable from the required services.
68	6	41,46, 58	If the Offeror proposes additional services, how will these projects and costs be evaluated in scoring the proposals?	No further information concerning the evaluation process will be given.
69	3.3	12	Will the state please confirm that the statement that the contract shall expire ninety (90) days after the contract is executed is incorrect, based on the contract terms set forth in Section 8.1, page 46?	Section 3.3 should be corrected to read "expires September 30, 2011."

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70	3.7.3	17, 35	Regarding the provisions of the proposal which contain trade secrets or other proprietary data that Offeror is requesting is kept confidential, will the Division please provide specific instructions with regard to how confidential or proprietary content is to be identified, bound and submitted. Will separating confidential information by placing a tab in the binder containing the technical proposal suffice, or is a separately bound book required?	An identifying tab is sufficient.
71	3.7.3	17, 35	Can the Division please describe how confidential and proprietary material is to be handled on the electronic copy of the proposal to be submitted?	Confidential and proprietary material contained in the Technical Proposal should be stored in a separate document but on the same disc as the part to be made public.
72	4.3.1	29	Can the Division please provide a list of companies that submitted Letters of Intent to submit a proposal?	That information cannot be released during the procurement process.

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73	5.7	40	Does DOM presently subscribe to any specific project management methodology, or have a preference for the approach? (PMI, Agile, etc.)	DOM currently subscribes to PMI. However, the Offeror may propose others.
74	5.7	40	Does the Division have a specific change management policy/methodology they would like the contractor to conform to?	No.
75	5.8	40	How many resources, and in what anticipated roles, will DOM provide for this project?	DOM TPL and Systems staff will be available.

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76	5.8	40	<p>Is a role-based project organization chart available, specific to this initiative, from DOM?</p> <ul style="list-style-type: none"> <li>▪ What is DOM's expectation with the contractor for capturing time-to-task of DOM assigned personnel?</li> </ul>	No.
77	5.8	40	<p>Is it acceptable to submit a Microsoft Project 2007 file, with associated requested views (task/subtask, Gantt, Network Diagram)?</p>	That is acceptable.
78	5.8	40	<p>Does DOM already have an enterprise project management (EPM) system in place (MS Project Server, Clarity, Daptiv, etc.)?</p> <ul style="list-style-type: none"> <li>▪ If so, is there an expectation of contractor integration/use of this system?</li> </ul>	No.

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79	7.2.2	43	Regarding the evaluation of the technical proposal, will the Division please identify how the 200 points allocated to Methodology is allocated over the six projects in the scope of work and the seven criteria set forth in Section 7.2.2.3?	No further information concerning the evaluation process will be given.
80	7.2.3	44	Will the Division please describe how the implementation costs are factored into the cost evaluation?	Implementation costs are a part of the total cost.
81	7.3	45	Will the Division please describe if the selection criteria used by the Executive Director are consistent with the evaluation process identified in Section 7.2.2, or can additional factors not used in the Evaluation of the Business/Cost Proposal be incorporated?	No further information concerning the evaluation process will be given.

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82	8.4.2	48	Can DOM please describe what data matches or insurance identification activities are currently performed, and the approximate number of identifications annually?	<p>Please see recently posted Mississippi Division of Medicaid Provider Policy Section 6.0 Third Party Recovery.</p> <p>Please see Current Recoveries document on our website.</p>
83	8.6.2	49	Does DOM maintain a lockbox for recoveries or will the vendor be required to establish a new one, and if so, will the Division describe specific requirements?	DOM will specify requirements for lockbox to be established by the Contractor.
84	8.7.1	50	Can you please identify all Medicare eligibility files and online access that DOM currently uses? Is the list provided in this section comprehensive?	Presently DOM uses SDX, MMA, BENDEX, SVES. Further details will be provided during the implementation phase.

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85	8.9	51	Will the state please confirm that the Contractor will be provided a file of child support cases in order to meet the requirements of this section?	Yes.
86	8.9.1	51	Will the Division please further define “unfulfilled medical support orders?”	Of the total number of parents court ordered to provide medical support, a large percentage are not complying.
87	8.9.2	51	Will the Division please clarify if the financial assistance requirement referred to in this section is that the contractor is to determine if the non-custodial parent is ordered to provide cash medical support?	Sec. 8.9 #2 requires the Contractor to determine whether non-custodial parents are required to provide financial assistance.



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88	8.9.3	51	Regarding the requirement to reimburse DOM for the use of services, either by a minimum monthly contribution per child established by the IV-D agency, or Medicaid per member/per month cost, will the Division specifically document the service level expectations for the Contractor?	The Offeror should determine how best to respond to this requirement.
89	8.9.3	51	Does DOM currently receive Medicaid reimbursement from Child Support collections? If so; <ul style="list-style-type: none"> <li>▪ How often are payments received?</li> <li>▪ What is the annual total for number of cases?</li> </ul>	Please see recently posted Mississippi Division of Medicaid Provider Policy Section 6.0 Third Party Recovery
90	8.9.4	51	Regarding the requirement to recover Medicaid payments made to recipients with unfulfilled medical support orders upon termination of eligibility, will the state please clarify the service level expectations for the contractor?	The Offeror should determine how best to respond to this requirement.

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91	8.9.4	51	Regarding the requirement to recover Medicaid payments made to recipients with unfulfilled medical support orders upon termination of eligibility, will the state please explain the instances that a recipient would receive a Medicaid payment directly?	Sec. 8.9.4 refers to Medicaid payments for services on behalf of the recipient. Medicaid does not pay recipients directly.
92	8.9.5	51	Regarding the requirement to tabulate Medicaid expenditures and provide annual updates to the non-custodial parent, is DOM currently providing this annual update to non-custodial parents?	Please see recently posted Mississippi Division of Medicaid Provider Policy Section 6.0 Third Party Recovery
93	8.9.5	51	Will the Division please provide the background and additional information relating to the requirement to tabulate Medicaid expenditures and provide annual updates to the non-custodial parent?	Please see recently posted Mississippi Division of Medicaid Provider Policy Section 6.0 Third Party Recovery

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94	8.9.6	51	Regarding the requirement to utilize cost avoidance procedures on those members with known third party provided by a non-custodial parent, has the MS Office of Child Support Enforcement agreed to allow the selected vendor to generate National Medical Support Notices or employer surveys for Medicaid children who have a child support case also?	No. The Contractor will be responsible for its own agreements.
95	3.10.1, 5.2 (3)	21, 35	<p>Section 3.10.1 of the Contract portion of the RFP prohibits any contractual limitation on a Contractor's liability as well as any exclusion of consequential damages. One example of a consequential damage for which a Contractor will be held liable is the loss of matching federal funds, as set forth in Section 5.2(3). Amending these contractual provisions so as to permit a reasonable limitation on damages and an exclusion of consequential damages, including liability for the loss of federal funding, would have the following advantages for the State:</p> <p>Encourages More Responsive and Responsible Bidders to Bid, Providing Best Value to the State:</p> <p>The delivery, implementation and operation of third party data matching and recovery services involves products and services that are critical to the State and for which the State needs technically responsive and financially responsible bidders to bid as those are the</p>	The Division is unable to waive or limit liability. This position is consistent with previous Opinions of the Attorney General.

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			<p>types of bidders who can provide “best value to the State”.</p> <p>Bidders who have those characteristics are not likely to bid if there is no contractually specified cap on a Contractor’s damages and if consequential damages are not excluded. On the other hand, bidders with few assets would be the type of bidders likely to bid and accept Section 3.10.1 as written, albeit without the practical capability of providing the State with a meaningful remedy.</p> <p>Enables Bidders To Provide Lower Pricing to the State:</p> <p>A contractual cap on a Contractor’s liability and excluding consequential damages will permit bidders to offer lower pricing to the State as they will not have to try to price the increased contractual risk into their price.</p> <p>A Contractual Cap on Liability and Excluding Consequential Damages Is Consistent with Mississippi Law:</p> <p>A contractual cap on a Contractor’s liability and excluding consequential damages is also consistent with Sections 2-316 and 2-719 of the Uniform Commercial Code, as adopted under Mississippi law.</p>	

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			<p>Questions:</p> <p>1. Based on the above, would the State amend Section 3.10.1 so as to read as follows or so as to otherwise be consistent with the principles reflected in the language below?</p> <p style="padding-left: 40px;">“Nothing in this Contract shall be interpreted as excluding or limiting any liability of the Contractor for personal injury, property damage or death caused by the Contractor.</p> <p style="padding-left: 40px;">Neither the State nor Contractor shall be liable for consequential, special, indirect, incidental, punitive or exemplary loss, damage or expense related to Contractor’s conduct or performance under this Contract, including, without limitation, the loss of any federal matching funds.</p> <p style="padding-left: 40px;">Contractor’s liability for any actual damages incurred by the State, whether based in contract, tort or otherwise, and whether arising out of a direct claim by the State under this Contract or through any of the indemnification provisions shall not exceed, in the aggregate the total Contract value.</p> <p>2. In the alternative, will the State consider proposals that either propose alternative language such as the above or contain language that states that the parties will negotiate a mutually acceptable limitation of liability?</p>	

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96	3.2	11	<p>This Section of the RFP states that “liquidated damages for failure to meet specific performance standards set forth in the scope of work may be assessed as specifically set forth in each performance standard”. In the scope of work, there are neither “performance standards” nor are there specified liquidated damage amounts.</p> <p>Questions:</p> <ol style="list-style-type: none"> <li>1. Where are the performance standards in the scope of work or should this Section of the RFP be deleted?</li> <li>2. If there are liquidated damages, what are the liquidated damage amounts and when do they apply?</li> <li>3. If there are liquidated damages, typically, they are imposed in situations where the State cannot prove actual damages. As such, it is frequently the case that a contract will state that liquidated damages are the sole and exclusive remedy. Will the State amend the RFP to include that principle?</li> <li>4. In the alternative, will the State consider proposals that state that the parties will negotiate mutually acceptable liquidated damages terms and conditions?</li> </ol>	<p>The performance standards are negotiated upon notification of the intent to award the contract. The Division does have authority to negotiate amounts for liquidated damages.</p>
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97	3.5, Appendix A	16, 58	<p>Section 3.5 of the Contract portion of the RFP requires cost or pricing data to be current “as certified in the Contractor’s certification of current cost or pricing data”. Yet, there is no portion of the RFP that contains a certification by the Contractor of current cost or pricing data.</p> <p>Questions:</p> <p>Can Section 3.5 be amended so as to delete the requirement that cost or pricing data must be current as certified in the Contractor’s certification of current cost or pricing data?</p> <p>If not, can the State explain this portion of Section 3.5?</p>	<p>It is the responsibility of the Offeror to certify cost or pricing data to ensure the accuracy of the proposal.</p>
98	5.4.2	37	<p>This Section of the RFP requires the contracting entity to provide financial statements for each of the last five (5) years. Many technically responsive and financially responsible bidders may be private companies who might not otherwise have the level of financial detail requested. On the other hand, financial information may be available for the contracting entity’s ultimate parent company.</p> <p>Question:</p> <p>Will the State accept audited financial statements from a contracting entity's ultimate parent company if the contracting entity does not have the specific financial information called for in this Section?</p>	<p>The Offeror should determine how best to respond, but information specific to the offeror is requested.</p>

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99	5.5.3	38	<p>May the bidder include resumes for non-Key Staff positions?</p> <p>If so, are references needed?</p>	<p>Offerors may include resumes for non-Key Staff positions. References are not required for non-Key Staff.</p>
100	5.4.3	37	<p>References are required for each "Type of Service" or "Type of Experience". Are the types the 6 types appearing in Section 8.0?</p>	<p>Yes.</p>
101	5.34.3 #8	38	<p>Do "contract terminations" mean just for the specific reference being discussed?</p> <p>Does this include terminations for contract expiration?</p>	<p>The Division is interested in any contracts which have been terminated for cause or for convenience prior to the scheduled expiration date of the contract. The Division is also interested in terminations wherein the party had an exercisable option to extend the contract but instead chose to terminate.</p>
102	5.6	39	<p>Do the "services described in the scope of work, Section 8," refer to Sections 8.4 to 8.12?</p> <p>If not, which Sections?</p>	<p>All requirements should be met.</p>
103	3.3, 8.2	12	<p>Please confirm the contract awarded will be three months in duration? This is inconsistent with the language at Section 8.2, which states this will be a two year contract with two one-year options.</p>	<p>Section 3.3 should be corrected to read "expires September 30, 2011."</p>



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104	3.6	16	The State's timetable seems to contemplate contractors will begin work sooner than 30 days after award of contract. How are contractors to secure approval of a subcontractor/subcontract in the 30 days required here?	This activity would occur during the implementation phase.
105	3.7.3	17	May offerors mark confidential information, as opposed to binding it separately? It is not practicable to bind pages of our technical and cost proposal separately.	The technical and business/cost proposals must be sealed separately. There may be no cost or pricing information included in any part of the technical proposal. You may mark confidential items within each proposal.
106	5.4.1	37	Proposal is to include "number of personnel currently engaged in project operations." Does that mean all direct charge employees?	The Offeror should determine how best to respond.
107	5.4.3	38	Corporate Experience requires bidders to supply "personnel requirements" for each experience. Does this mean staff by job title or level? If not, what does it mean?	The Offeror should determine how best to respond.
108	8.17.1		This section specifies contractors are to be paid at cost for the implementation phase. What rules govern cost estimation and settlement in Mississippi procurement?	The Offeror should propose their best price with sufficient explanation to justify.

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109			May CPA firms legally contract on a contingency basis in the state of Mississippi?	The Offeror should determine appropriateness according to state law and ethical considerations.
110			This contract is contingent on appropriation, but contractors will be paid on a contingency basis. Are funds appropriate for this contract? How is the contingency basis accounted for in the appropriation?	No information concerning funding will be given.
111	3.9.7		Will the State consider removing 3.9.7 Cost of Litigation?	Sec. 3.9.7 will not be modified.
112			Will the State consider removing 3.9.8 Attorney Fees?	Sec 3.9.8 will not be modified.
113	3.10		Will the State consider substituting the following language for 3.10 – Indemnification? “The Contractor agrees to indemnify and hold harmless DOM, the State of Mississippi, their officers, agents, employees, representatives, assignees, and contractors from and against claims arising from the gross negligent acts of Contractor in performance of this contract.”	Section 3.10 will not be modified.

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114	5.2.3		Please explain Section 5.2.3 in the context of this program. For what potential loss of Medicaid funds will Contractors' payments be reduced? Will the contractors payments for actual costs to set up the program be reduced, or only the contractors' fixed or contingency payments?	Refer to Sec. 3.2 concerning performance guarantees/penalties.
115	8.17.3		Will the recovery percentage be calculated on the basis of the gross recovery, or on the basis of the state's recovery (i.e., the state's net after the federal matching portion is repaid)?	Gross.
116	3.3	12	The term of the contract period begins when signed and expires 90 days after contract execution. This implies the contract will expire after the implementation phase. These time frames are not consistent with the rest of the RFP. Can you please clarify?	Section 3.3 should be corrected to read "expires September 30, 2011."
117	8.0	46	<p>Can the state please provide TPL recoveries for the past three years for the following;</p> <ol style="list-style-type: none"> <li>1. Number of commercial insurance policies verified monthly for past 3 years</li> <li>2. Actual pay and chase commercial recoveries for the past 3 years</li> <li>3. Commercial insurance cost avoidance for the past 3 years</li> <li>4. Medicare Part A, B, and D TPL recoveries for the past 3 years</li> <li>5. Average monthly Medicare buy in policies for the past three years</li> <li>6. Medicare cost avoidance for the past</li> </ol>	Please see Current Recoveries document on our website.

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			<p>three years</p> <p>7. Pharmacy pay and chase recoveries for the past three years</p> <p>8. Monthly Pharmacy policies verified for the past 3 years</p>	
118	8.11	52	<p>The RFP reporting requirements monthly reports on cost avoided claims and savings for pharmacy and medical</p> <p>Since the contractor will update the states TPL resource file in order for the MMIS to cost avoid claims. Usually the TPL contractor cannot determine cost avoidance savings since these metrics are tracked in the MMIS. Is it the states intent to provide the vendor with all necessary data from the MMIS in order to compile these reports?</p>	DOM will provide data if and when necessary for required reporting.
119	Appendix A	58	<p>Is it correct to assume we should provide a cost proposal to include a fixed fee for the implementation phase of the projects in addition to the requirements for the operations phase of the project?</p>	Yes.