

**Healthcare Delivery Systems Consultant RFP #20150508
Questions and Answer Document**

Question #	RFP Section #	RFP Page #	Question	DOM
1.	1.0-1.1	7	What are the overall economic objectives of this engagement for the State Medicaid and CHIP programs (i.e. how much is the State of Mississippi trying to save?)?	The RFP is a request for the prospective contractors to submit any possible proposals for quality, access, and/or cost savings. There are no defined limitations. DOM encourages creative and innovative responses.
2.	1.1	7	“The Contractor will provide research and analytical services in the design, development, and implementation of new healthcare delivery initiatives”. Research, design and development of new healthcare delivery initiatives could be very broad along the healthcare continuum. Please define the limitations, if any, from preventive to end of life care?	The RFP is a request for the prospective contractors to submit any possible proposals. There are no defined limitations. DOM encourages creative and innovative responses.
3.	5.5	48-50	Implementation of new healthcare delivery initiatives again could be very broad. What specific role(s) is the Contractor expected to play in the implementation beyond “advisory” and for how long?	This will be determined as initiatives are developed. There are no defined limitations. DOM encourages creative and innovative responses.
4.	1.2	7	What is the engagement’s completion date? We are under the impression that this is a two-year engagement. Please confirm.	Please refer to the RFP section 4.3 (Term of Contract). The base contract term is three (3) years with two (2) possible one (1) year extensions.

5.	1.1	7	<p>On January 1, 2015, MississippiCHIP was changed from a traditional insurance plan to a managed care program. DOM has contracted with two Coordinated Care Organizations (CCOs), Magnolia Health Plan and UnitedHealthCare Community Plan, for the administration of MississippiCAN and MississippiCHIP. Will Contractor have access to the two CCO's claims data since January 1, 2015?</p>	<p>Claims data will be available, but is not real time data. Claims access and initiatives will be developed. However, selected contractor must first submit a Business Associate Agreement and a Data Use Agreement.</p>
6.	1.1	7	<p>What level of claims detail and time periods for Medicaid and CHIP beneficiaries are available to the Contractor retained to perform this work prior to January 1, 2015?</p>	<p>DOM will provide necessary data to the contractor for the accomplishment of the tasks developed as a result of this RFP. Selected contractor must submit a Business Associate Agreement and a Data Use Agreement prior to data release.</p>
7.	Overall Question		<p>How does the State of Mississippi define engagement success?</p>	<p>A successful engagement is when the Contractor assists DOM in achieving one or more of the MississippiCAN or MississippiCHIP goals with measurable results:</p> <ul style="list-style-type: none"> • improve beneficiary access to needed medical services • improve quality of care • improve program efficiencies as well as cost predictability

8.	1.1	7	<p>MississippiCAN and MississippiCHIP currently provide coverage for all medically necessary covered services on a full-risk capitated contractual basis for the enrollees.</p> <p>Please provide a list of what is included in “all medically necessary covered services”.</p>	<p>Please refer to section 2.4 (Electronic Availability), which includes links to DOM’s Administrative Code which lists benefits throughout the document. See Title 23, Part 200, Chapter 2: Benefits http://www.medicaid.ms.gov/wp-content/uploads/2015/06/AdminstrativeCode.pdf</p>
9.	1.1	7	<p>What actuarial analyses have been performed, if any, on the almost 600,000 enrollees in the two programs?</p>	<p>Please refer to section 1.1 (Purpose) of the RFP stating that the selected Contractor will provide research and analytical services. Any additional vendor analyses will be developed as needed. DOM currently contracts with another vendor for actuarial services. Only data considered public information may be provided.</p>
10.	Overall Question		<p>PCMH: To what extent, if any, has the DOM supported or encouraged the development of Primary Care Medical Homes, for either adult or pediatric care, among primary care providers for MississippiCAN or MississippiCHIP? For example, has the DOM paid a FFS differential or higher capitated rates to those providers who have achieved a certain level of NCQA certification in PCMH?</p>	<p>DOM supports developing the PCMH; however, to this date this has not been developed. Offerors may be expected to assist DOM in pursuing this goal. DOM encourages creative and innovative responses.</p>

11.	Overall Question		<p>Alternative Payment Methodologies (APM): To what extent, if any, has the DOM been solicited by providers (hospitals, physicians, ancillary care, etc) to adopt alternative payment methodologies (e.g., pro-fee capitation for regional specialty care, global payment for regional ambulatory care, bundled payments for selected procedures, shared-savings programs, etc). Regarding</p> <p>The inclusion of inpatient costs in a global payment mechanism in December 2015, what has been the provider</p>	DOM has not adopted any alternate payment methodologies to date.
12.	Overall Question		<p>Participating Providers: Does the DOM feel you have enough participating providers (hospitals, physicians, ambulatory diagnostics, ancillary care, etc) to care for the anticipated 540K Medicaid beneficiaries in 2016, or do you anticipate having to “recruit” additional providers? Does a state statute exist compelling all providers to participate in Medicaid, or is it voluntary in Mississippi?</p>	Mississippi Medicaid providers voluntarily enroll in the program. DOM continuously recruits additional providers to participate in our existing networks.
13.	Overall Question		<p>Narrow Networks: Has the DOM contemplated the creation of a “narrow network” of providers for the care of Mississippi-Medicaid and CHIP, with the understanding</p> <p>That the DOM would pay those selected providers more per beneficiary in exchange for reducing the total cost of care per beneficiary per year?</p>	DOM has not adopted any such strategy to date however; Offerors are encouraged to provide creative and innovative responses.

14.	Overall Question		Health Coaches and Navigators: Does the DOM pay provider organizations to use health coaches and navigators?	DOM has not adopted any such strategy to date however; Offerors are encouraged to provide creative and innovative responses.
15.	Overall Question		Hierarchy of Healthcare Expense: What are the 10 most prevalent diagnoses (ambulatory and inpatient) among the ~ 370K CAN + CHIP beneficiaries today? Has one or more of those increased more rapidly than the others? What are the 10 diagnostic groups that consume the greatest expense per beneficiary today?	This information is not available, but may be developed and made available to the selected contractor.
16.	Overall Question		Adoption of EMR: What percentage of current Medicaid and CHIP providers use an EMR? Of those, what percentage use EPIC?	The information that is currently available is dated. However DOM is in the process of developing more current data.
17.	Section 1.3, Item 3	Page 10 of 62	The Contractor shall monitor current program processes and systems to define and prioritize project tasks and workflow processes based on program requirements and objectives. Please clarify whether this request is specific to MississippiCAN and MississippiCHIP, or applies to the overall Medicaid program.	The RFP applies to all programs under the authority of the Division of Medicaid.
18.	Section 1.3, Item 5	Page 10 of 62	Please clarify the State's requirements with regard to the timeline for loading, cleansing and preparing data such that the State can meet its various deadlines related to data	A standard timeline would be ninety (90_ days based on the volume of the data extract. This timeline could vary based on the agreed upon data

			analysis. If possible, please provide the date by which the successful vendor must complete the necessary ramp-up activities.	extract and immediacy. Selected contractor must submit a Business Associate Agreement and a Data Use Agreement, and claims access and initiatives will be developed.
19.	Section 2.1, Organizations Eligible to Submit Proposals	Page 13 of 62	Is it the State’s intent that a firm required to conduct independent assessments, such as the actuarial rate certification for Mississippi Medicaid CCOs, an independent audit of said CCOs, or an independent audit of the Medicaid program’s adherence to Federal regulations (e.g. DSH), would still be eligible to provide consulting services, as prescribed and contemplated within the RFP; or, it is the State’s intent that an eligible Offeror would not be providing independent attestations pursuant to auditing the Medicaid agency and/or attesting to the soundness of rates?	DOM currently contracts with vendors for auditing and actuarial service. DOM cannot have a contract that would result in a duplication services or a conflict of interest.
20.	5.4.2, Audited Financial Statements	Pages 47-48 of 62	As a publicly traded company our financial statements are more than 100 page (per year), thereby adding approximately 500 pages to our proposal to meet RFP requirements (five years). To reduce the environmental impact, would the State accept hard copies of the required financial documents in the proposal marked “original” along with an electronic copy and 24/7 access to the financial documents on the investor tab of our website?	Financial statements may be submitted on electronic medium or via a link to a website containing the information.

<p>21.</p>	<p>Section 5.8, Work Plan and Schedule</p>	<p>Page 51 of 62</p>	<p>This section requests submission of a Work Plan and Schedule that must include a detailed work plan broken down by tasks and subtasks and a schedule for the performance of each task included in each phase of the contract. The work plan to be proposed should include all responsibilities, milestones, and deliverables outlined previously in this RFP. As the RFP sets forth general tasks and not specific projects, developing a project plan for evaluation purposes that is meaningful may not be possible.</p> <p>Would the State consider modifying this requirement to request only information about how the vendor typically develops and uses Work Plans and Schedules, and to include assurances for meeting the submission timeframes for DOM? Or, to allow submission of a sample Work Plan?</p>	<p>DOM will allow the submission of Offer's typical work plan for review addressing requirements of this RFP, if the Offeror prefers. Final Work Plans will be agreed upon by DOM and the Contractor after Contract award.</p> <p>Because the RFP is for consulting services and specific projects have not yet been determined, the Offeror should submit with its proposal sample project schedules of previous work completed or tentative projects to be completed.</p>
<p>22.</p>	<p>7.2.2, Phase 2 – Evaluation of Technical Proposal</p>	<p>Page 53 of 62</p>	<p>DOM has not assigned any points for demonstrated familiarity with the issues, obstacles, and opportunities that are unique to the State of Mississippi. How will the State address this in a matter commensurate with the immediacy of the services expected upon start of the new contract?</p>	<p>The assigned points in section 7.2.2 will stand as stated in the RFP.</p>
<p>23.</p>	<p>Appendix B</p>	<p>Page 6 of 62</p>	<p>Please provide information on DOM's intent for Offerors to use Appendix B to the RFP.</p>	<p>For the proposal, Offeror shall include a detailed description of data requirements (such as fields, frequency and usage) that are necessary for the provision of services described in this RFP. Appendix B is the universe of data that is available via DOM's standard claims extract file. DOM and the awarded Vendor will decide on the appropriate assimilation of data upon contract award.</p> <p>If data beyond what is available via the standard</p>

				<p>extract file is necessary, Offeror shall describe those data fields utilizing the Data Request Form attached to this Q&A document. Any charges associated with the preparation and transfer of a data extract file between DOM’s Fiscal Agent and the Contractor shall be borne by the Contractor. A Business Associate Agreement, Data Use Agreement, and/or other similar instrument may be required before access to DOM data is given.</p>
24.	5.8.3 and 5.8.4	Page 51 of 62	<p>RFP Section 5.8.3 requests a Network diagram <i>showing planned start and end dates for all tasks/ subtasks</i> and 5.8.4 requests a Gantt chat <i>showing planned start and end dates for all tasks/ subtasks</i>. Please clarify and describe what the State is expecting to see in a “network diagram” vis-à-vis the Gantt diagram.</p>	<p>DOM requires submission of standard network diagram and Gantt chart. The network diagram is more of a flow chart delineating the sequence of activities that project follows to the end. The Gantt chart is a project management chart to easily visualize project management timelines by tasks with duration periods to the end. Because the RFP is for consulting services and specific projects have not yet been determined, the Offeror should submit with its proposal sample project schedules of previous work completed or tentative projects to be completed. This also includes previous or tentative network diagrams.</p>
25.	1.3 Contractor Responsibilities (All)	10	<p>Could the Division of Medicaid (DOM) list anticipate deliverables and major milestones over the course of the contract years to be associated with each of the required Contractor Responsibilities?</p>	<p>This will be determined upon implementation of contract and as initiatives are developed. DOM’s goals are as follows:</p> <ul style="list-style-type: none"> • improve beneficiary access to needed medical services

				<ul style="list-style-type: none"> • improve quality of care • improve program efficiencies as well as cost predictability <p>Please refer to the below link on DOM’s website regarding the MississippiCAN program:</p> <p>http://www.medicaid.ms.gov/programs/mississippi-can/</p> <p>http://www.medicaid.ms.gov/programs/childrens-health-insurance-program-chip/</p>
26.	2.1 Organizations Eligible to Submit Proposals; item #3	13	Could DOM please clarify “...deliverable as detailed in the Scope of Work”?	The RFP is a request for the prospective contractors to submit any possible proposals for quality, access, and/or cost savings. Details will be determined upon implementation of contract and as initiatives are developed. Please refer to section 1.0 (Scope of Work) of the RFP including but not limited to section 1.1 (Purpose) and section 1.3 (Contractor Responsibilities).
27.	1.3 Contractor Responsibilities; Responsibility #1	10	Could DOM provide guidelines regarding the anticipated level of effort to work collaboratively as an active participant in the DOM team? For instance, an estimated number of monthly hours or days of onsite activity? An estimated number of hours or days of remote activity?	DOM anticipates between five hundred (500) and one thousand (1000) hours per month total across all responsibilities. However, hours and level of effort will vary over the course of the contract as initiatives are developed and implemented.

28.	1.3 Contractor Responsibilities; Responsibility #2	10	<p>Could DOM please clarify “guiding the DOM project team...”? What does DOM see as the predominant tasks associated with “guiding”?</p> <p>Could DOM provide guidelines or estimates regarding the level of effort required to “guide the DOM project team” (hours, days, or budgetary limit)?</p> <p>Could DOM describe “current processes in use by DOM” to be reviewed and assessed by the Contractor in order to provide recommendations for improvement?</p>	<p>Offeror is expected to provide expertise, technical assistance, and guidance to DOM staff regarding the ongoing operation of DOM’s managed care programs and the implementation and operation of any new or amended initiatives.</p> <p>Please refer to response to Question #27.</p> <p>Current DOM processes will be discussed with successful Offeror.</p>
29.	1.3 Contractor Responsibilities; Responsibility #3	10	<p>Should bidders assume that Responsibility #3 may include <i>new</i> program processes and systems that might result from recommendations related to Responsibility #2?</p>	<p>Yes.</p>
30.	1.3 Contractor Responsibilities; Responsibility #4	10	<p>Could DOM please describe its vision for “new systems and technologies” for assessment of delivery systems not less than annually? For instance, does this include, potentially, new business processes? Operational procedures for program and project oversight and management? Information technology solutions to support business processes? Technology solutions to support program and policy monitoring and evaluation?</p> <p>Could DOM describe any known goals for potential future delivery systems changes or enhancements that are related to the activities outlined in the RFP?</p>	<p>Specific new systems and technologies have not been determined; however, operational procedures always require improvement, as does information technology. The RFP is a request for the prospective contractors to submit any possible proposals for established goals and new goals. There are no defined limitations. DOM encourages creative and innovative responses.</p>

<p>31.</p>	<p>1.3 Contractor Responsibilities; Responsibility #4</p>	<p>10</p>	<p>For this responsibility, does DOM desire an annual evaluation or assessment of its delivery systems with recommendations for desirable “new systems or technology” to support these systems?</p> <p>For this responsibility, and others, are the delivery systems limited to the MississippiCAN and MississippiCHIP programs? Are other program areas, such as fee-for-services, long-term care/home- and community-based services Waiver, etc., included in this and other responsibilities?</p> <p>Could DOM please describe its vision for “new systems and technologies” for assessment of delivery systems not less than annually?</p>	<p>The RFP applies to all programs managed by the Division of Medicaid. The Offeror should submit any possible proposals for assessment and improvement. Because the RFP is for consulting services and specific projects have not yet been determined, the Offeror should submit with its proposal sample project schedules of previous work completed or tentative projects to be completed.</p>
<p>32.</p>	<p>1.3 Contractor Responsibilities; Responsibility #5</p>	<p>10</p>	<p>Could DOM please describe the <i>scope of data gathering techniques and data analysis anticipated under this RFP</i>?</p> <p>Could DOM provide <i>examples</i> of analysis and reporting (either current or desirable) that illustrate the range, depth, and extent of its in-house data collection monitoring tools or other programmatic analysis and reporting within the scope of this RFP?</p> <p>For this responsibility, is DOM seeking a data integration/management, analytic, and reporting system or solution that provides direct access for DOM staff to perform analysis or retrieve standard reporting? If yes, please describe the number of potential users and the support those users may require to effectively use the solution. If yes, please also provide information to help estimate level of effort and scope for data integration and data management (for example, years of data, number of covered lives, number of claims/record lines, refresher periods (monthly or quarterly or other), etc.</p>	<p>The RFP is a request for the prospective contractors to submit any possible proposals. Including recommended data integration/management. Selected contractor must submit a Business Associate Agreement and a Data Use Agreement, and claims access and initiatives will be developed.</p> <p>Regarding Appendix B, please refer to Question 24.</p>

			Is Appendix B related to this Contractor Responsibility? If so, how?	
33.	1.3 Contractor Responsibilities; Responsibility #6	10	Could DOM please provide additional guidelines for the level of effort for this responsibility (e.g., number of hours/days of support, budget limit, etc.)?	Please refer to response to Question #27.
34.	1.3 Contractor Responsibilities; Responsibility #7	10	Could DOM please provide additional guidelines for the level of effort for this responsibility (e.g., number of hours/days of support, budget limit, etc.)?	Please refer to response to Question #27.
35.	1.3 Contractor Responsibilities; Responsibility #9	10	Could DOM please provide additional guidelines for the level of effort for this responsibility (e.g., desirable types and levels of training, including content areas, training topics, etc.; number of staff who may participate in training activities? Number of hours/days of training activity or support? Budgetary limit? etc.)?	Please refer to response to Question #27.
36.	1.3 Contractor Responsibilities; Responsibility #10	10	Could DOM please provide additional guidelines for the level of effort for this responsibility (e.g., hours, days, or budgetary limit)?	Please refer to response to Question #27.
37.	General / All	10	If DOM is unable to provide further clarity or detail regarding specific deliverables, desired level of effort across individual Contractor Responsibilities, or budgetary limits for each Contractor Responsibility, is DOM seeking estimates of level of effort with assumptions and hourly rates and overall cost limits?	Yes.

38.	1.6 Contract Phases	11	What procedures or planning have been put in place to ensure an orderly transition from the incumbent consultant for this contract? How will this transition be timed with the initiation of the proposed scope of work?	Please refer to section 1.6.2 (Turnover Phase) of the RFP regarding turnover plan and transition.
39.	4.1 General Terms and Conditions	22	The third paragraph of this section states: “No modification or change of any provision in the contract shall be made, or construed to have been made, unless such modification or change is mutually agreed upon in writing by the Contractor and DOM.” Will DOM allow Offerors to submit exceptions/additions to the terms and conditions with its response and, if yes, what format and where should Offerors provide those exceptions/additions (e.g., as part of the transmittal letter, in an appendix etc. and as a list, a red-line of the terms and conditions, etc.?	DOM will not accept exceptions to the RFP Terms and Conditions during the RFP process. This clause allows for DOM and the selected Contractor to modify the contract after execution of the contract.
40.	General	1	The due date is identified as June 12, 2015, one week after responses to questions. Is the State willing to consider a due-date extension in order for Offerors to adequately address the answers to questions?	Please see the bottom of this document for the revised schedule.
41.	General	N/A	Because specific tasks and deliverables are not clearly identified, is another round of questions and answers possible?	At this time there are no plans for a second round of questions and answers.
42.	Appendix B	58	Appendix B provides a link to an Excel document but it is not referenced within the text of the RFP besides the Table of Contents. Please describe how Appendix B should be used to shape the proposed offering.	Please refer to DOM’s response to Question #24.

RFP #: 20150508

Date: 6/17/15

Table 1: RFP and Procurement Timetable

Date	Process
May 8, 2015	Public Release of RFP
May 29, 2015	Deadline for Letter of Intent and Written Questions
June 17, 2015	Response to Questions Posted
June 26, 2015	Proposal Deadline
June 29, 2015	Evaluation of Technical Proposal
July 21, 2015	Evaluation of Business Proposal
July 24, 2015	Executive Review and Award
October 24, 2015	Contract Start