

ADDENDUM TWO

DATE: March 5, 2014

TO: All Vendors

FROM: Nancy Storant/Pete Kroll/Kristi Kling, Buyers
State Purchasing Bureau

RE: Round Two Questions and Answers for RFP Number 4611Z1
to be opened March 21, 2014 2:00 PM Central Time

Following are the questions submitted and answers provided for the above mentioned Request for Proposal. The questions and answers are to be considered as part of the Request for Proposal.

QUESTIONS	ANSWERS
<p>1. In reference to your RFP #4611Z1 is the State of Neb looking for an (Electronic Health Record) or just seeking a centralized data system (DBH CDS) which will collect and report on treatment and prevention data, including authorization of services and billing reconciliations?</p>	<p>No, the State is seeking a centralized data system (DBH CDS) as described in the RFP.</p>

QUESTIONS	ANSWERS
<p>2. APPENDIX A Requirement # FRTM-1 Page 4 Requirement: Ability to have a standardized, overarching data meta structure into which it maps data, including the flexibilities to store, rationalize and normalize data from disparate systems, thus eliminating duplicity</p> <p>Question: Could the state please provide more background on this requirement? Is the state looking for a Master Data Management solution with regards to Providers and Clients</p>	<p>The State is not looking for a clinical practice management system. The State is looking for a master, centralized data repository that interfaces with provider clinical practice management systems. The DBH CDS will replace the data storage, data analytics, and data reporting capabilities currently being provided by the current data system contractor in addition to enabling an automated system for authorizations and billing reconciliation functions.</p>
<p>3. APPENDIX A Requirement # FRTM-15 Page 6 Requirement: Ability to easily review and modify to data as security permissions allow</p> <p>Question Analytical systems typically do not allow for the modification of data. Can the state elaborate more on this requirement?</p>	<p>The DBH CDS must integrate and reconcile treatment, billing, and efficacy data from multiple input sources. The DBH CDS must have the ability to rationalize and normalize data, including the capability to allow modification of data records that are inaccurately entered or in need of updating.</p>
<p>4. APPENDIX A Requirement # FRTM-17 Page 8 Requirement Ability to receive authorization requests from providers for high level of care services</p> <p>Question: Typically, analytical systems do not process authorization requests. Could the state please provide more background on this requirement?</p>	<p>The State is seeking more than just a data analytics system. The DBH CDS will replace the data storage, data analytics, and data reporting capabilities currently being provided by the current data system contractor, in addition to a system for authorizations and billing reconciliation functions. The State is also seeking enhanced efficiency through use of a more automated process for authorizations. Please also see Exhibit 2 for a list of authorized services.</p> <p>The authorization process is described further in the document titled the BHS-web-training-manual-11-2013 with further service and authorization criteria information included in Admission, Continued Stay Discharge Criteria (Yellowbook). These documents may be found in the bidder library located at: http://dhhs.ne.gov/behavioral health/Pages/b ehBiddersLibrary2014.aspx</p>

QUESTIONS	ANSWERS
<p>5. APPENDIX A Requirement # FRTM-18 Page 8 Requirement: Automated rules-based authorization functionality to assist or replace call center interactions</p> <p>Question: Typically, analytical systems do not involve transaction oriented activity like rules-based authorization. Could the state please provide more background on this requirement?</p>	<p>Please see answer to Question 4.</p>
<p>6. APPENDIX A Requirement # FRTM-19 Page 8 Requirement: Updating of the data base records on an immediate, daily or weekly schedule depending on the level of services being provided and authorization environment</p> <p>Question: How many data sources need to be integrated into this environment? What is the update frequency of those various data sources?</p>	<p>The system must interface with Regions and provider systems. A list of current software being utilized in the Regions and by contracted providers is found in Table 1 on page 46. The envisioned system architecture is depicted in Figure 3 on page 51 in the RFP. The update frequency is expected to vary from multiple times a day to weekly or monthly depending on source and data update need.</p> <p>Please see answer to Question 23.</p>
<p>7. APPENDIX A Requirement # FRTM-21 Page 8 Requirement: Provide workflow-related rules to direct the flow of service authorizations, and ability to override (based on user security permissions) and to follow referrals and authorization for approved services funded by DBH</p> <p>Question: Typically, analytical systems do not include a workflow component. Could the state please provide additional background on this requirement?</p>	<p>This RFP requires the development of an Automated Rules Based authorization environment in addition to the CDS.</p> <p>Please also see answer to Question 4.</p>
<p>8. APPENDIX A Requirement # FRTM-24 Page 9 Requirement: Automatically verify provider contract status at time of authorization request</p> <p>Question: Typically, analytical systems do not perform transaction based activities. Could the state please provide more background on this requirement?</p>	<p>The system must have the ability to verify that the provider has authorization to provide requested service type.</p> <p>Please see answer to Question 7.</p>

QUESTIONS	ANSWERS
<p>9. APPENDIX A Requirement # FRTM-26 Page 9 Requirement: Allow entry of appeal level information for authorization requests</p> <p>Question: Typically, analytical systems do not perform transaction based activities. Could the state please provide additional background on this requirement?</p>	<p>The authorization process is described further in the document titled the BHS-web-training-manual-11-2013 with further service and authorization criteria information included in Admission, The current Appeals process is specifically described in Appendix B. These documents may be found in the bidder library located at: http://dhhs.ne.gov/behavioral_health/Pages/b ehBiddersLibrary2014.aspx</p>
<p>10. APPENDIX A Requirement # FRTM-39 Page 12 Requirement: Ability to capture data via text field entry. For example, instead of court clerks submitting commitments data via paper, they will be able to enter that data in to the DBH CDS. (Use of free text fields should be limited. Drop down menu selection is highly preferred</p> <p>Question: Typically, transaction based tasks are not part of an analytical system. Could the state please provide additional background on this requirement?</p>	<p>Not all providers have an automated data system. The bidder is required to incorporate text based data entry into the DBH CDS. A variety of data entry will be required including drop-down options for entry of data and a limited amount of open text fields. This function is in addition the DBH CDS interface with Regions and provider systems.</p>
<p>11. APPENDIX A Requirement # TRTM-10 Page 17 Requirement: Handle at least 700 users, with 200 users concurrently using the system</p> <p>Question: Are there different classes of users that will have different reporting requirements and capabilities? How many users of each type?</p>	<p>Yes, the State would expect functionality to include role-based entry of data into and access to data and reporting functions of the CDS as necessary.</p> <p>There are State and Region authorities who will have modification and data access privileges of various types which will differ from the provider user roles. The Division has 25 staff, many of whom will be accessing data or reports from the DBH CDS system thus requiring verification of user role permissions.</p> <p>Any additional details regarding the number of classes and user types will be determined during the planning and analysis phase of the project.</p>

QUESTIONS	ANSWERS
<p>12. APPENDIX A Requirement # TRTM-26 Page 20 Requirement: Ability for manual entry of data that cannot be formatted for electronic submission. Ability will be determined by access level</p> <p>Question: Typically, analytical systems do not allow for the manual entry of data. Could the state please provide more background on this requirement?</p>	<p>Please see answers to Questions 3 and 10.</p>
<p>13. APPENDIX A Requirement # OFTM-8 Page 36 Requirement: Linkage to other specialized systems, allowing the DBH to create a more comprehensive view of a member's situation (e.g. housing, crisis services, etc.)</p> <p>Question: Are there additional source systems that the state would like to pull into this solution? Does the state require real-time access to the data in these systems? If not, could the state further elaborate on what are the needs surrounding this requirement?</p>	<p>OFTM are Optional Functionalities and as such are not scored and should only be addressed in Attachment A, Form A.9 and Form A.10. Please also see IV.I on page 66 of the RFP which further describes optional functionality. This optional requirement is listed as a potential future expansion of the system.</p> <p>The bidder should propose a solution which will allow for optional functionality reports as describe in Exhibit 4 located on page 88 of the RFP.</p> <p>The update frequency is expected to vary from multiple times a day to weekly or monthly depending on source and data update need.</p> <p>Please also see answer to Question 6.</p>
<p>14. APPENDIX A Requirement # OFTM-15 Page 37 Requirement: Provide automatic pricing of claim based on the provider's contracted fee schedule and allow manual override. Support effective dates for each fee schedule</p> <p>Question: Typically, transaction based activities are not part of an analytic system. Could the state please provide additional information and background on this requirement?</p>	<p>OFTM are Optional Functionalities and as such are not scored and should only be addressed in Attachment A, Form A.9 and Form A.10. Please also see IV.I on page 66 of the RFP which further describes optional functionality.</p> <p>The CDS would be used to confirm receipt of necessary documentation to justify payment.</p> <p>Please see Figure 2 on page 48 and documentation in the bidders' library describing the current billing and reconciliations process.</p> <p>The bidder library is located at: http://dhhs.ne.gov/behavioral_health/Pages/b ehBiddersLibrary2014.aspx</p>

QUESTIONS	ANSWERS
<p>15. APPENDIX A Requirement # FRTM-23 Page 9 OFTM-11 Page 36 Requirement: Provide automatic verification of client eligibility at time of authorization request. Create alerts when eligibility terminates or changes.</p> <p>Question: Is the state expecting the successful vendor to verify the eligibility determination according to MAGI rules and state Medicaid expansion guidelines? If so, will the state be able to supply their current MAGI rules set and any additional state-specific eligibility rules that are needed to accurately verify the eligibility determination? Also, as a part of the testing and verification process, will the state supply the test scenarios and test cases that were used to validate the current MAGI base eligibility processing?</p>	<p>No, the State is looking for an automated system that is capable of determining eligibility for DBH funded services based upon the automated determination of appropriate level of care as well as DBH financial eligibility criteria.</p> <p>The client eligibility described above will be the basis for automated system alerts on client eligibility if the state chooses to fund this option.</p> <p>Specific details for DBH eligibility will be determined during the planning and analysis phase of the project.</p>
<p>16. Will providers in each region who are not already connected to an HIE (e.g.: NEHII, eBHIN, one or more RHIOs) to which our proposed solution can connect be required to sign participation agreements with the State in support of the DBH CDS? If not, does the State expect the bidders to propose outreach services to improve participation?</p>	<p>Entities receiving DBH funds are mandated to participate in data sharing with the DBH CDS; however, the State does not mandate participation with an HIE. All regions have data gathering techniques for their funded providers, which may include an HIE and be the basis for the input of data to the DBH CDS. The DBH CDS may also gather direct from service providers not otherwise participating in these electronic systems.</p> <p>The State does not expect the bidders to propose outreach services to improve participation in an HIE.</p> <p>Table 1 on page 46 provides current systems which serve as data sources. See also Figure 1 on page 47 for description of data sources.</p>

QUESTIONS	ANSWERS
<p>17. Does the State require connections with payer systems in order to populate the CDS with data extracted from medication claims and medical claims? If so, do these data need to be parsed or otherwise transformed for analysis, alerting and/or reporting purposes other than billing reconciliations? Would such connections be made to both commercial and Medicaid systems?</p>	<p>No, the system must be able to verify the eligibility for DBH funded services.</p> <p>Additional details for interfaces including MMIS may be determined in the project planning and analysis stage of the project.</p> <p>Please see Figure 2 on page 48 and documentation in the bidders' library describing the current billing and reconciliations process.</p> <p>The bidder library is located at: http://dhhs.ne.gov/behavioral_health/Pages/b ehBiddersLibrary2014.aspx</p>
<p>18. This is assuming a batch inbound data feed and not real-time, what would be the frequency? Weekly? Monthly?</p>	<p>Frequency varies by interface. The update frequency is expected to vary from multiple times a day to weekly or monthly depending on source and data update need.</p>
<p>19. Will the outbound data feeds be batch or real-time?</p>	<p>The authorizations process must occur in real-time. Other outbound data could also be updated or transmitted in real-time, but the bidder may propose a frequency selectable (nightly, weekly, etc.) batch solution.</p>
<p>20. Would the frequency of the outbound data-feeds be fully automated (always happen at the same time), on-demand or a mixture of both?</p>	<p>A mixture of both. Inbound and outbound data feeds will be fully automated, and dependent on either authorization or registration volume of the individual provider.</p>
<p>21. NOMS Report - What are the measures being reported? There are several measures that apply to different segments. Can you be specific?</p>	<p>A bidder should propose the reports which will be included in the new system based upon descriptions for reporting in Exhibit 1 and Exhibit 2.</p> <p>Further description on the NOMS can be found at: http://www.samhsa.gov/co-occurring/topics/data/nom.aspx.</p> <p>Federal reporting requirements are also included in crosswalk and data dictionaries within the bidders' library located at: http://dhhs.ne.gov/behavioral_health/Pages/b ehBiddersLibrary2014.aspx.</p> <p>Any additional details may be determined during the planning and analysis phase of the project.</p>

QUESTIONS	ANSWERS
<p>22. For Data Conversion, how many tables and fields are required for conversion?</p>	<p>Tables and fields are included in the crosswalk and data dictionaries within the bidders' library located at: http://dhhs.ne.gov/behavioral_health/Pages/b ehBiddersLibrary2014.aspx.</p> <p>Specific details for conversion are expected to be determined during the planning and analysis phase of the project.</p>
<p>23. Figure 3 on page 45 combined with Exhibit 3 indicate that there could be more that 150 distinct interfaces needed for this application. Since the State is asking for a fixed-bid price, are vendors to assume all 150+ interfaces will be needed in the initial project? If the number of interfaces is unknown, will the State consider a per-interface cost?</p>	<p>The State will not consider a per-interface cost for this RFP.</p> <p>Exhibit 3 on page 86 and 87 provides a listing of likely behavioral health service providers as well as prevention providers and coalitions.</p> <p>The State provides funding for approximately 85 behavioral health treatment providers across nearly 200 locations and approximately 50 prevention agencies and coalitions. Prevention entities are not likely to need interface capability unless Optional Functionality is pursued in the future.</p> <p>Please also see Table 1 on page 46 of the RFP for a list of programs being utilized by providers and Regions.</p>
<p>24. FRTM-11 – Can the State provide examples/specific surrounding the “Robust Predictive Capabilities” in order to allow vendors to accurately estimate state-specific work effort?</p>	<p>The State is not expecting the DBH CDS to include predictive analysis such as logistic modeling or simulation analysis. The DBH CDS must allow for effective monitoring and system planning through reporting functionality as described in Exhibit 1 and Exhibit 2 on pages 77-85 of the RFP.</p> <p>Further details of the current business practices and standards, including available data dictionaries and collection templates, addressed in this RFP may be found in the bidder library located at: http://dhhs.ne.gov/behavioral_health/Pages/b ehBiddersLibrary2014.aspx</p>
<p>25. FRTM-14 – Can the State provide information on the number and type of requests?</p>	<p>Historically, modification of fields has been limited; however, the current environment associated with ACA, HITECH, and health information exchanges creates a challenge for estimating this need. It is not expected that updates would occur any more frequently than on a quarterly basis.</p>

QUESTIONS	ANSWERS
<p>26. FRTM-15 - Can the State provide additional requirements as to what data will require modification in the CDS?</p>	<p>Historically, modification needs have been in regard to incorrect data entry or updates related to names, addresses, treatment progress, etc., in addition to updates related to billing numbers and pricing.</p>
<p>27. FRTM-16 - Can the State provide additional details surrounding "Once an episode of care has concluded a new admission will start a new episode of care with that episode containing appropriate transfers."</p>	<p>Episode of Care is described further on page 16 in the document titled the BHS-web-training-manual-11-2013. This document may be found in the bidder library located at: http://dhhs.ne.gov/behavioral_health/Pages/b ehBiddersLibrary2014.aspx</p> <p>For purposes of this RFP, Episode of Care is also defined in the Glossary of the RFP.</p> <p>DBH desires flexibility in tracking an individual through all instances of treatment, within the continuum of care and including transfers between services.</p>
<p>28. FRTM- 20 – If a duplicate authorization request is send via interface, how providers alerted in the current system? How are providers to be alerted in the new system?</p>	<p>The current data system contractor conducts reviews based on rules of duplication. The new DBH CDS will use a method that the bidder proposes. Bidders should propose the best solution in response to this RFP.</p> <p>The current authorization and billing reconciliation process is illustrated in Figure 2 on page 48 of the RFP. The authorization process is described further in the document titled the BHS-web-training-manual-11-2013 with further service and authorization criteria information included in Admission, Continued Stay Discharge Criteria (Yellowbook). These documents may be found in the bidder library located at: http://dhhs.ne.gov/behavioral_health/Pages/b ehBiddersLibrary2014.aspx</p>
<p>29. FRTM-23 - Does eligibility verification require external interfaces with payers? Do those exist in the current system and can they be replicated?</p>	<p>If the question is whether the eligibility requires interface with insurance or other types of external payer sources, then no. Eligibility verification does require interface with Region and provider systems for DBH-funded services.</p> <p>Please also see answer to Question 17.</p>

QUESTIONS	ANSWERS
<p>30. FRTM-45 – Is this requirement to allow users to create customizable views, or for the vendor to create the views? If vendor is to create views, can the State provide details on the number and complexity of the views?</p>	<p>The users need to be able to select from a menu of reporting views which allow flexible reporting capabilities enough that the provider, Region, or State can select specific variables of interest (such as service type or by provider) for ad hoc reporting and comparative reports in addition to pre-set monthly, quarterly, or annual reports. Specific details regarding the number and complexity of the views are expected to be determined during the planning and analysis phase of the project.</p>
<p>31. TRTM-3 - Can the State provide examples of the specific provisions this requirement refers to?</p>	<p>Research and a demonstrated understanding of the current requirements of the HITECH provisions of the ARRA (http://www.healthit.gov/sites/default/files/hitech_act_excerpt_from_arra_with_index.pdf) are expected to be a part of a proposal.</p> <p>Specific details for provisions are expected to be determined during the planning and analysis phase of the project.</p>
<p>32. TRTM-4 – Can the State provide additional background information on the standards required?</p>	<p>While the State is not mandating the use of a behavioral health information exchange at this time, the bidder is expected to address how its solution supports the current and future behavioral health information exchange standards.</p> <p>Specific details regarding this requirement are expected to be determined during the planning and analysis phase of the project.</p>
<p>33. TRTM-6 – Is the requirement to view data on NeHII, or to have the capability to import data from NeHII via interface?</p>	<p>The DBH CDS must have the capability to interface with NeHII.</p> <p>Please also see Table 1 on page 46 of the RFP for a list of programs being utilized by providers and Regions.</p>
<p>34. TRTM-20 - What are DHHS policies for data destruction and archival</p>	<p>Current DHHS policy for data destruction and archival state: Electronic data must have backup monthly; dispose of after 7 years or when no longer of administrative value, whichever is later. A security backup copy can be disposed of after superseded.</p>

QUESTIONS	ANSWERS
<p>35. TRTM-23 - What are the automated data corrections required via upload?</p>	<p>This is a requirement for validation of data entering into the DBH CDS. Alerts will need to be generated when data conflicts between the DBH CDS rules of data receipt and incoming information from other data systems.</p> <p>Specific rules of data receipt are expected to be determined during the planning and analysis phase of the project.</p>
<p>36. TRTM-31 - What are the specific fields that can be changed?</p>	<p>Examples of fields that may be changed may include name, DOB, SSN, address, numbers of units of service, or other data related to authorizations. The ability to change these fields will be based on user roles.</p> <p>Please also see answer to Question 26. Specific fields and user roles are expected to be determined during the planning and analysis phase of the project.</p>
<p>37. Question Number 1. RFP Section Reference 3. Overall Data System Improvements RFP Page Number 45 Question: Can you estimate the annual number of transactions in the current system?</p>	<p>The number of authorization requests for Fiscal Year 2013 in the current data system was approximately 17,500, of which approximately 17,200 were authorized and approximately 2% of requests required reconsideration action.</p>
<p>38. Question Number 2. RFP Section Reference Table 1 Clinical Practice Management and Case Management Systems Used by Regions and Providers RFP Page Number 46 Question: Can you estimate the annual number of transactions or record transaction from the different EMRs?</p>	<p>The number of transactions or record transaction from the different EMRs is difficult to estimate. Authorizations, Registrations and Re-registrations for Fiscal Year 2013 were approximately 46,000.</p> <p>There is not one complete, centralized data warehouse system currently in place. This RFP is taking proposals for the development of a data warehouse system which can securely transmit and retrieve data on behalf of contracted providers, the State's six Behavioral Health Regions (Regions), and other DHHS information systems (see Table 1 and Figure 1 in the RFP, pages 46 and 47, respectively).</p>
<p>39. Question Number 3. RFP Section Reference Exhibit 3 RFP Page Number 86 Question: This section lists the expected providers for SFY 2014 – Is there historical information to estimate the annual volume of data and transactions submitted?</p>	<p>Please see answer to Question 38.</p>

QUESTIONS	ANSWERS
<p>40. Question Number 4. RFP Section Reference II. Billing Request and III. Funding Sources/Authorized Services and Payments RFP Page Number Page 83-84 Question: This section lists Authorized Services and Payments types, as well a Billing Request by funding source – Please estimate the volume of transactions annually</p>	<p>Please see answer to Question 38.</p>
<p>41. Question Number 5. RFP Section Reference Item 4 Data Conversion RFP Page Number 62 Question: There is a requirement for three years of data conversion. Please tell us what type of data must be converted, the format of the data, and approximate size?</p>	<p>The current data system utilizes an Automated Programmatic Interface (API) between the current data system solution and select clinical practice management systems.</p> <p>Inputs into the as-is system include manual entry, Excel CSV import, proprietary interfaces with clinical practice management, and EHR systems using common data transmission protocols and a proprietary interface with the current data system contractor.</p> <p>Please also see answer to Question 38.</p>
<p>42. Question Number 6. RFP Section Reference IV. Project Description and Scope of Work E.2.A Technical Requirements RFP Page Number 50 Question: How many users will be DBH staff vs. contracted providers?</p>	<p>For information on expected data system users, please see Overall System Architecture Requirements described in Section IV.E.2.a, page 50, of the RFP.</p> <p>There are approximately 25 DBH staff who potentially could use the system.</p> <p>DBH-funded providers and coalitions are listed in Exhibit 3 on pages 86 and 87. The State provides funding for approximately 85 behavioral health treatment providers and approximately 50 prevention agencies and coalitions. A listing of likely prevention and behavioral health service providers is given in Exhibit 3 on pages 86 and 87.</p>
<p>43. Question Number 7. RFP Section Reference IV. Project Description and Scope of Work E.2.A Technical Requirements RFP Page Number 50 Question: Could you provide us the number/breakdown of your staffing by role?</p>	<p>There are approximately 25 DBH staff who potentially could use the system: there are five (5) data analytics individuals who will have full access to the data system, and the balance have relevant behavioral health network and/or clinical expertise.</p> <p>Any additional details on staffing and/or roles may be discussed during the planning and analysis phase of the project.</p>

QUESTIONS	ANSWERS
<p>44. Question Number 8. RFP Section Reference IV. Project Description and Scope of Work C.3.a Current Project Environment RFP Page Number 45 Question: Could you please clarify the scope of care management as it pertains to the RFP?</p> <p>Is it correct that DBH will hire the staff to perform care management functions, and the scope of the RFP includes only a platform on which to do it?</p>	<p>The State is not seeking a care management system through this RFP. The DBH CDS solution sought through this RFP is to be a centralized data warehouse system to compile data for reporting and analytics purposes.</p> <p>A care management function as expressed in this question is not relevant to the requirements of the RFP.</p>
<p>45. Question Number 9. RFP Section Reference IV. Project Description and Scope of Work C.3.a Current Project Environment RFP Page Number 45 Question: Could you please provide the total number of contracted providers?</p>	<p>Please see answer to Question 42.</p>
<p>46. Question Number 10. RFP Section Reference V. Proposal Instructions A.2.i Technical Proposal Submission RFP Page Number 70 Question: Typically the specific professionals who would work on a project are determined upon execution of the contract, but not before. Is it acceptable to provide a sampling of the type of resources that would be assigned to the project?</p>	<p>As answered in Question 84 of Addendum 1 Questions and Answers, Section V.A.2.i, is hereby amended as follows:</p> <p>“i. SUMMARY OF BIDDER’S PROPOSED PERSONNEL/MANAGEMENT APPROACH</p> <p>The bidder must present a detailed description of its proposed approach to the management of the project.</p> <p>The bidder must at minimum identify the specific professionals serving as key personnel who will work on the State’s project if their company is awarded the contract resulting from this Request for Proposal. The names and titles of the key personnel of the team proposed for assignment to the State project shall be identified in full, with a description of the team leadership, interface and support functions, and reporting relationships. The primary work assigned to each person should also be identified....”</p> <p>All other requirements of Section V.A.2.i remain in effect.</p> <p>It is acceptable to the State to identify the remaining team members at contract award.</p>

QUESTIONS	ANSWERS
<p>47. Question Number 11. RFP Section Reference Form A1 Functional Requirements Traceability Matrix Authorizations – FRTM-17 RFP Page Number 8 Question: Could you please provide an estimate of the number of authorization requests per day?</p>	<p>In Question 37, DBH indicated that the approximate number of authorization requests for Fiscal Year 2013 was 17,500. Dividing this number by 365 extrapolates an approximate daily average of 48 authorization requests per day. (This approximate average is in no way intended to be a guarantee of future transaction volume.)</p>
<p>48. Question Number 12. RFP Section Reference Form A.9 Optional Functionality Authorizations –OFTM-12 RFP Page Number 36 Question: Could you please provide additional details around the current billing/claims process, as well as a preferred future process?</p> <p>Is DBH interested in a single platform for authorizations and claims adjudication?</p>	<p>The current authorization and billing reconciliation process is illustrated in Figure 2 on page 48 of the RFP. The authorization process is described further in the document titled the BHS-web-training-manual-11-2013 with further service and authorization criteria information included in Admission, Continued Stay Discharge Criteria (Yellowbook). These documents may be found in the bidder library located at: http://dhhs.ne.gov/behavioral_health/Pages/b ehBiddersLibrary2014.aspx</p> <p>The bidder should describe the billing process necessary to optimally effect the proposed solution. Yes, the State is seeking a single platform for authorization and claims adjudication.</p>
<p>49. Question Number 13. RFP Section Reference Form A1 Functional Requirements Traceability Matrix- Authorizations –FRTM-18 RFP Page Number 8 Question: Could you please provide an estimate of the number of call center interactions per day?</p>	<p>Please see answer to Question 47. However, the State is not mandating the inclusion of a call center. The bidder should describe the methods and resources necessary to optimally effect the proposed solution.</p>
<p>50. Question Number 14. RFP Section Reference Form A.2 -Technical Requirements Traceability Matrix Overall System Architecture Requirements Description - TRTM-4 RFP Page Number 16 Question: Could you please provide additional reference information for the established standards being referred to?</p>	<p>Please see answer to Question 32.</p>

QUESTIONS	ANSWERS
<p>51. Question Number 15. RFP Section Reference Form A.2 -Technical Requirements Traceability Matrix Overall System Architecture Requirements Description - TRTM-5 RFP Page Number 16 Question: Could you please provide information on the standard data formats being used/required?</p>	<p>Known formats include HL7, X12 HIPAA 5010.</p> <p>Further details of the current business practices and standards, including available data dictionaries and collection templates, addressed in this RFP may be found in the bidder library located at: http://dhhs.ne.gov/behavioral_health/Pages/b ehBiddersLibrary2014.aspx</p> <p>Specific details regarding data formats are expected to be determined during the planning and analysis phase of the project.</p>

QUESTIONS	ANSWERS
<p>52. Question Number 16. RFP Section Reference Form A.2 -Technical Requirements Traceability Matrix Security Requirements – TRTM-18 RFP Page Number 18 Question: Could you please provide additional reference information for the audit requirements being referred to?</p>	<p>Please see Section III.JJ on page 29 of the RFP for general State audit requirements.</p> <p>The bidder should propose a solution which will meet compliance requirements for all applicable state and federal physical, administrative, and electronic safeguard standards (as per safeguard publications below) and abide by Department Information Technology Policies that govern the appropriate use of disclosure of privacy of and security of information provided by the Department under the terms and conditions defined in this Contract.</p> <p>Safeguard publications include:</p> <ul style="list-style-type: none"> -Health Information Portability Accountability Act of 1996 (HIPPA—privacy rule 45 CFR Part 160 and subparts A and B of Part 164) -HIPPA – Security Rules 45 CFR Part 160 and subpart A and C Part 164 -Internal Revenue Service (IRS) Publication 1075 -Social Security Administration (SSA) – Computer Match Agreement -DHHS Information Technology Policies -Part 2—confidentiality of alcohol and drug abuse patient records – 42 CFR Part 2 <p>The bidder must agree that the Department or any applicable state or federal agencies with jurisdiction (i.e., OCR, IRS, SSA, DHHS, or State Auditor’s Office) may conduct unannounced compliance inspections related to the physical administrative and electronic safeguards defined in the publications listed above.</p> <p>The bidder must demonstrate an understanding that it will be held responsible for all criminal and civil penalties for actions of the subcontractor as defined in the publications listed above.</p>

QUESTIONS	ANSWERS
<p>53. Question Number 17. RFP Section Reference IV. Project Description and Scope of Work F.4.c – Project Planning and Analysis RFP Page Number Question: Does DBH consider scope change management to be a component of organizational change management?</p>	<p>No. Organizational change management refers to a framework for managing the effect of new business processes, changes in organizational structure, or cultural changes necessary to effect the solution, and does not include scope change of any kind.</p>
<p>54. The RFP mentions that the data will be coming from a “variety of sources to facilitate ease of reporting, analytics, performance tracking, authorizations, billing reconciliations, and funding management for the Community Based Services section as funded through DBH, among other data analytics functions” What specifically is the data you are looking to store. I do not see mention of CCD, or aggregation of data on problems, procedures, medications, encounters, diagnosis, allergies from HL7 but I am guessing this is the type of data you are requesting?</p>	<p>Data analytics are expected to support reporting of utilization, performance, quality, efficacy, funding, and other dimensions of reporting as listed throughout the RFP and further described in Exhibit 1 and 2. Proposed solutions should include explanation of the analytical capability of the system proposed.</p> <p>Further details of the current business practices and standards, including available data dictionaries and collection templates, addressed in this RFP may be found in the bidder library located at: http://dhhs.ne.gov/behavioral health/Pages/b ehBiddersLibrary2014.aspx</p> <p>Specific details for reporting are expected to be determined during the planning and analysis phase of the project.</p>
<p>55. Can you provide a list of examples of the specific analytic reports you are asking for?</p>	<p>Please see answer to Question 54.</p>

QUESTIONS	ANSWERS
<p>56. Can you elaborate on your statement?</p> <p>“DBH CDS must also provide authorizations and capabilities to perform reconciliation of billing and services provided in order to facilitate the distribution of public funds based on client eligibility determinations of services received”</p> <p>“Regions and practitioners will be responsible for maintaining their own practice management systems that will report information to the DBH CDS in standardized formats. However, all information is thought to be contained within the practice management systems of the agencies and Regions and as such the bidder is encouraged to demonstrate the flexibility of their data interfaces such that little to no additional data entry, except for verification purposes, is required to move data from the provider, through the Region, to the State and ultimately for providers to be paid.’</p> <p>The way I understand this is – DBH is looking to integrate the various Practice Management solutions up to the regional level and then up to the state level for aggregation and analytics. Can you list the specific data elements??</p> <p>Once you have the information for the providers do you want to take action as to the billing and receiving of the funds or just have a view into the aggregation??</p>	<p>Please see answer to Question 54.</p> <p>No, the system will be used in conjunction with billing information from the Regions and directly from providers. Validation of reported expenditures will be made either by the State or Region during an auditing process.</p>