

ADDENDUM THREE

DATE: March 27, 2014

TO: All Vendors

FROM: Michelle Thompson/Nancy Storant, Buyers
State Purchasing Bureau

RE: Questions and Answers for RFP Number 4641 Z1
to be opened April 10, 2014 2:00 P.M. Central Time

IMPORTANT NOTICE: Pursuant to § 84-602, all state contracts in effect as of January 1, 2014 will be posted to a public website beginning July 1, 2014. Any non-proprietary, non-copyrighted information or other information not specifically excluded by § 84-712.05 **WILL BE POSTED FOR PUBLIC VIEWING.**

The following language is hereby amended:

**Final guidance from CMS is still outstanding; therefore this requirement is not being implemented as part of this RFP. Implementation of this requirement is expected 60 days after the issuance of final guidance. The State considers this request to be a part of the optional services as identified in Section IV. D. Project Requirements, item #7 and Appendix E. Bidders may provide cost for collection of fingerprints and criminal background checks on Appendix E should implementation be required in the future.

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. Question Number 1 RFP Section Reference Section II G RFP Page Number 4 Question The RFP clearly states that one (1) original of the proposal should be submitted. Does the State not want any additional copies? If the State would like copies, should any be electronic?</p>	<p>The State does not require copies or electronic versions of the proposal response.</p> <p>The State is only requesting the one (1) original proposal.</p>
<p>2. Question Number 2 RFP Section Reference Section III RFP Page Number 8 Question The RFP clearly states bidders should include the complete Section III with their proposals. In what section of the proposal should this be placed? Should the response include the entirety of pages 8-38 with signed terms and conditions? If not, what is the desired format for section III in the proposal?</p>	<p>The signed Section III Terms and Conditions may be placed, in its entirety, in its own labeled section of the proposal response.</p>

QUESTIONS	ANSWERS
<p>3. Question Number 3 RFP Section Reference Section III J RFP Page Number 15 Question In section J of the Terms and Conditions, the RFP states, “The contractor warrants that all persons assigned to the project shall be employees of the contractor or specified subcontractors, and shall be fully qualified to perform the work required herein...In respect to its employees, the contractor agrees to be responsible for the following:</p> <ol style="list-style-type: none"> 1. any and all employment taxes and/or other payroll withholding; 2. any and all vehicles used by the contractor’s employees, including all insurance required by state law; 3. damages incurred by contractor’s employees within the scope of their duties under the contract; 4. maintaining workers’ compensation and health insurance and submitting any reports on such insurance to the extent required by governing State law; and 5. determining the hours to be worked and the duties to be performed by the contractor’s employees.” <p>By stating that “contractor agrees to be responsible for,” is this: (A) stating that that all staff on the project must be covered by all of these items or (B) simply stating that the State is not responsible for providing said coverage?</p> <p>Temporary employees typically do not meet all of the above requirements, such as workers compensation and health insurance.</p> <p>If (A) above, does the State intend to prohibit the use of any temps by the contractor?</p>	<p>The State is not responsible for providing said coverage. The contractor is required to provide all coverage necessary.</p>

QUESTIONS	ANSWERS
<p>4. Question Number 4 RFP Section Reference Section IV C 7 RFP Page Number 40 Question The RFP states, “Monthly, Nebraska Medicaid receives an average of 1536 MC-19 Service Provider Agreements for new providers, existing providers adding group members, and existing providers updating information. The MC-19 Service Providers Agreements received for new providers and groups adding members include an average of 1753 group members.” Can the state clarify the following three questions in terms of expected monthly numbers:</p> <ol style="list-style-type: none"> 1. How many are new providers? 2. How many are existing providers adding new group members? 3. How many are current providers updating information? 	<ol style="list-style-type: none"> 1. new providers: 578 2. existing providers adding new group members: 807 3. current providers updating information: 151 <p>Please note, Nebraska currently sends back an average of 805 MC-19s to providers monthly due to incomplete/missing information.</p>
<p>5. Question Number 5 RFP Section Reference Section IV E a – Section IV E b RFP Page Number 42-43 Question Can the State clarify if there is a difference between the “draft project plan” and the “initial project plan”? If there is a difference, can the State please clarify the difference?</p>	<p>There is no difference between “draft project plan” and “initial project plan”.</p> <p>The draft Project Plan must be submitted with the proposal response.</p>

QUESTIONS	ANSWERS
<p>6. Question Number 6 RFP Section Reference Section IV E 1 b I b RFP Page Number 43 Question Can the State clarify what is meant by “Plan for annual local law enforcement and Protective Services screening of AD waiver, DD waiver, and PAS providers”? Please describe the current process for annual law enforcement and protective services screenings for AD, DD and PAS waiver providers. Is the State currently using the online tool maintained by the Nebraska State Patrol – accessible via https://www.nebraska.gov/apps-nsp-limited-criminal/ - to conduct these annual law enforcement screenings? If so, is the \$18.00 public fee per record waived for state agency use? If fee is currently waived, would it also be waived for the selected vendor? Is there an automated tool or process for the protective services component of these checks or is the process currently manual in nature?</p>	<p>Nebraska Medicaid currently uses the Nebraska Data Exchange Network (NDEN) to conduct criminal background checks on AD waiver, DD waiver, and PAS providers. Access to NDEN will be given to appropriate contractor staff to use for the same purpose. There will be no cost to the contractor for accessing and utilizing NDEN.</p> <p>The process for completing the protective services component is currently manual. The awarded contractor will be required to register for access which will enable the contractor to submit requests and receive results. There is no cost to the contractor for registering and no cost for submitting requests and receiving results.</p>
<p>7. Question Number 7 RFP Section Reference Section IV E 1 c RFP Page Number 44 Question The RFP mentions the “Operations start date” multiple times. What date is the specific Operations start date for RFP 4641Z1?</p>	<p>The operations start date will be determined between the awarded contractor and the Department.</p>

QUESTIONS	ANSWERS
<p>8. Question Number 8 RFP Section Reference Section IV E 1 c vi RFP Page Number 44 Question The RFP states, “Completion of items 1-5 above and completion of provider screening and enrollment activities for 75% of the MC-19 Service Provider Agreements received in the first calendar month of operations. This 75% threshold is not to be considered an operations standard beyond this implementation requirement.” Is this requirement stating that 75% of all the providers received during the first calendar month of operations are required to be completed? How does the state envision tracking compliance of the 75% standard determined? What is the start date for an Agreement received? Will the selected vendor be responsible for the completion of any existing applications in the pipeline or will there be a cutoff point established for transition to vendor? If the vendor is responsible for applications in the pipeline, please provide best current estimate of total volume. If the vendor is responsible for applications in the pipeline, please define how these will be taken into account for 75% month one operations requirement.</p>	<p>Yes, according to the time frames detailed within the RFP.</p> <p>Nebraska Medicaid expects to track compliance through the reports identified in Appendix C.</p> <p>The start date is the receipt date of the complete/clean application.</p> <p>The contractor will not be responsible for the completion of any existing applications. There will be a cutoff point established for transition of work to the contractor.</p>
<p>9. Question Number 1. RFP Section Reference General RFP Page Number General Question The RFP does not project a desired operations go-live date. Does the state have a desired or projected go-live operations date?</p>	<p>The operations start date will be determined between the awarded contractor and the Department.</p>
<p>10. Question Number 2. RFP Section Reference General RFP Page Number General Question How many personnel are currently required to support the volumes of MC-19 agreements submitted?</p>	<p>There is currently six staff members that support the volume of MC-19s submitted.</p>
<p>11. Question Number 3. RFP Section Reference General RFP Page Number General Question How many personnel are currently required to support the pre- and post-enrollment site visits?</p>	<p>None-Nebraska Medicaid has not implemented pre- or post-enrollment site visits.</p>

QUESTIONS	ANSWERS
<p>12. Question Number 4. RFP Section Reference RFP Page Number General Question The State has identified a contract start date, however no implementation or operational timeframes have been identified. Can the State please provide guidance around these dates?</p>	<p>The operations start date will be determined between the awarded contractor and the Department.</p>
<p>13. Question Number 5. RFP Section Reference General RFP Page Number Question Will the State please provide an org chart of the personnel currently performing the scope of work within this RFP?</p>	<p>There is currently six staff members that support the volume of MC-19s submitted.</p> <p>Below is a link to the Medicaid & Long-Term Care organizational chart.</p> <p>http://dhhs.ne.gov/Org%20Charts/MLTC.pdf</p>
<p>14. Question Number 6. RFP Section Reference RFP Page Number General Question Would the State allow postage costs to be pass-thru so that the State only pays actual postage costs? If yes, can this be included as an assumption in the cost proposal?</p>	<p>No, The State considers postage as a cost of doing business.</p>
<p>15. Question Number 7. RFP Section Reference IV.C RFP Page Number 39 Question The State has indicated that all current enrollment applications are on paper. Are vendors expected to convert historical paper applications to electronic format? If not, is there an expectation that those paper applications be transferred to the successful bidder? If yes, would the State consider granting an additional 2 weeks for proposal submission to allow time for vendors to be able to include this significant scope into the firm, fixed-price proposal submission?</p>	<p>No, the awarded contractor is not expected to convert historical paper applications to electronic format. No, there is no expectation that those paper applications be transferred to the awarded contractor.</p>
<p>16. Question Number 8. RFP Section Reference IV.C.3 RFP Page Number 39 Question Can the State supply a breakdown of the monthly requests for the Assisted Living Facilities, Nursing Facilities, out of state providers, Personal Assistance Service, and all Aged and Disabled waiver program (AD) and Developmental Disabilities waiver program (DD) waiver program providers.</p>	<p>Current provider enrollment tracking does not support this level of breakdown of enrolling provider data.</p>

QUESTIONS	ANSWERS
<p>17. Question Number 9. RFP Section Reference IV.C.7 RFP Page Number 41 Question Does the state estimate that the monthly average of 1,536 MC-19 agreements for new providers will continue at this average volume for the period of the contract and any extensions? If not, please provide projections for duration of contract.</p>	<p>Yes, that average is expected to continue.</p>
<p>18. Question Number 10. RFP Section Reference IV.C.7 RFP Page Number 41 Question Can the State please provide a breakdown of the provider types by month?</p>	<p>Current provider enrollment tracking does not support this level of breakdown of enrolling provider data.</p>
<p>19. Question Number 11. RFP Section Reference IV.D.4 RFP Page Number 42 Question What percentage of actively-enrolled providers need to be re-validated prior to the CMS mandate?</p>	<p>Please see section IV.E.1.f.vi.a on page 51 of the RFP for information regarding provider counts needing to be revalidated prior to March 25, 2016.</p>
<p>20. Question Number 12. RFP Section Reference IV.D.4 RFP Page Number 42 Question Does the contractor proposal need to include another re-validation of all providers beyond the CMS mandated date? If yes, would the State consider granting an additional 2 weeks for proposal submission to allow time for vendors to be able to include this significant scope into the firm, fixed-price proposal submission?</p>	<p>No, at this time the only expectations for provider revalidations are detailed in sections IV.E.1.f.vi.a and IV.E.1.f.vi.b of the RFP.</p>
<p>21. Question Number 13. RFP Section Reference IV.D.4 RFP Page Number 42 Question What is the State's expectation relative to revalidation timeframe? Will this be a rolling re-validation spanning multiple years, or does this need to be a complete re-validation within a single calendar year?</p>	<p>Per section IV.E.1.f.vi.a of the RFP, the Initial Revalidation must be completed by March 25, 2016. Information regarding ongoing revalidation can be found in section IV.E.1.f.vi.b.</p> <p>Please see IV.E.1.b.i and IV.E.1.b.ii for information on what the bidder's project plans must include related to provider revalidations.</p>
<p>22. Question Number 14. RFP Section Reference IV.D.5 RFP Page Number 42 Question Please provide projected volume of application payments (monthly, yearly, number of deferred) and by type (electronic, paper check, etc.)</p>	<p>Neither volume nor type is known as Nebraska Medicaid has not implemented this requirement. Bidders should be reminded that if the provider is enrolled in Medicare or another state Medicaid program has collected an application fee within the previous 12 months, then Nebraska is not required to also collect the application fee.</p>

QUESTIONS	ANSWERS
<p>23. Question Number 15. RFP Section Reference IV.D.6 RFP Page Number 42 Question What enforcement is required of the contractor? Is this a report? If so, when is the report expected? Is there additional level of communications required? If so, to what departments?</p>	<p>“Enforce” means the contractor will have a process in place to prevent the enrollment of providers prohibited from enrolling according to the requirements of moratoria.</p> <p>An ad hoc report related to moratoria will likely be developed at a later date. Frequency of the report will be determined at that time.</p>
<p>24. Question Number 16. RFP Section Reference IV.D.7 RFP Page Number 42 Question With respect to a cost estimate for fingerprinting as asked for as an Option submission in Appendix E, can the contractor defer the estimate until a final ruling is communicated by CMS? Any estimate may be dramatically impacted by a variance to the CMS ruling.</p>	<p>Nebraska Medicaid understands this is difficult to estimate without final CMS guidance. Bidders are asked to do their best to provide their estimate based on information found in 42 CFR 455 Subpart E.</p>

QUESTIONS	ANSWERS
<p>25. Question Number 17. RFP Section Reference IV.E.1 RFP Page Number 42 Question Given that Provider Enrollment is part of the overall Provider Management MITA business process business area, and that CMS provides guidance that the road map of capabilities continually migrate business functions to higher levels of maturity, will the State include requirements related to the inclusion of automated workflow and a business rules engine? These two components directly tie advanced capabilities to the MITA 3.0 and the CMS Seven Conditions and Standards maturity matrixes.</p> <p>Suggested verbiage for these requirements are as follows:</p> <p>Workflow Management</p> <ol style="list-style-type: none"> 1. Provide a workflow engine that supports workflow access, assignments, and execution for all essential components of the business processes. 2. Support workflow management for multiple simultaneous processes. 3. Provide the ability to create workflows that route and assign Tasks/processes to the appropriate staff. 4. Support supervisory functions for workflow management (e.g. prioritization, delegation, re-routing). <p>Business Rules Management</p> <ol style="list-style-type: none"> 1. Use business rules management, business process management, and business activity monitoring tools to improve the State's ability to respond to business changes. 2. Provide a business rules engine to be used to configure business rules separate from the application processes of the provider enrollment processes 3. Automate the validation process of ppprovidprovider credential 	<p>Nebraska Medicaid has indicated the proposed solution must be MITA-aligned and meet the CMS Seven Standards and Conditions for Enhanced Funding. Bidders should determine their best solution to meet the requirements of the RFP.</p>

QUESTIONS	ANSWERS
<p>provider credentialing steps through a business rules engine where possible, such as the validation of provider license and sanction information.</p> <p>4. Provide for routine maintenance of the provider enrollment business rules through a rules engine.</p>	
<p>26. Question Number 18. RFP Section Reference IV.E.1.b.iii RFP Page Number 43 Question Is this requirement reflective of the requirement to provide an annual update of the operations project plan?</p>	<p>This requirement is reflective of the requirement to provide an update of the implementation plan and operations plan annually, upon written request, and as new issues are identified.</p>
<p>27. Question Number 19. RFP Section Reference E.1.b.i.b) RFP Page Number 43 Question The RFP asks for a plan that includes an annual local law enforcement and Protective Services screening of AD waiver, DD waiver, and PAS providers. We do not see specific requirements for this type of screening in the RFP. Can the State provide a description of how this screening is currently conducted and also detailed requirements for the contractor?</p>	<p>Nebraska Administrative Codes 404, 471, and 480 require criminal background screening and Adult Protective Service/Child Protective Service screening of AD waiver, DD waiver, and PAS providers at initial enrollment and annually. The contractor must complete these screenings as part of the work required in this RFP.</p> <p>Nebraska Medicaid currently uses the Nebraska Data Exchange Network (NDEN) to conduct criminal background checks on AD waiver, DD waiver, and PAS providers. Access to NDEN will be given to appropriate contractor staff to use for the same purpose. There will be no cost to the contractor for accessing and utilizing NDEN.</p> <p>The process for completing the protective services component is currently manual. The awarded contractor will be required to register for access which will enable the contractor to submit requests and receive results. There is no cost to the contractor for registering and no cost for submitting requests and receiving results.</p>
<p>28. Question Number 20. RFP Section Reference IV.E.c.ii. RFP Page Number 45 Question Will the state provide interface specifications for the MMIS and NFOCUS so the RFP respondent can more accurately project technical requirements to support the interfaces?</p>	<p>Interface specifications will be determined in collaboration with the contractor following contract award at no additional cost to the State. The Department is most familiar with batch secure file transfer protocol interfaces. The Department has provided an example of a secure file transfer interface.</p> <p>See Attachment 1, Nebraska Medicaid Provider File.</p>

QUESTIONS	ANSWERS
<p>29. Question Number 21. RFP Section Reference IV.E.f.iv.a) RFP Page Number 48 Question Does the State currently license any externally provided databases (LexisNexis, D&B, etc.) the contractor should be aware of and could leverage as part of the solution?</p>	<p>Yes, Nebraska Medicaid currently has access to the Social Security Death Master File (SSDMF), Provider Enrollment, Chain, and Ownership System (PECOS), Nebraska Data Exchange Network (NDEN), Medicaid and CHIP System for Information Sharing (MCSIS), and Systematic Alien Verification for Entitlements (SAVE). Nebraska Medicaid is able to facilitate access to SSDMF, PECOS, NDEN, and MCSIS databases for the awarded contractor. Nebraska Medicaid has confirmed that contractor staff will be able to access SAVE through DHHS' account.</p>
<p>30. Question Number 22. RFP Section Reference E.1.f.iv, provider risk levels RFP Page Number 48 and 50 Question If the State requires mandatory out-of-State provider site-visits, can the State provide guidance on number of out-of-State site visits per year that bidders should plan to include in their cost submissions?</p>	<p>42 CFR 455 Subpart E requires pre- and post-enrollment site visits for moderate and high risk providers. Nebraska has not implemented the site visit requirement, so the number of out-of-state site visits that will be completed per year is unknown. Bidders should be reminded that per CMS guidance, if Medicare or another State Medicaid Agency has conducted screening (including the site visit) within the previous 12 months, then Nebraska is not required to also conduct screening. If the provider has not been screened by Medicare or another State Medicaid Agency in the last 12 months, then the contractor will be required to perform the site visit.</p>
<p>31. Question Number 23. RFP Section Reference IV.E.f.iv.b & c RFP Page Number 49,51 Question What is the anticipated number of site visits per year? Please provide a break down by pre- and post-enrollment.</p>	<p>42 CFR 455 Subpart E requires pre- and post-enrollment site visits for moderate and high risk providers. Nebraska has not implemented this requirement, so the number of out-of-state site visits that will be completed per year is unknown. Bidders should be reminded that per CMS guidance, if Medicare or another state Medicaid program has conducted a site visit within the previous 12 months, then Nebraska is not required to also conduct a site visit.</p>
<p>32. Question Number 24. RFP Section Reference IV.E.f.iv.b & c RFP Page Number 49,51 Question To properly project resource requirements, please provide average number of moderate- and high-risk providers per month and projected averages.</p>	<p>Current provider enrollment tracking does not support this level of breakdown of enrolling provider data.</p> <p>Additionally, bidders should be reminded that per CMS guidance, if Medicare or another state Medicaid program has conducted screening within the previous 12 months, then Nebraska is not required to also conduct screening.</p>

QUESTIONS	ANSWERS
<p>33. Question Number 25. RFP Section Reference ix RFP Page Number 55 Question Can the State please provide annual and monthly average number of appeals by provider type?</p>	<p>Appeals for the Department are not tracked in a way that allows an annual or monthly average number to be reported.</p>
<p>34. Question Number 26. RFP Section Reference F.1.a RFP Page Number 55 Question Can the State please provide anticipated data format (text, delimited, etc.) that will be provided upon contract award for provider enrollment data?</p>	<p>Please see the answer to question 28.</p>
<p>35. Question Number 1. RFP Section Reference RFP Page Number Question The State issued this RFP in Microsoft Word and PDF versions, and the page numbering in the two documents differs slightly. What version should bidders use to make page number references within our proposals?</p>	<p>When page numbers are slightly different, please reference the section in the proposal response.</p>
<p>36. Question Number 2. RFP Section Reference Section 3 DD: Performance bond RFP Page Number 25 Question RFP States that a performance bond in the amount of 10% of contract period must be obtained. Will the contract amount be for the base period or base plus option periods?</p>	<p>Per Section III, DD. Performance Bond, the bond is to “be valid for the life of the contract to include any renewal and/or extension periods.”</p>
<p>37. Question Number 3. RFP Section Reference III.WW RFP Page Number 36 Question Are bidders required to submit a Disaster Recovery Plan as part of their Technical Proposal or as a deliverable after contract award?</p>	<p>Bidders are required to submit a Disaster Recovery Plan as part of the proposal response.</p>
<p>38. Question Number 4. RFP Section Reference IV.C.8 RFP Page Number 40 Question Nebraska Medicaid Systems (NFOCUS) - What is the database technology that is hosting the NFOCUS system? Is it a mainframe system? Is this system web browser accessible?</p>	<p>The N-FOCUS database is DB2. N-FOCUS is a client/server system with a desktop Windows client and a mainframe-based DB2 server. Remote access to N-FOCUS is provided via Citrix XenApp.</p>

QUESTIONS	ANSWERS
<p>39. Question Number 5. RFP Section Reference IV.C.8 RFP Page Number 40 Question Nebraska Medicaid Systems (MMIS & NFOCUS) - Can the State provide additional information regarding the State systems? Is this a web interface system or a thin client Citrix platform?</p>	<p>For N-FOCUS, see the answer to question 38. In addition, MMIS is a mainframe COBOL/CICS/DB2 system. Remote access can be provided via Citrix XenApp.</p>
<p>40. Question Number 6. RFP Section Reference IV.D.3 RFP Page Number 40 Question How many attempts must be made for unsuccessful visits?</p>	<p>Please see sections IV.E.1.f.iv.b.2.ii, IV.E.1.f.iv.b.2.iii, IV.E.1.f.iv.b.3.v and IV.E.1.f.iv.b.3vi for information regarding unsuccessful site visits.</p>
<p>41. Question Number 7. RFP Section Reference IV.D.6 RFP Page Number 41 Question What outcomes is the contractor required to track and report on during State-imposed temporary moratoria?</p>	<p>If a provider fails screening due to a temporary moratoria (which may be imposed by either CMS or the State Medicaid Agency), the contractor must refer the provider application and supporting documentation to Nebraska Medicaid within two (2) days of findings. Nebraska Medicaid will review and, if appropriate, issue the denial letter and handle any subsequent appeal made by the provider.</p>
<p>42. Question Number 8. RFP Section Reference IV.D.7 RFP Page Number 41 Question Can the fingerprint cost be passed on to the providers/persons?</p>	<p>Nebraska Medicaid is waiting for CMS final guidance.</p>
<p>43. Question Number 9. RFP Section Reference IV.E RFP Page Number 41 Question Throughout the Scope of Work Section, the State has included deliverable due dates in relation to contract signing or contract award. Since the award date is shown to be approximately three months earlier than the contractor start date, can the State please clarify if deliverables might be required before the contract start date?</p>	<p>No, deliverables are not required before the contract start date.</p>
<p>44. Question Number 10. RFP Section Reference IV.E.i.c RFP Page Number 42 Question What format/platform are adverse screening findings to be provided each day?</p>	<p>Adverse screening findings are to be provided as an Excel spreadsheet sent via email to designated Nebraska Medicaid staff.</p>

QUESTIONS	ANSWERS
<p>45. Question Number 11. RFP Section Reference IV.E.1.c RFP Page Number 44 Question Does the State have a desired implementation schedule for configuring and implementing the support system?</p>	<p>MMIS has planned a 9-12 month Design-Develop-Implementation phase based on high-level anticipated requirements for changes to the MMIS related to the new provider screening and enrollment regulations. However, Nebraska Medicaid is also planning a phased approach in order for the awarded contractor to begin conducting provider screening and enrollment work as soon as is reasonable.</p>
<p>46. Question Number 12. RFP Section Reference IV.E.1.c.ii RFP Page Number 44 Question Will technical resources with experience with the MMIS and NFOCUS be available to support the project on the schedule defined by the contractor?</p>	<p>Yes, based on the approved implementation plan per the RFP requirements IV.E.1.b and IV.E.1.c.</p>
<p>47. Question Number 13. RFP Section Reference IV.E.1.d.i RFP Page Number 44 Question Can a list of Call Center SLAs be provided (abandonment rate, handle time, hold time, etc.)?</p>	<p>No, Nebraska Medicaid does not track this information.</p>
<p>48. Question Number 14. RFP Section Reference IV.E.1.d.i RFP Page Number 44 Question Is call recording required?</p>	<p>It is not required in the RFP. That is a business decision the bidders should make.</p>
<p>49. Question Number 15. RFP Section Reference IV.E.1.d.i RFP Page Number 44 Question Are there statistics that show current inbound/outbound call volumes, average handle time, repeat callers, etc.?</p>	<p>No, Nebraska Medicaid does not track this information.</p>
<p>50. Question Number 16. RFP Section Reference IV.E.1.d.ii RFP Page Number 44 Question Is the call center required to provide troubleshooting support for the web?</p>	<p>Yes, the call center is required to provide troubleshooting support for the web.</p>
<p>51. Question Number 17. RFP Section Reference IV.E.1.d RFP Page Number 44-45 Question What is the distinction between the website referenced in d.ii and the website for provider communications referenced in d.iv?</p>	<p>Both sections reference components that must be available on the contractor's website for Nebraska Medicaid provider screening and enrollment. Whether or not they are on the same webpage is to be determined by the contractor, so long as the components are available.</p>

QUESTIONS	ANSWERS
<p>52. Question Number 18. RFP Section Reference IV.E.1.d.iii.a RFP Page Number 45 Question Will enrollment tracking be through contractor's system/db or will a State system be used?</p>	<p>Tracking will be through the contractor's system.</p>
<p>53. Question Number 19. RFP Section Reference IV.E.1.d.iv.b RFP Page Number 45 Question Will State staff require read-only access or will update processing be allowed?</p>	<p>State staff will require read-only access.</p>
<p>54. Question Number 20. RFP Section Reference IV.E.1.e RFP Page Number 45 Question Shall provider outreach be provided as needed or are there frequency requirements?</p>	<p>Provider outreach shall be on as needed basis, as determined by mutual agreement of the contractor and Nebraska Medicaid.</p>
<p>55. Question Number 21. RFP Section Reference IV.E.1.f RFP Page Number 45 Question How does the State envision the contractor processing paper applications? Will the applications need to be entered into the tracking system in order to get into the MMIS or will they follow a different process?</p>	<p>Bidders should describe their plan for processing paper applications as part of their proposal.</p>
<p>56. Question Number 22. RFP Section Reference IV.E.1.f.i RFP Page Number 46 Question Are there statistics on complete applications vs. incomplete applications? (i.e. those applications missing required information)</p>	<p>Nebraska Medicaid receives an average of 1536 MC-19s per month and sends back an average of 805 to providers monthly due to being incomplete or missing information.</p>
<p>57. Question Number 23. RFP Section Reference IV.E.f.ii RFP Page Number 46 Question How will the contractor determine if a provider is already enrolled in Medicare or has already paid the application fee? Is there an interface or file provided by CMS?</p>	<p>CMS has informed states that they will grant Provider Screening and Enrollment contractor staff access to PECOS, which contains Medicare provider enrollment data, including application fee payment.</p>
<p>58. Question Number 24. RFP Section Reference IV.E.1.f.iv.a.1 RFP Page Number 47 Question Database Checks (i-viii) - Will the State allow a network communication using an internet site secure VPN tunnel for accessing the State databases?</p>	<p>No, the databases listed in the referenced RFP section are federal (not state) databases and systems.</p>

QUESTIONS	ANSWERS
<p>59. Question Number 25. RFP Section Reference IV.E.1.f.iv.a.1 RFP Page Number 47 Question Database Checks (i-viii) - Can these databases be accessed outside the State network? If so, what technology would a vendor use to access the system remotely? Are these system databases web accessible?</p>	<p>OIG LEIE, SAM, and NPPES are all public databases accessible through their websites.</p> <p>PECOS and MCSIS are both CMS controlled databases. CMS has confirmed to Nebraska Medicaid that they will grant Nebraska Medicaid provider screening and enrollment contractor staff access to both systems.</p> <p>Nebraska Medicaid currently purchases a subscription to the SSDMF that allows an unlimited number of queries per year by an unlimited number of users. Contractor staff can be added as users if the contractor will be using the database as a manual process. However, Nebraska Medicaid is aware that batch processing subscriptions are also available. The purchase of batch processing subscriptions will be at the contractor's expense should the contractor choose to use batch processing rather than a manual process.</p> <p>The SAVE Program is an integrated system that aggregates immigration status information from more than 100 million records contained in the Department of Homeland Security databases, including USCIS databases. The Nebraska Department of Health and Human Services is a registered user agency. Nebraska Medicaid has confirmed that contractor staff will be able to access SAVE through DHHS' account.</p>
<p>60. Question Number 26. RFP Section Reference IV.E.1.f.iv RFP Page Number 47-48 Question The RFP requires a number of database checks in order to evaluate a provider's eligibility. Many of these databases currently do not have automated interfaces. Does the State envision manual processes to complete the database checks on the various schedules defined in the RFP?</p>	<p>Yes, if automated interfaces or downloadable files are not available, then the database checks must be completed manually.</p>

QUESTIONS	ANSWERS
<p>61. Question Number 27. RFP Section Reference IV.E.1.f.iv.b RFP Page Number 48-49 Question Are the Pre-Enrollment Site Visit Checklist and Post-Enrollment Site Visit Checklist State-created documents, or are they to be created by the Contractor? If they are created by the State, will copies of these documents be made available to bidders?</p>	<p>The Pre-Enrollment Site Visit Checklist and Post-Enrollment Site Visit Checklist are currently still in draft form and will not be made available to bidders. Nebraska Medicaid does not plan to finalize either form until they have been reviewed with the awarded contractor.</p>
<p>62. Question Number 28. RFP Section Reference E.1.f.vi RFP Page Number 51 Question Is the State requiring a data conversion from the MMIS of existing provider data to the new solution to support provider revalidation?</p>	<p>Yes. Please see sections IV.F.1.a, IV.F.1.b, and IV.F.1.g.</p>
<p>63. Question Number 29. RFP Section Reference IV.E.1.f.vi.b RFP Page Number 52 Question For ongoing validation for providers enrolled after March 25, 2011, is revalidation due on a rolling monthly basis?</p>	<p>How ongoing revalidation is conducted should be part of the proposal.</p>
<p>64. Question Number 30. RFP Section Reference IV.F.c.2 RFP Page Number 54 Question Typically, how often are changes in risk provided by the State?</p>	<p>Changes in provider type risk level have only been made one time thus far.</p>
<p>65. Question Number 31. RFP Section Reference IV.F.1.b RFP Page Number 54 Question Daily Updates - Regarding the data files the vendors will receive from the State. Please provide the data format, type, and layouts.</p>	<p>See the answer to question 28.</p>

QUESTIONS	ANSWERS
<p>66. Question Number 32. RFP Section Reference IV.F.1.d RFP Page Number 55 Question Coordinate Access To Limited-Access Databases (i.e. PECOS & SAVE) - What technology would a vendor use to access these databases remotely? Are these system databases web accessible?</p>	<p>Yes</p> <p>OIG LEIE, SAM, and NPPES are all public databases accessible through their websites.</p> <p>PECOS and MCSIS are both CMS controlled databases. CMS has confirmed to Nebraska Medicaid that they will grant contractors access to both systems.</p> <p>Nebraska Medicaid currently purchases a subscription to the SSDMF that allows an unlimited number of queries per year by an unlimited number of users. Contractor staff can be added as users if the contractor will be using the database as a manual process. However, Nebraska Medicaid is aware that batch processing subscriptions are also available. The purchase of batch processing subscriptions will be at the contractor's expense should the contractor choose to use batch processing rather than a manual process.</p> <p>The SAVE Program is an integrated system that aggregates immigration status information from more than 100 million records contained in the Department of Homeland Security databases, including USCIS databases. The Nebraska Department of Health and Human Services is a registered user agency. Nebraska Medicaid has confirmed that contractor staff will be able to access SAVE through DHHS' account.</p>
<p>67. Question Number 33. RFP Section Reference IV.F.1.g.i RFP Page Number 55 Question Data Feed - Can the State support SFTP (ftp over ssh) for secure data transmission?</p>	<p>Yes, the State can support SFTP for secure data transmission.</p>
<p>68. Question Number 34. RFP Section Reference IV RFP Page Number 56,65 Question Is the requirement for a designated Technology Coordinator referred to in subsection (e) the same position as the Technical Point of Contact described on page 65 item (ii)?</p>	<p>The contractor may choose whether or not the Technology Coordinator and Technical Point of Contact positions can be the same person or require separate staff.</p>

QUESTIONS	ANSWERS
<p>69. Question Number 35. RFP Section Reference IV.F.1.g.iv.f.17 RFP Page Number 58 Question Email (Outlook and the State IronPort SecureMail) - What are the versions of the State's email systems?</p>	<p>Outlook: Microsoft Professional Plus 2010, Version 14.0</p> <p>IronPort SecureMail: The State's IronPort Securemail implementation runs on Cisco's CRES environment which is at version 4.1.5</p>
<p>70. Question Number 36. RFP Section Reference IV.J RFP Page Number 60 Question This section is titled Deliverables, but refers to Appendix D – Cost Proposal. Please confirm that the State intends for bidders to present their cost proposal information in a separate section or packaged separately.</p>	<p>Per Section II, G. Submission of Proposals, "The Technical and Cost Proposals should be packaged separately..."</p>
<p>71. Question Number 37. RFP Section Reference V.A.2.i.ii RFP Page Number 65 Question Technical Point of Contact For Information Technology- The RFP description implied that the staff person is a "point of contact" for State personnel and not a dedicated program staff person. Please confirm this is the case.</p>	<p>Yes, this is the case so long as the requirements described for this individual are met.</p>
<p>72. Can the State provide further clarification about the inclusion of the Minnesota Medicaid provider screening and enrollment project?</p>	<p>Bidder's response should address their review of the available information and describe whether or not they will be able to reuse any of the artifacts as part of their solution for Nebraska Medicaid.</p> <p>Nebraska Medicaid has no additional information about the Minnesota Medicaid provider screening and enrollment other than what is stated in the RFP.</p>
<p>73. Will the State prefer proposals that leverage this system?</p>	<p>Nebraska Medicaid will evaluate all proposals using the same criteria.</p>
<p>74. Would the State accept two different cost models – one that included the Minnesota Medicaid provider screening and enrollment project, and one that did not?</p>	<p>Yes, the State will accept two separate proposal responses to include the respective cost proposal.</p>
<p>75. Question Number 1 RFP Section Reference NA RFP Page Number NA Question Can the bidder's submit additional questions resultant from the State's answers to these questions?</p>	<p>No, this RFP has only one question and answer period.</p>

QUESTIONS	ANSWERS
<p>76. Question Number 2 RFP Section Reference III,WW RFP Page Number 36 Question Does the DR plan need to be submitted w/ the proposal or after award?</p>	<p>See the response to question #37.</p>
<p>77. Question Number 3 RFP Section Reference IV,C RFP Page Number 39 Question Does the state or the contractor maintain the system of record for the provider file?</p>	<p>The contractor’s system will be considered a subsystem of the MMIS. The MMIS is the system of record.</p>
<p>78. Question Number 4 RFP Section Reference IV,C RFP Page Number 40 Question Does the state or the contractor make the final enrollment approval/denial decision? Is the contractor making recommendation for State staff to consider or making the approval/denial decision?</p>	<p>The contractor will enroll providers who pass all required provider screening activities, without review and approval from Nebraska Medicaid. Providers who have any adverse findings during screening shall be referred to Nebraska Medicaid for review and final decision. Nebraska Medicaid will issue any and all provider enrollment denials and terminations.</p> <p>Please see IV.E.1.a.c, IV.E.1.f.iii, IV.E.1.f.iv.a.1.viii, IV.E.1.f.iv.b.iii.b, and IV.E.1.f.iv.b.</p>
<p>79. Question Number 5 RFP Section Reference IV,D RFP Page Number 40 Question How many State staff conduct provider credentialing today? What will their role be during Operations?</p>	<p>Nebraska Medicaid does not credential providers.</p>
<p>80. Question Number 6 RFP Section Reference IV,E,1,d,I RFP Page Number 44 Question Will the call center have a unique phone number for provider enrollment only calls? If not, will the call center staff be required to resolve more than provider enrollment calls? If so, please provide the details about call types, and any call center performance requirements.</p>	<p>Whether or not the call center has a unique phone number for provider enrollment-only calls should be part of bidders’ proposals. If the awarded contractor chooses not to have a unique phone number for this purpose, the call center staff should be able to successfully direct calls to the contractor’s Nebraska Medicaid provider enrollment staff as appropriate.</p>
<p>81. Question Number 7 RFP Section Reference IV,E,1,d,i RFP Page Number 44 Question Will the state provide the call center phone number, or is the contractor responsible for securing?</p>	<p>The contractor is responsible for securing the call center phone number.</p>

QUESTIONS	ANSWERS
<p>82. Question Number 8 RFP Section Reference IV,E,a,d,i RFP Page Number 44 Question Please provide any call center performance requirements the contractor must meet.</p>	<p>Currently, Nebraska Medicaid does not have any call center performance requirements.</p> <p>Nebraska Medicaid will work with the awarded contractor to establish reasonable performance standards.</p>
<p>83. Question Number 9 RFP Section Reference IV,E,1 RFP Page Number 44 Question Please provide the projected and actual workload volume, by call type for the call center.</p>	<p>Call volume and type is not tracked for provider screening and enrollment and therefore is not available.</p>
<p>84. Question Number 10 RFP Section Reference IV,E,1,d,iv RFP Page Number 45 Question Will the website be hosted on a DHHS landing page, or will the contractor host the provider portal website?</p>	<p>The contractor will host the provider portal website.</p>
<p>85. Question Number 11 RFP Section Reference IV,E,1 RFP Page Number 45 Question Please provide the historical data relative to large organizations in the jurisdiction and their behavior with their enrollment applications (i.e. Who they are? How many applications they submit? Do they submit in batches? Do they submit on a cyclical schedule?)</p>	<p>Nebraska Medicaid does not collect information that will allow us to provide an answer to this question. If a bidder has specific concerns about this then those concerns should be addressed in the bidder's proposal.</p>
<p>86. Question Number 12 RFP Section Reference IV,E,1 RFP Page Number 46 Question Applications should take contractors no longer than 4 weeks to process? Is this for complete (clean applications only? Does this apply to applications that are incomplete and require outreach for missing or incomplete information?</p>	<p>The four (4) week requirement applies only to complete/clean applications.</p> <p>No, this does not apply to applications that are incomplete and require outreach for missing or incomplete information.</p>
<p>87. Question Number 13 RFP Section Reference IV,E,1,f,vi RFP Page Number 51 Question Please explain the difference between the number of initial revalidations (7,959) in this section vs the total number of enrolled providers listed in Attachment A (4,375). Why is the initial revalidation amount so much higher than the current enrolled amount?</p>	<p>The initial revalidation total is not higher than the current enrolled amount. Please note that in Appendix A all cells in columns D (Total Enrolled Solo Practitioners, Provider Groups and Institutional Providers) and C (Total Enrolled Group Members) are blank for the Personal Assistance Service, AD Waiver, and DD Waiver provider types. Those provider types are not tracked in a way that allows reporting by type, so they are totaled (4375) at the bottom of column D next to the NFOCUS Provider Total cell.</p>

QUESTIONS	ANSWERS
<p>88. Question Number 14 RFP Section Reference V,A,2,i,l RFP Page Number 64 Question Which, if any, of the minimum key personnel positions need to be 100% dedicated to this program?</p>	<p>The contractor should determine the percentage of staff dedication needed to successfully accomplish the work required by this RFP.</p>
<p>89. Question Number 15 RFP Section Reference V,A,2,b RFP Page Number 61 Question Does the state require financial statements from the prime contractor only?</p>	<p>Yes, the State requires financial statements from the prime contractor only.</p>
<p>90. Question Number 16 RFP Section Reference V,A,2,d RFP Page Number 62 Question Will identification of the office location where the “majority of the contract work will be performed” meet the State’s office location requirement?</p>	<p>Yes, identifying the location where the majority of the contract work will be performed meets the State requirement.</p>
<p>91. Question Number 17 RFP Section Reference V,A,2,e RFP Page Number 63 Question Please confirm that the State of Nebraska requires that the relationships of the prime contractor <i>and</i> any subcontractor(s) to the State are described, including, but not limited to contract number? Or should only the prime contractor’s relationships with the state be included?</p>	<p>The prime contractor, or subcontractor if known, should be described including but not limited to the contract number</p>
<p>92. Question Number 18 RFP Section Reference V,A,2,h,i RFP Page Number 63 Question Please clarify whether the State requires no more than three previous, similar projects from <i>only</i> the prime contractor. Or does the state require no more than three similar projects <i>between</i> the prime contractor and subcontractor(s) – some from the prime and some from the sub –for a total of no more than three previous projects? Or, does the state require three similar projects for the prime and three for the subcontractor(s), for a total of 6 previous projects?</p>	<p>Three total projects from either the prime contractor or the subcontractor, identified as such.</p> <p>If the prime contractor provided the service as a subcontractor, identify as such.</p>

QUESTIONS	ANSWERS
<p>93. Question Number 19 RFP Section Reference V,A,2,i,,i RFP Page Number 64 Question Can the Project Director's experience requirement be spread among the leadership team of the project? If the Project Director has 3 years of credentialing leadership but his leadership team has 40 years of experience, will that meet the 5 years experience criteria?</p>	<p>The requirements as detailed in the RFP must be met. Proposals should describe how the requirements are met. Any variation from the requirements should be explained and supported.</p>
<p>94. Question Number 20 RFP Section Reference IV,D,7 RFP Page Number 40 Question What action would the State like the contractor to take if the screening activity identifies owners with greater than a 5% ownership who were not disclosed on the provider's application?</p>	<p>If a provider fails screening due to a discovery that required information was not disclosed, the contractor must refer the provider application and supporting documentation to Nebraska Medicaid within two (2) days of findings. Nebraska Medicaid will review and, if appropriate, issue the denial letter and handle any subsequent appeal made by the provider.</p>
<p>95. Question Number 21 RFP Section Reference IV,D,2 RFP Page Number 40 Question Monthly screening is for owners and managing employees. Will the provider record the managing employees on the application? How many managing employees are there per provider? What titles will be screened if they are not owners (e.g., CFO, CIO)?</p>	<p>Currently, providers are required to disclose information regarding anyone who has an ownership/controlling interest of 5% or greater using the Ownership/Controlling Interest and Conviction Disclosure form (MLTC-62).</p> <p>Nebraska Medicaid does not currently track managing employee information, so an estimated number of managing employees cannot be provided.</p> <p>Anyone disclosed as an owner or managing employee must be screened regardless of their title.</p>
<p>96. Question Number 22 RFP Section Reference IV,D,3 RFP Page Number 40 Question Do the Moderate and High Risk providers have multiple locations? Can the State provide the number of locations requiring site visits?</p>	<p>Moderate and High risk providers are able to have multiple locations. All enrolled locations are accounted for in Appendix A. Bidders should be reminded that if the provider has been screened by Medicare or another state Medicaid program within the previous 12 months, then Nebraska is not required to also screen that provider.</p>

QUESTIONS	ANSWERS
<p>97. Question Number 23 RFP Section Reference IV,E,1,d RFP Page Number 42 Question If the contractor has operations that process provider appeals already in place, would the State like the contractor to propose appeals processing as an optional service?</p>	<p>No, Nebraska Medicaid does not want contractors to propose appeal processing as an optional service. The Department's appeal process will be utilized. Please address only the appeals-related requirements found in the RFP sections: IV.E.1.a.i.d, IV.E.1.f.iii.b, IV.E.1.f.iv.a.1.viii, IV.E.1.f.iv.b.2.iii.2, IV.E.1.f.iv.b.3.a.vi.b, IV.E.1.f.v.a.2, and IV.E.1.f.ix.</p>
<p>98. Question Number 24 RFP Section Reference IV,E RFP Page Number 44 Question Will the State or the contractor decide how to phase all providers through the re-enrollment process to be completed by late 2016? Will the State or the contractor decide how to phase providers through revalidations every 5 years? Does the state anticipate that providers will be revalidated at a rate of approximately 1/5 per year?</p>	<p>Bidders should address their approach to revalidation in their proposal. Per IV.E.1.a and IV.E.1.b, the project plan will be used as a starting point for discussions during the initial meeting and should be considered draft until approved in writing by Nebraska Medicaid.</p>
<p>99. Question Number 25 RFP Section Reference IV,E,1,b,i, RFP Page Number 43 Question Will State staff continue to handle credentialing during the Implementation phase of this project?</p>	<p>Nebraska Medicaid does not credential providers. Nebraska Medicaid will continue to conduct provider screening and enrollment during implementation. There will be a cutoff point established for transition of work to the contractor.</p>
<p>100. Question Number 26 RFP Section Reference IV,E,1,c,v, RFP Page Number 44 Question The contractor will train State staff on the solution; what will the State role be during operations?</p>	<p>The role of state staff is unknown at this time as it is largely dependent upon the proposal of the awarded contractor.</p>
<p>101. Question Number 27 RFP Section Reference IV,E,1,f,ii,c RFP Page Number 46 Question What will the process be for providers to request a fee waiver? Does the State want the contractor to host a State form? Or, will the provider contact the State? Or, will the provider call the 800 number?</p>	<p>A State form has not yet been developed. Providers should submit written application fee waiver requests at the time the application is submitted. Waiver requests should be sent to Nebraska Medicaid to review and coordinate with CMS for their approval or denial. No, the provider will not contact the State. No, the provider will not call the 800 number.</p>

QUESTIONS	ANSWERS
<p>102. Question Number 28 RFP Section Reference IV,E,1,iv,a,vi RFP Page Number 48 Question Files like MCSIS and PECOS are provided by CMS to the States; is it the State's intent to provide these files and/or connectivity to the contractor?</p>	<p>OIG LEIE, SAM, and NPPES are all public databases accessible through their websites.</p> <p>PECOS and MCSIS are both CMS controlled databases. CMS has confirmed to Nebraska Medicaid that they will grant contractors access to both systems.</p> <p>Nebraska Medicaid currently purchases a subscription to the SSDMF that allows an unlimited number of queries per year by an unlimited number of users. Contractor staff can be added as users if the contractor will be using the database as a manual process. However, Nebraska Medicaid is aware that batch processing subscriptions are also available. The purchase of batch processing subscriptions will be at the contractor's expense should the contractor choose to use batch processing rather than a manual process.</p> <p>The SAVE Program is an integrated system that aggregates immigration status information from more than 100 million records contained in the Department of Homeland Security databases, including USCIS databases. The Nebraska Department of Health and Human Services is a registered user agency. Nebraska Medicaid has confirmed that contractor staff will be able to access SAVE through DHHS' account.</p>
<p>103. Question Number 1 RFP Section Reference G. Submission of Proposals RFP Page Number 4 Question The RFP states that proposal responses should include a completed Form A, Bidder Contact Sheet. Does the State have a preference as to where the form should be included within vendor responses?</p>	<p>The completed Form A, Bidder Contact Sheet may be placed in its own labeled section of the proposal response.</p>

QUESTIONS	ANSWERS
<p>104. Question Number 2 RFP Section Reference II,G. Submission of Proposals III.OO.Proprietary Information RFP Page Number 4 30 Question</p> <p>RFP Section G states, “A separate sheet must be provided that clearly states which sections have been submitted as proprietary or have copyrighted materials.”</p> <p>RFP Section III, OO, states: “All proprietary information the bidder wishes the State to withhold must be submitted in a sealed package, which is separate from the remainder of the proposal.”</p> <p>Can the State please clarify that bidders are to include a “separate sheet” within their technical proposals that lists which sections contain proprietary information?</p> <p>Can the State please clarify that bidders must also include a “sealed package, which is separate from the remainder of the proposal” in which the specific confidential information is copied and pasted?</p>	<p>Bidders must provide a separate sheet that itemizes the proprietary materials within the proposal response.</p> <p>Proprietary materials must be in a separate, sealed package and identified as such.</p>
<p>105. Question Number 3 RFP Section Reference III. Terms and Conditions RFP Page Number 8 Question</p> <p>RFP Section III states: “Bidders are expected to closely read the Terms and Conditions and provide a binding signature of intent to comply with the Terms and Conditions;...”</p> <p>Within the Section III, Terms and Conditions section, there are places for bidders to initial their acceptance or rejection of each item A-BBB. Would the signature in the transmittal letter serve as this binding signature? If not, is there a specific place where bidders should provide their binding signature?</p>	<p>The signature on the Request for Proposal for Contractual Services Form will serve as the binding signature for the proposal response.</p> <p>See the answer to question #2.</p>

QUESTIONS	ANSWERS
<p>106. Question Number 4 RFP Section Reference III. Terms and Conditions RFP Page Number 8-38 Question</p> <p>Each topic within Section III contains a box to initial acceptance or rejection and comment. Shall bidders complete and submit pages 8 to 38 in their entirety? Or is it permissible for bidders to recreate these boxes for each item A through BB and complete accordingly?</p> <p>Also, where should bidders include their completed Section III?</p>	<p>Bidders should complete and submit Section III Terms and Conditions in their entirety.</p> <p>It is permissible for bidders to recreate these boxes.</p> <p>See the response to question #2.</p>
<p>107. Question Number 5 RFP Section Reference IV.C.7. Current Enrolled Providers RFP Page Number 40 Question</p> <p>Are the monthly provider volumes reflective of the current State level of receipts and exclusive of the expected monthly volume for revalidation?</p> <p>Should volumes increase and additional staff be required, what is the process to be used to reflect these changes?</p>	<p>Yes, the monthly provider volumes reflective of the current State level of receipts and exclusive of the expected monthly volume for revalidation.</p> <p>Costs provided in Appendix D, Cost Proposal for years 1, 2 and 3 of the initial three year term of the contract and for renewals 1 – 3 will be fixed for the life of the contract.</p>
<p>108. Question Number 6 RFP Section Reference IV.C.7. Current Enrolled Providers RFP Page Number 40 Question</p> <p>The RFP states, “Monthly, Nebraska Medicaid receives an average of 1536 MC-19 Service Provider Agreements for new providers, existing providers adding group members, and existing providers updating information.”</p> <p>Can the State provide a breakdown of the 1536 MC-19 agreements received monthly in terms of new versus adding group members versus provider updates?</p> <p>Does this volume include re-submission based on RTP?</p>	<ol style="list-style-type: none"> 1. new providers: 578 2. existing providers adding new group members: 807 3. current providers updating information: 151 <p>Please note, Nebraska currently sends back an average of 805 MC-19s to providers monthly due to incomplete/missing information.</p> <p>Yes, this volume includes re-submissions.</p>

QUESTIONS	ANSWERS
<p>109. Question Number 7. RFP Section Reference IV.V.7. Current Enrolled Providers RFP Page Number 40 Question What is Nebraska’s policy for screening on provider updates? Which updates require re-screening the provider and what is this volume as a percentage of all update applications?</p>	<p>Nebraska Medicaid policy regarding provider updates is currently still in draft form. Nebraska Medicaid does not plan to finalize this policy until it has been reviewed with the awarded contractor.</p> <p>The volume of provider updates which require rescreening is not known.</p>
<p>110. Question Number 8. RFP Section Reference IV.C.7. Current Enrolled Providers RFP Page Number 40 Question Does the current volume of 1536 Monthly MC-19 Agreements include revalidations? If not, should we then add 20% of Column D in Appendix A (based on a five year revalidation) as additional number of agreements that are anticipated to be processed annually?</p>	<p>The 1536 monthly average MC-19 Service Provider Agreements received does not include revalidations.</p> <p>Please note that in Appendix A all cells in columns D (Total Enrolled Solo Practitioners, Provider Groups and Institutional Providers) and C (Total Enrolled Group Members) are blank for the Personal Assistance Service, AD Waiver, and DD Waiver provider types. Those provider types are not tracked in a way that allows reporting by type, so they are totaled (4375) at the bottom of column D next to the NFOCUS Provider Total cell.</p> <p>How bidders calculate the volume of revalidations is dependent upon how they plan to complete revalidations. This should be addressed in the proposal.</p>
<p>111. Question Number 9. RFP Section Reference IV.D. Project Requirements RFP Page Number 40 Question</p> <p>The RFP states: “This screening shall include but is not limited to the following tasks which are defined in detail in subsequent sections of this document.”</p> <p>The requirement’s language, “but is not limited to:” implies that, for the following requirements, there may be additional, undefined requirements. Proposers will not know how to respond to these in terms of the effort and related costs to meet these potential requirements. Would the State consider:</p> <ol style="list-style-type: none"> 1. Expanding the requirement to include what is specifically required? 2. Having incremental requirements managed via a change order process? 	<p>There may arise from time to time a need for work not originally specifically delineated in this RFP but considered within the scope of work as it relates to technology. This additional work may stem from legislative mandates, emerging technologies, and/or secondary research not otherwise addressed in Section IV.</p> <p>See Appendix F, Fixed Hourly Rates</p>

QUESTIONS	ANSWERS
<p>112. Question Number 10. RFP Section Reference IV.D.3 Project Requirements RFP Page Number 40 Question Revalidation counts do not provide distribution by provider risk level. What is the expected volume of site visits to support initial revalidations?</p>	<p>There are approximately 1531 providers in the moderate and high risk categories of the approximate 7,959 solo practitioners, provider groups, and institutional providers identified for initial revalidation. Please see Attachment 2, Moderate and High Risk Providers for Initial Revalidation for provider type details.</p> <p>Bidders should be reminded that per CMS guidance, if Medicare or another state Medicaid program has conducted a site visit within the previous 12 months, then Nebraska is not required to also conduct a site visit.</p>
<p>113. Question Number 11. RFP Section Reference IV.D.3. Project Requirements RFP Page Number 40 Question Will the State waive the site visits requirement if a site visit has been conducted by Medicare within the prior 12 months? There seems to be a lot of uncertainty associated with the volume of ongoing site visits. For example, the methodology or sampling that would be used to conduct post-enrollment visits is unclear. Can the State provide the anticipated volume of site visits annually (aside from initial revalidations)?</p>	<p>Yes, Nebraska Medicaid expects the contractor to rely on screening conducted by Medicare and other State Medicaid Agencies if it was conducted within the prior 12 months, including site visits.</p> <p>Methodology or sampling is not expected to be used for post-enrollment site visits.</p> <p>The anticipated volume of site visits annually is unknown. Nebraska Medicaid has not implemented the site visit requirement in current operations; therefore no historic data is available. Additionally, the volume of moderate and high risk providers that have already been screened by Medicare or another State Medicaid Agency is not known.</p>

QUESTIONS	ANSWERS
<p>114. Question Number 12. RFP Section Reference IV.D.4. Project Requirements RFP Page Number 41 Question</p> <p>The RFP states, “Conduct revalidation of all providers regardless of type at least every five (5) years or more often as determined by Nebraska Medicaid. All screening activities must again be completed as appropriate for each provider type risk level.”</p> <p>RFP Section IV. C.3 states, “Prior to May 2011, the only providers who were assigned end dates at the time of enrollment were Assisted Living Facilities (1 year), Nursing Facilities (1 year), out of state providers (3 years), Personal Assistance Service (1 year), and all Aged and Disabled waiver program (AD) and Developmental Disabilities waiver program (DD) waiver program providers (1 year).”</p> <p>Can the State provide the volume and frequency of providers that need revalidation every year as well as the volume and frequency of providers that need revalidation every three years?</p>	<p>Nebraska Medicaid intends to be compliant with the 5 year revalidation required by the CFR. AD waiver, DD waiver, and PAS providers also require annual law enforcement and Protective Services screening.</p> <p>Based on the provider totals identified on Appendix A, approximately 4375 providers require the annual law enforcement and Protective Services screening.</p>
<p>115. Question Number 13. RFP Section Reference IV.E.1.f.ii. Application Fee RFP Page Number 46 Question</p> <p>The RFP states: “The contractor must collect the application fee set by CMS from prospective, re-enrolling, and reactivating institutional providers.”</p> <p>Will the contractor or the State own the account for application fee deposits? If the latter, can the hard copy checks be forwarded by the contractor to the State for depositing in the State account?</p>	<p>The State will own the account for application fee deposits.</p> <p>Yes, the contractor will forward the hard copy checks to the State for depositing.</p>

QUESTIONS	ANSWERS
<p>116. Question Number 14. RFP Section Reference IV.E.1.f.ii.b. Application Fee RFP Page Number 46 Question</p> <p>The RFP states: “Fees collected that exceed the cost of the screening program must be returned to the Department annually.”</p> <p>Does this simply mean a provider overpaid the required application fee or has already paid an application fee for another program? If not, please explain what the Department means by “the cost of the screening program?”</p>	<p>On an annual basis Nebraska Medicaid must return to CMS any application fee dollars collected that exceed the cost of Nebraska Medicaid provider screening and enrollment work.</p> <p>For example: If in 2015 Nebraska Medicaid collects \$50,000.00 in application fees, but spends only \$45,000.00 on provider screening and enrollment work, then Nebraska Medicaid must give the excess \$5,000.00 to CMS.</p>
<p>117. Question Number 15. RFP Section Reference IV.E.1.f.iv. Provider Revalidation RFP Page Number 51 Question Does revalidation require submission of a new application or provider verification of data already in the system through the Web portal?</p>	<p>Providers who are able to verify data already in the system through the web portal may do so as long as there is functionality available to support verification of each required filed as well as the providers’ ability to make any necessary changes to the historic data. Providers must also be required to complete a new signature and date. Any provider that is unable to verify data through the web portal will be required to complete a new MC-19 and related enrollment documents.</p>
<p>118. Question Number 16. RFP Section Reference IV.E.f.vi. Provider Revalidation RFP Page Number 51 Question Since a group member can join the group at any time, would the revalidation be initiated for each member based on their enrollment or would all members be revalidated together based on the group reenrollment date?</p>	<p>All group members should be revalidated together based on the group enrollment date.</p>

QUESTIONS	ANSWERS
<p>119. Question Number 17. RFP Section Reference IV.E.f.vi.a. Initial Revalidation RFP Page Number 51 Question</p> <p>All currently enrolled active providers that were enrolled prior to March 25, 2011 must be revalidated by March 25, 2016 by the contractor. Based on October 2013 counts, the expected volume of providers in the initial revalidation includes approximately 7,959 solo practitioners, provider groups, and institutional providers. There are approximately 21,988 group members within those provider groups and institutions.</p> <p>Should vendors interpret this requirement to mean that the State expects the contractor to process approximately 7,959 MC-19 Agreements as part of initial revalidations by March 25, 2016. Additionally, will these revalidations require screening of 29,947 providers?</p>	<p>Yes, 7959 is the approximate number of MC-19 Service Provider Agreements the contractor should expect to process as part of initial revalidation by March 25, 2016.</p> <p>Yes, those revalidations will require screening of approximately 29,947 providers. (7959 solo practitioners, provider groups, and institutional providers and 21,988 group members within those provider groups and institutions).</p> <p>Please note, the revalidation will also require the screening of disclosed owners and managing employees.</p>
<p>120. Question Number 18. RFP Section Reference IV.E.f.ix Appeals RFP Page Number 54 Question What is the current percentage of applications that are denied? What percentage of those denials are appealed? What is the average annual volume of appeals over last three years?</p>	<p>In the last three years, Nebraska Medicaid has denied approximately 160 provider applications.</p> <p>Appeals for the Department are not tracked in a way that allows percentages or annual averages to be reported.</p>

QUESTIONS	ANSWERS
<p>121. Question Number 19. RFP Section Reference IV.F.1.g.i. Data Feed RFP Page Number 55 Question</p> <p>The RFP states: “The contractor must be able to transmit to the current MMIS, future MMIS, or other contractor as designated by Nebraska Medicaid any and all data collected, created, or derived by the contractor for the purposes of fulfilling the contract, in a mutually agreed upon file format.”</p> <p>The requirement’s language, “future MMIS:” implies there may be additional, undefined requirements if a new MMIS is installed for Nebraska. Proposers will not know how to respond to these in terms of the effort and related costs to meet a new MMIS’ requirements. Would the State consider:</p> <ol style="list-style-type: none"> 1. Allowing any requirements beyond those specifically stated in the RFP to be limited by the capabilities of the proposers’ solutions? 2. Having any new MMIS incremental and modified requirements managed via a change order process? 3. Eliminating the “future MMIS;” language from the requirement? 	<p>The Department has requested a MITA-aligned solution that meets the CMS Seven Conditions and Standards for Enhanced Funding. The standards require a modular solution, capable of industry standard data exchange and architected for interoperability with other modern solutions. The bidder should describe how their solution is positioned to adapt to implementation of a more modern MMIS for Nebraska.</p> <p>No, the State would not allow this.</p> <p>Yes, any new MMIS incremental and modified requirements will be managed via a change order process.</p> <p>No, the State will not eliminate this language.</p>
<p>122. Question Number 20. RFP Section Reference F.1.g.iv.e. Security RFP Page Number 56 Question</p> <p>The RFP states that, “The contractor shall assign a Technology Coordinator as the primary contact between the Contactor and the Department to address IT related issues.”</p> <p>Is the Technology Coordinator the same as the Technical Point of Contact for Information Technology referenced on page 65 of the RFP in Section 2. i.i, Staffing Standards?</p>	<p>The contractor may choose whether or not the Technology Coordinator and Technical Point of Contact positions can be the same person or require separate staff.</p>

QUESTIONS	ANSWERS
<p>123. Question Number 21. RFP Section Reference F.1.g.iv.f. Security RFP Page Number 56 Question The RFP references a Security Administrator. Should this individual be considered “key personnel?”</p>	<p>The Security Administrator does not have to be considered “key personnel”, but proposals must ensure that the Security Administrator is clearly identifiable.</p>
<p>124. Question Number 22. RFP Section Reference V.A.2.b, Financial Information RFP Page Number 61 Question</p> <p>RFP Section V.A.2.b states: “If publicly held, the bidder must provide a copy of the corporation's most recent audited financial reports and statements...”</p> <p>Since financial statements of publicly held companies are generally lengthy, and they are also available to the public on the Internet, is it permissible for publicly held companies to include a link to these current financial statements in lieu of including the actual documents?</p>	<p>No, the bidder must provide a copy of the corporation’s most recent audited financial reports and statements.</p>
<p>125. Question Number 23. RFP Section Reference V.A.2.i. Summary of Bidder’s Proposal Personnel/Management Approach RFP Page Number 64 Question</p> <p>“The bidder shall provide resumes for all personnel proposed by the bidder to work on the project.”</p> <p>Would the State please confirm that resumes are to be provided for the key staff identified in the RFP only?</p>	<p>Per Section V. A. 2. i “The bidder shall provide resumes for all personnel proposed by the bidder to work on the project...”</p>
<p>126. Question Number 24. RFP Section Reference V.A.2.i.i Staffing Standards RFP Page 64 Question The RFP states that Bachelor’s degrees or higher are required for the Project Director and Deputy Project Manager positions. Would the State consider substituting additional years of relevant experience for candidate degrees?</p>	<p>The requirements as detailed in the RFP must be met. Proposals should describe how the requirements are met. Any variation from the requirements should be explained and supported.</p>

QUESTIONS	ANSWERS
<p>127. Question Number 25. RFP Section Reference Appendix A Question The total count of Providers in Column D and E adds up to 63,253. Is this the total number of State Medicaid providers that need to be monitored monthly?</p>	<p>Yes, however, please note that some individual providers may be counted more than once. For example, if a doctor is enrolled as a service rendering provider at five different clinic locations, then that doctor is represented in the provider counts five times.</p>
<p>128. Question Number 26. RFP Section Reference Appendix A Question ACA requires states to enroll all Ordering, Referring, or Prescribing Providers (ORP). Do the numbers in Appendix A include ORPs? If not, what is the State's estimate of volume of these providers that need to be enrolled and screened?</p>	<p>Yes, ordering, referring, and prescribing providers are included in the numbers in Appendix A.</p>
<p>129. Question Number 27. RFP Section Reference Appendix A Question</p> <p>Can the State please clarify the term "Total Enrolled Group Members?"</p> <p>Does this include ordering and referring? If not, can the State please provide those numbers as well?</p>	<p>Yes, Total Enrolled Group Members does include ordering and referring.</p>
<p>130. Question Number 28. RFP Section Reference General Question Does the State expect 100% of incoming applications to be processed by the contractor regardless of whether they are received from the portal or hard copy?</p>	<p>Yes, this is the State's expectation.</p>
<p>131. Question Number 29. RFP Section Reference General Question Resource requirements can be dependent on the volume of paper applications versus electronic applications submitted through the portal. Can the State specify the anticipated volume of paper applications (as a percentage of total applications) after the contractor portal is fully operational?</p>	<p>Nebraska Medicaid currently only accepts paper applications. We have no way of estimating volumes once a web portal is available as an option to providers.</p>
<p>132. Question Number 30. RFP Section Reference General Question What is the number of State staff involved in the current enrollment processes? Can the State share the organization chart for the current enrollment department?</p>	<p>There is currently six staff members that support the volume of MC-19s submitted.</p> <p>Below is a link to the Medicaid & Long-Term Care organizational chart.</p> <p>http://dhhs.ne.gov/Org%20Charts/MLTC.pdf</p>

QUESTIONS	ANSWERS
<p>133. Question Number 31. RFP Section Reference General Question Can the State share the current high-level enrollment/screening workflow?</p>	<p>Please see Attachment 3, Provider Enrollment On-Base Flow Chart.</p>
<p>134. Question Number 32. RFP Section Reference General Question What is the “role” that the current staff is expected to play after transition of screening and enrollment services to the contractor? Will they be involved in the final review and approval of all applications or only reviewing applications referred to them for potential denials or terminations?</p>	<p>The role of state staff is unknown at this time as it is largely dependent upon the proposal of the awarded contractor.</p> <p>The contractor will enroll providers who pass all required provider screening activities, without review and approval from Nebraska Medicaid. Providers who have any adverse findings during screening shall be referred to Nebraska Medicaid for review and final decision. Nebraska Medicaid will issue any and all provider enrollment denials and terminations.</p> <p>Please see IV.E.1.a.c, IV.E.1.f.iii, IV.E.1.f.iv.a.1.viii, IV.E.1.f.iv.b.iii.b, and IV.E.1.f.iv.b.</p>
<p>135. Question Number 33. RFP Section Reference General Question Does the State assign a unique provider number to each enrolled group member? For members that belong to multiple groups, do they receive a different number for each group affiliation?</p>	<p>Yes, the State assigns a unique provider number to each enrolled group member.</p> <p>Yes, members that belong to multiple groups receive a different number for each group affiliation.</p>
<p>136. Question Number 34. RFP Section Reference General Question</p> <p>Can the State provide an estimated count of current volumes (monthly or annual) of:</p> <p>(a) Return to Provider (RTP); and</p> <p>(b) All Letters/Postage Mail to Providers issued by the enrollment division?</p>	<p>(a) Nebraska currently sends back an average of 805 MC-19s to providers monthly.</p> <p>(b) In addition to the send-backs, a confirmation letter is sent to each provider that is successfully enrolled. The total for the two types of mailings is approximately 1155.</p>
<p>137. Question Number 35. RFP Section Reference General Question Can operational resources be located in regional processing centers outside the State of Nebraska?</p>	<p>Yes, operational resources can be located in regional processing centers outside the State of Nebraska.</p>
<p>138. Question Number 36. RFP Section Reference General Question Can paper enrollment applications be received at regional processing centers outside of the State of Nebraska?</p>	<p>Yes, paper enrollment applications can be received at regional processing centers outside of the State of Nebraska.</p>

QUESTIONS	ANSWERS
<p>139. Page 41, Section IV, Letter D, #6, “Enforce temporary moratoria as imposed by the Secretary of the U.S. Department of Health and Human Services. Report outcomes to Nebraska Medicaid or track the outcomes for use with Nebraska Medicaid claims data.” Question: Please define the word “enforce” in this context.</p>	<p>“Enforce” means the contractor will have a process in place to prevent the enrollment of providers prohibited from enrolling according to the requirements of moratoria.</p>
<p>140. Page 47, Section 1) v. Medicaid and CHIP Information Sharing System (MCSIS) Question: Our understanding is that MCSIS is in process of being replaced by the Termination Notification Portal. Will the state help facilitate access to this new Medicaid Provider Termination system via Data Use Agreement?</p>	<p>MCSIS is a CMS controlled database which recently transitioned to Individuals Authorized Access to the CMS Computer Services (IACS) Tibco MFT Server. CMS has confirmed to Nebraska Medicaid that they will grant Nebraska Medicaid provider screening and enrollment contractor staff access to this database.</p>
<p>141. Page 51, Section v. Monthly Database Checks Question: Will the state also require monthly checks for other events that could impact the provider’s ability to practice under current regulations. Examples include death notification and invalid state license or state license revocation?</p>	<p>Bidders must address the minimum requirements identified in the RFP and may include additional value-added items in proposal, if part of the solution at no additional cost to the State.</p>
<p>142. Page 51, Section a. Initial Revalidation Question: Does the state have a preference on when revalidations occur? For example, does the state prefer to revalidate all active providers enrolled prior to March 25, 2011 in a single run or space each run equally up to deadline of March 25, 2016?</p>	<p>How a bidder intends to conduct revalidation should be addressed in their proposal.</p>
<p>143. What data analytics are required for this contract?</p>	<p>If a bidder’s solution includes data analytics then they can be addressed in the proposal.</p>