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ADDENDUM ONE QUESTIONS and ANSWERS

Date: February 1, 2016

To: All Bidders

From: Jennifer Crouse/Robert Thompson, Buyer
AS Materiel Purchasing

RE: Addendum for Request for Proposal Number RFP 5190 Z1 to be opened February 23, 2016 at 2:00 p.m. Central Time

Questions and Answers

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. It is the Bidder's responsibility to check the State Purchasing Bureau website for all addenda or amendments.

<u>Question Number</u>	<u>RFP Section Reference</u>	<u>RFP Page Number</u>	<u>Question</u>	<u>State Response</u>
1.	g Auto-Assignment Algorithm	36	Under the current managed care program what is the current auto-assignment rate?	For the first quarter of State Fiscal Year (SFY) 2016 (October – December 2015), the auto-assignment rate was 72.4%.
2.	g Auto-Assignment Algorithm	36	Can the state provide how the auto-assignment rate will be calculated?	The auto-assignment rate will be calculated by determining the number of Medicaid members who were auto-assigned to a managed care organization (MCO) in a given period, divided by the total number of members who were auto-assigned plus those who voluntarily chose a MCO.

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3.	g Auto-Assignment Algorithm	36	Please confirm that individuals who select a plan at the time of eligibility application will be considered voluntary enrollments.	Yes, that is correct.
4.	g Auto-Assignment Algorithm	36	Can the state provide the populations, if any, that will be excluded from the auto-assignment rate?	No populations are excluded from the auto-assignment process or rate.
5.	g Auto-Assignment Algorithm	36	Can the state estimate under the new managed care program on average how many new eligibles that would be subject to auto-assignment enter the program each month?	For the first quarter of SFY 2016, the current enrollment broker (EB) reported that there were 3,086 new eligibles. In the second, third, and fourth quarters of SFY 2015, the number of new enrollees were 3,351, 3,299, and 4,041, respectively. Program enrollment is expected to increase under Heritage Health, so bidders should not base their cost proposals on current program statistics.
6.	g Auto-Assignment Algorithm	36	Please confirm that the timeframe for the vendor to enroll a member before auto-assignment occurs is 15-days? Would the state be open to a 30-day timeframe in order the vendor to achieve an 80% voluntary selection rate on an annual basis?	Confirmed. 15 days is the current timeframe for the EB to enroll a member before auto-assignment occurs. MLTC is not considering changing the 15 day timeframe.
7.	IV.B.4.f.xii. Provide IVR options	42	Please specifically explain what IVR functionality is required for the Project.	Bidders should propose IVR functionality that is cost effective in meeting the enrollment broker responsibilities of the RFP.
8.	IV.4.H.2 –Table 5	57	Please provide more details concerning the standard that 100% of initial enrollment packets (for those members who request hard copies) must be mailed within two (2) business days. Page 41 indicates that an outreach packet must be distributed to enrollees within two business days of the EB receiving the eligibility file. Do these two standards refer to the same thing? If not, please explain the difference between the requirements. Further, at what stage in the process do	Yes, the initial enrollment packet and the outreach packet are the same thing. Currently, individuals do not have the functionality to request another media or opt out of

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			individuals have the opportunity to request (or not request) a hard copy? How is the EB notified of this request?	receiving a hard copy. MLTC envisions future potential during the NTRAC portal integration to allow members to specify preferred communication methods. However, this functionality does not currently exist.
9.	Attachment 3 – Pricing Sheet		Please clarify if for operations a Contractor’s actual monthly compensation will be determined by being paid the base price for the first member per month plus the additional price per member per month based upon actual enrollment for all other members.	The contractor’s compensation will include the base price for the first member plus the price per member per month for each member in the additional volume bands. Refer to Attachment 3 Pricing Sheet, Instructions and Operations Tabs. Click on the orange highlighted cells to view the formulas.
10.	Attachment 3 – Pricing Sheet		Will costs be evaluated based on planned number of members? If not, how will costs be evaluated?	The State will disclose this information publicly at the time of the Bid Opening. Bidders should submit competitive pricing for all volume bands.
11.	General	n/a	Please provide monthly call statistics, including volumes and talk times, for the past year.	For the first quarter of SFY 2016, the current EB reported that it received 8,250 calls. In the second, third, and fourth quarters of SFY 2015, the number of calls received were 6,776, 7,282, and 9,027, respectively. Monthly numbers and talk times were not reported. Program enrollment is expected to increase under Heritage Health, so bidders should not base their cost proposals on current program statistics.
12.	General	n/a	Please provide monthly mailing volumes by type for the past year and indicate if mailings are conducted by household or by individual.	This information is provided in Attachment 4, attached hereto. Program enrollment is expected to increase under Heritage Health, so bidders should not base their cost proposals on current program statistics.
13.	General	n/a	If chat is an existing service, please provide number of monthly sessions and average handle time for the last year.	Chat is not an existing service.
14.	Table 1 #4 (Vision Phases)	30	Please confirm NTRAC eligibility portal integration is with the IBM Cúram public portal and eligibility system modules? If so, please provide information on the version numbers and product names that are being implemented for the NTRAC portal.	This information will be available following the finalization of the NTRAC design details, which MLTC anticipates will take place after contract award.

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15.	Table 1 #4 (Vision Phases)	30	The RFP states that the EB must integrate with the NTRAC eligibility portal by July 1, 2017. Does MLTC require the EB build an interim member portal prior to integration with NTRACS? If so, please elaborate on the requirements for interim functionality versus functionality to be deployed by July 1, 2017.	<p>The NTRAC Portal Integration requires real-time integration between the new eligibility system and the EB. Until such time, the portal does not require the real-time integration. Per section IV.C.2.a.vii. MLTC anticipates the EB will have interactive web portal functionality in place to support the initial enrollment period. If this is not possible within the implementation time period, the first priority is member selection of MCOs by January 1, 2017.</p> <p>If it is not feasible for the bidder to implement the web portal functionality prior to the initial enrollment period, the bidder may propose a later date to implement the web portal functionality. However, the bidder will not be paid the enrollment broker implementation fee until the functionality is in place.</p>
16.	IV.A.2.a (EB Services Vision)	30	<p>The RFP states that the “EB is required to interface with the existing systems until the new systems are available.” Please clarify the State’s expectation for the level of integration with existing systems during this period.</p> <p>Does the State envision that the enrollment process will change when the new systems become available?</p>	<p>MLTC anticipates the initial level of integration to be accomplished via interface files between the existing systems and the EB.</p> <p>The enrollment process is envisioned to change as the new systems are implemented. One example is that with the integration with NTRAC, the application process for eligibility is envisioned to integrate with the plan selection to enable a member to be enrolled in a health plan on the first day of eligibility.</p>
17.	IV.A.2.a (EB Services Vision)	30	Can the State please provide a specific list of systems that the EB will need to establish electronic integration with prior to the availability of the new systems and following the implementation of the new systems?	The EB must receive and transmit data from or to any existing or future system or contractor as required by MLTC which contains information necessary for the EB to fulfill the requirements of the contract or needs information from the EB. MLTC’s current environment includes an existing eligibility system, MMIS, data warehouse, and other ancillary systems for which potential interfaces may be needed. As included in the RFP, multiple new systems and contracts are planned for the future enterprise vision which will replace existing systems. Detailed interface requirements and specifications will be addressed during the implementations.
18.	IV.C.a.i, and IV.E.5.a (Initial Enrollment)	34 and 48	<p>For the Initial Enrollment Period, will the EB be required to migrate information regarding current beneficiary demographic, plan, and provider information to support the open enrollment period beginning on September 1, 2016?</p> <p>If so, can the state please provide a description of the data that would need to be migrated to the EB system? If</p>	<p>Yes, the EB will need to perform an initial data load of data necessary to support the initial enrollment period. MLTC has initiated work to plan for interface files to send data to the EB. The design will be finalized before the readiness review.</p> <p>See answer to question 17.</p>

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			possible, please provide a list of data elements to be migrated and the file format that the data will be provided to the EB.	
19.	IV.C.a.i (Initial Enrollment)	34	Please clarify the process to enroll members in Heritage Health who become Medicaid eligible from 9/1/2016 – 12/31/2016. Will enrollees be <i>required</i> to select 2 plans following eligibility determination at the same time? One for plans through December 31, 2016, and secondly, one for the 2017 Heritage Health plans.	The incumbent EB will continue to enroll those determined Medicaid eligible from 9/1/2016 – 12/31/2016. In these cases, the enrollees will be required to select their 2016 plan with the incumbent EB and their 2017 plan with the new EB.
20.	IV.C.a.v (Initial Enrollment Period)	34	Please confirm there will be a single auto assignment run/process near the end of the Heritage Health 2017 open enrollment for members who do not make a voluntary Heritage Health plan selection by the MLTC specified cut-off date.	An auto-assignment process will run near the end of the Heritage Health 2017 open enrollment period for members who do not choose a MCO. This auto-assignment process is scheduled to run on or about December 16, 2016. For applicants determined Medicaid eligible December 17 through December 31, 2016, a 15-day choice period must be allowed and the effective date of their enrollment, either through choice or auto-assignment, will be January 1, 2017.
21.	IV.C.a.vii (Initial Enrollment Period)	34	When will MCOs provide plan benefits and provider information to the new EB to support availability of interactive web portal functionality on 9/1/2016? Will this plan information be provided to the EB in a standard format, such the Health Insurance Oversight System (HIOS) plan information templates and a standard provider directory format?	MLTC will work with the EB and its MCOs to ensure that the EB has plan benefit and provider information with lead time for the initial enrollment period to begin on 9/1/2016. MLTC does not currently require the use of the HIOS plan information template, but it will require a consistent provider directory format from the MCOs.
22.	IV.C.g.ii (Auto Assignment Algorithm)	36	In the case of existing member-provider relationships, how far back is the EB required to consider these prior relationships in the auto- assignment algorithm?	The EB must go back a minimum of 12 months to consider prior relationships in the auto-assignment algorithm.
23.	IV.C.g.ii (Auto Assignment Algorithm)	36	Is there a preference for provider types for determining existing member-provider relationships? For example, does the auto- assignment algorithm only consider	Upon the initial enrollment period, the EB is only required to consider prior PCP relationships in the auto-assignment process. However, the capability to consider specialist relationships must be in place at a later date determined by MLTC.

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			prior PCP relationships, or does it also include prior relationships with specialist providers?	
24.	IV.C.g.ii (Auto Assignment Algorithm)	36	Which systems/data will be available to the EB for members' historical provider information? Will this change with the implementation of new systems within the Medicaid Enterprise Systems topology?	See answer to question 17.
25.	IV.C.g.ii (Auto Assignment Algorithm)	36	What are the specific data elements the EB will receive to support the auto-assignment process?	See answer to question 17.
26.	IV.C.3.e.iii (Provider Directory for Members)	40	The RFP states that the web-based, online version of the provider directory must be "updated in real time, but no less often than the next business morning after notification of any change." Please clarify the State's desire for real time updates versus overnight updates.	Section IV.C.3.e.iii. is amended to read as follows: The hard copy directory for members must be updated monthly. The web-based online version must be updated by the next business morning after notification of any change.
27.	IV.C.3.e.i.c IV.C.3.e.v (Provider Directory for Members)	40	The RFP states that the EB must develop and maintain a provider directory in an electronic file and update and submit it to MLTC (or designee) on a weekly basis. The EB will use the MCO's provider file to be delivered to the EB in a machine readable format prescribed by MLTC. In addition, it is our understanding that the MCOs will maintain a current provider directory on their website and will also submit this file to MLTC on a weekly basis (as outlined the in the MCO RFP issued on October 21, 2015, RFP Number 5151 Z1). As such, please clarify the following: a) Will the real time updates to the provider directory by the MCOs be transmitted to the EB through a standard systems interface specified by the EB	Initially, the MCOs will submit their provider files to the existing MMIS, and the EB will receive the MCO provider file information via the MMIS. Eventually, the MMIS will be decommissioned, and the EB will be required to receive the provider information from either the MCO directly or via the central provider management system depending on a future decision. Provider information will be communicated to the EB in a machine readable file and format that is consistent for each

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			<p>and MLTC? If so, please confirm that it is the MCO's responsibility to develop this system interface and initiate the real time data transfer when changes are made to the provider directory.</p> <p>b) The provider information in the weekly updates to the provider director from both the MCOs and the EB will be the same since the MCO data is the source of the provider directory used by the EB. Please confirm and/or clarify this requirement.</p> <p>c) Please confirm that the MCOs will be required to provide their initial provider directory information to MLTC and the EB no later than July 15, 2016 (45 days prior to the beginning of Heritage Health 2017 Open Enrollment).</p>	<p>Heritage Health MCO.</p> <p>Provider information will be communicated to the EB in a machine readable file and format that is consistent for each Heritage Health MCO. See the answer to question 26.</p> <p>See the answer to question 26.</p>
28.	IV.C.3.c.vii.c (Member Website, Web-based Enrollment)	38	<p>The RFP states that the Web-Based Enrollment capabilities must allow Medicaid applicants to select and register for an MCO and PCP prior to determination of eligibility. Please clarify the following:</p> <p>a) Will the State <u>require</u> applicants to select an MCO and PCP on their eligibility application? If so, will the requirement apply to all application formats (ex. online, paper, fax, in person) available to applicants?</p>	<p>Currently, plan and PCP selection are not part of the application process. MLTC envisions integrating plan selection within the eligibility process with the NTRAC integration and auto-assigning members who do not make a selection during the process. MLTC intends to include the information on paper applications as well. However, CMS has published a proposed rule requiring a minimum waiting period after eligibility determination which may impact the eventual program decision on implementation if the final rule contains the waiting period.</p>

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			<p>b) Who will be responsible for implementing the electronic systems interface between the eligibility system application and the EB data systems? Is this considered to be within the scope of the NTRAC Portal Integration task?</p> <p>c) Please confirm that the State is seeking the ability for personalized, interactive plan and provider comparison and selection <i>prior</i> to eligibility determination.</p> <p>d) Does the current eligibility application process allow and/or require applicants to make an MCO and PCP selection on the eligibility application?</p>	<p>Responsibility for the interfaces for the initial implementation are shared between the EB and MLTC. MLTC requires the ability for an applicant to make a plan and provider selection prior to eligibility determination after the NTRAC Portal Integration is implemented.</p> <p>The real time integration with NTRAC is within the scope of the NTRAC portal integration. The EB will need to work with the NTRAC implementation vendor to coordinate this integration.</p> <p>Responsibility for the interfaces for the initial implementation are shared between the EB and MLTC. MLTC requires the ability for an applicant to make a plan and provider selection prior to eligibility determination after the NTRAC Portal Integration is implemented.</p> <p>Currently, plan and PCP selection are not part of the application process. MLTC envisions integrating plan selection within the eligibility process with the NTRAC integration and auto-assigning members who do not make a selection during the process.</p>
29.	IV.E.5.a (Data Conversion and Data Load)	48	<p>The RFP states that the EB must receive data in MLTC's formats. Please clarify the following:</p> <p>a) The RFP mentions that the initial data load will come from various systems. Can the State please provide more detail on the source systems?</p> <p>b) Can the State please provide a description of the data that would need to be migrated to the EB system. If possible, please provide a list of data elements to be migrated and the file format that the data will be provided to the EB.</p>	<p>See answer to question 17.</p> <p>See answer to question 17.</p>

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30.	IV.K.1.t (System and Technical Requirements, General)	60	Can the State please provide potential bidders with a copy of its most recent MITA Self-Assessment?	This information is provided in Attachment 5. Bidders should not base their proposals on Attachment 5. The existing SSA is due to be updated in July of this year to reflect the new enterprise plan.
31.	V.C.9 and V.D.g.i (Proposal Instructions)	81 and 84	The RFP appears to request information on the EB's proposed personnel in two places under the Proposal Instructions. Please clarify.	The bidder should submit resumes in the section of its proposal titled Summary of Bidder's Proposed Personnel/Management Approach as described on page 81 of the RFP. However, all those items specified in Section V.D.g.i. on page 84 of the RFP should be included in the bidder's resumes and the three (3) page limit is waived. All questions with the exception of g.i. must be answered in the Organizational Structure/Staffing section of the bidder's Proposed Approach.
32.	V.D.f.ii (Proposal Instructions, NTRAC Integration)	84	NTRAC Integration. Will the NTRAC Portal provide the Single Sign On infrastructure referenced in RFP Section K.7.s (page 65) for the purposes of provisioning user accounts to be used by the EB Enrollment Portal?	Upon implementation of the NTRAC integration, MLTC envisions that NTRAC will provide the Single Sign On infrastructure. The EB must provide portal sign on capabilities prior to this integration.
33	IV.A.2.b, and IV.C.2.b.vi (EB Services Vision, MCO Enrollment and Renewals)	30 and 35	RFP section IV.A.2.b of the RFP (Page 30) states that the EB must "Support the enrollment of Medicaid enrollees in the Program for All-Inclusive Care for the Elderly (PACE) beginning on the operations start date. The EB will not need to interface with other systems for this capability. The EB will receive the information and directly enter it into the legacy Medicaid Management Information System (MMIS)." However, in section IV.C.2.b.vi (Page 35) the RFP states, "The EB must receive member enrollment information from the PACE provider and enter the PACE enrollment information in its system." Will both the MMIS and the EB system of record and track the PACE enrollments? Will an interface be required for PACE enrollment? Please clarify.	On the operations start date, the EB will record PACE enrollment in Nebraska's MMIS. When the EB implements capitation processing, it will then enter PACE enrollment information into its own system. An interface with the State's payment system will be necessary when capitation processing is implemented.

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34.	Section IV.A.1.d	29	<p>MLTC has acknowledged the desire to enroll additional individuals in Managed Care (e.g. the Long Term Care and Support Services population).</p> <p>Will MLTC use the per member costs as the basis for an equitable adjustment if the program population is above or below 239,000? Or will the state use an alternate methodology?</p>	<p>The LTSS population will be enrolled in Heritage Health for physical and behavioral health services.</p> <p>The pricing methodology, as shown in Attachment 3 Pricing Sheet for operations, addresses increases or decreases in participation over time.</p>
35.	Section IV.B.1.b	31	<p>Does a case concept exist for Medicaid, if so, how many consumers are there on average per case?</p> <p>Is it correct to assume that program volume will be 239,000 individuals and not 239,000 cases?</p>	<p>MLTC is unable to provide how many individuals there are on average per case. However, it is estimated that 95,600 households contain the 239,000 individuals.</p> <p>MLTC uses cases within the eligibility process. However, the EB should assume a program volume of approximately 239,000 individuals as the program volume.</p>
36.	Section IV.B.1.a	31	<p>It is stated that the “Nebraska Medicaid provides health care coverage for approximately 239,000 individuals...Of the 239,000 individuals, approximately 189,000 are enrolled in physical health managed care.” Will the remaining 50,000 individuals that are left on FFS remain on FFS or will become mandatory at some point during the contract?</p>	<p>Effective January 1, 2017, approximately 239,000 Medicaid eligible will be enrolled in managed care.</p> <p>All newly eligible enrollees are mandatory for managed care with the exception of:</p> <ul style="list-style-type: none"> • Aliens who are eligible for Medicaid for an emergency condition only. • Enrollees who have excess income, except those who are continuously eligible due to a share of cost obligation to a nursing facility or for HCBS waiver services. • Enrollees who have received a disenrollment or waiver of enrollment. • PACE participants. • Enrollees with Medicare coverage where Medicaid only pays co-insurance and deductibles. <p>These individuals’ services are paid for on a fee-for-service basis. There are no voluntary managed care enrollees in Nebraska.</p>

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37.	Section IV.B.1.b	31	<p>Can the state confirm the following breakdown of the Medicaid Managed care population:</p> <ul style="list-style-type: none"> • Physical Health:189,000 • Behavioral Health: 239,000 (189,000 of which are also enrolled in physical health) • Managed Care total: 239,000 <p>Does the state have plans to roll the remaining physical health population (particularly those who are already enrolled in managed care for behavioral health) into the managed care model?</p> <p>If so, is the state able to share those future managed care populations and when they are planned to be rolled in?</p>	<p>Yes. See the answer to question 36.</p> <p>See the answer to question 36.</p> <p>See the answer to question 36.</p>
38.	Section IV.C.1.c	33	Regarding the “systems necessary to support all functional areas and requirements,” can the systems be proprietary (excluding website) or do they need to be off the shelf?	The bidder may submit any solution that meets the Ssystems requirements that are included in section IV.K of the RFP.
39.	Section IV.B.3.c.iii	33	Can the state provide the current average call handle time for enrollment choice counseling calls?	This information is not currently tracked by the EB.
40.	Section IV.C.2.a.i.	34	Can the state confirm the official go-live date for the new contract period and provide more detail on the transition period (e.g. the current vendor will manage new enrollment from September 1, 2016 through December 31st 2016, the new vendor will be expected to complete all transition activities prior to January 1, 2017 and will begin conducting enrollment activities and support on January 1, 2017). Will the current vendor enroll consumers into Heritage Health during	The go-live date for the new EB is currently September 1, 2016. As described on page 34 of the RFP, the current EB will assist individuals who are newly eligible for Medicaid to select a MCO through 12/31/16. The new EB will assist all members from September 1, 2016 through December 2016 to select a Heritage Health MCO effective January 1, 2017.

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			the open enrollment period or into the legacy program?	
41.	Section IV.C.2.a.viii.a	34	What are the call center statistics that are to be reported weekly and monthly reports?	We expect each bidder to propose the statistics that it can report on a weekly and monthly basis. At a minimum, the call center statistics in the performance measures must be reported, per Section IV.H.2.Table 5.
42.	Section IV.C.2.a.i	34	Are the following statistics available regarding annual eligibility renewal enrollments? 1. On average, number of enrollments per channel (call, mail) per month?	The current EB reported a monthly average of new enrollees of 3,086 individuals in the first quarter of SFY 2016. For the second, third, and fourth quarters of SFY 2015, the monthly averages were 3,351, 3,299, and 4,041 respectively. Program enrollment is expected to increase under Heritage Health, so bidders should not base their cost proposals on current program statistics. The current EB only communicates with Medicaid eligibles via telephone.
43.	Section IV.C.2.b.III	34	On average, how many newly eligible enrollees are Mandatory vs. Voluntary?	All newly eligible enrollees are mandatory for managed care with the exception of: <ul style="list-style-type: none"> • Aliens who are eligible for Medicaid for an emergency condition only. • Enrollees who have excess income, except those who are continuously eligible due to a share of cost obligation to a nursing facility or for HCBS waiver services. • Enrollees who have received a disenrollment or waiver of enrollment. • PACE participants. • Enrollees with Medicare coverage where Medicaid only pays co-insurance and deductibles. <p>These individuals' services are paid for on a fee-for-service basis. There are no voluntary managed care enrollees in Nebraska.</p>
44.	Section IV.C.2.a.viii	34	Regarding the initial enrollment period reporting, when will draft reports be due to MLTC and what is the turnaround time for MLTC approval on the reports? Will MLTC have resources the vendor can work with to complete this task?	The due dates for the weekly and monthly reports are provided in Section IV.C.2.a.viii of the RFP. MLTC will work with the EB to develop the appropriate format for these reports and expedite their approval. Upon the EB contract start date, a contract manager will be assigned to work with the EB throughout the duration of the contract.
45.	Section IV.C.2.b	34	What is the frequency/format of the files with newly eligible enrollees that is transmitted to the EB? What entity is responsible for the transfer?	The initial frequency of the files is expected to be nightly. The State or its designee is responsible for sending the information to the EB. The EB is responsible for receiving the information, applying the information to the EBs system, and resolving any identified issues.
46.	Section IV.C.2.a	34	Will the state be open to member-centric demand smoothing measures during the initial enrollment period and subsequent open enrollment periods in order for the vendor to operate most efficiently?	All measures must be submitted in detail to MLTC for consideration and approval.

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47.	Section IV.C.2.a.i	34	In many states, when the consumer makes a change to their enrollment status they do not go through the subsequent open enrollment process (e.g. if the consumer makes a selection in October they will not be required to complete open enrollment in December). Is it the case in Nebraska that all consumers will go through open or initial enrollment regardless of when they most recently enrolled?	For the initial enrollment period, all members will need to select a MCO. MLTC is currently in the process of a MCO procurement and the MCOs that participate in the Heritage Health program may change. Also see answer to question 19.
48.	Section IV.C.2.a.	34	Will the vendor be held to the 80% Enrollment Choice threshold during the initial enrollment period? Will the vendor still be accountable for consumers who cannot be reached because their contact information is no longer current (e.g. in most states we see a roughly 10% returned mail rate from instances where the case address is not current).	The performance measure related to member auto-assignment will not be computed until after the first year of operations (covering auto-assignments made from January 1 through December 31, 2017). Yes, all members will be considered in this calculation.
49.	Section IV.C.2.a.i	34	Please verify that consumers who are enrolled prior to the open enrollment period and take no action will stay in their current plan and will not be auto-assigned during open enrollment. If so, will the consumer taking no action count as an enrollment choice, or will the number not count towards the enrollment choice rate?	All enrollees who do not select a MCO during their open enrollment period will be auto-assigned for the 2017 plan year.
50.	Section IV.C.2.d.i	35	On average, how many enrollees change plans each month?	The current EB reported 717 plan transfers in the first quarter of SFY 2016. For the second, third, and fourth quarters of SFY 2015, there were 487, 538, and 466 respectively. Program enrollment is expected to increase under Heritage Health, so bidders should not base their cost proposals on current program statistics.
51.	Section IV.C.2.d	35	Regarding, "the effective date of disenrollment from the current MCO shall be no later than the first day of the following month...", is there a cutoff period toward the end of the month or	Disenrollment requests must be accepted through the close of business each business day. The change must be effective the first calendar day of the following month.

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			will change requests on the last day of the month up to the last minute before COB require that the change be effective for the first of the upcoming month?	
52.	Section IV.C.2.b.iv	35	Will MLTC assign a resource to work with the EB on the development of web enrollment? What is the turnaround time for security protocol approvals?	MLTC will assign resources to work with the EB on understanding the vision, MLTC provided data, State standards, and program policies. The EB is required to bring its expertise on EB services. The question as asked does not provide enough information for the State to provide a response.
53.	Section IV.C.2.b.v	35	How will the EB be notified when enrollees regain eligibility within two months?	The EB will receive information via interface on eligible members that includes eligibility date ranges necessary for the EB to calculate the two month timeframe.
54.	Section IV.C.2.e.i	35	How will the EB be notified of contact information changes? Typically these types of changes have to be made through eligibility and entered directly into the State system, then fed to the EB to update the EB records.	The EB will receive information via interface of member contact information changes from various sources. The EB will need to capture this information and communicate the changes to the eligibility team. The information capture and forwarding will be manual until electronic interfacing of these updates can be established between the EB and NTRAC.
55.	Section IV.C.b.vi	35	Can MLTC confirm that the EB will provide enrollment choice counselling and enrollments for PACE participants (requirement C.b.vi indicates that the PACE provider will furnish enrollment information)? How will the vendor be provided programmatic eligibility for the PACE program?	The EB will not perform choice counseling for PACE participants. For PACE participants, the EB will receive enrollment information from the PACE provider and enter the enrollment information in MMIS or the EB's system, once capitation processing is implemented.
56.	Section IV.C.2.c.i.	35	Could MLTC please outline how they envision the immediate enrollment of a newborn once the state is notified of a live birth? How will the EB be notified? On average, how many newborns are processed each month?	A newborn determined mandatory for managed care will be immediately enrolled into a MCO, effective to the date of birth. The EB will be notified via daily 834 and supplemental files. During 2015, the average number of newborns that were added each month was 770. Program enrollment is expected to increase under Heritage Health, so bidders should not base their cost proposals on current program statistics.

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57.	Section IV.C.2.g (b)	36	<p>Section IV.C.2.g of the RFP mentions using historical claims data as the basis for auto-assignment. Please confirm that we can use historical PCP selections and MCO enrollments to perform this function.</p> <p>If specifically data from claims is required, please clarify the timeframe (i.e. one year or last 5 claims) of claims, type of claims, and format the claims data will be available.</p>	<p>A process for communicating historical claims data to the EB has not been established. The details of the plan, file format, and time frame of the historical data will be provided to the EB during the transition and implementation phase of this project.</p>
58.	Section IV.C.2.i.ii.a	36	<p>Can the state provide more detail on 'restricted status':</p> <ul style="list-style-type: none"> • How does the state expect MCOs to notify the EB? • What is the impact to the consumer and will they be notified? • Does 'restricted status' impact capitation? • How would the state like the EB to notify MLTC? 	<p>The EB is required, at a minimum, to follow the requirements of 471 NAC 2 concerning restricted services.</p> <p>Data fields contained on files exchanged between the EB and MCOs indicate a restricted status.</p> <p>Member services may be restricted. Members are notified by the MCO.</p> <p>The restricted status does not impact capitation at this time.</p> <p>The EB may notify MLTC via a interface.</p>
59.	Section IV.C.2.j	37	<p>When will MLTC inform EB of the media that the PACE provider information will be delivered? What is the required turnaround time to test and be ready to retrieve this information?</p>	<p>The EB will assume PACE processing within the EB's system upon the capitation processing implementation as the EB will then calculate the PACE provider payment and submit it to the State's financial system for payment. Until such time, the EB will use the existing state systems to enter the information, and the existing system will send the information to the State financial system for payment.</p>
60.	Section IV.C.3.b.ii	37	<p>Can the "real time" oral interpretation services be made available through the call center and/or through a language line?</p>	<p>Either option is acceptable.</p>
61.	Section IV.C.3.c.vi.a	38	<p>Do the letters on the website need to be the enrollee personalized letters or will generic non-personalized letters suffice?</p>	<p>The letters on the website may be generic.</p>

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62.	Section IV.C.3.c.vi.c	38	How often do plans submit changes? Is a scheduled followed or can a plan submit a change at any time?	It is unknown at this time how often the Heritage Health MCOs will submit plan changes. This schedule has yet to be established, but will be provided to the EB when the readiness review is conducted.
63.	Section IV.C.3.vi.c	38	Could MLTC outline how they envision real-time updates to the provider directory?	See the answer to question 26.
64.	Section III. YY.	25	Please clarify/confirm at what date the Disaster Recovery/Business Continuity Plan is required to be submitted to the state.	As described in Attachment 2, the EB's final disaster recovery plan/business continuity plan is due 30 calendar days after contract award.
65.	Section IV.C.3.vii.l	39	What are the bi-directional requirements? Is the EB required to make any outbound calls? If so, what are the requirements?	Section IV.C.3.c.vii.l of the RFP states that bi-directional communication including real-time chat be available Monday – Friday 7:00 AM to 7:00 PM Central Time, excluding State holidays. The EB must respond to any message left by a member by the end of the next business day. Yes, the EB must have the ability to make outbound calls.
66.	Section IV.C.3.c.vii.n	39	What are the verification requirements when a member calls in? In most cases, address verification is one of the verification requirements for a caller. If the caller is able to update an address with the EB, then the integrity of this verification piece may be lost. This is typically done directly into state system and fed to EB so that the HIPAA verification requirements can be met.	The EB should submit proposed verification requirements with its final work plan, which is due 15 calendar days after the contract is awarded. In the event that a member reports a change to the EB, the EB must notify ACCESSNebraska to update the member record.
67.	Section IV.C.3.e.i.a	40	On average, how many hard copy directories are requested each month?	This information is not currently tracked by the EB.
68.	Section IV.C.3.d.iv.b	40	Will the daily eligibility file contain a language preference for members? If not, will the vendor be required to send all forms in both English and Spanish?	The daily eligibility file includes a language preference if the member identifies the need for an alternative language. Spanish language materials only need to be sent to individuals who identify as Spanish speaking.
69.	Section IV.C.3.e	40	Does the listing order for providers need to be randomized each time the list is generated to avoid giving one provider an advantage over another?	No.

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70.	Section IV.C.3.d.iv.g	40	<p>Will MLTC provided a resource to work with the EB on material development?</p> <p>Will current versions be provided? If so, when will they be provided?</p> <p>How long will MLTC take to provide approval/feedback once drafts are delivered?</p>	<p>It is the EB's responsibility to develop the materials and MLTC will review and approve the materials.</p> <p>Current versions can be provided on or soon after contract award.</p> <p>The turnaround time for document reviews will be provided upon the contract start date, but may be subject to modification based on the length/complexity of the document.</p>
71.	Section IV.C.3.e.v	40	<p>How often are MCOs required to provide EB with updated provider files? Files received must be verified and uploaded, which takes some time. Section IV.C.3.vi.c (page 38) requires real time updates which is not possible with a file exchange like this.</p>	<p>Section IV.C.3.e.vi.c. is amended to read as follows:</p> <p>A searchable provider directory for each MCO, with a designation of open or closed panels. This directory must be updated no less than the next business morning after notification of any change.</p>
72.	Section IV.C.3.f.i.a/c/e	41	<p>Will the outreach packet be sent during the initial enrollment period or will the proposed 60 and 30 day notices serve to notify the consumer.</p>	<p>An outreach packet will be sent during the initial enrollment period.</p>
73.	Section IV.C.3.i.a)-d)	41	<p>According to this section, all of the notices listed in a)-d) must be distributed via hard copy, however in section 3.c.vii.e) 3)) the RFP states that communication must be sent via the consumers chosen method. If the consumer has designated a non-hard copy method, will the EB still be required to mail these notices?</p>	<p>No. Hard copy materials are required unless the member requests another method.</p>
74.	Section IV.C.3.d	41	<p>Will MLTC assign a resource for reviewing/approving procedures? What is the turnaround time from MLTC once procedures have been submitted for approval?</p>	<p>The EB will be assigned a Contract Manager upon the contract start date, who will work with the EB on all activities and approvals. The turnaround time for document reviews will be provided upon contract award, but may be subject to modification based on the length/complexity of the document.</p>
75.	Section IV.C.3.i.h	41	<p>Regarding other materials that may be required by MLTC and submitted to MLTC a maximum of 60 days after contract award, when will these be provided to the EB? If received on for</p>	<p>Section IV.C.3.i.h. is amended to read as follows:</p> <p>The EB may be required to mail other materials to members as directed by MLTC. All proposed materials must be submitted to MLTC for review and approval a minimum of 60 days prior to release.</p>

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			example 55 days after the award date does the 60 day requirement still stand? Typically the turnaround time from EB is X days after the request is made.	
76.	Section IV.P Attachment 3	78	Will the state consent to separate scoring criteria and/or payment methodology for the N-Track Portal Integration and Capitation Processing? It may be much less expensive for the EB and the state to define requirements and interfaces for these functionality collaboratively and then charge a time and materials cost. While the RFP lays out the general scope of these efforts, it is difficult to understand and cost out the development if this functionality without a knowledge of integrating systems, requirements and interfaces – including a price based solely on the information in the RFP could introduce unintended variability into the cost scoring.	No changes will be made to the payment and scoring criteria.
77.	Section IV.C.6.c	43	Will MLTC provide a resource to work with EB on the necessary reviews/approvals/interfaces requirements for this process? As of what date will this resource(s) be available to start working with the EB on this?	Upon the EB contract start date, a contract manager will be assigned to work with the EB throughout the duration of the contract.
78.	Section IV.D.2.a-b	43	How will the information needed to support the PACE operations be sent to the EB?	The EB will receive the necessary information from the PACE provider via a telephone call to the EB. This information will be entered by the EB into MMIS, until the EB's system becomes the system of record for PACE. This will occur when capitation processing is implemented.
79.	Section IV.E.1.e	46	Will there be resources from MLTC to work with the EB to ensure that all necessary information and approvals/feedback is received in a timely manner so that the EB can successfully meet plan timeframes?	See the answer to question 74.

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80.	Section IV.F.2 (Table 2)	51	What are the required timeframes for the steps in the table? Will there be a resource from MLTC to work with the EB on successful review/approvals so that timing requirements are not jeopardized?	See the answer to question 74.								
81.	Section IV.F.2 Table 3 and 4	53	Is the state flexible with respect to the 5 year Medicaid experience requirement for key staff?	<p>Section IV.G.2. Table 3 is amended to read as follows:</p> <p style="text-align: center;">Table 3. Staff for Transition/Implementation Phase</p> <table border="1" data-bbox="1003 651 1990 1365"> <thead> <tr> <th data-bbox="1003 651 1178 699">Title</th> <th data-bbox="1178 651 1990 699">Minimum Requirements</th> </tr> </thead> <tbody> <tr> <td data-bbox="1003 699 1178 846">Project Director*</td> <td data-bbox="1178 699 1990 846">This individual should have a minimum of ten (10) years of experience in managing an EB or related project of equal or greater scope. This position also requires a minimum of five (5) years of Medicaid experience. The individual in this position must be dedicated 100% to this project throughout the contract's term.</td> </tr> <tr> <td data-bbox="1003 846 1178 1219">Information Technology (IT) Project Manager*</td> <td data-bbox="1178 846 1990 1219">This individual should have a minimum of five (5) years of experience managing a large-scale health care IT development project that included the full SDLC from project initiation through implementation. Medicaid and EB experience is preferred. If the EB proposes to use subcontractors, the individual in this position must have experience managing subcontractor resources. The IT project manager must also have experience using a standard PM methodology and tools to develop project plans, completing tasks, and tracking timelines and resources. The individual in this position must be dedicated 100% to this project during the transition/implementation project phase. This position is required for each implementation phase and must persist throughout the stabilization of each implementation. The EB must receive MLTC approval of stabilization for this position to no longer be required. .</td> </tr> <tr> <td data-bbox="1003 1219 1178 1365">Privacy and Security Manager*</td> <td data-bbox="1178 1219 1990 1365">The Privacy and Security Manager should have a minimum of three (3) years of experience managing health care privacy and security issues. Medicaid and EB experience is preferred. This position requires knowledge of privacy and security best practices for enterprise-level initiatives.</td> </tr> </tbody> </table>	Title	Minimum Requirements	Project Director*	This individual should have a minimum of ten (10) years of experience in managing an EB or related project of equal or greater scope. This position also requires a minimum of five (5) years of Medicaid experience. The individual in this position must be dedicated 100% to this project throughout the contract's term.	Information Technology (IT) Project Manager*	This individual should have a minimum of five (5) years of experience managing a large-scale health care IT development project that included the full SDLC from project initiation through implementation. Medicaid and EB experience is preferred. If the EB proposes to use subcontractors, the individual in this position must have experience managing subcontractor resources. The IT project manager must also have experience using a standard PM methodology and tools to develop project plans, completing tasks, and tracking timelines and resources. The individual in this position must be dedicated 100% to this project during the transition/implementation project phase. This position is required for each implementation phase and must persist throughout the stabilization of each implementation. The EB must receive MLTC approval of stabilization for this position to no longer be required. .	Privacy and Security Manager*	The Privacy and Security Manager should have a minimum of three (3) years of experience managing health care privacy and security issues. Medicaid and EB experience is preferred. This position requires knowledge of privacy and security best practices for enterprise-level initiatives.
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				Experience with Medicaid and EB services is preferred, especially for MLTC-facing IT staff.
82.	Section IV. C. 6.	42	<i>Please provide the interface details regarding the State's payment application and financial system to assist vendors in providing a solution for designing interfaces.</i>	The EB is responsible for calculating the capitation payment due to entities and communicating this information to the financial system. The EB must also receive disposition information from the financial system to ensure appropriate balancing. The state anticipates that the detailed interface requirements and specifications will be addressed during the implementation.
83.	Section H.1.c.v	56	Can the state detail what is meant by following QA task: "Review and document outcomes of MCO enrollments received from MCOs, as applicable." We understand that MCO enrollments will be submitted to plans by the EB, not received from MCO – does this statement apply only to PACE providers?	Section IV.H.1.c.v. is hereby removed in its entirety: Review and document outcomes of MCO enrollments received from MCOs, as applicable.
84.	Section IV.H.1.c.vi	56	What frequency shall the survey results be reported (monthly/quarterly)?	Community presentation survey results must be reported in the EB's monthly report, as applicable.
85.	Section IV.H.1.d	56	Will the state have a resource to review the QA Plan? What is the turnaround time on approval/feedback on the QA Plan?	See the answer to question 74.
86.	Section IV.H.2.Table 5	57	On a monthly basis the call abandonment rate must be 5% or less – Is there a delay before the abandoned call becomes applicable? For example, in most cases a call is considered abandoned if the caller hangs up somewhere between 15 and 30 seconds after they called. This filters out callers who called a wrong number or are disconnecting for a reason other than wait time.	The State has taken all variables into consideration with the 5% abandonment rate.
87.	Section IV.K.13.f	69	For the demonstration of the contingency plan, will each annual demonstration need to test restoration of all functionality or can each annual test demonstrate rolling restoration functionality of a portion of the	The initial test must encompass the entirety of the functionality. MLTC is open to a prioritization of functionality for the yearly tests based on MLTC plan approval. However, a full test must be completed every two years at minimum.

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			operations with all sections being demonstrated every X (TBD) number of years?	
88.	Section IV.L.5.a	71	Is there a limit as to how many ad hoc reports MLTC can request in a given period, i.e. X per month?	No, but MLTC does not anticipate that this will be a frequent occurrence.
89.	Section IV.L.5.a	71	Will MLTC provide a resource to work with the EB on requirements for the dashboard?	See the answer to question 74.
90.	Section IV. K. 2	59	Regarding the RFP requirement: c. The EB shall insure that all programs, systems, solutions, products and operations developed or used by the EB to perform as required herein, utilize compatible data inputs and outputs, integrate and are interoperable with, and function effectively with those systems of other entities in support of the Nebraska Medicaid enterprise. Please describe the interfaces with the state, MCO's, data warehouses, other entities, health insurance companies, other vendors, state designees, etc. in detail. What are they and which direction(s) does data flow? Which interfaces are batch/file-oriented and which are real time/services oriented? Please provide details on the interface specifications.	See the answer to question 17. See the answer to question 17.
91.	Section IV.N.1	73	Are their CAPS on the penalties? Can penalties be recovered when compliance is met? What type of communication takes place before damages are assessed?	No. The penalties have been set to ensure that the EB meets the requirements of its contract with MLTC. However, MLTC retains the right to waive any penalty. Regarding communication, refer to RFP section IV.N.4.
92.	Section IV.N.2.i	74	This section states that the following is considered prohibited practice: "Failing to secure written approval before distributing member approvals" Does this means that the EB is required to receive written notification each time	No, a penalty for failing to secure written approval before distributing member materials does not apply to every update of the provider directory.

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			an MCO provides an update to the provider directories? This may also conflict with the “real-time” requirement that was questioned in question 62.	
93.	Section IV.N.3	75	Many of the penalties are assessed based off of calendar days. Will MLTC staff be available on weekends to work with EB since weekends are also penalized?	No.
94.	Section IV.N.3	75	Vacant Key Positions must be filled within 30 calendar days – Does assigning a temporary resource to act in this position while the permanent replacement is found meet this requirement?	No. .
95.	Section IV.N.3	74/75	Regarding the RFP requirements: i. Maintain updated provider information as updated files are received. And, v. Update data (client and provider, etc.) received from MLTC and the various interfaces. Please describe how the files are received, in what format, and the expectations for updating them (real-time, daily, etc.)	See the answer to question 17. See the answer to question 17.
96.	2. Information System	74	Regarding the RFP requirement: Receive and process interface files from existing systems and MCOs as needed to fulfill the requirements of this RFP. Please describe the interfaces in detail. What are they and which direction(s) does data flow? Which interfaces are batch/file-oriented and which are real time/services oriented? If multiple 3rd parties produce/accept the same interface, how does the state expect testing to be done?	See the answer to question 17. See the answer to question 17. See the answer to question 17.

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97.		74/75	<p>Regarding the RFP requirements: i. Maintain updated provider information as updated files are received. And, v. Update data (client and provider, etc.) received from MLTC and the various interfaces.</p> <p>Please describe how the files are received, in what format, and the expectations for updating them (real-time, daily, etc).</p>	<p>See the answer to question 17.</p> <p>See the answer to question 17.</p>
98.	Section IV.N.3	76	<p>Annual auto-assignment rate must not exceed 20% – Where does this rate currently stand? If all communication requirements are met (notices mailed, required call campaigns met, outreach site requirements are met) and enrollees choose to not make a choice, then the EB should not be penalized by the auto-assignment rate. Monetary penalties/sanction against the EB should be assessed for specific performance failures but not if the enrollee chooses not to make a choice after all required communication has been met. Typically states provide an incentive to lower the abandonment rate but not monetary penalties since EB loses control once all communication attempts have been exhausted.</p>	<p>See the answer to question 1.</p>
99.		74	<p>Regarding the RFP requirement: iv. Coordination of external testing with agencies if deemed appropriate by MLTC.</p> <p>How does the state expect testing to be done?</p>	<p>When deemed appropriate, MLTC expects the testing to be completed using test data to be transmitted between the parties to test the end-to-end functionality.</p>

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100.			<p>Can the state system be accessed outside the state network?</p> <p>If so, what technology would a vendor use to access the system remotely?</p> <p>Please confirm that the state can and will support SFTP (ftp over ssh) for secure data transmission.</p>	<p>The State systems can be accessed from outside the State network through Citrix.</p> <p>VPN technology can be utilized.</p> <p>SFTP is supported for data transmission. For machine to machine communication.</p>
101.	Section IV.K.4.	62	<p>Regarding the RFP requirement: The EB must have capacity for both batch and real time interoperability to all MLTC approved systems.</p> <p>Which interfaces are batch/file-oriented and which are real time/services oriented?</p>	<p>See the answer to question 17.</p> <p>See the answer to question 17.</p>
102.	Section IV.N.3	76	<p>Ad hoc reports must be submitted within 5 business days of request – Penalty is based off of Calendar days late, however contractual requirement is within X business days. Seems penalty should be based off business days as well.</p> <p>Also, are their limits as to the number of ad hoc reports that can be requested by MLTC? Supposed a large number of reports are requested and it is not possible to meet the five day requirement, can the reports be prioritized and new submission dates negotiated?</p>	<p>Penalties are based on calendar days.</p> <p>Regarding ad hoc report, see the answer to question 88.</p>

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103.	Section IV.N.4.b	76	The second sentence in this section states, "Within ten (10) business days of receipt of the written notice, The MCO may appeal..." Should MCO in this section be replaced with EB?	Section IV.N.4.b is amended to read: MLTC will provide written notice and the factual basis for any sanction or monetary penalty to the EB. Within ten (10) business days of receipt of the written notice, the EB may appeal the decision in writing to the Deputy Director of the Delivery Systems Section of MLTC. A written decision will be issued within ten (10) business days. Within five (5) business days of receipt of the written decision, the EB may request reconsideration of the decision in writing to the Director of MLTC. The Director will issue a written opinion within 30 calendar days. No further appeals will be allowed.
104.	Section V.D	81	The RFP states that proposal should be prepared in Arial, 11-point font. Can tables, exhibits and graphics be prepared in smaller font as long as it remains readable?	Yes, but should not be less than an 8-point font.
105.	Section IV.L.7.	71	Regarding the RFP requirement: The EB must work with MLTC to develop a reporting dashboard. Access to this dashboard will be determined in consultation with MLTC. To how many?	MLTC estimates 25 individuals having access to the dashboard.
106.	Section V.D.3.i.	85	Please confirm that the capitation scope for this RFP does not include any banking transactions or tracking of specific payments made by the State. From RFP: "Describe the bidder's experience making capitation payments to and recouping capitation payments from MCOs."	The State's financial system will make the actual payment and recoup the actual payment. However, the EB system must track disposition of the payments and balance with the payments and recoveries from the financial system.
107.	Section IV.K.2.k	61	In the statement below can the state please clarify what is meant by 'balancing' "Generate activity, balancing and error reports as defined by MLTC and as requested by MLTC"	The exact balancing reports necessary cannot be determined without MLTC having an understanding of the characteristics of the bidder's solution. One example would include a report balancing the records received in an interface matches the records applied in the bidder's solution.
108.	IV	29	What are the integration touch-points (source and target application)?	See the answer to question 17.

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109.	IV.A.1.g	29	Our assumption is that the EB system will be integrated with the existing legacy systems until new systems such as (EE. DMA, MCO) are implemented. Please confirm.	Yes.
110.	IV.A.2	30	Can the state be flexible to extend the first milestone timelines?	No.
111.	IV.A.2.a	30	Does the State capture health information of enrollees by a risk assessment process prior to enrollment and re-enrollment to a managed care plan?	No.
112.	IV.A.2.a	30	Does the State capture third party insurance information if contained in the application for Medicaid enrollment or the process to enroll in a managed care plan?	Yes.
113.	IV.B.3.C.i	33	What is the distribution of usage of various channels used by enrollees? (What % of enrollees call, what % send fax, what % come for face-to-face interactions, what % send emails, what % send regular letters?)	The current EB only interacts with enrollees via incoming telephone calls.
114.	IV.B.3.c.i	33	What is the process for returned mail? What is the process for the EB to obtain and update the address of enrollees whose applications are returned? What is the State system of record for participants' addresses?	The process for returned mail is to be described by the bidder. The State's system of record for members' addresses is the eligibility system.
115.	IV.B.c.i	33	Please provide a listing of documents that are mailed to the enrollees during open enrollment and/or individual enrollment. Does each enrollee receive an individual packet or are packets mailed by household address?	This information is provided in Section IV.C.3.f. of the RFP. Outreach packets are mailed to each household. Also see answer to question 35.

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116.	IV.B.3.c.i	33	What are the materials needed by enrollees to enroll in a managed care plan?	See the answer to question 115.
117.	IV.B.3.c.i	33	Does each MCO provide the entire spectrum of benefit services?	<p>Each MCO is required to provide the same benefit package but may provide value added services.</p> <p>There are excluded services that are covered by the Nebraska Medicaid State Plan, but provided on a fee-for-service basis. These services are:</p> <ul style="list-style-type: none"> • Dental • Intermediate care facility for individuals with developmental disabilities • Institutional long-term care/nursing facility at a custodial level of care • School based services (physician and therapy services are billed to the MCO) • All home and community based waiver services • Targeted case management • Medicaid State Plan personal assistance services • Non-emergency medical transportation
118.	IV.B.3.c.i	33	What services, if any, are carved out from managed care?	See the answer to question 117.
119.	IV.B.3.c.i	33	What are the factors related to MCOs and PCPs that the State considers necessary for an enrollee to make an informed selection?	During the initial Heritage Health enrollment period, enrollees will need to know the names of the MCOs, their provider network, and what value-added services they offer, if any. After the program's first year, the MCOs will report performance measures, which will be shared with Nebraska's Medicaid members and enrollees. For physicians, enrollees will need to know the information described in Section IV.C.3.e.
120.	IV.B.3.c.i	33	What are the system(s) that the EB have access to for information on MCOs and PCPs?	This information is expected to be exchanged through file transfers, not direct system access.
121.	V.B.3.c.i	33	What is the current monthly process to reconcile enrollment/ disenrollment for the EB, MCO, PACE and MLTC?	MMIS is the current system of record for this process, and there is no external process that occurs for reconciliation.
122.	IV.B.2.c.i	33	What is the effective date of enrollment/ disenrollment following the reconciliation?	The effective date of enrollment can be retroactive to the first day of eligibility. The effective date of disenrollment is the first day of the following month. .
123.	IV.B.3.c.ii	33	Is the PACE subsystem a stand-alone component of the MMIS/nFocus?	No. The PACE information is contained within the existing MMIS.
124.	IV.B.3.c.ii	33	Are any benefits from the PACE program carved out from managed care?	The PACE population is not included in the Heritage Health program.
125.	IV.B.3.c.ii	33	Are there unique forms for the EB to process for participants in PACE, e.g.,	Not that the EB will need. See the answer to question 55.

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			Power of Attorney? If so, please provide the unique forms and or listing of the forms.	
126.	IV.B.3.c.ii	33	Does the State anticipate having more than one PACE provider?	Currently there is one organization approved to be a PACE provider in Nebraska, Immanuel Pathways in Omaha. Additional providers are not anticipated at this time.
127.	IV.B.3.c.iii	33	Does the State entertain a call back feature for the IVR? If so, will a call back to an enrollee be satisfied if the EB leaves a message for the enrollee?	MLTC has not required a call back feature for the IVR, but has not excluded the feature. MLTC is interested in the EB providing good customer service. MLTC is open to bidders proposing the feature and how it will aid in providing good customer service.
128.	IV.B.3.c.iii	33	How does the State define a "contact handled" by the EB?	The question as asked does not provide enough information for the State to provide a response.
129.	IV.B.3.c.vi	33	Will the MCOs' network provider files include their providers' NPIs, or a MCO assigned provider identification number? If NPI is provided, will this number need to be cross walked to a MLTC legacy provider number/NPI used for FFS billing? Will the MCOs PCP provider list include out-of-network provider numbers (used on encounter claims), also, that need to be distinguished from PCP providers?	The MCO must require each of its contracted physicians to have a national provider identifier number. This identifier must be included on the provider file submitted to the State. See the answer to question 17. See the answer to question 17.
130.	IV.C.1. a	33	What is the current total number of contact center agents supporting the EB operations?	The current EB has ten full-time equivalents and six part-time equivalents.
131.	IV.C.2.b.ii	34	What is the page count for the enrollment/disenrollment rights and responsibilities?	The future page count is unknown; however the current page count is one (1) page.
132.	IV.C.2.b.iv	35	Can enrollees complete an enrollment via fax?	Yes.
133.	IV.C.2.c.i	35	How is the newborn enrollment handled when the mother is not enrolled in a MCO and there are no siblings or other family members?	If no selection is made, the newborn will be assigned to a MCO based on the auto-assignment algorithm.
134.	IV.C.2.d.ii	35	Are exceptions ever made to allow members to change their MCO outside of the initial 90-day change period? If so, what are the exceptions?	Any plan change after the 90-day change period must be approved by MLTC on a case-by-case basis.

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135.	IV.C.2.d.ii	35	Are there any instances in which a MCO change request must be submitted to the State for approval?	See the answer to question 134.
136.	IV.C.2.d.ii	35	Please confirm that Annual Open enrollment for members is 12/1-12/31 with a start date of 1/1 regardless of the effective date of their MCO.	This is correct. For example, a member who becomes eligible 3/1/2017 will have an open enrollment period of 12/1/2017-12/31/2017 for the plan year beginning 1/1/2018.
137.	IV.C.2.d.ii	35	If the Annual Open enrollment is 12/1-12/31, with a start date of 1/1, please advise how to handle a situation where a member's 90-day change period coincides and even extends beyond the Annual Open enrollment period.	The 90-day change period is only for initial enrollment into Heritage Health and enrollees who are reenrolled into managed care following a disenrollment period of greater than 60 days. It is not affected by the annual open enrollment period.
138.	IV.C.2.f	35	Outside of the five disenrollment reasons outlined in C.2.f. i-v, are there any other reasons a member is allowed to voluntarily dis-enroll from a MCO?	No.
139.	IV.C.2.g	36	Do you have detailed documentation of the current MCO and PCP auto-assignment rules other than what's included in page 36 of the RFP?	Refer to 482 NAC 2 for current rules in addition to 42 Code of Federal Regulations (CFR) 438.50(f)..
140.	IV.C.2.h	36	Can you confirm that the EB is only responsible for the assignment of a PCP at the time of the initial enrollment into a MCO? If yes, can we assume that after the initial enrollment into a MCO that the MCO would be responsible for the selection or change of a PCP?	If a member selects a PCP at the time of initial selection of a MCO, the EB should include the PCP's name, NPI, and MMIS identification number on the enrollment file sent to the MCO. It is the MCO's responsibility to ensure that a PCP selection is made thereafter.
141.	IV.C.3.d.3.f	37	Please provide the total volume of pages printed per month	This information is not currently tracked by the EB.
142.	IV.C.3.c. vii.c	38	Can membership through the portal be allowed only after the eligibility verification by NTRACK rather than doing it before? This will help avoid orphan records in the system.	No.

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143.	IV.C.3.c.vi.b	38	<p>Will the toll-free number be owned by the State of NE?</p> <p>Will the toll-free number be forwarded to the winning bidders contact center or will it be ported to the winning bidder's carrier?</p> <p>Will the TDD toll-free number be different?</p>	<p>The EB will own the toll-free number.</p> <p>The incumbent EB will be required to transfer all telephone numbers to MLTC at the conclusion of its contract.</p> <p>The bidders should propose their TDD service in their proposal reponse.</p>
144.	IV.C. 4	41	<p>Please provide the total number of calls handled per month by the existing EB contact center team?</p>	<p>The current EB reported that it received an average of 2,750 calls per month in the first quarter of SFY 2016 and 3,009 calls per month (on average) in the fourth quarter of SFY 2015. Program enrollment is expected to increase under Heritage Health, so bidders should not base their cost proposals on current program statistics.</p>
145.	IV.C.3.f.i.c & d	41	<p>Please confirm the Notice of Annual Open Enrollment would be sent 10/1 and the Annual Open Enrollment Letter and Guidebook would be mailed 11/1.</p>	<p>Subsequent to the release of the RFP, it was determined that for the Heritage Health initial open enrollment period, MLTC will issue the Notice of Annual Open Enrollment and Annual Open Enrollment Letter with Guidebook. Your statement is correct for subsequent open enrollment periods.</p>
146.	IV.C.4.a	41	<p>Is it correct to say that the expectation of the EB contact center as part of the proposal is to provide operational support to only enrollees and members related to enrollment and eligibility?</p>	<p>No. The EB must also address inquiries from Medicaid applicants, whose eligibility has not yet been determined or other miscellaneous questions. MLTC does not anticipate that this call volume will be significant.</p>
147.	IV.C.4.b	41	<p>What are the total number of contact center agents supporting the current EB operations?</p>	<p>See the answer to question 130.</p>
148.	IV.C.4.b	41	<p>Do you expect any additional users to access the call center software other than contact center agents?</p>	<p>MLTC must be granted access to call center software for oversight purposes.</p>
149.	IV.C.4.b	41	<p>Does the solution require 24x7 support?</p>	<p>No. The RFP requires that the call center be open from 7:00 AM to 7:00 PM, Central Time, Monday through Friday, excluding State holidays. The bidder can propose additional hours if it wishes.</p>
150.	IV.C.4.b	41	<p>What is the total number of calls handled per month by existing EB Contact Center team?</p>	<p>See the answer to question 144.</p>

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151.	IV.C.6	42	<p>Does the existing EB process capitation payments? What % of payment?</p> <p>Is the capitation payment functionality standard or state specific?</p>	<p>The existing EB does not process the capitation payments.</p> <p>Capitation processing functionality is fairly consistent across states. However, states can differ based on the capitation rates cells.</p>
152.	IV.C.6	43	<p>Does the capitation process need to have the ability to systematically withhold a certain percentage or dollar amount of the provider's total capitation payment amount?</p>	<p>Yes,</p>
153.	IV.C.6.b	43	<p>Could the EB use its enrollment data to determine the members assigned to each MCO instead of the data on the State's system for capitation payment generation?</p>	<p>When capitation processing is implemented, the EB will be the system of record for plan enrollment. However, the EB will need data from the system of record for eligibility to ensure that capitation payments are calculated based on the right rate for each member.</p>
154.	IV.C.6.b	43	<p>Does the capitation process need to systematically generate/recoup previous capitation payments that may have been affected by retroactive enrollment changes?</p>	<p>Yes.</p>
155.	IV.C.6.b	43	<p>What is the structure of the capitation rates?</p> <p>Are the rates for provider/region(county)/Category of Aid/Age/Gender, or another grouping?</p> <p>Will the EB need to interface with the actuary to obtain the rate when generating each capitation payment, or can the rates be stored on the EB system to gain efficiency?</p>	<p>MLTC requires flexibility in establishing capitation rates.</p> <p>All categories identified are potentially viable.</p> <p>Initially, MLTC anticipates that once the actuary establishes the rates, the EB will load the rates into the EB's solution.</p>
156.	IV.C.6.d.i	43	<p>Regarding the statement "number of members assigned to each MCO and the PACE provider in the following month" – can this statement be interpreted as "number of members assigned to each MCO and the PACE provider in the 'current' month" the capitation payments</p>	<p>Section IV.C.6.d.i is amended to read as follows:</p> <p>The EB must calculate and track capitation payments based on the number of members assigned to each MCO and the PACE provider for the time period, and their respective aid categories. This information must interface with the State's payment system.</p>

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			are being generated. Or is it truly for the next month?	
157.	IV.C.6.d.v	43	What format must the 'detailed capitation data' utilize when sending information to the data warehouse? Will this file format be a MLTC defined layout?	MLTC will define the final format after input is received from the EB. Yes.
158.	IV.C.6.e	43	How far back should the process adjust these payments? 12 Months?	Payment adjustments must be applicable to the Heritage Health start date.
159.	IV.C.6.e	43	Will you allow the keying of manual recoupment and payment requests?	Yes.
160.	IV.D.4.e	44	Will there be any state staff operating from the contractor setup facility?	No.
161.	IV.D.6.a	48	What are the evaluation criteria for application QA solution?	IV.D.6.a. does not reference a QA solution therefore the State is unable to provide a response..
162.	IV.D.6.a	48	What are the databases for data migration testing? What is the volume of data, number of databases, tables for the current system?	See the answer to question 17.
163.	IV.G.2 Table 3/Table 4	53	What are the State Point of Contact (SPOC) roles/key PMO roles involved as part of the EB implementation program?	Upon the EB contract start date, a contract manager will be assigned to work with the EB throughout the duration of the contract. Experts on specific interfaces will be made available with reasonable notice.
164.	IV.K.7	65	Can you provide reference to 'all necessary security requirements' beyond the security requirements on page number 65?	Contractor must comply with all security requirements contained in the RFP.
165.	IV.K.7	65	Has the state worked with other contractors around single-sign on functionality? Please clarify since the contractor does not manage security access of other systems,(e.g. EE, MCO, nFocus, PACE) and there will be requirements around users navigating from one system other.	Single-sign-on (SSO) has not been implemented at this time. The EB is not required to manage SSO for all state systems. The EB is required to support,participate, and provide the functionality if an SSO is implemented.
166.	IV.K.7	65	For SSO: How many and what portals are to be integrated? Will the scope include integrating these portals and handover to the existing client SSO team from the State or do we also need to	See the answer to question 165.

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			provide support as well?	
167.	V.C.4	80	Will the State be responsible for system hosting and network connectivity to State equipment? Or will the contractor be responsible?	MLTC is procuring EB services. The EB is responsible for all hosting and network connectivity to State equipment necessary to fulfill the services.
168.	V.E	86	Do you want the Cost Proposal both printed and submitted electronically in the Excel format? Or just one or the other? If you want it in Excel only, can it be submitted on a thumb drive included in the package with the printed Technical Proposal?	Printed submission is the only format that is accepted for proposal submission. Electronic documents are not accepted and will not be evaluated.
169.	V.F.1	86	If you want the Cost Proposal printed, is it acceptable to alter the Excel worksheet to print headers and footers (including company logo, RFP identifiers, page numbers, etc.)?	No.
170.	Pricing Sheet	Initial Enrollment	Where is cell C43 is being used?	Cell C43 is being summarized in cell C47.
171.	General	N/A	What is the existing EB budget per year for the incumbent? Please provide distribution of Contact center Budget vs. EB application support and maintenance budget?	This information is not currently available and will not assist the bidder because the scope of this EB procurement is substantially different from the existing contract scope.
172.	Pricing Sheet	Operations	Column C is per member per month, but D61 is monthly cost. Cell C7 is getting fetched from D61. Do we need to give PMPM for each cost element?	Cell C17 is not being fetched from cell D 61. Please ensure the end user is viewing an unaltered, original Attachment 3. The expense breakdown for cells D38 – D64 are to establish the base cost per month for the enrollment broker services if only one member were being managed through the contract.
173.	Pricing Sheet	Operations	Cost at each member volume is being considered as if there is a differential at each level. But the cost at each level cannot be only differential amount that we will charge to the customer. Please clarify.	See the answers to questions 9 and 172.
174.	Pricing Sheet	Pricing options	Is the costing required for 5+1+1+1 years?	Yes, for operations.
175.	Pricing Sheet	Pricing Summary	Why are B15, B16, and B17 the same? Is it that no matter the volume, the implementation price will be the same?	Correct. The implementation pricing is not volume based.

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176.	General	N/A	<p>Please provide further detail about historical volume trends so we can develop a fully informed forecast analysis and best value proposal. Please provide the following statistics by language type (English and Spanish):</p> <ul style="list-style-type: none"> • Historical Call Volume per Hour, per Day • Abandonment Rates • Total Number of Calls Handled by the IVR • Total Number of Calls Handled by Agents • Average Talk Time • Average Handle Time 	<p>Information on the total number of calls handled is addressed in question 11.</p> <p>For abandonment rates, the current EB reported 112 calls were abandoned in the first quarter of SFY 2016, with 47 abandoned in less than 20 seconds and 65 abandoned after 20 seconds. For the fourth quarter of SFY 2015, 213 calls were abandoned, with 136 abandoned in less than 20 seconds and 77 abandoned after 20 seconds. For the third quarter of SFY 2015, 66 calls were abandoned, with 23 abandoned in less than 20 seconds and 43 abandoned after 20 seconds. For the second quarter of SFY 2015, 55 calls were abandoned, with 48 abandoned in less than 20 seconds and 7 abandoned after 20 seconds.</p> <p>Information on the other categories and by language is not available. Program enrollment is expected to increase under Heritage Health, so bidders should not base their cost proposals on current program statistics.</p>
177.	IV.N.3.	75	We assume the abandonment rate calculation excludes calls abandoned before thirty (30) seconds. Is our assumption correct?	No. See the answer to question 86 and 176.
178.	IV.N.3.	75	We assume the time required by MLTC for review and approval of a proposed candidates is not included within the 30 day key staff fulfillment timeline subject to penalties. Is our assumption correct?	Yes.
179.	IV.N.3.	75	We assume the vendor's requirement to have all system readiness requirements met as of the scheduled completion date is relevant only to the initial transition and implementation period to be completed on August 31, 2016. Is our assumption correct?	This assumption is not correct. The requirement applies to all three implementations.

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180.	IV.N.3.	75	We assume the vendor's requirement to have all operational readiness requirements met as of the MLTC-specified date is relevant only to the initial transition and implementation period to be completed on August 31, 2016. Is our assumption correct?	This assumption is not correct. The requirement applies to all three implementations.
181.	V.D.3.a.vii	82	Please describe the current availability of in-person choice counseling. What is the volume of in-person choice counseling contacts from members?	This activity is not completed by the current EB.
182.	V.D.3.a.vii	82	Is in-person choice counseling required to be proposed by the bidder?	No.
183.	V.F	86	We assume postage is a pass through cost. Is our assumption correct?	This assumption is not correct. The EB is responsible for all costs to meet the requirements of the RFP.
184.	V.F	86	We assume hard copy mail supplies are a pass through cost. Is our assumption correct?	This assumption is not correct. The EB is responsible for all costs to meet the requirements of the RFP.
185.	IV.C.2.b.iv	35	Please provide the historical volumes of enrollments by type: mail, web, telephone, in-person.	See the answer to question 42.
186.	IV.A.2.b.	30	Please provide the historical volumes of PACE enrollees that require direct entry into the legacy MMIS.	There are currently 104 participants in the PACE program.
187.	IV.C.3.c.vi.a. C.3.f.i.h	38 41	Please describe "all other mailings" provided by the Enrollment Broker.	"All other mailings" will be determined by MLTC and the EB throughout the term of the contract.
188.	IV.C.3.c.vi.a.	38	We assume that the "notice of anniversary letter" is a notice of annual open enrollment. Is our assumption correct?	Yes.
189.	IV.2.	30	Please describe the roll of the EB as it relates to enrollment for newly eligible, disenrollments, changes, etc. during September 1, 2016 – December 31, 2016. Will the EB be required to assist newly eligible members with choosing a Managed Care Health Plan and a PCP	See the answer to question 19. No. The new EB will only be responsible for enrolling members into the Heritage Health program effective January 1, 2017.

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			using existing legacy systems during this timeframe?	
190.	C.3.f.i.a C.3.f.i.b C.3.f.i.c C.3.f.i.d	41	We assume that an Outreach Packet, Notice of Annual Open Enrollment, Notice of Enrollment Change, and Notice of Enrollment may be distributed using the method of communication the member has chosen. Is our assumption correct?	Yes. See the answer to question 8.
191.	General	N/A	We assume the terms "Outreach Packet" and "Initial Enrollment Packet" both refer to the package of information that must be distributed (via the preferred communication method) to a member who has not made a self-selection within two (2) business days of the Enrollment Broker receiving the eligibility file. Is our assumption correct?	Yes.
192.	IV.C.3.d	39	<p>Please provide further detail about historical hard copy outbound mail volumes so we can develop a fully informed analysis and best value proposal. Please provide outbound mail and undeliverable mail volume estimates and the approximate size/number of pages of each mailing the contractor may use as the basis for its proposal.</p> <ul style="list-style-type: none"> • Outreach Packet • Notice of Enrollment • Notice of Enrollment Change • Notice of Annual Open Enrollment • Annual Open Enrollment Letter with Guidebook • Provider Directory • All other mailings provided by the Enrollment Broker • Undeliverable/Returned Mail 	All available information is provided in the answer to question 12.

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193.	General	N/A	Please provide the estimated percentage of incomplete enrollment applications with missing information that require follow up.	All MCO selection is currently completed either by telephone or auto-assignment.
194.	IV.D.4.	44	Please provide a baseline facility size to normalize bidder's price proposals. The absence of work volume data in the RFP will result in different operation sizing costs and the State will not have an opportunity for fair comparison across all proposals.	MLTC is procuring enrollment broker services. MLTC has provided membership volumes and anticipates that bidders experienced in providing enrollment broker services will be able to estimate the facility needs for the services.
195.	V.A.1 V.A.B	79 79	We assume it acceptable to include the required forms for the Technical Proposal (Form A Bidder Contact Sheet, State of Nebraska Request for Proposal for Contractual Services form, and Section III Terms and Conditions) in a section 1 entitled, "Required Forms." Is our assumption correct?	Yes.
196.	V.D (item 2) V.A	81 79	We assume it is acceptable to include the detailed project work plan within the Technical Approach using the following major heading levels: Table of Contents 1. Required Forms 2. Corporate Overview 3. Technical Approach Is our assumption correct?	Proposals should be outlined in the following manner: <ul style="list-style-type: none"> • Table of Contents • Required Forms • Corporate Overview • Project Work Plan • Technical Approach
197.	V.C.9 V.D.g	80 84	We assume it acceptable to address the requirements listed in V.C.9, Summary of Bidder's Proposed Personnel/Management Approach as part of the response to V.D.g, Organizational Structure/Staffing. Is our assumption correct?	See the answer to question 31.

This addendum will become part of the proposal and should be acknowledged with the Request for Proposal.

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Attachment 4

Answer to Question 12: Notices Issued by MMIS in 2015

Month	Enrollment Change ⁱ	Notice of Enrollment for Mental Health and Substance Abuse (MHSA) Services	Notice of Enrollment for Medicaid Services	Notice of Disenrollment	60 Day Advance Notice of Anniversary	Anniversary Notice	Outreach 15 Day Notice ⁱⁱ	Outreach Second Attempt ⁱⁱⁱ
12/15	111	6,307	5,618	6,539	6,626	9,078	5,712	4,682
11/15	141	4,965	5,236	6,481	9,078	4,798	4,293	4,910
10/15	75	6,188	6,068	5,937	4,798	5,468	6,108	5,640
9/15	108	6,674	5,881	6,320	5,468	7,499	6,557	5,937
8/15	146	6,091	5,649	7,053	7,499	19,512	5,384	5,001
7/15	223	6,286	5,761	6,942	19,512	18,096	5,652	4,948
6/15	144	6,071	5,273	7,025	18,096	3,937	9,528	8,985
5/15	78	5,638	5,856	8,327	3,937	4,195	4,385	4,378
4/15	89	6,160	5,631	7,493	4,195	5,261	5,791	5,184
3/15	111	6,178	6,009	5,540	5,261	4,807	6,103	6,266
2/15	98	5,879	5,507	5,414	4,807	3,136	5,882	5,307
1/15	142	6,068	5,428	6,145	8,059	3,136	5,725	4,627

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ⁱ All notices are mailed to the head-of-household.

ⁱⁱ This mailing is issued by MLTC on the day that an enrollee is determined mandatory for managed care.

ⁱⁱⁱ This notice is sent by the enrollment broker (MMIS creates the mailing labels) if the enrollee has not selected a MCO six days after the 15-day notice is mailed.

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