REQUEST FOR PROPOSAL Addendum
QUESTIONS AND ANSWERS

SOLICITATION NUMBER: 125920 O3
Nebraska Medicaid Enrollment Broker
Opening Date: TBD
Addendum Effective Date: September 18, 2026

Questions and Answers

Following are the questions submitted and answers provided for the above-mentioned solicitation. The questions and answers are to be considered as part of the solicitation. It is the responsibility of bidders to check the State Purchasing Bureau website for all addenda or amendments.

Question Number	RFP Section Reference	RFP Page Number	Question	State Response
1.	125920 O3	I.D	The Schedule of Events states that written questions should be emailed to: dhhs.rfpquestions@nebraska .gov, while Section I.D states that questions should be uploaded through ShareFile. Please confirm the required submission channel and whether written questions arising from the September 22 mandatory conference may be submitted after the September 16 written-question deadline.	Clarification questions must be submitted to dhhs.rfpquestions@nebraska.gov, and your proposal must be uploaded via the ShareFile link provided in the RFP documents.
2.	125920 O3	RFP Cover	Please reconcile the contract term stated on the RFP cover—five years with one optional three-year renewal—with the cost-sheet structure described as implementation, Operations Years 1–3, and Option Years 1–5, and confirm which periods and prices will be included in the evaluated initial contract cost.	TBD
3.	125920 O3	N/A	Please provide historical monthly data for eligible members, enrollment and disenrollment transactions, auto-assignments, inbound and outbound calls, chats, average handle time, peak	TBD

			concurrency, notices and outreach mailings, returned mail, provider records, and ad-hoc reports, together with the State's forecast for each initial contract year.	
4.	125920 O3	N/A	Please identify the current enrollment-broker platform and incumbent, the MMIS and managed-care interfaces that must be supported, the available file layouts and transport protocols, and the data, configuration, documentation, and incumbent assistance that will be provided during transition and testing.	TBD
5.	125920 O3	N/A	Please specify the CMS certification outcomes, security-control framework, implementation milestones, operational-readiness acceptance criteria, and dependencies assigned to the State, MMIS vendor, MCOs, or other third parties, including how schedule relief will be handled when a missed milestone results from those external dependencies.	TBD
6	125920 O3	Section V.D.2.d, Auto-Assignment Algorithm	The RFP requires auto-assignment within 4-6 hours of confirmation of managed care eligibility. Please clarify whether the 4–6-hour timeframe is measured from the State's determination of eligibility or from the Enrollment Broker's successful receipt of all required eligibility and enrollment records. Will performance measures be adjusted when delays result from State systems, MCO systems, or interface transmission failures outside the Enrollment Broker's control?	Incorrect section. Correct section is V.D.2.e. A. the 4–6-hour timeframe is measured from the EB's successful receipt of all required eligibility and enrollment records. Yes, performance measures will be adjusted when delays results from State or MCO system failures.
7	125920 O3	Section V.D.3.d,	The RFP requires provider directory updates in real time	Incorrect section. Correct section is V.D.3.e.

		Provider Directory for Members	and no later than the next business morning following receipt of provider data. Please clarify whether the EB may rely upon MCO-submitted provider files as the source of truth and confirmation that the EB will not be penalized for inaccuracies contained within MCO-supplied files.	MCOs submit their provider file to the State daily and the State supplies the provider file to the EB. This file is the source of truth, and the EB will not be penalized for inaccuracies contained within this file. However, if the EB identifies an inaccuracy it is expected they would notified the contract Administrator.
8	125920 O3	Section V.D.3.f, Call Center Requirements	The performance standard requires a speed to answer of 30 seconds or less on a monthly basis. Will MLTC consider excluding extraordinary events, open enrollment mailings, eligibility system outages, or large-scale program changes that result in abnormal call volume spikes from performance calculations?	This requirement is not found in this section however the answer is yes, MLTC will consider extraordinary events as long as there is not a pattern. Anything related to open enrollment is not deemed an extraordinary event.
9	125920 O3	Attachment 1, Performance Measures	Several performance penalties are assessed on a per-occurrence basis. Please clarify how MLTC defines an "occurrence" for enrollment notices, outreach packets, enrollment change notices, and open enrollment mailings. For example, if a batch mailing issue affects 10,000 notices, would that be considered one occurrence or 10,000 occurrences?	Occurrence is a one time event. In your example that would be considered one occurrence.
10	125920 O3	Section V.J.2.c, Systems Availability, Performance, and Problem Management Requirements	The RFP requires 99% web portal availability. Please clarify whether the uptime calculation includes third-party outages outside the Enrollment Broker's control, including internet service providers, cloud infrastructure providers, State systems, and cybersecurity incidents originating outside the Enrollment Broker environment.	Yes, to all.
11	125920 O3	Section V.T, CMS Certification	The RFP includes provisions assigning liability for CMS certification failure. Please clarify how MLTC intends to attribute responsibility in situations where certification	TBD

		Requirements	delays or findings result from joint State/vendor activities, State decisions, external CMS requirements changes, or dependencies on other Medicaid enterprise modules not maintained by the Enrollment Broker.	
12	125920 O3	Section V.P, Turnover Phase of Contract	The RFP requires submission of a turnover plan twelve months prior to contract expiration. Given the contract includes extension options, please clarify when turnover plan development would be required if the State has not yet determined whether it will exercise an option year or contract extension.	The contract administrator would notify the EB in advance when a turnover plan is required.
13	125920 O3	Section V.F.2, Staff Positions	The RFP requires vacant key staff positions to be filled within 30 calendar days and approved by MLTC. Will the State consider extending the timeline when positions require longer recruiting cycles, provided qualified interim coverage is maintained and the position has been actively posted and recruited?	Yes
14	125920 O3	Section V.L.4, Ad Hoc Reports	The RFP requires ad hoc reports to be delivered within five business days and imposes penalties for reports that are late, inaccurate, or incomplete. Please clarify whether MLTC will establish requirements regarding report complexity and data availability, and whether extensions may be granted when requests require extensive programming, historical data restoration, or information from third-party sources.	Ad hoc report due date extensions may be requested. MLTC will consider the complexity and data availability in considering whether to approve or deny the extension request.
15	125920 O3	Section V.D.3.b, Member Website / Web-Based Enrollment	Please clarify the State's expectations regarding real-time chat functionality. Is the State requiring live agent chat for all member interactions during business hours, or may the EB utilize virtual agents, chatbots, or hybrid models	The EB may utilize virtual agents, chatbots, or hybrid models provided a live representative is available for escalation.

			provided a live representative is available for escalation?	
16	--	III,J. Insurance Requirements	Please confirm the vendor is required to have pollution liability coverage	TBD
17	--	Q. Technical Response	May bidders use a font smaller than 12-point for tables and figures, provided the font is still legible?	No
18	--	Q. Technical Response	Please renumber the items under f on page 58. There appear to be several errors. For example, we believe that bidders are to include the sections g-o as part of their response. However, these sections fall outside of f, which includes the contents for the technical response.	TBD
19	--	Q. Technical Response	Section H asks for a response to supporting in-person LTSS sessions that do not appear to be included in the SOW. Is this reference inadvertent and needs to be removed?	Please disregard that language will be removed. LTSS is not a part of this RFP.
20	--	Q. Technical Response	Section K asks for a response to the approach to capitation processing that is not referenced in the SOW. Is this reference inadvertent and needs to be removed?	Please disregard that language will be removed. Capitation processing is not a part of this RFP.
21	--	Q. Technical Response	Section K asks for a response to the time period needed to integrate with NTRAC that is not referenced in the SOW. Is this reference inadvertent and needs to be removed?	Please disregard that language will be removed. NTRAC is not a part of this RFP.
22	--	Cost Proposal	It appears the State intended to include a planned member volume that is required for the spreadsheet to properly populate. If that is correct, please update to include the planned member volume. If the planned member volume is not between 99,999 and 299,999 members, the spreadsheet may require additional modifications.	The spreadsheet will be corrected.
23	--	Cost Proposal	Please confirm the reference to optional cleaning services and service locations is	This will be removed.

			inadvertent and should be removed.	
24	--	Cost Proposal	The cost summary spreadsheet seems to be pulling years one and two as six months and not pulling year five. If this is correct, please update the spreadsheet to properly calculate each year's costs.	The spreadsheet will be corrected.
25	--	V.D.2.a.v	The State currently operates a passive enrollment process in which all enrollees/members are auto-assigned to an MCO and provided with the opportunity to change MCOs. Items a.i and a.ii indicate that there will now be a period of active selection. Is the State moving away from a passive enrollment process?	The State is maintaining the passive enrollment process.
26	--	V.D.2.a.v	How long is the timeframe for members to make an initial MCO selection?	The State currently operates a passive enrollment process in which all enrollees/members are auto-assigned to an MCO. Enrollees/members have 90 days to switch MCOs if they don't like the MCO they were assigned to.
27	--	V.D.2.a.v	Will members have the option for MCO self-selection? What is the timeframe?	The State currently operates a passive enrollment process in which all enrollees/members are auto-assigned to an MCO. Enrollees/members have 90 days to switch MCOs if they don't like the MCO they were assigned to.
28	--	V.D.2.a.viii	Please explain "support initial enrollments". Are these for members who have newly self-selected a health plan or are newly auto assigned to a health plan?	The State currently operates a passive enrollment process in which all enrollees/members are auto-assigned to an MCO. Enrollees/members have 90 days to switch MCOs if they don't like the MCO they were assigned to. The EB will have an interactive web portal functionality in place to support members in switching their MCO assignment within the initial 90 days.
29	--	V.D.2.a.ix	Does notification of enrollment rights and responsibilities include FFS population?	No
30	--	V.D.2.b.i	Does notification of disenrollment rights and responsibilities include FFS population?	No

31	--	V.D.2.c.iii.d	How would this work if the MCO termination is outside of Open Enrollment? Would all members have the opportunity for voluntary selection, would the EB be responsible for moving all members from the outgoing MCO to a new or existing MCO, or would For Cause requests need to be taken?	The EB would be responsible for moving all impacted members. MLTC will provide guidance if this situation would arise.
32	--	V.D.2.e.viii	Will the EB be the source of truth for PCP/PCD assignment?	Yes
33	--	V.D.2.f.i	Will the EB be required to take standalone PCP/PCD requests outside of a health plan change request?	Yes
34	--	V.D.3.b.iv.a.vii.c	How will the EB be notified of these real-time MCO updates?	A file will be provided daily.
35	--	V.D.3.c.viii	Will members have the option for MCO self-selection?	The State currently operates a passive enrollment process in which all enrollees/members are auto-assigned to an MCO. Enrollees/members have 90 days to switch MCOs if they don't like the MCO they were assigned to.
36	--	V.D.4.a.i	Will members have the option for MCO self-selection?	The State currently operates a passive enrollment process in which all enrollees/members are auto-assigned to an MCO. Enrollees/members have 90 days to switch MCOs if they don't like the MCO they were assigned to.
37	--	V.D.4.a.vi	Is this disenrollment from Medicaid or MCO?	MCO
38	--	V.G.1.c.iii	Please explain enrollment applications. Does this reference MCO self-selection?	The State currently operates a passive enrollment process in which all enrollees/members are auto-assigned to an MCO. Enrollees/members have 90 days to switch MCOs if they don't like the MCO they were assigned to.
39	--	V.L.2.d.i	Is the Weekly Open Enrollment Report a standalone report? Will it be required each Open Enrollment?	V.L.2.d.i. Contract begins during open enrollment therefore a weekly report on all things OE will be required for the start of the contract. For the duration of the contract, one singular report after OE ends will be required.

This addendum will be incorporated into the solicitation.