

ADDENDUM TWO QUESTIONS and ANSWERS

Date: September 16, 2019

To: All Bidders

From: Julie Schiltz, Annette Walton, Buyers
AS Materiel State Purchasing Bureau

RE: Addendum for Request for Proposal Number RFP 6113 Z1 to be opened September 30, 2019, 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> |
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| 1. | General | | First Data is the IV&V contractor for MLTC projects and also an EVV contractor/competitor in other states. The IV&V contractor is responsible for the review of technical documentation of the EVV selected contractor. Since there is a conflict of First Data being the IV&V contractor and an EVV competitor will the State use a different contractor for the EVV IV&V? If yes, who will be the IV&V contractor for the EVV project? | First Data's current contract with the State of Nebraska (#73672-O4), under which it provides IV&V services for several projects, prohibits it from "soliciting, proposing, or being awarded any project management, quality assurance, software design, development, or other manner of planning, design, development, or implementation phase activity on the projects for which these IV&V services are being procured." Because First Data provides IV&V services for the EVV project under contract #73672-O4, First Data is prohibited from bidding on this RFP. |
| 2. | General | | First Data is the IV&V contractor for MLTC projects and therefore had responsibilities for the review and comment of deliverables for the | Please see response to question 1. |

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| | | | <p>CMS R1 Review, which included the MITA and MMIS Concept of Operations, the draft EVV RFP and potentially APD. Since this would give First Data an advantage over other EVV competitors has First Data been precluded from responding to this RFP?</p> | |
| 3. | 1.A | 1 | <p>"...all documents, schedule and requirements on this RFP, ..." Please provide the MITA and MMIS Concepts of Operations for bidder review.</p> | <p>The MITA Roadmap and MMIS Concepts of Operations are pending revision based on changing priorities. Those items currently known and planned are included in RFP section V.E thru V.F which describe the current environment and currently known systems and concepts.</p> |
| 4. | I.E/V.F.1-12 | 2/29-34 | <p>If the State is only paying a PMPM for the Operations years of the contract, how will the contractor be paid for the introduction of new modules that effect the EVV?</p> | <p>Please see RFP V.H.12 Change Control on page 39 and V.H.14.b Maintenance and System Enhancements on pages 41-42 which provides a description of maintenance and system enhancements and the change control process to be followed for each. All requirements noted in the RFP are included in maintenance.</p> |
| 5. | V.F.1-12 | 29-34 | <p>The RFP provides the Planned DHHS Technical Environment projects; however, no projected dates were provided for the associated projects. Please provide the proposed road map for the planned modules cited in this section.</p> | <p>Please see response to question 3.</p> |
| 6. | V.F.11 | 33 | <p>This section describes the planned MDM and the enterprise MDM Plan currently being documented. We assume the</p> | <p>Yes, the Contractor should provide an outline of its understanding of how the EVV system data will feed into a typical State / Enterprise Master Data Management Plan.</p> |

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| | | | <p>“contractor” not bidder will need to demonstrate how the EVV system will integrate with the DHHS MDM Plan. Please confirm. If not, please explain how a bidder should demonstrate MDM Plan compliance.</p> | |
| 7. | V.H.11/V.J | 38 | <p>V.H.11: “The Implementation phase covers the time period from project start-up until the required functionality is implemented and operational.”</p> <p>V.J: “Percentage for Implementation Milestones would include below billing milestones, with specified deliverables tied to each milestone: R3 Milestone Completion: 30% of Implementation fees”.</p> <p>These definitions seem to be in conflict. The R3 Certification meeting must be 6 months after Day1 of operations and certification is not completed until 8CMS sends the certification letter to the State. Please clarify.</p> | <p>The definition of the implementation phase in V. Project Description and Scope of Work H. Business Functional Requirements 11. Project Management and Implementation Requirements Paragraph 2 is correct.</p> <p>The payment for the implementation phase is dependent on achievement and state approval of each of the defined deliverables.</p> |
| 8. | V.H.16 | 43 | <p>“The contractor’s Team must have an ongoing on-site presence...” Will the State provide on-site space for this requirement? If yes, please provide a</p> | <p>Yes, the State will provide on-site cubicle space for up to 3 contractor staff within state buildings in Lincoln, NE.</p> |

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| | | | description, including the size/seating capacity and location of the State-provided on-site space. If not, please provide more information about the contractor's on-site (facility) requirements. | |
| 9. | VI.A.2.i. | 50 | "The bidder should provide resumes for all personnel proposed by the bidder to work on the project." We assume this requirement is for the key personnel only and not all staff. Please confirm. | The bidder should provide resumes for all key personnel proposed by the bidder to work on the project. |
| 10. | VI.A.3.g | 52 | The RTM has numerous requirements for draft Plans. Should a bidder include the draft Plan directly behind the RTM requirement or should all of the draft Plans be submitted after the completed RTM? | Draft plans should be submitted after the completed RTM as appendices. |
| 11. | VII.A.2 | 53 | How should a bidder estimate the PMPM to include updates required by federal and State regulatory or statutory requirements changes when there is no way to know the potential changes for the next 5 years? Would the State consider removing this requirement? Future changes could be processed through the Change Management process defined in the RFP (table 3 – Types of Change, page 40). | Please see RFP V.H.14.b on pages 41-42 which provides a description of maintenance and system enhancements. All requirements noted in the RFP are included in maintenance. No, the State will not consider removing this requirement. |

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| 12. | Attachment B Meas.#10.B | 2 | The ad-hoc reporting requirement fulfilled and available to end users within 48 hours is very open ended. Would the State first define a base number of ad hoc reports per month? For example, if 10 ad hoc reports were requested every day for a month no contractor could produce that many reports in 48 hours. | Number of ad hoc reports required will vary depending on comprehensive abilities of each solution's default reports library. |
| 13. | Attachment A Req#42/EVV.34 | 16 | The CMS Checklist ID seems to be incorrect. What is CPM? | CPM means CMS Performance Measure and was a requirement within the CMS EVV guidance documents. |
| 14. | Attachment A Req#247/CAT.1.g | 93 | Is the EVV contractor responsible for revalidating providers? If so, please provide the requirements and responsibilities and how they fit into the PS&E. | No. The EVV contractor is not responsible for revalidating providers. Approved provider information will be sent to the selected EVV solution from state systems. |
| 15. | Attachment A Req#269-270/CSR.6-7 | 102 | Please qualify what type of grievances. For example, we assume the State does not mean member or provider grievances for eligibility, the services provided or authorization parameters. | Grievances that are related to the EVV solution related grievances. |
| 16. | V.G.7 | 34 | Please provide the number and the location(s) of State users who will require training? Will the State provide training room(s) or space for the training? If so, will the room(s) or space have internet access and projection capabilities? | Approximately 500 State users are located throughout Nebraska. There are some locations where the state may have appropriate facilities, but the bidder is responsible for scheduling and delivering training in locations agreed to by contractor and state at contractor's expense. DHHS has multiple computer rooms across the state the can be used for in person training if needed. These rooms are located in the following communities: Lincoln, Omaha, Fremont, |

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| | | | | Kearney, Lexington, and Scottsbluff. |
| 17. | V.H.11 | 38 | Please define and provide the number and location(s) of "Stakeholders" who require training. | Stakeholders will be located throughout the state of Nebraska. Numbers fluctuate month to month depending on service requirements. Providers – (individual and agency) 10,000+ Participants (client/recipient) 9,500+ Statewide State staff requiring training is about 500 |
| 18. | V.H.13.b | 40 | Please define the types and numbers of "Stakeholder" groups. | Providers (individuals and agency), Participants, DHHS workers, League of Human Dignity, Area Agencies on Aging, State Unit on Aging, Early Development Network, Advocacy Associations, etc. |
| 19. | V.H.13.b | 41 | We assume the training courseware is for our EVV solution only. Please confirm the contractor is not required to provide training on healthcare delivery. | The training required is for use of the EVV Solution and configurations defined for Nebraska use. |
| 20. | V.H.13.b | 41 | In order to develop competency-based training, which will achieve a 95% competency rate we assume the stakeholders have the ability to achieve a 95% competency. Will the State warrant the knowledge and capabilities of the stakeholders? | See V.H.13.B paragraph 4. |
| 21. | V.H.13.b | 41 | We assume that the contractor has no responsibility or liability for actions taken for stakeholders who do not achieve competency after attending training. Please confirm. | Please see comment in V.H.13.b. "Assessment must be included in the course curriculum and updated with each new assessment results. The contractor must continually assess the training materials, and the training delivery staff, to ensure a minimum of 95% competency rate for each course." Competency is the responsibility of the provider. |
| 22. | V.A.1 | 26 | The RFP lists "Individual Care Providers" are these providers employed directly DHHS? If not | See the definition of "Individual Provider" at 480 NAC 5-007(A) (http://dhhs.ne.gov/Documents/Title-480-Complete.pdf) |

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| | | | who is the employer? Are they w2 employees or subcontractors? | |
| 23. | V.A.1 | 27 | Can you please list each of the contracted MCO's the contractor will be required to integrate with | Implementation of PCS services will not interface with MCOs initially. When Home Health services are added, bidder may review current MCO list at : http://dhhs.ne.gov/Pages/Heritage-Health-Contacts.aspx |
| 24. | VI.A.1.i.i | 49 | "Key personnel should be employees of the bidder" please confirm that if one Key personnel position is filled by a subcontractor because of their high level of expertise and experience with MITA, MECT, and the Certification process that will not cause any disqualification and negative scoring effect. | On page vii of the RFP, the Glossary defines the term 'should' as: Expected; suggested, but not necessarily mandatory. A proposal that does not include suggested items is not rejected but the scoring may be affected. |
| 25. | VII.A.3 | 52 | The RFP states that the PMPM cost should include any in home devices this solution requires. We offer multiple options of EVV to meet the different needs of each member and only one has additional hardware cost. It is also typically the least utilized option. Until members choose the option that best suites them during implementation there is no way to know how many will need these devices. Alternatively, can we provide a PMPM that does not include the device cost, but include a price per | No alternatives are allowed. Bidders must complete the Cost Proposal according to the instructions provided. |

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| | | | device and an estimate on the number of devices that will be needed, based on a percentage of the user identified in the RFP. This will help keep the price down for the State. | |
| 26. | V.A. | 26 | We assume the selected contractor will need to provide an aggregator file layout for 3rd party submission. Please confirm. If not does the state have specific aggregator requirements? | Yes, the Contactor will need to provide an aggregator file layout for 3 rd party submission. The Nebraska draft requirements for a Provider EVV Solution are documented here: http://dhhs.ne.gov/Pages/Medicaid-Long-Term-Care-Redesign-Project.aspx |
| 27. | Attachment A, Req 198/IIO.9 | 74 | We assume the EVV solution will not be required to transmit 837 EDI directly to the state, that responsibility will remain with the service provider. Please confirm. If not please provide specific details about NE EDI standards or processes? | The state EVV solution will be required to transmit the 837 EDI to the state. Nebraska EDI standards are located here: http://dhhs.ne.gov/Pages/Medicaid-Provider-Electronic-Data-Interchange.aspx |
| 28. | 6113 Z1 RFP Technical Approach And Request for Proposal/Proposal Requirements | 51 4 | Item f. states: "Provide complete responses to Sections II through IV of the RFP" However, page 4, Section O. Request for Proposal, bullet 4 states "Completed Sections II through VI". Please clarify all Sections the bidders are expected to provide responses to. | Sections II through IV are not considered to be components of the Technical Proposal. Section I.O.4 is revised to read: Complete Sections II through IV. Section VI.A.3.f is removed in its entirety. |
| 29. | 6113 Z1 RFP | 26 | Please define Individual Provider, | Please see response to question number 22. |

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| | Project Overview | | i.e. is it a caregiver for Self-Directed program? Or does an individual provider provide services and submit claims similar to a provider agency? | |
| 30. | 6113 Z1 RFP Project Overview | 26 | <p>Please provide the following information to support program scope and pricing:</p> <p>How many clients are in Self Directed Program?</p> <p>How many caregivers/employees in Self Directed Program?</p> <p>How many clients receive PCS services from the 285 PCS provider agencies?</p> | <p>The Aged and Disabled Waiver and Personal Assistance Services program do not currently have Self-Directed Programs identified in the waiver application.</p> <p>In the near future we are considering integrating Self Directed Programs into the Aged and Disabled Waiver.</p> <p>The Developmental Disabled waiver does have Self Direction Programs identified in their waiver application. As of 9/1/2019, there are 752 DD Medicaid HCBS DD Waiver participants self-directing at least one of their services.</p> <p>There are approximately 2,100 enrolled Independent Providers (providers of DD self-directed services).</p> <p>Today, participants cannot self-direct services provided by agency providers.</p> |
| 31. | 6113 Z1 Cost Proposal | 3 | Please provide the number of monthly visits for the 10,000 clients the vendor should use for the cost proposal. | Please provide cost as instructed on cost proposal. DHHS tracks claims, not visits, in the current system. |
| 32. | 6113 Z1 RFP DHHS Technical Environment | 32 | <p>Who provides Self Directed Fiscal Agent services today?</p> <p>Please provide details of their responsibilities.</p> | <p>Fiscal Management, or Fiscal Agent services are furnished as an administrative activity by the state. From the Medicaid HCBS DD Waivers:</p> <p>“The Internal Revenue Service (IRS) has approved DHHS to be appointed the Fiscal/Employer agent as a means to ensure all requisite IRS rules are being followed. DHHS provides the following services in this capacity:</p> |

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| | | | | <p>(a) Manage and direct the disbursement of funds contained in the participant's budget;</p> <p>(b) Facilitate the employment of staff by the participant by performing, as the participant's agent, such employer responsibilities as processing payroll, withholding Federal, state, and local tax and making tax payments to appropriate tax authorities; and,</p> <p>(c) Performing fiscal accounting and making expenditure reports to the participant and state authorities."</p> <p>More information about the Fiscal Management activities the state performs can be found in Appendix E of both the Medicaid HCBS DD Waivers at: http://dhhs.ne.gov/Pages/DD-Regulations-and-Waivers.aspx.</p> |
| 33. | 6113 Z1 RFP Project Management Requirements: Certification Support Requirements | 43 | <p>Does DHHS have an EVV CMS Certification IV&V Vendor?</p> <p>Please provide the state of DHHS R1 for EVV Certification.</p> | <p>Please see response to question number 1.</p> <p>DHHS is preparing for the scheduled R1 event.</p> |
| 34. | 6113 Z1 RFP Project Management Requirements: Certification Support Requirements | 43 | <p>How will the update that CMS provided at MESC on August 20,2019 (by Eugene Gabriyelov and John Allison) that EVV CMS Certification will use the Outcomes Based Requirements, which reduces the EVV MECT requirements from 146 to 11, impact this procurement? Please clarify if DHHS Plans to use the Outcomes Based Requirements and confirm the RFP requirements will be updated to reflect this</p> | <p>It is unknown at this time when any potential changes to the certification process for EVV will be released or which states will be selected for that change. At this point DHHS has been directed to proceed to complete the scheduled R1.</p> <p>Bidders should submit a proposal that meets all the requirements included in the RFP.</p> |

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| | | | change. | |
| 35. | 6113 Z1 RFP Terms and Conditions | 7-25 | Do we need original ink/indelible signatures on our Terms and Conditions responses? | The Terms and Conditions responses should be completed using an indelible method. |
| 36. | Attachment A Requirement 31 | 12 | Please clarify the additional data elements required for the following: Solution must have the ability to capture additional data elements as needed by DHHS to support ongoing program service changes. | As new services or programs are added there may be additional data elements, such as tasks or observations, etc., that could be required to support those program service changes. Please see section V.H.14.b Maintenance and System Enhancements. |
| 37. | Attachment A Requirement 35 | 14 | Please provide additional information on the following requirement: Solution should identify participant services received for those enrolled in selected programs. | Please note this is a CMS Certification checklist item (as indicated in the CMS Checklist ID column). Bidders should reference CMS MECT guidance at https://www.medicaid.gov/medicaid/data- and-systems/mect/index.html . |
| 38. | Attachment A Requirement 67 | 26 | Please clarify why the following are required: The solution should use a medical code set for coding diseases, signs and symptoms, abnormal findings, and external causes of injuries/diseases, as stipulated in 45 CFR Part 162.1002. This is not part of 21st Century Cures ACT EVV requirements. | Please note this is a CMS Certification checklist item (as indicated in the CMS Checklist ID column). Bidders should reference CMS MECT guidance at https://www.medicaid.gov/medicaid/data- and-systems/mect/index.html . In addition to the 21 st Century Cures Act EVV requirements, CMS has released additional guidance and MECT requirements. |
| 39. | Attachment A Requirement 90 | 37 | Please clarify the following requirement: Requires authentication of the | Please note this is a CMS Certification checklist item (as indicated in the CMS Checklist ID column). Bidders should reference CMS MECT guidance at https://www.medicaid.gov/medicaid/data- and-systems/mect/index.html . The |

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| | | | receiving entity prior to a system-initiated session, such as transmitting responses to eligibility inquiries. | bidder should describe how solution verifies identity of all users, and denies access to invalid users. |
| 40. | Attachment A Requirement 98 | 40 | <p>Please clarify the following requirement:</p> <p>Solution should contain verification mechanisms that are capable of authenticating authority (as well as identity) for the use or disclosure requested. For example:</p> <ul style="list-style-type: none"> • Denies general practitioner inquiry for recipient eligibility for mental health services • Permits inquiries on claim status only for claims submitted by the inquiring provider. <p>The diagnosis and coding of diseases is outside the scope of EVV and not required by the 21st Century Cures Act.</p> | <p>Please note this is a CMS Certification checklist item (as indicated in the CMS Checklist ID column). Bidders should reference CMS MECT guidance at https://www.medicaid.gov/medicaid/data-and-systems/mect/index.html.</p> <p>Describe the solution's verification mechanisms that are capable of authenticating authorization (as well as identity) for the use or disclosure requested.</p> |
| 41. | Attachment A Requirement 145 | 56 | <p>Please clarify the following requirement: Solution should support federal reporting requirements when these requirements are met through the decision support services (DSS).</p> <p>Inquiries from GP's and claims status are outside the scope of EVV and not required by the 21st Century Cures Act.</p> | <p>Please note this is a CMS Certification checklist item (as indicated in the CMS Checklist ID column). Bidders should reference CMS MECT guidance at https://www.medicaid.gov/medicaid/data-and-systems/mect/index.html.</p> <p>Describe how the solution supports federal reporting requirements, either through reporting included in the solution and/or through integration/interoperability capabilities that will allow integration with MLTC's Data Management and Analytics (DMA) module.</p> |

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| 42. | Attachment A Requirement 179 | 67 | Please clarify the following requirement: Solution should define and utilize statewide standard data definitions, data semantics, and harmonization strategies. | <p>Please note this is a CMS Certification checklist item (as indicated in the CMS Checklist ID column). Bidders should reference CMS MECT guidance at https://www.medicaid.gov/medicaid/data-and-systems/mect/index.html.</p> <p>The State requires solutions that utilize terms and data definitions that are standardized with CMS guidance and State standards. The use of standard terminology will minimize the State effort to coordinate and bring together different data definitions between systems exchanging information in the Enterprise. Bidder should describe how solution defines and utilizes statewide standard data definitions, data semantics, and harmonization strategies.</p> |
| 43. | Attachment A Requirement 180 | 67 | <p>Please clarify the following requirement: Solution should support consumption of data in multiple formats from many sources, such as vital statistics, MCO encounter data, benefit manager encounter data (pharmacy, dental, mental health), waiver program data, and census bureau.</p> <p>These data sources are outside the scope of EVV and not required by the 21st Century Cures Act.</p> | <p>Please note this is a CMS Certification checklist item (as indicated in the CMS Checklist ID column). Bidders should reference CMS MECT guidance at https://www.medicaid.gov/medicaid/data-and-systems/mect/index.html. The bidder should describe how the solution supports consumption of data in multiple formats from many sources.</p> |
| 44. | Attachment A Requirement 193 | 73 | Please clarify the following requirement: Contractor shall collaborate with all State enterprise contractors and solutions to | The State anticipates using the 837, 835 and 278 EDI transactions for EVV solution claims integration. |

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| | | | <p>accurately collect, process, and distribute applicable HIPAA EDI transactions.</p> <p>Please provide a list of the required EDI transactions.</p> | |
| 45. | Attachment A Requirement 198 | 74 | <p>Please clarify the following requirement:</p> <p>Solution must interface with the DHHS system modules and HCBS providers to authorize payment of claims based on verified delivery of services and compliance with the rules and regulations associated with the service.</p> <p>Contractor will work with DHHS and their billing agents and providers to establish a means for sending customized electronic 837s (electronic claims) to the DHHS systems for adjudication.</p> <p>The system architecture must be flexible enough to add future desired populations, programs, and services, which have different policies and procedures.</p> <p>837 file formats must be customized to meet DHHS requirements. Solution must have the capability to consolidate and</p> | <p>The State requires the state EVV solution to evaluate the visit data with business rules and submit claims for all in scope services whether the EVV data is captured via the state EVV solution or aggregated from a provider EVV solution. The state aggregator solution will need to capture information that notes which EVV provider solution captured the visit data.</p> |

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| | | | <p>submit claims on a weekly basis.</p> <p>How does DHHS plan to validate EVV data for claims that are submitted by providers that are not using the State provided EVV system?</p> | |
| 46. | Attachment A Requirement 204 | 76 | <p>Please clarify the following requirement: Solution must be able to exchange and track service authorization information (e.g., flat file, X12 278) with multiple external sources and the Integration Platform.</p> <p>Please provide the number of external data sources the vendor should plan for.</p> | <p>The State anticipates prior authorization information from at least two sources. The bidders must have the flexibility to receive PA information in a HIPAA 278 format (future use), in real-time (published via web services/API) for updates or a flat-file format. The integration platform will provide a mechanism for the EVV vendor to connect to the State source system via one of the modes described above. Please reference RFP section V.H.9. Please also reference RFP section V.H.14.b for definition of incremental integration in the context of system maintenance and enhancements.</p> |
| 47. | Attachment A Requirement 214 | 79 | <p>Please clarify the following requirement: Contractor should conduct system coordination between intrastate agencies and external entities.</p> | <p>Please note this is a CMS Certification checklist item (as indicated in the CMS Checklist ID column). Bidders should reference CMS MECT guidance at https://www.medicaid.gov/medicaid/data-and-systems/mect/index.html. The coordination responsibility of the Contractor is to ensure that the system interfaces are supported with the State source systems and external entities (including provider EVV solutions) using known industry standards and acceptable data exchange practices. Please see State EDI standards provided in response to question #27.</p> |
| 48. | Attachment A Requirement 218 | 80 | <p>Please clarify the following requirement: Solution must support or regulate connections with other information systems (e.g. solution to outside of the SMA</p> | <p>Please note this is a CMS Certification checklist item (as indicated in the CMS Checklist ID column). Bidders should reference CMS MECT guidance at https://www.medicaid.gov/medicaid/data-and-systems/mect/index.html. The EVV vendor needs to ensure that any data exchange required to support the business operations meets the</p> |

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| | | | authorization boundary) through the use of Interconnection Security Agreements. Interconnection Security Agreements document the interface characteristics, security requirements, and the nature of the information communicated over the connection. | Federal and State security and privacy requirements and is documented and expressed both at design and run time. |
| 49. | V.A. | 26 | We assume the selected contractor will need to provide an aggregator file layout for 3rd party submission. Please confirm. If not does the state have specific aggregator requirements? | Please see response to question number 26. |
| 50. | Attachment A, Req 198/IIO.9 | 74 | We assume the EVV solution will not be required to transmit 837 EDI directly to the state, that responsibility will remain with the service provider. Please confirm. If not please provide specific details about NE EDI standards or processes? | Please see response to question number 27. |
| 51. | VII.A.3 | 53 | Can a bidder submit a PMPM cost that does not include the cost for in-house devices? If so, please provide instructions how to submit the PMPM. | Please see response to question number 25. |
| 52. | PROJECT DESCRIPTION AND SCOPE OF WORK | Page 26 | Can the State provide the volume of transactions (number of visits) for the years | Please see response to question number 31. |

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| | | | listed in "Table 1 - Provider and Participant Data Summary" or an annual estimate? | |
| 53. | GLOSSARY OF TERMS | Page iv | <p>Does the definition of "Active Client" include a client with a valid authorization for services, but has not yet received care triggering an EVV clock in and clock out?</p> <p>In other words, does the PMPM start on the month the authorization is delivered or the month a visit occurs (example, Authorization delivered in August, but first visit occurs in September)?</p> | Please see the definition of 'Active Client' in the RFP Glossary of Terms. |
| 54. | VII. COST PROPOSAL REQUIREMENTS | Page 52 | <p>Under PMPM costs, item 3 states, "Any travel, training or any in-home devices this solution requires." Does the travel and training referenced include travel and training for implementation and onboarding, or is this post go-live travel and training only?</p> | This refers to all travel, training or any in-home devices throughout the term of the contract. |
| 55. | Attachment D – System Security Plan Requirements | General Question | Will the State accept HITRUST security certification to meet any or all of these requirements? | No. DHHS has not created a direct mapping between items in the Security Plan and HITRUST. Obtaining HITRUST certification will assist in meeting CMS requirements, but that will need to be evaluated in the Security Plan on a Control by Control basis, as it applies to the solution proposed. Please see V.H.7 of the RFP for assessment requirements. |
| 56. | COST PROPOSAL | Operational Costs | Based on the assumed 10,000 clients, what percentage of those | There are approximately 2,691 DD participants who are served with an agency. For PAS and AD Waiver, there are between 25-35% of the participants that are served by an agency. |

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| | | | will be with a provider agency? | |
| 57. | General | | What is the approximate membership count for each phase? | DHHS will work with selected contractor to define phases and membership for each phase. |
| 58. | General | | What is the anticipated go-live date for each phase? | DHHS will work with selected contractor to define phases and go-live dates for each, to all be complete by 12/14/20. |
| 59. | General | | What are the approximate monthly transaction volumes for each phase? | DHHS will work with selected contractor to define phases and membership for each phase. DHHS tracks claims, not visits, in the current system. |
| 60. | II General | | Would the State please consider adding a limitation on liability provision capping Contractor's liability at an amount equal to the total amount that the State has paid the Contractor under this contract in the 36 months prior to the relevant incident? | In accordance with RFP instructions, Bidders may reject, or reject and provide alternative language for, any term and condition as a part of their proposal. The State will not consider the proposed limitation on liability. |
| 61. | II General | | Would the State please consider adding a limitation on liability provision such that in no event will the measure of damages payable by the Contractor include, nor shall Contractor be liable for, any amounts for loss of income, profit or savings or indirect, incidental, consequential, exemplary, punitive or special damages of the State? | In accordance with RFP instructions, Bidders may reject, or reject and provide alternative language for, any term and condition as a part of their proposal. The State would consider further negotiations on these issues. |

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| 62. | II.J.1 | Page 10 | <p>“The Contractor agrees to defend, indemnify, and hold harmless the State and its employees, volunteers, agents, and its elected and appointed officials (“the indemnified parties”) from and against any and all third party claims, liens, demands, damages, liability, actions, causes of action, losses, judgments, costs, and expenses of every nature, including investigation costs and expenses, settlement costs, and attorney fees and expenses (“the claims”), sustained or asserted against the State for personal injury, death, or property loss or damage, arising out of, resulting from, or attributable to the willful misconduct, negligence, error, or omission of the Contractor, its employees, Subcontractors, consultants, representatives, and agents, resulting from this contract, except to the extent such contractor liability is attenuated by any action of the State which directly and proximately contributed to the claims.”</p> <p>Would the State</p> | <p>In accordance with RFP instructions, Bidders may reject, or reject and provide alternative language for, any term and condition as a part of their proposal.</p> <p>The State would be willing to negotiate alternative language if proposed, but without the exact limitations set out in the question.</p> |
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| | | | <p>please consider revising the indemnification obligations throughout the RFP so Contractor is only required to indemnify for liability that is based on Contractor's breach of contract or its fault or negligence?</p> | |
| 63. | II.S.2 | Page 13 | <p>"The State, in its sole discretion, may terminate the contract for any reason upon thirty (30) calendar day's written notice to the Contractor. Such termination shall not relieve the Contractor of warranty or other service obligations incurred under the terms of the contract. In the event of</p> | <p>In accordance with RFP instructions, Bidders may reject, or reject and provide alternative language for, any term and condition as a part of their proposal.</p> <p>The State may negotiate contract close out costs, but not unamortized costs if it is proposed as alternative language.</p> |

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| | | | <p>termination the Contractor shall be entitled to payment, determined on a pro rate basis, for products or services satisfactorily performed or provided."</p> <p>Will the State agree to compensate Contractor for any unamortized costs and reasonable wind-down costs in the event that the State cancels for any reason other than Contractor default?</p> | |
| 64. | IV.E | Pages 24 and 25 | <p>"State will render payment to Contractor when the terms and conditions of the contract and specifications have been satisfactorily completed on the part of the Contractor as solely determined by the State. (Neb. Rev. Stat. Section 73-506(1)) Payment will be made by the responsible agency in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §81-2401 through 81-2408). The State may require the Contractor to accept payment by electronic means such as ACH deposit. In no event shall the State be responsible or liable to pay for any services provided by the Contractor prior</p> | <p>The State will abide by the State Statute and not consider the payment language proposed.</p> <p>Per Neb. Rev. Stat. §§ 81-2401 et seq., the State shall make payment in full for all goods delivered or services rendered on or before the forty-fifth (45th) calendar day after (a) the date of receipt by the State of the services or (b) the date of receipt by the State of the invoice for the services, whichever is later.</p> |

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| | | | <p>to the Effective Date of the contract, and the Contractor hereby waives any claim or cause of action for any such services.”</p> <p>Will the State agree to pay all Contractor invoices within net 30 days?</p> | |
| 65. | V.A | 26 | <p>“EVV is required to be in place by January 1, 2020”</p> <p>What is the anticipated go-live date?</p> | DHHS will work with the selected contractor to define an acceptable project schedule to be fully implemented by 12/14/20. |
| 66. | V.A. 1. | 26 | <p>“Table 1 – Provider and Participant Data Summary”</p> <p>Can the State provide more current data for this table?</p> | 2018 data reports approximately 9,000+ participants and 10,000+ providers. |
| 67. | V. A.1 2nd paragraph | 27 | <p>“Although today personal care services are fee-for-service, it is anticipated that during the contract term many services may be moved to managed care. And as home health services are added, integration with each of the contracted MCOs will be required.”</p> <p>How many MCOs will be used?</p> | Implementation of PCS services will not interface with MCOs initially. When Home Health services are added, the bidder may review current MCO list at: http://dhhs.ne.gov/Pages/Heritage-Health-Contacts.aspx |

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| 68. | V.B.2 | 27 | <p>“Goal #2: Obtain an EVV solution that will accommodate and overcome limited internet access in rural areas.”</p> <p>Can the State provide the number of Medicaid clients currently receiving services in rural areas?</p> | <p>There is no information in the DHHS system that notes a client who lives in a ‘rural’ area so that reporting can be done on that data. Based on past analysis, 75-80% of participants live in a metropolitan area.</p> |
| 69. | V.B.4 | 27 | <p>“Goal #4: Obtain a hardware/software solution that contains an intuitive user interface to capture and submit visit data.”</p> <p>Is the Contractor required to provide a device that enables the caregiver to capture care visit information?</p> <p>What is the State’s estimate of the number of devices to be provided initially and on an ongoing basis by the Contractor?</p> | <p>The State is not mandating a specific solution, and is looking for a contractor who can provide multiple alternatives that will meet all geographic and participant needs.</p> |
| 70. | V.F.5 | 32 | <p>“Consolidated Member and Provider Portal – DHHS anticipates that all services and solutions being implemented as a part of the DHHS modular strategy will be integrated with the member and provider portal to provide a</p> | <p>The State is currently in the process of evaluating different strategies to realize its vision of a consolidated member and provider portal. As stated, we do not anticipate this integration to be a part of the initial implementation. However, the State requires any SaaS solution to have:</p> <ul style="list-style-type: none"> - Open APIs for authentication. - API’s to access the underlying core transactions data in real-time for |

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| | | | <p>unified experience to the two major stakeholders of the Medicaid Enterprise – providers and participants. It is important to note that the consolidated member and provider portal are not being realized in the near future. However, DHHS anticipates that the road map services/ modules will have open APIs that will allow for easy integration of the user portal long term. The contractor will need to document and demonstrate its APIs that will enable the future integration with the enterprise portals.”</p> <p>Can the State provide more detail on the architecture envisioned by the State related to the Consolidated Member and Provider Portal suite?</p> | <p>displaying to the members and providers.</p> <p>The state anticipates all future acquisitions for systems and services providers, including EVV, to have this base capability.</p> |
| 71. | VI.2.G | 47 | <p>“CONTRACT PERFORMANCE</p> <p>If the bidder or any proposed Subcontractor has had a contract terminated, at any Federal, State or Governmental agency/entity and/or Managed Care Organization, for default during the past five (5) years, all such instances must be described as</p> | <p>Bidders should disclose all contracts that were terminated for default. Termination for default is defined as a notice to stop performance delivery due to the bidder's non-performance or poor performance, and the issue was either not litigated due to inaction on the part of the bidder, litigated and such litigation determined the bidder to be in default, or pending litigation.</p> |

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| | | | <p>required below.”</p> <p>Large companies have thousands of contracts that terminate for a variety of reasons. Is inclusion of these contracts limited to EVV specific or at least Medicaid specific?</p> | |
| 72. | Attachment B 6113 Z1 | | <p>“Performance Guarantees”</p> <p>Would the State please consider adding language to the RFP such that the total liquidated damages assessed against Contractor will not exceed ten percent (10%) of Contractor’s applicable monthly invoice?</p> | Performance guarantees may be negotiated with the awarded bidder during contract finalization. |
| 73. | Attachment B 6113 Z1 | | <p>“Performance Guarantees”</p> <p>Would the State please consider adding language to the RFP such that liquidated damages would not be assessed during a reasonable stabilization period of the first six (6) months following Go-Live?</p> | Performance guarantees may be negotiated with the awarded bidder during contract finalization. |
| 74. | Attachment B 6113 Z1 | | <p>“Performance Guarantees”</p> | Performance guarantees may be negotiated with the awarded bidder during contract finalization. |

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| | | | Would the State please consider adding an earn back mechanism to the RFP such that Contractor would earn back any liquidated damage assessment if Contractor corrects the deficiency and meets the performance measure for two consecutive months following the month in which the failure originally occurred? | |
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This addendum will become part of the proposal and should be acknowledged with the Request for Proposal response.