

RFP # HCPFKQ1103SDAC
Statewide Data and Analytics Services
For the Accountable Care Collaborative Program
Responses to Inquiries
November 3, 2010

Inquiry #1: What is the expected contract value for this program?

Response: The funding available for the Statewide Data and Analytics Services contract for the State Fiscal Year (SFY) 2010-11 is \$750,000. The expected budgeted amount of funding for this contract for SFY 2011-12, SFY 2012-13, SFY 2013-14 and SFY 2014-15 is \$3,000,000 for each fiscal year. Funding for state fiscal years beyond SFY 2010-11 is contingent upon funds being appropriated, budgeted and otherwise made available.

The anticipated initial term of the contract is March 7, 2011 through June 30, 2013. The date of execution of the contract is subject to change. The contract may be renewed for up to two additional one-year periods (SFY 2013-2014 and SFY 2014-2015) at the sole discretion of the Department.

Inquiry #2: Letter of Intent and agreement to your NDA from the RFP- Due to you by 10/27/2010?

Response: RFP Section 2.4 and 2.8 were revised by Modification No. 1. The letter of intent to propose is due by November 9, 2010. The confidentiality agreement will be provided by the Department for signature by the Offeror. Modification No. 1, posted October 20, 2010 on BIDS, allowed immediate requests for the limited data set discs by potential Offerors which have submitted a letter of intent to propose.

Inquiry #3: State of Colorado Non disclosure Agreement – You require Offeror to sign this by the 27TH of October?

Response: See the response to Inquiry # 2 above.

Inquiry #4: Please advise what is the date of your Fiscal year end?

Response: The State of Colorado's fiscal year runs from July 1 through June 30.

Inquiry #5: We have some questions from your RFP request, Should I be sending these to you?

Response: The instructions for submitting written inquiries are in the Administrative Information Documents, attached to the RFP as Appendix A. Your inquiries on the RFP should be sent to Katherine Quinby. Sending written inquiries via email, fax or mail is

acceptable. Written inquiries were due by October 12, 2010. There will not be the opportunity to submit additional inquiries.

Inquiry #6: Section 1 page 4: The RFP indicates that the RCCO will need to work with the behavioral health managed care organizations. Will the Department please provide a description of how BH services are organized around the state?

Response: There are five regionally-based Behavioral Health Organization (BHO) managed care organizations currently contracted with the Department to serve Medicaid Clients with covered mental health and/or mental health/substance abuse co-occurring diagnoses. In each area the program is managed by a different Behavioral Health Organization (BHO).

The BHOs administer the Department's statewide managed care mental health program (the Medicaid Community Mental Health Services Program) which serves Medicaid Clients with covered mental health diagnoses. Medicaid Clients with co-occurring mental health/substance abuse diagnoses are served by the BHOs. However, individuals with only a substance abuse diagnosis and no co-occurring mental health diagnoses are served by the Department's outpatient fee-for-service (FFS) substance abuse treatment benefit.

More information on each BHO can be found on the Department's Web site: <http://www.colorado.gov/cs/Satellite?c=Page&cid=1212398231156&pagename=HCPF%2FHCPFLayout>.

Inquiry #7: Will the MMIS data that is regularly transmitted to the SDAC include behavioral health claims and behavioral health pharmacy data?

Response: Behavioral health encounters submitted to the MMIS by the BHOs will be available in the MMIS data file. All pharmacy data elements outlined in Appendix C will also be transmitted. Pharmacy (or drugs) is not a benefit under the Medicaid Community Mental Health Services Program and therefore not provided by the BHOs. Clients receive drugs through the Department's fee-for-service Medicaid benefit. Drugs, including those prescribed through BHOs, paid through the MMIS the will be available in the MMIS data file.

Inquiry #8: Section 2.5.1 Performance Period and 2.6.1 Funding: Can you please clarify the performance period and the availability of funds. Are there funds already appropriated and budgeted for the period of 2/22/11 through 6/30/13? Is funding appropriated for the contract period beyond 6/13?

Response: The funding available for the Statewide Data and Analytics Services contract for the State Fiscal Year (SFY) 2010-11 is \$750,000. The expected budgeted amount of funding for this contract for SFY 2011-12, SFY 2012-13, SFY 2013-14 and SFY 2014-15 is \$3,000,000 for each fiscal year. Funding for state fiscal years beyond SFY 2010-11 is contingent upon funds being appropriated, budgeted and otherwise made available.

The anticipated initial term of the contract is March 7, 2011 through June 30, 2013. The date of execution of the contract is subject to change. The contract may be renewed for up to two additional one-year periods (SFY 2013-2014 and SFY 2014-2015) at the sole discretion of the Department. Section 2.5.1 has been revised by Modification No. 3 to correct the performance period.

Inquiry #9: Will the Department please clarify the distinctions between the start-up Phase, the Initial Phase and the Expansion Phase?

Response: The phases for the SDAC are revised by Modification No. 3. Section 5.1.2 has been updated to provide a brief summary of the activities that will take place during each phase. See each section of the Statement of Work on the tasks required for each phase.

The new SDAC Start Up-Phase is from contract execution to April 30, 2011. The new SDAC Initial Phase is May 1, 2011 through June 30, 2012. The SDAC Expansion Phase is July 1, 2012 through June 30, 2013 (with two potential one-year options to extend the contract through June 30, 2015).

Inquiry #10: Do you anticipate any increase in funding during the expansion phase?

Response: At this time, the Department has not requested any increase in funding for the Expansion Phase.

Inquiry #11: Is it permissible for the utilization management contractor to contract directly with the SDAC?

Response: The utilization management contractor will be reviewing activities of the Primary Care Medical Providers (PCMPs) who are contracted with the RCCO and Department. If the relationship between the SDAC and the utilization management contractor does not create a conflict of interest between the contractors and their responsibilities under their contract with the Department, then a contractual relationship between the two entities would be permissible.

Inquiry #12: 2.9.1 Limited Data Set of Medicaid Claims: If more than one entity is bidding together will the State provide multiple CDs with the limited data set or will each entity be required to request their own CD? The CDs cannot be copied and all three entities will need to have access to the data set.

Response: A maximum of three sets of data discs will be provided to a single potential Offeror. The Offeror will be responsible for all sets of discs. All discs must be returned by the due date and time for the proposal. If the vendor submits a proposal, the discs must be returned with the proposal.

Inquiry #13: Section 3.1.1: Are there any specific populations that will be excluded from the program either in the Pilot or the Expansion Phases?

Response: The only populations excluded in the Initial Phase are full benefit dual-eligible clients and clients in state institutions, such as psychiatric hospitals and nursing homes. However, full benefit dual-eligible clients will be eligible for enrollment into the ACC Program during the Expansion Phase. Partial benefit dual-eligible Clients (those whose Medicaid benefits are limited to Medicare co-insurance, deductible or premium assistance) are permanently excluded from eligibility for enrollment into the ACC Program.

Inquiry #14: Section 3.3.2 and 3.3.3: How does the State anticipate that the SDAC will interface with the Center for Improving Value in Health Care?

Response: The Center for Improving Value in Health Care (CIVHC) is a public-private entity created to identify and advance initiatives across Colorado that enhance consumers' health care experiences, contain costs and improve the health of Coloradans by creating an efficient, high quality and transparent health care system. Those initiatives are likely to be broadly adopted by many payers. The Department may well incorporate CIVHC sponsored initiatives into the Medicaid program. Within this RFP, the Contractor has a set of defined roles in implementing interventions, designed to contain costs and improve health outcomes. If the Department determines that it requires certain reporting from the Contractor to assist in a CIVHC sponsored initiative, it will request ad hoc reports as described in RFP Section 5.4.4 and RFP Section 5.7.2.

Inquiry #15: Will the RCCOs be participating in the CORHIO? If so, will the SDAC be expected to interface with CORHIO?

Response: The Department does expect that PCMPs and providers within the RCCO's network will participate in Colorado Regional Health Information Organization (CORHIO). The Department does not expect RCCOs to participate in CORHIO. As stated in RFP Section 5.3.2, SDAC Data Repository will also include data that fills in missing clinical and health outcomes data for the Medicaid population, such as disease and immunization registries, national health survey data, and data available from the Colorado Regional Health Information Organization (CORHIO). The RFP does not require that the SDAC Data Repository interface with CORHIO, but the Contractor may build such an interface to fulfill the requirements of RFP Section 5.3.2.

Inquiry #16: Section 4.3, Organizational Structure and Subcontracting: The RFP requires that the subcontracted work shall not collectively exceed 50% of the contract. Given the uniqueness of the requirements which require best in breed technology, analytics, reporting and best practices to assist the ACOs in achieving improvements in quality and cost savings, a collaborative of vendors may offer the best and most unique solution. The 50% requirement may not serve the best interests of the State. Would the State consider an amount greater than 50% assuming that the prime contractor maintains overall accountability of the project?

Response: The requirement that no more than 50% of the contract work may be subcontracted will not be revised.

Inquiry #17a: Section 5.1.2, Phased Approach: The RFP establishes specific milestones in each of the phases. In regards to integrating the RCCO data into SDAC data repository, do you foresee that each of the ACOs will have the capacity to collect and transmit patient information electronically?

Response: The patient data defined in RFP Sections 5.3.2.2 and 5.3.2.3 includes both non-clinical patient data, such as case management information, and clinical data as might be found in a medical record. The Department did require the RCCO to provide this information to the SDAC, but did not specify format. Further information on capacity will not be available until the RCCOs are selected.

Inquiry #17b: For those that cannot during the initial phase how will the data be transmitted?

Response: How RCCOs will transmit data during the initial phase is not known at this time and is a responsibility of the RCCO and Contractor to establish a process for data transmission. As stated in RFP Section 5.3.2.2.2, the Contractor shall work with the RCCOs to identify and capture non-clinical data during the Initial Phase, store it in the SDAC Data Repository, and integrate it into analytics activities. The Contractor shall work with the RCCOs to establish a process for data transmission during the SDAC Initial Phase.

Inquiry #18: Section 5.2.4.4 Client Selection: The RFP indicates that PCMP preferences for panel size and preferences to have their Medicaid Clients in the ACC program should be a factor in the random selection process. How will the SDAC know about these preferences?

Response: See revision to RFP Section 5.2.4.4 in Modification No. 3. The Department has made this Contractor requirement contingent upon availability of relevant data. The Department intends to build a “panel size limitation” functionality into the Medicaid Management Information System (MMIS) as part of the PCMP provider record. Once available, this information will be provided to the SDAC by the Department via the weekly data feeds to the Data Repository. Until the Department can provide such data through the MMIS data file, the Department will collect the data manually and provide the information monthly. At this time, the Department does not plan to collect data about PCMP preferences other than willingness to enroll and limit to panel size.

Inquiry #19a: Section 5.4.4 Consulting, Ad Hoc Analytics and Reporting: The RFP indicates that the staff members who are performing the base services may not be utilized for the pool hour projects or ad hoc reports without advance written approval. Can the Department please describe its rationale on this?

Response: The Department’s objective is to ensure that work performed under the fixed price contract does not suffer due to reassignment of staff to ad hoc hourly projects. The Department would likely approve the use of base staff for ad hoc hourly projects where the contractor can demonstrate to the satisfaction of the Department that the contractor’s

attention to fixed price deliverables is not diluted. Please note that all work, under all circumstances, for ad hoc hourly consulting will need to be approved by the Department in writing prior to commencement of the work.

Inquiry #19b: Does the Department want resumes for individuals who will be doing the Ad Hoc Analytics and Reporting to review qualifications?

Response: No, unless the individual fulfills one of the roles specified in RFP Section 4.4, which are requested in the Offeror's response to that Section.

Inquiry #20a: Section 5.6.1.2 ACC Program Improvement Advisory Committee: Will you please indicate how the utilization management vendor fits into the overall design of the ACC? Specifically what levels of care does the utilization management vendor approve?

Response: The utilization management contractor will perform utilization management activities for the ACC Program Members. The utilization management contractor will interface with the PCMPs and other providers in the context of daily utilization management activities. The utilization management contractor is responsible for reviewing and approving Prior Authorization Requests (PARs) for ACC Program Members' care. A provider requesting a service that requires prior authorization must submit their request to the utilization management contractor for approval. The utilization management contractor will authorize selected acute inpatient services, selected surgical procedures, Durable Medical Equipment (DME), supplies, pharmacy, dental, selected outpatient therapies, and high-cost diagnostics such as radiology. The utilization management contractor will also review and authorize selected long-term care, private duty nursing, and hospital back-up services as well as services provided to dual-diagnosis clients.

Inquiry #20b: Do you see this model changing under the ACC and the ACC taking on more of this role?

Response: No. The contractual duties of the utilization management contractor are specific to reviewing and approving Prior Authorization Requests (PARs) for Medicaid Clients.

Inquiry #20c: Will the SDAC receive this information?

Response: The SDAC will not receive Prior Authorization Requests (PARs) requests, approvals or denials.

Inquiry #21: Section 5.6.4 Cost Savings: When the Department refers to a reduction of costs of 7% is that off current budgeted amount or is that off the trended spending?

Response: The Department requires that the ACC reduce costs relative to what would have been spent in the absence of the ACC Program.

Inquiry #22: Is it the expectation of the Department that the SDAC’s data repository will integrate data directly from the State’s CBMS?

Response: No. Data in the State’s Colorado Benefits Management System (CBMS) automatically updates eligibility data in the MMIS, which will be the source of the data integrated into the SDAC’s data repository.

Inquiry #23: Will an interface between the State’s point of sale pharmacy system which interfaces with MMIS, per Section 3.2.2 Medicaid Management Information System, also be available for integration with SDAC’s data repository?

Response: There will not be an interface with the State’s point of sale pharmacy system. Data provided to the SDAC will come from MMIS, which includes pharmacy data received from that point of sale system.

Inquiry #24: Is the “Department’s Benefits Utilization System” referenced in Section 3.2. the same system described in 3.2.1, Colorado Benefits Management System?

Response: No. These are two separate systems with very different purposes. The Colorado Benefits Management System (CBMS) provides eligibility determination for Medicaid, Supplemental Nutrition Assistance Program, Colorado Works, Adult Financial Assistance, and the Child Health Plan *Plus*, including case management functions such as adult protective services, work programs and employment first. The Benefits Utilization System (BUS) is used to capture information used to determine if Medicaid eligible clients are functionally eligible for long-term care programs and includes tracking of subsequent case management.

Inquiry #25a: Section 5.4.4.3 Process for Requesting Consulting, Ad Hoc Analytics and Reports: Will the Department contractually guarantee a minimum amount of hours per fiscal year?

Response: While the Department expects to use all or most of the hours, the Department will not contractually guarantee that a minimum number of hours will be used.

Inquiry #25b: If the Department does not use all of the allotted hours in a fiscal year, will the hours be reallocated to other years?

Response: Funds that are not used in one fiscal year may be reallocated to the next fiscal year, subject to approvals external to the Department. It is unlikely that funds will be reallocated to another fiscal year.

Inquiry #25c: If at the end of the each contract year not all hours have been used, will the contractor be able to use these dollars for other costs associated with the program that are not in the consulting category?

Response: No. The fixed price proposed for base services (outside the hourly consulting category) will be the compensation for the base services.

Inquiry #26: Section 2.9 Limited Data Set Will the Department have an assigned project lead or a team of personnel available to answer questions about the data with the potential bidders specifically about questions regarding definitions of services and what is included in the definition? Will this same project lead or team of personnel be responsible for explaining the purpose of the chosen data and elements to be provided?

Response: All inquiries regarding the RFP, including the limited data set, should be directed to Katherine Quinby at katherine.quinby@state.co.us. The purpose of the limited data set is to provide to Offerors a representative sample of Colorado Medicaid data, its claims and eligibility groups. It is not meant to exactly correspond to the final format and specification of the data file which will populate the SDAC Data Repository. There will not be the opportunity to submit additional inquiries.

Inquiry #27: If the successful bidder for the SDAC procurement is a federally qualified quality improvement organization, will that QIO status permit the state to maximize federal financial participation at 75/25?

Response: The Department is interested in exploring this possibility, although we think that it is somewhat unlikely. However, this exploration process will not affect the evaluation of proposals submitted in response to this solicitation.

Inquiry #28: Given that the successful bidder for SDAC will not be affiliated in any way with the RCCOs, and, assume the utilization management contractor not be affiliated in any way with Colorado providers, we therefore see no concern if the SDAC awardee and the UM awardee are contractually related as long as there are no RCCO relationships for the SDAC awardee nor relationships with Colorado providers under the scope of work of the utilization management contract awardee or other state or federal government awards. Is this correct?

Response: The utilization management contractor will be reviewing activities of the Primary Care Medical Providers (PCMPs) who are contracted with the RCCO and Department. If the relationship between the SDAC and the utilization management contractor does not create a conflict of interest between the contractors and their responsibilities under their contract with the Department, then a contractual relationship between the two entities would be permissible.

Inquiry #29: The SDAC procurement under appendix L/attachment L page 1 of 4 currently requests budgets for the initial phase and the expansion phase. Will you permit a bidder to demonstrate individual fiscal year pricing: 2012-13, 2013-14 and 2014-2015 as well as initial period pricing between the contract signing date and 6/30/11 and the fy 2011-12 to provide more competitive analysis? This to be done by expanding the form.

Response: Yes. Appendix L, Budget, is revised to reflect individual fiscal year budgets in Modification No. 3.

Inquiry #30: Again, in reference to appendix L/attachment L page 1 of 4, in the event the bidder uses subcontractors, do you wish to see the program function areas that subcontract work is being done by separately including the subcontract pricing and the prime pricing with a total line by 3 a,b,c,d,e or do you wish to see any and all subcontracting (if any) in item 5 only? This to be done by expanding the form.

Response: Appendix L, Budget, is revised by Modification No. 3 of this RFP to require additional information concerning the subcontracted work.

Inquiry #31: Section 5.2.2 – It appears that members should be selected for enrollment in February 2011. Members identified for enrollment may not begin until Initial Phase (04/01) due to the initial data loading and processing beginning from the time of contract execution. The data repository will be built as well reports to identify the appropriate members. If member selection begins after initial data load, will this be an issue?

Response: Refer to revisions to RFP Section 5.2.2 in Modification No. 3. The Department is responsible for initial enrollment of clients and replenishment through the Start-Up Phase. The Contractor will be responsible for creating monthly replenishment lists beginning July 1, 2011 to maintain Members at 60,000. See RFP Section 5.2.3.1 which describes a flat file of data provided by the Department to the Contractor during the Start-Up phase.

Inquiry #32: How many types and number of data extracts should we expect? Medical, pharmacy, eligibility, provider, ACC enrollment feeds, immunization registries etc. Will the feeds differ from the RCCOs?

Response: The Department cannot provide an estimate of the number of data extracts the SDAC should expect as a result of requests from the Department, RCCOs, providers and other stakeholders.

Data transmission from RCCOs to the SDAC may differ. How RCCOs will transmit data is not known at this time and is a responsibility of the RCCO and Contractor to establish a process for data transmission. As stated in RFP Section 5.3.2.2.2, the Contractor shall work with the RCCOs to identify and capture pertinent data, store it in the SDAC Data Repository, and integrate it into analytics activities. The Contractor shall work with the RCCOs to establish a process for data transmission during the SDAC Initial Phase.

The MMIS data file contains the medical, pharmacy, eligibility and all other Medicaid data the Department will provide to the Contractor. See RFP Section 5.3.2.1.

Inquiry #33: How often will the committee meetings occur under 5.6.1? Monthly, quarterly Will these meetings require onsite attendance or can they also be via phone?

Response: The Department has not defined timetables for the Advisory Committee meetings described in RFP Section 5.6.1. As part of its response, the Offeror is asked to

provide its plans for ensuring continuous feedback and innovation through the use of the advisory committee forums, including the SDAC Operations Advisory Committee, which it directs and chairs. The Department expects that the Contractor will be available onsite for Advisory Committee meetings.

Inquiry #34: Will the vendor be required to work with the providers as well as the RCCOs? We are trying to understand the amount of time that should be determined for the Best Practice dissemination and adoption.

Response: The Contractor is required to work directly with providers only in the three circumstances described in the RFP. The Contractor must provide reporting and analytics via the web portal described in RFP Section 5.5, including establishing the web portal logons provided for in RFP Section 5.5.5.1 and maintaining a web portal help desk as described in RFP Section 5.5.6. The Contractor must participate in advisory committee meetings as provided for in RFP Section 5.6.1. Lastly, the provider must disseminate best practices as described in RFP Section 5.6.3.2.

Inquiry #35: Committee Meetings – Should we consider these to be more of a role with oversight or should we consider actual work to be followed up?

Response: As described in RFP Section 5.6.1, the SDAC Operations Advisory Committee is directed and chaired by the SDAC Contractor. The SDAC Contractor is a participant in the other Advisory Committee meetings. As stated in RFP Section 5.6.1.4, the Contractor shall assist in the preparation of the SDAC Operations Advisory Committee, including, but not limited to, the production of the agenda, recording meeting minutes when appropriate, conducting presentations and workgroups, creation of a list of follow-up assignments to be delivered within 3 days of each meeting and completing its assignments as determined during each meeting within the timeframes specified during the meeting.

Inquiry #36: Transmittal Letter – Section 6.2.3.7 – Does the vendor need to be registered with the State of Colorado at the time of the RFP submission, at the time of contract or other time?

Response: RFP Section 2.13, Contractor Identification, has been revised to clarify the requirement. The contractor must be registered on BIDS by the due date and time of the proposal. The selected Offeror must be registered with the Secretary of State prior to the execution of the contract.

Inquiry #37: The vendor will be getting weekly data feeds. Will the reporting and tools need to be updated weekly or monthly? It is clear that monthly reports are required, but how often should the tool be updated for the providers to access?

Response: Recurring data feeds shall be made available to all users of the SDAC Data Repository and reports, as appropriate, should be updated within three business days from receipt of the data. See revision to RFP Section 5.3.5.6 in Modification No. 3.

Inquiry #38: Is there any content missing for Milestone #5 under Initial Phase on page 33?

Response: Yes. Modification No. 3 revises the Phase milestones including adding a requirement regarding standard production reports.

Inquiry #39: Is there any content missing for Operational Readiness requirement 5.5.4.1.5 on page 56?

Response: No, RFP Section 5.5.4.1.5 will be deleted, there are only four (4) items identified for operational readiness.

Inquiry #40: Will an extension be granted if the answers to questions are posted after October 21st? Further, will there be the opportunity to ask clarifying questions for the answers issued by HCPF?

Response: An extension has been granted in Modification No. 1. There will not be an opportunity to submit additional inquiries.

Inquiry #41: Pages 7 and 8: 2.6 FUNDING 2.6.1 The funding for State Fiscal Year 2010-11 is available. Financial obligations of the State payable after the current fiscal year are contingent upon funds for that purpose being appropriated, budgeted and otherwise made available. The resulting contracts are subject to and contingent upon the continuing availability of federal, and state funds for the purpose hereof. In Section 2.6.3 it sounds like the funding is available. Question: Does available mean already approved and appropriated?

Response: The funding available for the Statewide Data and Analytics Services contract for the State Fiscal Year (SFY) 2010-11 is \$750,000. The expected budgeted amount of funding for this contract for SFY 2011-12, SFY 2012-13, SFY 2013-14 and SFY 2014-15 is \$3,000,000 for each fiscal year. Funding for state fiscal years beyond SFY 2010-11 is contingent upon funds being appropriated, budgeted and otherwise made available. The Colorado Generally Assembly appropriates state funds on an annual basis. The Governor usually signs the annual appropriation bill into law in April or May prior to the fiscal year start of July 1.

Inquiry #42: Have funds been appropriated, for FY's 2011-12, 2012-13? If so are they State general funds or Federal or a combination?

Response: No, funds have not been appropriated for State Fiscal Years 2011-12 or 2012-13. Funding for the ACC Program will be a combination of State general funds and federal funds.

Inquiry #43: On page 15, the RFP describes the addition of 9,000 new clients in summer of 2011 and 82,000 new clients in early 2012 per new eligibility rules. Will

these clients be included in the state's CBMS eligibility data warehouse or should the SDAC contractor make other provisions to include these data?

Response: These new clients will be loaded into MMIS from CBMS and included in the MMIS data file to the SDAC.

Inquiry #44: On page 26, the RFP requires an annual risk gap analysis (4.6.3.3). Are there any metrics needed for that report that are not included under 3.6.3.4, 3.6.3.5, and 3.6.3.6?

Response: No.

Inquiry #45: Given the challenges that many organizations face when adopting revised ICD standards (as described on page 17-18), do you anticipate that coding used for reports will have to be specific to the RCCO or PCMP-level going forward or will there be a mandated change date for standardization?

Response: The Contractor will need to have capability to accept ICD-10 codes for all claims with dates of service on or after October 1, 2013. ICD-9 will be used for claims with dates of service through September 30, 2013. The Contractor must be able to store, query, analyze, trend, transmit, etc. the increased field size for both ICD-10 diagnoses and ICD-10 PCS (inpatient procedures) on October 1, 2013, and for the ICD-9 code and format as well. Because of the submission, adjustment, and settlement periods, the Department is expecting to maintain dual coding methodologies for about six years after October 1, 2013. See revision to RFP Section 5.3.2.1.3 in Modification No. 3.

Inquiry #46: Does the client selection data file to the Enrollment Broker have to be in Microsoft Excel format (page 37) or can it be in a comma-separated values format compatible with MS Excel (like the CSV claims file to be provided to contractors for this RFP)?

Response: The Contractor is required to send the information (such as name, Medicaid ID, date of birth, PCMP, and region) for selected Clients to ACS, the Department's Medicaid fiscal agent, in a Microsoft Excel spreadsheet. See RFP section 5.2.5.1. The Contractor will not send information directly to the Enrollment Broker.

Inquiry #47: RCCO data will be integrated into the SDAC Data Repository. 5.3.2.2.2 (page 400 states that "The Contractor shall work with the RCCOs to establish consistent definitions and data elements for such services." Will RCCOs be required, per their own contracts, to use certain, common software to collect such data or are they required to have these data available as CSV files or another standard format?

Response: Data transmission from RCCOs to the SDAC may differ. How RCCOs will transmit data is not known at this time and is a responsibility of the RCCO and Contractor to establish a process for data transmission. The RCCOs are not required to use any specific or common software to collect data nor are they required to have these

data available as CSV files or another standard format. As stated in RFP Section 5.3.2.2.2, the Contractor shall work with the RCCOs to identify and capture pertinent data, store it in the SDAC Data Repository, and integrate it into analytics activities. The Contractor shall work with the RCCOs to establish a process for data transmission during the SDAC Initial Phase.

Inquiry #48a: The contractors for this RFP will be required to purchase 10 Cognos licenses for accessing the state's current data warehouse. On page 43, 5.3.4.2, the RFP states that the contractor will "Verify the integrity of the data in the SDAC Data Repository by running queries in the SDAC Data Repository and the Department's data warehouse at least once a week following the loading of claims data from the Department to the Contractor." Does that mean that the contractor will be running both sides of the matching query – for the new SDAC and the older Cognos warehouse?

Response: Yes. The contractor will develop standard queries sufficient to compare the Department's data warehouse (source) with the SDAC data repository to ensure that data loads are working correctly. For clarification, Section 5.3.3.1.3 requires the Contractor to purchase up to ten (10) Cognos license to access the Department's data warehouse. Ten users is the maximum amount of users the Department will allow the Contractor to access the Department's data warehouse so there is no significant impact on the performance of the Department's data warehouse.

Inquiry #48b: To what extent will the contractor be required to verify the internal integrity of the Cognos data warehouse before that match?

Response: The Contractor does not verify the internal integrity of the Department's data warehouse. The Contractor verifies the internal integrity of the SDAC Data Warehouse.

Inquiry #49: The RFP calls for training and licenses for 30 departmental staff members for the SDAC Data Repository (page 43). On page 55 (5.5.2), the RFP states, "The Contractor is responsible for making claims data, analytics reports and any other necessary data easily accessible from the Web Portal to the Department staff, RCCOs, PCMPs, the Department's utilization management contractor, the Department's enrollment broker, and other authorized entities as identified and directed by the Department." Does the Department have an estimate of the number of each kind of user who will require access to the web-based portal?

Response: No. The Contractor will need to make reporting available in the SDAC Web Portal that is relative to each user type. In FY 2009-10, the Department's Provider Web Portal had an average of 643 providers, with 735 users who were concurrently logged into the portal per day. On average, there were 73 phone calls to the Provider Web Portal's help desk per week. The Department requires that the Contractor design the SDAC Web Portal to maintaining capacity for at least 1,500 concurrent users. See revision to RFP Section 5.5.5.13 in Modification No. 3.

Inquiry #50: For the de-identified data export functionality on page 55, does the department require minimum cell sizes for cases with certain common data characteristics or is removal of names, ID, and other unique keys sufficient?

Response: De-identified data means that a statistical expert would find there is no reasonable basis to believe the information can be used to identify an individual. The revision to RFP Section 5.5.1.3 in Modification No.3 removed the de-identified export functionality requirement.

Inquiry #51: If one contractor manages more than one RCCO, should reporting for that RCCO be combined across the multiple regions managed by that one contractor, or should the RCCO reports (page 48) be treated as region reports for the 7 regions, regardless of contractor?

Response: The SDAC will be required to provide separate reports for each of the seven (7) RCCO regions, regardless of whether or not a single entity is the contractor for multiple RCCO regions.

Inquiry #52: Where the contractor facilitates the meetings on page 61, what costs (hotel, meals, transportation, etc.) must be covered by the contractor for members other than the contractor?

Response: The SDAC Contractor is not responsible for covering any costs incurred by other ACC Members which attend meetings that it facilitates.

Inquiry #53: For the three kinds of meetings on page 61 (SDAC Operations Advisory Committee, ACC Program Improvement Advisory Counsel, Medical Management Oversight Committee), what is the expected number of meetings each year, length of each meeting, location (central or around the state or virtual), and number of expected members?

Response: The Department has not specified the duration or location of these meetings, but anticipates that the majority of the meetings will be held in Denver. It is not possible at this time to specify the number of members who would be attending the meetings.

Inquiry #54: One page 46, Offerer's Response #6, the RFP states, "Identify instances, if any, where the Offeror believes that data sources not identified in the RFP could be made available, or made available at an earlier time in ACC Program implementation." Are there specific data that the state knows are available or may be available, but were not mentioned in this RFP, that might be considered?

Response: Examples of possible other data sources generated by providers or RCCOs are discussed in RFP Section 5.4.4.2. Another possible data source for integration is the long-term care assessment data that resides in the Department's Benefit Utilization System (BUS).

Inquiry #55: Does the Department have any restrictions on the operating system of the hosted solution (Linux, Unix, Windows)?

Response: No. The Department does not have any restrictions on the operating system that supports the Data Repository.

Inquiry #56: Does the Department have any requirements in terms of browser support for the web-based portal?

Response: Yes. The Department requires that the Contractor ensures that the SDAC Web Portal is functionally accessible from all major browsers, including Internet Explorer, Firefox and Safari. See RFP Section 5.5.2.5 in Modification 3.

Inquiry #57: On page 36, the RFP states that “The Contractor shall develop a methodology for client selection during the Initial Phase, and submit it to the Department for approval.” However, other places in the RFP indicate that the selection will have to take place during the Start-Up Phase (page 33). Please clarify.

Response: Please see Modification No. 3 to RFP Section 5.2.5.5 which changes the timing and Contractor responsibility for client selection. The Department will select all Members for enrollment and replenishment during the Start-Up phase. The SDAC will be responsible for development of a methodology to identify Clients appropriate for replenishing and expanding enrollment by May 1, 2011. The Contractor will be responsible for creating monthly replenishment lists beginning July 1, 2011 to maintain Members at 60,000.

Inquiry #58: On page 7, the RFP states that the contract period will begin February 22, 2011, but on page 35, the timeline indicates that the SDAC contractor will select the initial clients and the Enrollment Broker will mail 8,600 Client notices per RCCO for 3 RCCOs in February. Page 38 indicates that the contractor will by February 28 (6 days after the contract period begins) provide Client selection for the first 3 RCCOs. Is there a 6-day window to complete this work?

Response: See RFP Section 5.2.5.5 in Modification No. 3 and the response to Inquiry #57 above.

Inquiry #59: The Web Portal is expected to be ready for a walkthrough demonstration on March 31, 2011 (page 56, 5.5.4.1.4) but on page 59, the RFP describes an Interim Plan that should be developed by contractors to transmit data and reporting to RCCOs and PCMPs (5.5.8) until the portal and reporting are fully operational. Please confirm the dates to be covered by the Interim Plan and the date at which the RCCOs and PCMPs are expected to be provided access to the fully functioning SDAC Web Portal.

Response: As soon as the Interim Plan is approved (30 days after contract execution), the Department and the Contractor shall work collaboratively to set a practical target date for implementation. The plan is required to be effective until the fully functioning SDAC Web Portal is accessible, on or before December 1, 2011. Also see RFP Section 5.5 in

Modification No. 3, which changes the effective dates for the SDAC Web Portal and reporting available through the SDAC Web Portal.

Inquiry #60: Is there an existing warehouse design available or does there need to be resources tasked with gathering requirements for the warehouse scheme?

Response: There is not an existing warehouse design for the SDAC Data Repository. The Offeror's response is required to describe the Offerors' approach to design, developing and implementing the data warehouse. The Offeror's design and implementation plan will be subject to the approval process added to RFP Section 4.5.5 by Modification No. 3.

Inquiry #61: Are all the data sources for the new warehouse identified in the RFP?

Response: Not all data sources are specifically mentioned in this RFP. It is expected that the SDAC will provide an unprecedented level of analytic value, including the identification of new data sources (i.e. clinical and operational data directly from the RCCOs), to support innovation in healthcare delivery improvement.

Inquiry #62: For each data source, how much existing data is prevalent to the new warehouse? What is the expected data growth for the source data?

Response: The Department does not have the requested information.

Inquiry #63: What is the data size for each member record?

Response: See the Responses to Inquiry #144 below on weekly MMIS data file size. Information on the data size for each member record is not available.

Inquiry #64: What is the expected maximum number of analytics users of the warehouse?

Response: The Department requires the Contractor to provide access to up to thirty Department staff who may run queries in the SDAC Data Repository.

Inquiry #65: Is the availability of the system from 8:00 AM to 5:00 PM MST?

Response: No. The Department expects that the SDAC Data Repository will be available to the Department beyond normal business hours. RFP Section 5.3.3.2.2 and Section 5.3.5.3 in Modification No. 3 clarifies the hours that the SDAC Data Repository must be available.

Inquiry #66: What is defined as a reasonable time for recovery from a disaster?

Response: The Offeror's response should provide information on their disaster recovery plan.

Inquiry #67: What are the connectivity constraints for extraction of data between the source systems and the warehouse?

Response: The Department is not aware of any connectivity contracts. The Department will work with the Contractor to resolve and address any connectivity constraints.

Inquiry #68: What is the process for approval of report format and content?

Response: The Department has not defined an approval process of report format and content. The Offeror will work with the Department to develop an approval process for report format and content that meets RFP Section 4.5. See addition of RFP Section 4.5.4 by Modification No. 3.

Inquiry #69: Is there a requirement for web users to be able to run reports or only access pre-generated reports?

Response: See revisions to RFP Section 5.5.1.3 in Modification No. 3. The Contractor will provide the RCCOs and other providers with the most recently available paid claims, eligibility, enrollment, and provider data (including pharmacy utilization) for their enrolled Clients and Providers. The SDAC is required to supply through the SDAC Web Portal a suite of regular performance and utilization reports, as well as the ability for the RCCOs and other Providers to query data on their Members.

Inquiry #70: Please provide additional technical details around the existing CGI web portal including a description of the technical add-on and the architecture of the environment.

Response: The Department will provide this information to the Contractor. Please note that the provider web portal is being re-solicited in the spring of 2011.

Inquiry #71: Is it expected that the SDAC web portal will use the same technology and architecture as the provider web portal? If so, please provide architecture diagrams and other information on the existing portal including a description of the technology add-on mentioned in the RFP.

Response: It is not expected that the SDAC web portal will use the same technology and architecture as the Provider Web Portal.

Inquiry #72: Section 2.2.3 says that the “Offeror accepts the terms and requirements of this RFP without exception...Any exception, deletion, qualification, contingency, condition or qualification by the Offeror may be cause for a proposal to be rejected.” Section 6.2.3.3 says that the Offeror must provide a “Positive statement of the Offeror’s willingness to comply with all requirements described in the RFP, general concept requirements and other terms and conditions specified in this RFP.” These sections suggest that the Department will not accept terms exceptions and may reject an Offeror’s proposal containing terms exceptions. However, section 6.2.3.4 says that the “Offeror affirms its willingness to enter into a contract substantially similar to the terms to the

Draft Contract, published with this RFP as Attachment D, and indicates the location in the proposal of any requested modifications to Attachment D.” This suggestion seems to unconditionally allow an Offeror to provide terms changes. Please clarify that we can provide terms exceptions without having the proposal rejected.

Response: Offerors may submit requests for revisions to the terms of the draft contract only. Any exception, deletion, qualification, contingency or condition to the requirements of the remainder of the RFP may be cause for a proposal to be rejected.

Inquiry #73: The RFP title is Statewide Data and Analytics Services but the RFP repeatedly talks about the Statewide Data and Analytics Contractor (SDAC). Should respondents refer to the SDAS or the SDAC?

Response: The statewide data and analytics services will be provided by the statewide data and analytics contractor (SDAC). Offerors should use the acronym “SDAC” when referring to the entity whose services are solicited through this RFP.

Inquiry #74: [RFP Sections 1.0, 3.4, 3.4.1, and 5.2.4] A truly robust HIE functionality includes connecting the medical home to the SDAC rules engine. This is critical to ensuring patient alerts for the PCMP and member’s benefit at the point of care. Is this functionality available within the RCCOs? What percent of PCMP offices have an EHR? Do these EHRs have the ability to provide the PCMP with alerts at the point of care? If EHRs and some HIE infrastructure is not already in place, how does the Department expect to streamline communication between best practice initiatives down to the provider level, especially given the short timeframes? Would the Department consider focusing the initial enrollment on members affiliated with a PCMP where this infrastructure is in place?

Response: The Department has not finalized its selection of RCCOs, and so does not know whether this functionality exists for the RCCOs (or which PCMPs will be affiliated to those RCCOs) that will be selected. CORHIO has as a goal that 85% of primary care practices be meaningful users of EHRs by 2015. However, the Department does not know if ‘meaningful use’ will be defined to include the functionality or infrastructure described in the question. Client enrollment will not be tied to PCMP adoption of technology having this functionality or infrastructure. Please also see the response to Inquiry #18. The Department believes that the web portal required in this solicitation will be meaningful in terms of providing a point of communication to the PCMPs.

Inquiry #75: [RFP Section 2.9.4] October 21, 2010, is the date for Publication of the Department’s answers to written inquiries. It is quite late to only then be able to request a confidentiality agreement which must then be executed before receiving the claims data. Will the Department allow more time for claims analysis by extending the RFP due date or another accommodation? If no extension is allowed, what is the expectation of the Department providing the claims data in late October with a proposal due date of November 12th?

Response: The Department revised the requirement regarding requests for a confidentiality agreement in Modification No. 1. Modification No. 1 also extended the date and time by which proposals must be submitted to November 30, 2010 at 3:00 pm MT. The purpose of the limited data set is to provide information to Offerors on Colorado Medicaid, its claims and eligibility groups, and the costs associated with them.

Inquiry #76: [RFP Section 2.10] Can one entity act as a subcontractor on proposals submitted by different prime offerors for both RCCO and SDAC? In other words, if an entity participated as a subcontractor on the RCCO proposal, can an affiliate participate as a subcontractor to a different prime offeror that submits a proposal as the SDAC? If an entity submitted a proposal as the RCCO, can an affiliate participate as a subcontractor to a different prime offeror that submits a proposal as the SDAC?

Response: An organization will be permitted to provide subcontracted services to both a RCCO and SDAC as long there is not a conflict of interest or the appearance of a conflict of interest. The Offerors are required to disclose any actual or potential conflicts of interest along with a mitigation plan. However, an entity, or its affiliate, that submits a proposal as a RCCO will not be permitted to contract directly with the SDAC Contractor; this will be considered a conflict of interest.

Inquiry #77: [RFP Sections 3.4.1, 3.4.1.1, and 5.1.2] What is the estimated number of PCMPs within each of the seven regional networks for each phase of the project?

Response: The Department cannot provide an estimate of the number of PCMPs within each of the seven RCCO regional networks, for either the Initial or the Expansion Phases of the Program.

Inquiry #78: [RFP Sections 3.4.1.2, 3.4.1.3, and 5.6.3] Please clarify the Contractor's responsibilities as it relates to the PCMP versus the RCCOs' responsibilities to the PCMP

Response: Please see the response to Inquiry #34, above. PCMPs are a subset of the providers referenced in that response.

Inquiry #79: [RFP Sections 3.4.1.2 and 5.2.4.3] Who is responsible for assigning members to PCMPs? If the Contractor and RCCO share responsibility, please explain how they will coordinate this activity.

Response: The SDAC will be responsible for linking Members to their PCMP when a prior history and relationship exists. That assignment will be fed to the MMIS by the SDAC. The RCCO is responsible for contacting those Members without an assigned PCMP within 30 days of enrollment to provide assistance in the selection of a PCMP. However, the Member must contact the Enrollment Broker contractor directly to make a selection and any changes to their PCMP selection.

Inquiry #80: [RFP Sections 4.4.2.1 and 5.4.4] Please describe the Department's vision for the base staff versus the consulting pool staff so that bidders can be sure to price and allocate appropriate staff based on the Department's vision. For example, can business

intelligence and data base administration hours related to custom ad hoc reporting be included in the consulting pool hours?

Response: All functions described in RFP Section 5, Statement of Work, are to be provided under fixed price bid by the Contractor, with the exception of the ad hoc hours described in RFP Section 5.4.4. The RFP is flexible to accommodate a variety of possible vendor approaches. The Department has asked the Contractor to describe its approach in its proposal. Whatever approach or deliverables are described under the Contractor's proposal must be provided under the fixed price. The Department requires Contractor to provide an Analytics Suite and provides general guidance as to what is it requiring within RFP Section 5.4.3. The Department then requests that the Contractor describe in more detail in the Offeror's Response to section 5.4 those deliverables it is committing to provide under fixed price as the analytics suite which will be considered in the evaluation process. Reports not included in the Offeror's response would be able to be requested by the Department through the ad hoc process.

Business intelligence and database administration hours related to custom ad hoc reporting can be included in the consulting pool hours; however, this reporting in its fixed price proposal. Any use of the consulting pool hours is subject to process described in RFP Section 5.4.4.3. Making the proposal contingent on Department approval of any particular ad hoc project may result in the disqualification of the proposal.

Inquiry #81: [RFP Sections 4.4.2.3 and 5.5.6.1] To ensure all vendors propose adequate staff to support this requirement and performance standards, please provide the projected call volume and/or number of users associated with this requirement.

Response: Call volume and number of users is not available. The expected call wait times and abandonment rates are based on fifteen calls per hour.

Inquiry #82: [RFP Section 4.7.1.7] May sample reports be provided outside of the 200 page limit?

Response: No. Sample reports are included in the page limitation for the technical proposal.

Inquiry #83: [RFP Section 5.6.1] What is the frequency of the three advisory committee meetings? Are these committees currently in place? If not, when will these meetings begin?

Response: See the responses to Inquiries # 33, 35 and 53 above. The advisory committees are not currently in place. The Department expects that the advisory committees will commence operations during the early part of the Initial Phase of the Program.

Inquiry #84: [RFP Section 5.6.3] There are best practices that may require an initial investment by the RCCOs that a potential contractor would be inclined to suggest. Are

there additional funds available within the RCCOs or from the State after contract start if these best practices will produce cost savings? Have allowances been made for the cost of implementing best practice interventions since details on what will be identified, implemented, and disseminated are, of course, unknown until after the contract start date?

Response: It is not expected that the State will have additional funds to operate the ACC Program. Any additional funding would require state budget action. The Department believes that funding for the SDAC and the RCCOs is robust, and should provide adequate compensation for adopting best practices.

Inquiry #85: As a longtime bidder on state government RFPs, it has been our experience most states ask for one reference contact for each project. The requirement to provide contact information for four individuals may be onerous, especially for some veteran vendors who had contracts years ago that are no longer active, and for which it may be difficult to confirm current contact information for four individuals, keeping in mind that personnel may have changed jobs. Would the State consider requiring only one or perhaps two contacts for each project? Taking into consideration that many bidders may have an extensive number of clients, would the Department consider limiting the requirement for providing client references to those programs active within the last five years?

Response: See revisions to the Offeror's Response Item 5 after RFP Section 4 in Modification No. 3. Item 5.e is deleted, eliminating the requirement for three other key individuals willing to provide a reference.

Inquiry #86: [RFP Sections 5.1 and 5.4.2.2] Are the performance targets during the initial period limited to the three measurements (emergency room visits per 1,000 FTEs; Hospital Re-admissions per 1,000 FTEs; Outpatient Service Utilization per 1,000 FTEs; MRI, CT scans, and X-ray tests per 1,000 FTEs, MRI, CT scans, and X-ray tests per 1,000 FTEs)?

Response: During the Initial Phase for the purpose of piloting the incentive program, the performance targets will be limited to the three specified measurements. However, for the Expansion Phase, the Department expects a broad and robust set of outcome measures.

Inquiry #87: [RFP Section 5.1.2] Based on the timeframe of just over 15 months to establish a data warehouse; connect a standard reporting functionality; identify and enroll members; identify and target areas for best practices; disseminate best practices; and demonstrate a cost savings, would the State consider extending the timeline for identifying interventions within the RCCOs and PCMPs to ensure cost savings?

Response: No. The Department believes that identifying best practices in interventions is an early step that must occur prior to disseminating those interventions and achieving cost savings from those interventions.

Inquiry #88: In Section 5.1.2, the RFP indicates that from the contract begin date which potentially is February 22, 2011 to March 31, 2011, the Department expects that a complete data warehouse be established and three years of claims data must be loaded. This is an incredibly tight timeframe to establish a data warehouse and load three years of data. In Section 5.3, the SDAC data repository is loaded with claims data during the initial phase. Would the Department please clarify its expectations? In order to provide sufficient time for loading and approving data load, would the State consider extending the time to procure the hardware and software, configure the hardware and software, configure the database structure, ensure appropriate time to load, validate the data, and go through approval periods for the State?

Response: See revisions in Modification No. 3 to RFP Sections 5.1.2 and 5.7.3 which change the timing of deliverables. The Department recognizes the condensed timelines for both the RCCO and SDAC contractors to accomplish a number of required tasks during the Start-up and Initial Phases of the ACC Program. Modification No. 3 also revises the Start-Up and Initial Phase time periods.

Inquiry #89: [RFP Section 5.2.4.4] How will we be aware of PCMP preferences?

Response: See the response to Inquiry #18 above.

Inquiry #90: [RFP Section 5.2.5] What is the expected timeframe for these steps to occur and the notice file to be sent to the enrollment broker? How quickly will the enrollment broker be required to generate and mail the passive enrollment letters to Clients? What is the required timeframe for the clients to make a decision after “passive enrollment?”

Response: See revisions to RFP Section 5.2.5 in Modification No. 3. The Department will select all Members for enrollment and replenishment during the Start-Up Phase. The passive enrollment process requires that the Clients selected for enrollment into the ACC Program be notified at least 30 days in advance of their “effective” date, which for Members selected for regions 1, 2 and 4 is March 1, 2011. Members selected for regions 3, 5, 6 & 7 must be notified of their selection for enrollment into the ACC Program by May 1, 2011. The Contractor shall be responsible for creating monthly replenishment lists beginning July 1, 2011 to maintain Members at 60,000.

The Enrollment Broker must have sufficient time during the months of February, 2011 and April, 2011, to receive and process the enrollment lists and mail the notification packets out to the Members. The Department is working with the Enrollment Broker to prepare for the new ACC Program enrollments and ensure that these timelines are met.

Medicaid Clients passively enrolled into the ACC Program have an initial 30-day opt-out period in which to decline their ACC Program enrollment and make another program coverage choice. Members may not opt out of the ACC Program other than during their initial opt out period during annual open enrollment, or for “good cause”. Note that Members who remain in the ACC Program as described above may choose to switch their PCMP provider but no more frequently than once a month.

Inquiry #91: [RFP Section 5.3] If available, please provide the specified “other data” requirements that must be captured and submitted by the RCCOs and retained by the SDAC Data Repository.

Response: The data captured by the RCCOs that the Contractor is to load in to the Data Repository is described in Section 5.3.2.2 of the RFP. Additional information is not available at this time.

Inquiry #92: How will the Contractor learn about availability of data collected through electronic health records? What type of data does the Department envision that the Contractor will capture that indicates whether or not providers are adhering to the Meaningful Use requirements for electronic health records, as described in proposed federal rules? What is the source? Please confirm whether vendor proposals should include a solution to document, track, and attest RCCO provider usage including the ‘meaningful use’ of electronic health records and calculation of incentive payment amounts.

Response: The fourth paragraph of RFP Section 5.3.2.3.2 was removed in Modification No. 3 of this RFP. This removes the requirement for capturing data concerning meaningful use of electronic health records.

Inquiry #93: [RFP Section 5.3.2.4] If a bidder has recommendations or value-added solutions, should this be included in the proposal response? If so, can these be included as an appendix but outside of the 200-page limit?

Response: Offerors are expected to provide the best terms in its initial proposal. Recommendations or value-added solutions should be considered for inclusion in the proposal to obtain the most favorable evaluation. The information may be included as an appendix to the proposal; however, it will not be exempted from the 200-page limit for the technical proposal. All appendices, exhibits or attachments, unless explicitly excluded from the page limitation in the RFP, will be counted against the 200-page limit. Failure to meet the requirements of the RFP may result in the rejection of the Offeror’s proposal.

Inquiry #94: [RFP Sections 5.3.3 and 5.5.1.1] Please confirm that it is the State’s intent for the SDAC Web Portal to be accessed via the existing public-facing provider Web portal. Please confirm that the SDAC Web Portal is not public facing, but considered an intranet application.

Response: Section 5.3.3 of the RFP describes the Contractor’s access the Department’s data warehouse and the Department’s access to the SDAC Data Repository. Section 5.5.1.1 describes a desire to establish functionality so that once the user has logged on and been authenticated in the Department’s Provider Web Portal, the user may choose to be directed to the SDAC Web Portal without the need for an additional logon and password. There is no association between these two sections.

The RFP requires that the SDAC Web Portal will be eventually accessed via the existing public-facing Provider Web portal. It not required that the Contractor establish that functionality by a specific date. It is not a requirement that the SDAC Web Portal be only accessible via the Provider Web Portal. Since establishing access through the Provider Web Portal is expected to take a significant amount of effort and time, the SDAC Web Portal will need to be accesses directly by users through the Web. The SDAC Web Portal may be accessed by the general public through the Web, but users will be required to sign-on to gain user specific reports.

Inquiry #95: [RFP Section 5.3.7.7] May the Work Plan be outside of the 200 page limit?

Response: No. The Work Plan is included in the 200-page limit for the technical proposal.

Inquiry #96: [RFP Section 5.4.3.3] Please clarify the three core components envisioned by the Department.

Response: The three core components are as described in RFP Sections 5.4.3.3.1, 5.4.3.3.2, and 5.4.3.3.3. Previous RFP Section 5.4.3.3.4 which provides additional information about the Department's expectations concerning the three core components is revised and renumbered to Section 5.4.3.4 in Modification No. 3.

Inquiry #97: [RFP Section 5.5.4.1.5] Please confirm that this bullet is meant to be empty and therefore requires no response.

Response: See the response to Inquiry #39 above.

Inquiry #98: [RFP Section 5.5.5.7] Define "reasonable prior notice" for availability of operations personnel after normal hours?

Response: RFP Section 5.5.5.7 has been revised by Modification No. 3 to specify the time by which notice will be given.

Inquiry #99: [RFP Section 6.1.4.1] The W-9 form is in Attachment K. Should the RFP text instead read: "... and W-9 (see Attachment K)?"

Response: See revision to RFP Section 6.1.4.1 in Modification No. 3 which corrects the reference.

Inquiry #100: [RFP Section 6.1.4.4] Would it be permissible to number consecutively within each tabbed section instead of from start to finish, and then bidders could provide a specific table of contents that showed the tabbed section numbering as well as a running total confirming responses are within the page limit?

Response: No.

Inquiry #101: [RFP Section 6.1.6.1] May respondents use 11x17 paper (as a “fold-out”) for work plans or for large graphics such as organizational charts? And if allowed, is this counted as one page based on the page limitations?

Response: 11x17 paper as a fold-out will be allowed for work plans and organization charts. If one-sided, each 11 x 17 will count as one page.

Inquiry #102: [RFP Section 6.1.6.2] May respondents use a font smaller than 12pt for graphics? For tables? For references at the beginning of a response section as to which RFP section it is addressing?

Response: A smaller font may be used for graphics and references at the beginning of a response section. Tables must be in 12 point font.

Inquiry #103: [RFP Section 6.2.3.8] Pool hours could be filled by a mixture of internal and external consultants and are an unknown given the project scope of work which will develop as the program matures. Pool hours already constitute 30 percent of the \$3 million which is the maximum price for the initial period. Does the 50 percent requirement include or exclude the pooled consulting hours? Please confirm how the Department will calculate the 50 percent requirement with the mix of pool hours as an unknown.

Response: Ad hoc consulting hours are excluded from the requirement that no more than 50% of the work may be subcontracted. See revision to RFP Section 4.3.

Inquiry #104: [RFP Section 6.4.3] Should the reference be to Section 6.5, Price Proposal Requirements—No Page Limitation, and not to Section 6.4?

Response: Yes. The cross reference in RFP Section 6.4.3 will be revised to Section 6.5 in Modification No. 3.

Inquiry #105: [RFP Section 6.5.3] In view of the fact that some vendors’ financial statements are quite voluminous, could this requirement be met by submitting the financial statement electronically (on a CD), providing the website where these financial statements can be found, or both?

Response: No, financial statements must be submitted in hard copy.

Inquiry #106: [RFP Section 7.2] Please indicate how the cost proposal points will be awarded. Will the bidder with the lowest Fixed Price receive all 110 points and other bidders receive proportionate points based on their relative total prices?

Response: Please refer to RFP Section 7.1, Evaluation Process, for a description of the evaluation. Scores assigned by evaluators are from 0 to 5, with 5 being the highest. The scores are multiplied by the weight listed for the criterion.

Inquiry #107: For the 40 Budget Points, what are the criteria for awarding these points based on the information provided in Appendix L? (i.e., is it based on total cost, are certain budgetary categories weighted more heavily, or is the narrative scored and if so, what is the basis, etc.?)

Response: The costs reported in the budget and the narrative will be considered in assigning scores. See response to Inquiry # 106 above regarding the use of the weight.

Inquiry #108: Is there an anticipated date for submission of requests for confidentiality? Will the proposer receive a response from the Contracts and Purchasing Section prior to the proposal submission date in order to modify our proposal based on the State's response? Can the Department offer any additional guidance regarding an anticipated time for the response to be received, such as anything the Department would like the proposer to do to facilitate the process?

Response: Please see Appendix A, Administrative Information Document, Paragraph G, Confidential/Proprietary Information. There is not a date for submission of requests for confidentiality. A response to requests is provided as soon as possible after receipt, generally within 1-2 days. It is expected that a request will comply with the terms of Appendix A, Paragraph G and will explain the rationale for the request for confidentiality and why the materials would be considered confidential, proprietary or trade secrets under the Colorado Open Records Act.

Inquiry #109: Will the Department consider revising to provide for indemnification by the Contractor in the event of negligence or willful misconduct?

Response: An Offeror may request revisions to the terms of the draft contract.

Inquiry #110: Please confirm that these budgetary categories should only include personnel costs and administrative/operating overhead costs, data warehouse and standard reporting solution, subcontracting costs, etc. for the fixed price portion and pool hour costs exclusive only of deliverable specific costs.

Response: Appendix L, Budget, and the instructions to Offerors in RFP Section 6.5.2 are substantially revised by Modification No. 3 to simplify the template and to reflect each fiscal year separately. Appendix L, Budget, is to be used by the Offeror to detail the costs for all of the base services, including any subcontracts. Ad hoc pool hour costs should not be included in the budget. Appendix J, Price Proposal Sheet, is to be used by the Offeror to propose the price for the base services and the hourly price for pool hours to arrive at a Total Price for each SFY listed.

Inquiry #111: Please confirm that the “Initial Phase” on the Appendix L Budget Template should include costs for both the Start-Up phase and the Initial Phase.

Response: Appendix L, Budget, is revised by Modification 3. There will be a separate budget for each State Fiscal Year. SFY 2010-11 includes both the SDAC Start-up Phase and a portion of the SDAC Initial Phase.

Inquiry #112: Please confirm that the annual “Expansion Phase” costs on the Appendix L Budget Template should reflect the average annual amounts for the base term plus all extension years.

Response: Appendix L, Budget, is revised by Modification No. 3. There will be a separate budget for each State Fiscal Year. The budget for SFY 2012-13 reflects the base year of the ACC Expansion Phase, while the budgets for SFY 2013-14 and SFY 2014-15 reflect the potential two additional one-year contract extensions as described in the RFP.

Inquiry #113: Please confirm that the budget should also include the costs for consulting, ad hoc analytics, and reporting for pool hour projects assuming the total maximum amount of pool hours per year.

Response: No. The costs for the pool hour projects should not be included in the budget.

Inquiry #114: The SDAC RFP offers the Department a unique opportunity to affect change over healthcare administration and provider behavior as well as a potential national ACO model. As there are numerous areas (budget, scope of work, timelines, risk) affecting the importance of program budget neutrality and savings, will the Department provide a 30-day extension to allow vendors enough time to respond?

Response: Please see Modification No. 1 which extended the date and time for submission of proposals to November 30, 2010 at 3:00 pm MT. The new due date and time are reflected in the revised documents in Modification No. 3.

Inquiry #115: Why is the Department establishing a separate SDAC data repository when the Department has a data warehouse?

Response: The Department does not expect that the SDAC data repository will duplicate the Department’s data warehouse. The Contractor may not need to utilize all the information available in the weekly MMIS data file. In addition, the existing data warehouse is not robustly sized or designed to handle information from other sources, such as the RCCOs and clinical patient information. Further, the Department desires that the SDAC Web Portal contain an application that allows users to search and query the SDAC Data Repository (see RFP Section 5.5.1.3) and the Department’s data warehouse was not designed for that functionality.

Inquiry #116: Does the SDAC contractor need to allow Cognos capability to any users on the SDAC data repository? How many potential users? Please confirm the number of individual users who will access the data repository and conduct queries so all bidders can appropriately size and license to accommodate the requirement.

Response: There is not a requirement that the SDAC Data Repository use Cognos as the business intelligence information retrieval and reporting tool. In RFP Section 5.3.3.2, the Department requires the Contractor to provide access to up to 30 Department staff who may run queries in the SDAC Data Repository.

Inquiry #117: Will respondents be allowed to ask clarifying questions to the answers that the Department releases?

Response: No.

Inquiry #118: The limited data set that the department is providing, is that selected by member and all claims associated with member, or are the dataset selection claims driven?

Response: Neither. The limited data sets include all clients eligible during the Fiscal Year and all of the claims with service dates in the Fiscal Year (with limited run out) for each of Fiscal Years 2007, 2008, and 2009. The purpose of the limited data set is to provide to Offerors a representative sample of Colorado Medicaid data, its claims and eligibility groups. It is not meant to exactly correspond to the final format and specification of the data file which will populate the SDAC Data Repository.

Inquiry #119: Will the limited data set include behavioral health data?

Response: Encounters submitted by the BHOs during the three fiscal years in the limited data set are included, but not guaranteed to be reliable. Incorporating BHO encounter data into the MMIS is ongoing. Encounters submitted as of January 2009 are more accurate.

Inquiry #120: Is the NDC number captured on pharmacy claims or just drug type?

Response: The National Drug Code (NDC) is included with the MMIS claims data feed for the SDAC Data Repository. See the Pharmacy Claims specifications grid in Appendix C of the RFP. However, the sample limited data set provided to Offerors who express intent to propose does not include this level of detail for pharmacy claims.

Inquiry #121: Will the OIT share source Internet Protocol (IP) addresses of their scanning devices for white listing?

Response: Yes, OIT will share source Protocol (IP) addresses of their scanning devices for white listing.

Inquiry #122: How much time does the enrollment broker need to mail out the 8,600 client notices?

Response: Refer to the Response to Inquiry # 90 above.

Inquiry #123: During the start up phase the department will provide a flat file of two years of claims data for all Medicaid clients for the purpose of creating the list of clients appropriate for membership. The contractor shall use the flat file to identify the populations. Did this mean to state two years of client eligibility data and not claims data?

Response: Modification No. 3 revises the requirement in RFP Section 5.2.5 regarding the creation of the initial list of Clients. The SDAC will not be required to select Clients for enrollment during the Start-Up Phase. Both client eligibility and claims data are required for client selection. The flat file will include three years of client eligibility and claims data.

Inquiry #124: [RFP Section 5.3.2.1.1] When does the data need to be available? Is the SLA 1 day, 2 days, etc.?

Response: In Modification No. 3, the Department specified an August 1, 2011 date by which the data repository must be available for walk-through testing. Upon implementation of the data repository, weekly data loads need to be available for use within three business days from receipt of the data. See RFP Section 5.3.5.6.

Inquiry #125: What VPN technology is required?

Response: Cisco VPN Client is used for VPN connectivity.

Inquiry #126: Will a representative from Colorado be able to participate in the Disaster Recovery testing?

Response: The Department does not expect that a representative from the Department or OIT will participate in disaster recovery testing.

Inquiry #127: Are there specific requirements for how the credentials will be passed through from the web portal?

Response: No, there are not specific requirements for how the credentials will be passed through from the web portal at this time.

Inquiry #128: Is there a specific set/category of 'other authorized users' requiring user specific dashboards, or is that in anticipation of possible additional users to be defined?

Response: No, there is not a specific set/category of 'other authorized users' requiring user specific dashboards at this time.

Inquiry #129: If there are known users beyond those specified can they be enumerated?

Response: No, specific known users beyond those specified cannot be enumerated at this time.

Inquiry #130: What is the primary browser for Colorado staff, affiliates and stakeholders?

Response: The Department utilizes Internet Explorer 7. The Department requires that the Contractor ensures that the SDAC Web Portal is functional / accessible from all major browsers (including Internet Explorer, Firefox and Safari). RFP Section 5.5.2 is revised to include this requirement.

Inquiry #131: Has year 2 been funded? If not, are there legislative triggers that must be met before funding will be approved and what are they?

Response: No, funds have not been appropriated for State Fiscal Years 2011-12 or 2012-13. The Colorado Generally Assembly appropriates state funds on an annual basis. The Governor usually signs the annual appropriation bill into law in April or May prior to the fiscal year start of July 1. Other than the annual appropriations bill, there are no legislative triggers that must be met before funding will be approved for the SDAC Contractor.

Inquiry #132: Will the SDAC receive MH and SA data for their analytic purposes even though RCCOs are not at risk for MH.

Response: Yes, to the extent that this data is available in the Medicaid claims set. See the response to Inquiry # 7 above. Also, although the RCCOs are not at capitation or insurance risk for mental health, it is possible that one or more of the utilization measures described in RFP Section 5.4.2.2.3 could be based on an RCCO's ability to effectively coordinate and manage co morbidities cooperatively with the MH and SA systems.

Inquiry #133: The discharge status is not in Appendix C. Will this be made available?

Response: Yes. Discharge status will be available in the MMIS data file.

Inquiry #134: Reference: Section 2.5.1: The start-up phase is Feb 22, 2011 to March 31, 2011. The scope of work that needs to be accomplished in the period of one month, including a significant amount of data transfer from the state, is exceptionally aggressive. Is the state willing to expand the start-up phase and if so, by how long?

Response: Timelines for the Phases have been revised. See revisions to RFP Sections 5.2.1 and 5.7.3 in Modification No. 3.

Inquiry #135: Reference: Section 4.3: “Subcontracted work shall not collectively exceed 50% of the contract.” Does this include ad-hoc analyses and consulting? Since ad-hoc analyses and consulting accounts for 30% of the total budget the inclusion/exclusion of this component will greatly affect the contract allocation.

Response: Refer to the responses to Inquiries # 103 above.

Inquiry #136: Reference: Section 4.7.1.6: Please confirm that the requirement to transfer (in the event of termination and turnover) any third-party software purchased under the contract would only apply to software such as the required purchase of Cognos license referenced in 5.3.3.1.3, and not to any third-party software associated with the offeror's solution. Does this requirement preclude the use of a third party application that does not permit the transfer of title, leasing or license rights?

Response: See Modification No. 3 of this RFP to RFP Section 4.7.6, which replaces RFP Section 4.7.1.6. Any software which is licensed to the Department or owned by the Department under the terms of the Contract will be transferred to a new contractor or the Department. See also the response to Inquiry # 173 below.

Inquiry #137: Reference: Section 5.2.2: Will the enrollment in the ACC Program be on an "opt-out" voluntary basis throughout all phases of this initiative, or only during the Initial Phase? For those that “opt-out”, are they permanently out or will they be enrolled again during the Expansion Phase?

Response: Clients selected for enrollment into the ACC Program who “opt-out” of coverage will be allowed to voluntarily re-enroll. However, during the Initial Phase, this voluntary re-enrollment will be limited by a region’s enrollment cap. The Department has not decided whether clients who opt out a first time would be subject to another Passive Enrollment process.

Inquiry #138: Reference: Section 5.3.3.1.3: Are the quoted Remote Access fees quoted on a monthly or annual basis?

Response: The fees for Remote Access are a one-time cost. Remote Access fees quoted are not recurring annual or monthly cost.

Inquiry #139: Reference: Section 5.3.7.3: This section states that the back-up site does not need to be located within Colorado. Are there any requirements on the location of the data repository?

Response: No. The Department has not specified a location requirement of the SDAC Data Repository.

Inquiry #140: Reference: Section 5.4.4, “Staff who are performing the base services may not be utilized for the pool hour projects or ad hoc reports without the advance, written approval of the Department.” How will the department define “Staff who are performing base services”?

Response: The Department defines “base services” as all work under this RFP that is not ad hoc pool hours. Staff who are performing base services are those staff that are utilized by the contractor to accomplish that work.

Inquiry #141: Reference: Section 5.4.4, “Staff who are performing the base services may not be utilized for the pool hour projects or ad hoc reports without the advance, written approval of the Department.” What is the Department’s objective in this requirement? Under what circumstances would the Department approve the use of base staff for ad-hoc consulting?

Response: See the response to Inquiries # 19a above.

Inquiry #142: Reference: Section 5.5.6: This section mentions "real-time online assistance". Please clarify the description of this phrase.

Response: The Department requires that the Contractor have an online interactive chat available for users (see RFP Section 5.5.6.1.3). Offerors may propose other real-time online assistance tools in their response to the RFP.

Inquiry #143: Reference: Section 5.7.3, which details the compensation based on deliverables. Based on the text, we have calculated the following dollar amounts (based on the maximum budget amount) which would be associated with each line item (by fiscal year):

SFY 2010 – 2011

Initial Client Selection: \$120,000
SDAC Data Repository, with loaded data and disaster plan: \$120,000
SDAC Web Portal: \$120,000
Consulting/Ad Hoc: \$150,000
Net Monthly Payments: \$240,000

SYF 2011 – 2012

Provide Users with Web Portal Access: \$315,000
Submit preliminary ACC Program cost savings calculation and report for SFY 2011 - 2012 by June 15, 2012: \$210,000
Consulting/Ad Hoc: \$900,000
Net Monthly Payments: \$ 1,575,000

SFY 2012 – 2013

Submit a plan for integrating additional data elements: \$210,000
Submit final ACC program cost savings calculation report by November 30, 2012: \$210,000
Consulting/Ad Hoc: \$900,000
Net Monthly Payments: \$1,680,000

Could you please confirm that this is accurate? For the remaining budget (not associated with the accomplishment of certain tasks or earmarked for consulting) could you please confirm that this amount will be disbursed evenly throughout the contract months during the fiscal year?

Response: Prior to Modification No. 3 of this RFP, the list accurately described the possible payment amounts, assuming that the price proposed is the maximum budgeted amount. Please note that the “Net Monthly Payments” amount would be divided by the number of months in the fiscal year. For full fiscal years, it would be divided by 12. For partial years, it would be divided by the months for which services are provided under the contract. Contractor payments not tied to the deliverables will be paid on a monthly basis. Please see the revised RFP Section 5.7.3 in Modification No. 3 for changes to the fixed price deliverables.

Inquiry #144: Could you provide more details about the number of claims and expected file size that will be transmitted to the data repository from the MMIS?

Response: The weekly MMIS data file size is approximately 5.7 GBs. This includes 2.9 GBs in claims and related data. The remaining gigabits are for eligibility, provider and other data in the MMIS data file. In the Department’s current data warehouse, a year’s worth of data is approximately 145 GBs and has the following number of claims:

| | |
|-----------------------|------------|
| FY2007-08 (12 months) | 21,739,800 |
| FY2008-09 (12 months) | 31,239,000 |
| FY2009-10 (12 months) | 27,410,100 |

Inquiry #145: In the RFP it is stated that dual eligibles and clients who are in either residential or institutional settings are excluded from the Initial Phase. However it is mentioned in the responses to questions to the RFP for RCCO’s dated September 29, 2010 that an individual previously enrolled with the ACC who enters an institution may continue to receive case management from the RCCO. Is it expected in either the Initial or the Expansion phases that assessments for institutional care will be a part of the data repository. In addition, for those members who are non-duals, but are receiving either home care or a range of home and community based services it is expected that the repository will include the assessments for these services. If so who will provide these to the SDAC?

Response: At this time, there is not a requirement that long-term care assessments will be brought into the repository. If the assessments will be added in the future, the project would be added through the ad hoc project process. Any requirements for how the assessments would be provided to the SDAC would be determined at that time.

Inquiry #146: For the \$900,000 per year that has been set aside for consulting, ad hoc analytics and reporting---are these funds fungible so that they could be used in any other areas of the project if these set aside funds were not depleted?

Response: The Department will have the discretion to request a broad range of projects related to the scope of work defined in the RFP to utilize the ad hoc consulting pool hours. However, the amount set aside for ad hoc consulting pool hours cannot be paid for the base services. The fixed price for base services will be the compensation for the base services work.

Inquiry #147: Could the state agency provide more information about the use of the BRFSS data in the SDAC Data Repository. Specifically are there any linkages from this data to specific recipients and if so how are these linkages made?

Response: During the expansion phase of the ACC program, the SDAC is required to integrate clinical and other data to measure the RCCOs performance in myriad and relevant ways. The Behavioral Risk Factor Surveillance System (BRFSS) is a confidential health-related telephone survey conducted in all fifty (50) states where the respondents remain anonymous. The BRFSS survey cannot be linked to individual Medicaid clients in the ACC program. BRFSS was mentioned in the RFP as one of several external data sources available to be integrated into the SDAC data repository for analysis to enhance ACC health initiatives and innovation.

Inquiry #148: Paragraph 2.6.1 states that funds are available only for 2010-2011. Paragraph 2.6.3 indicates funds are available for FYE 2011-2015. Please clarify.

Response: Funds are currently available only for SFY 2010-11. Funding for all future SFY is contingent upon funds for that purposed being appropriated, budgeted and otherwise made available. RFP Section 2.6.3 is revised by Modification No. 3 to show that the amounts stated are expected to be made available in the amounts indicated.

Inquiry #149: Could you please confirm or estimate the number of members/clients by year you anticipate being tracked in the SDAC data warehouse?

Response:
ACC Clients

Initial Phase: 4/1/2011 through 6/30/2010 – 60,000 Members

Expansion Phase: 7/1/2012 and beyond – remaining Medicaid Population (if pilot successful)

Colorado Medicaid Caseload Estimates (note, not all are eligible for ACC participation)

State Fiscal Year 2011 (July 2010 – June 2011) – 537,383

State Fiscal Year 2012 (July 2011 – June 2012) – 556,968

Please note that for the purposes of peer comparison, benchmarking, and member enrollment, the Contractor will need to analyze claims data for Medicaid eligibles who are not currently enrolled in the ACC program. Also, note that enrollment in the ACC

program is voluntary, and the Department does not expect the entirety of the eligible population to participate.

Inquiry #150: Section 3.3.4 states that the SDAC should be prepared to accept ICD-9, ICD-10-CM, and ICD-10-PCS data formats but the department's transition plan to ICD-10 is still being developed. Should the SDAC assume that the data warehouse and analytics will use ICD-9 codes until 2012 and then adopt ICD-10 data when it becomes available?

Response: The Contractor will need to have capability to accept ICD-10 codes for all claims with dates of service on or after October 1, 2013. ICD-9 will be used for claims with dates of service through September 30, 2013. The Contractor must be able to store, query, analyze, trend, transmit, etc. the increased field size for both ICD-10 diagnoses and ICD-10 PCS (inpatient procedures) on October 1, 2013, and for the ICD-9 code and format as well. Because of the submission, adjustment, and settlement periods, the Department is expecting to maintain dual coding methodologies for about six (6) years after October 1, 2013. See revision to RFP Section 5.3.2.1.3 in Modification No. 3.

Inquiry #151: Paragraph 5.2 and 5.2.4 state that the contractor is responsible for "developing a methodology" for selecting members/clients while Paragraph 5.2.4 states that the contractor is responsible for "selecting" the members/clients. Other sections of the SOW use similar terms. We believe the development of the methodology should be the responsibility of the contractor but that the actual selection should be the responsibility of the State and not the contractor. Could you please clarify?

Response: Modification No. 3 revises RFP Section 5.2.4 to assign the responsibility for Client selection prior to the SDAC Initial Phase to the Department. The Contractor will be responsible for developing a methodology for selecting clients appropriate for replenishment and expansion enrollment into the ACC Program in the Initial and Expansion Phases. The Contractor will be responsible for performing client selection after July 1, 2011, as provided for in RFP Section 5.2.5.5 as revised in Modification No. 3.

Inquiry #152: Appendix F provides a set of Utilization and Cost statistics. Are these the set of key performance indicators that you expect the SDAC to capture and track going forward using the Appendix F data as a baseline or will the SDAC work with the department and the RCCOs to develop additional and/or different benchmark data to measure the "effectiveness, quality, and efficiency" of healthcare delivery?

Response: The Department has included the statistics in Appendix F to show potential Offerors some demographic information concerning the Colorado Medicaid population and examples of analysis to date. Required reports are described in RFP Section 5.4.2, Required Reports. Reports in Appendix F are not required unless also described in RFP Section 5.4.2. Please note also that the Department expects Offerors to propose to provide reports in excess of the required reports. The Department expects that responses to RFP Section 5.4.3, Analytics Suite, will provide for a breadth and flexibility of

reporting that exceeds RFP Section 5.4.2. RFP Section 5.4.2 sets a minimum set of requirements as a baseline and also allows the Department to evaluate the Offeror's approach to data analysis by reference to this standardized set of reports. Furthermore, the reports in Appendix F lack the flexibility and user manipulability that is expected from the reporting delivered by capable contractors.

Inquiry #153: Beyond the committees identified in 5.6.1, could you please describe the State and RCCO resources, the roles they will perform, and their involvement in any part of the decision-making process?

Response: The role of the RCCOs had been described in this RFP, as has the role of the State. Please see RFP #HCPFKQ1102RCCO, available in the Colorado BIDS web site for additional, more detailed information regarding the statement of work the RCCOs will perform. RCCOs will provide resources as proposed in response to RFP # HCPFKQ1102RCCO. Departmental resources include several dedicated staff assigned to ACC implementation, operation, and contract monitoring.

Inquiry #154: There is currently procurement in process to select the RCCO vendor(s). Do you believe that they will be sufficiently operational such that the SDAC vendor can perform on the SOW related activities listed in paragraph 5.3.2.2 and elsewhere? What is the state's contingency plan in the event there are delays with procuring the RCCOs?

Response: The Department believes that any delays in procuring the RCCOs are likely to be limited. Concerning RFP Section 5.3.2.2, the Department anticipates that a contingency plan is not necessary to for a report that is not due until December 31, 2011.

Inquiry #155: Please explain the requirement that the SDAC vendor purchase 10 Cognos licenses for each of its users (paragraph 5.3.3.1.3). Should we assume that the SDAC vendor license these in its name? Similarly, section 5.3.3.2.2 asks the SDAC to purchase 30 licenses for Department staff to access the data repository. Could you please provide details by year on the usage of all expected licenses (RCCOs, State, Agencies, etc.) for Cognos and any other tool sets? Would you please provide more detail on how these licenses would be used and their ownership? Should we expect that the described licenses will be sufficient to support all future needs?

Response: RFP Section 5.3.3.1.3 limits the number of Contractor authorized users of the Department's data warehouse to no more than 10. The usage of the Cognos licenses by the Contractor is specified in RFP Section 5.3.3.1. The requirement that the Contractor supply 30 licenses for Department staff to access the Data Repository is a separate requirement. The Department owns the data in the repository, and intends to use these 30 licenses for a variety of purposes, including but not limited to oversight of the Contractor data validation provided for in RFP Section 5.3.4 and review and auditing of the reporting deliverables provided for in RFP Section 5.4. The Department requires the Contractors to make the licenses available to the Department for these uses, including providing ownership of the licenses to the Department, if necessary to accomplish this

purpose. At this time the Department does expect that the described licenses will be sufficient to support the needs that it anticipates.

Inquiry #156: Paragraph 5.3.4 states that the ACC program cannot move into the expansion phase (2013) until budget neutrality is achieved. Could you explain how this will impact the SDAC vendor and its responsibilities (through 2015) under this procurement?

Response: The Department fully expects budget neutrality to be achieved in the high performing regions within the Initial Phase. At this time, it is undetermined what action the Department may take in the event that budget neutrality is not achieved by the end of the Initial Phase of the program.

Inquiry #157a: Security Are there specific security monitoring, logging and reporting tools that the state would like vendors to use?

Response: There are no specific security tools the Contractor must use unless they are specified in the Colorado Cyber Security Policies which are found at <http://www.colorado.gov/cs/Satellite/Cyber/CISO/1207820732279>.

Inquiry #157b: Are there Certification and Accreditation procedures that the State will require initially and on a recurring basis? If so, what is the scope and duration of the procedures?

Response: There are no specific certification and accreditation procedures the Contractor must use unless they are specified in the Colorado Cyber Security Policies which are found at <http://www.colorado.gov/cs/Satellite/Cyber/CISO/1207820732279>.

Inquiry #158a: Disaster Recovery What specific RPO (Recovery Point Objectives) and RTO (Recovery Time Objectives) objectives is the State seeking for disaster recovery?

Response: There are no specific disaster recovery and backup requirements the Contractor must use unless they are specified in the Colorado Cyber Security Policies which are found at <http://www.colorado.gov/cs/Satellite/Cyber/CISO/1207820732279>.

Inquiry #158b: Can you provide the State's minimum requirements for disaster recovery and backup?

Response: There are no specific disaster recovery and backup requirements the Contractor must use unless they are specified in the Colorado Cyber Security Policies which are found at <http://www.colorado.gov/cs/Satellite/Cyber/CISO/1207820732279>.

Inquiry #159a: Application Maintenance / Operational Support
Does the State have specific service level objectives for the application, database, hardware or environments that it requires vendors to achieve?

Response: There are not any additional service level objectives at this time.

Inquiry #159b: Does the State have specific requirements for the geographic location of the data center?

Response: No. There is not a location requirement for the SDAC Data Repository.

Inquiry #160: We understand that the historical data available for review would include the previous 3 years. Could you provide some estimates to facilitate sizing of the warehouse including total number of claims, number of fields available in each claim, and rate of arrival of new claims

Response: See the response to Inquiry #144 above.

Inquiry #161a: Is there a complete list of data sources that will be accessed?

Response: No. The SDAC must be flexible and work collaboratively with the Department and the RCCOs in determining which data sources will be used for reports by the Department, RCCOs, providers and other stakeholders.

Inquiry #161b: What are the various data types and what database types are they stored in?

Response: See the response to Inquiry #161a above.

Inquiry #161c: What data volumes will be extracted from each source system?

Response: See the response to Inquiry #161a above.

Inquiry #161d: How often will the to-be warehouse be refreshed?

Response: See the response to Inquiry #161a and Inquiry #37 above.

Inquiry #162: Can you speak to the accuracy/quality of the existing data to be included in the data warehouse?

Response: The data provided by the Department, as specified under RFP Section 5.3.2.1.2, is the most accuracy client eligibility and claim data the Department can provide. The data is directly from the Department's MMIS. The Department cannot provide information on the accuracy or quality of data provided from other sources.

Inquiry #163: It is our understanding that reporting would be accomplished through a web-based front end in conjunction with periodic reports. How often would these periodic reports be issued? Is real-time reporting required in any case, and if so, which ones?

Response: Please refer to RFP Section 5.4.2.1 which specifies that the core reports be created at least monthly. As the data repository will have weekly data feeds, it is possible but not certain that a future ad hoc report could be requested by the Department to be generated more often than monthly. The Department does not require real time reporting. Please also refer to RFP Section 5.3.5.6 which is added by Modification No. 3 which requires data to be available for reporting within three days of receipt by the Contractor.

Inquiry #164: Section 2.4 indicates that the Contract effective date will be February 22, 2011. Section 5.1.2 indicates that the end date of the Start-Up Phase is to be March 31, 2011, or only 37 days after the contract effective date. This is an impossibly short time frame for the Contractor to receive and test data, complete client selection, implement the data repository, ETL 3 yrs of MMIS data; and DDI and test a Web Portal. Would the State consider modifying section 5.1.2 to allow for at least six months to complete the Start-Up Phase, or to reconsider the placement of the specific Milestones between the Start-Up Phase and the Initial Phase so that there is a more reasonable period of time for initial start-up activities? A 37 day start-up phase creates an unfair competitive advantage for the Fiscal Agent, the Enrollment Broker, and the Utilization Management Contractor, since they already are in possession of the State's data.

Response: See revisions made in Modification No. 3 to the schedule, the phases and deliverables due in each of the phases. In particular, please see changes to RFP Section 5.2.1 and Section 5.7.3. Contractors which have the State's data may only use the data for the purpose for which it was provided to them.

Inquiry #165: Item #5 is blank. Is this an error? [Page 33, § 5.1.2. Phased Approach; Table: Initial Phase; Milestones]

Response: See the response to Inquiry #38 above.

Inquiry #166: When will the contractor receive the list of contracted PCMPs? How often will it be updated? From what source and in what format will it be received? How will the contractor know when the PCMP can no longer accept new clients?

Response: Please see the response to Inquiry # 18. Until functionality is built to send this data to the Contractor via the weekly data feed to the Data Repository, the Department will send the data monthly through a manual process. The Department and the Contractor will agree upon a mutually agreeable format for data exchange. The Department will include both panel size and current number of enrollees in that report, allowing the Contractor to know whether a PCMP can accept new clients.

Inquiry #167: [RFP Section 5.2.4.3] Did the State intend to label this "PCMP" attribution of unassigned clients rather than "Client" attribution of unassigned clients?

Response: Yes. See revisions to RFP Section 5.2.4.3 in Modification No. 3.

Inquiry #168: How will the contractor know the PCMP preferences for panel size and whether PCMPs prefer to have all their Medicaid Clients in the ACC program?

Response: See the responses to Inquiries #18 and #166 above.

Inquiry #169: Who is the Utilization Management Contractor?

Response: The current utilization management (UM) contractor is Colorado Foundation for Medical Care (CFMC). However, the Department is in the process of re-soliciting for this requirement. The solicitation is scheduled to be completed in the first half of calendar year 2011.

Inquiry #170: How and when will the RCCOs provide data on its formal and informal networks of providers? What format will be used?

Response: The enrollment of clients into the RCCOs and affiliated PCMPs will be communicated through the process described in the response to Inquiries # 18 and 166 above. This information will not include information about the providers in the RCCO's networks that are not PCMPs. The Department has not specified the data elements and software the RCCOs must use to submit their data to the SDAC. The SDAC, in direct collaboration with the RCCOs, and through the SDAC Operations Advisory Committee, will work with the RCCOs to determine the files and file formats they will use to accomplish this task.

Inquiry #171: Section 5.4.3.3 refers to three core functions, but § 5.4.3.3.1 through 5.4.3.3.4 list four. Did you mean there are 4 core functions? Please clarify.

Response: See the response to Inquiry #96 above.

Inquiry #172: The Consulting set-aside amount represents 20% to 30% of the total funding available. The set-aside appears to be an arbitrary allocation and an unnecessarily large amount of money to carve out of the base budget, and may not be the most efficient way to allocate the dollars. Would the state consider providing more flexibility on how the total dollars are used or increasing the dollar amount for the "core work" and decreasing the amount for Consulting, Ad Hoc Analytics and Reports?

Response: No. The Department believes that data which will become available is subject to change based upon the growing availability of non-claims data, especially medical record data. These data formats and structures are in flux, and the projects needed to integrate the data are likely to be significant. The Department also wishes to provide for flexibility in reporting design and structure to accommodate the needs and wishes of the RCCOs and their affiliated networks of PCMPs and other providers, which the ad hoc consulting projects allows. After contracts are executed, the Department would welcome feedback from the SDAC as to possible options for additional high value work that would be provided for on an ad hoc hourly basis as ad hoc consulting projects. Modification No. 3 will reduce the total of ad hoc hours for SFY 2011-12 from 6,000 to 4,000 hours and is reallocating those funds to the base work for SFY 2011-12.

Inquiry #173: Would the State clarify the Draft Contract to state that the intellectual property owned by the Contractor and third parties and brought to the contract will not become the property of the State? The current language of the Draft Contract does not seem to make this distinguish clear and could fail to protect the intellectual property ownership rights of the Contractor or Third Parties.

Response: It is intended that the intellectual property developed by the Contractor for the performance of the SDAC contract will become the property of the State. Intellectual property already owned or licensed by a vendor which may be utilized for performance is not intended to become the property of the State. The RFP requires certain license rights be acquired for the State. The State will consider non-exclusive rights. The language of the Draft Contract will need to be clarified during contract negotiations to reflect the proposed solutions of the selected Offeror.

Inquiry #174: In Section 5.7.2, the State specifies the hours for the Consulting Pool projects and the total amount available. The mathematics of that specification dictate that the hourly rate has to be \$150. Why is Appendix J not pre-filled with the \$150 hourly rate and the total for the lines labeled “Hourly rate for Pool Projects”? Are we misinterpreting the requirement in Section 5.7.2?

Response: The annual hours of ad hoc consulting projects in Appendix J are a ceiling on the amount of work. Contractors may submit a proposed hourly rate for the ad hoc consulting projects, but it may not exceed the total amount of funding available or expected to be budgeted for this purpose. The ceiling on the hourly rate for ad hoc consulting projects does compute at \$150. A different lower rate may be proposed.

Inquiry #175: What is the difference between the Price Proposal and the Budget? Why should Budget be allocated 40 points and Price be allocated 130 points (110+20)? How will the budget points be scored in comparison with the Price proposal?

Response: The prices requested in the price proposal are the amounts that the Offeror is offering for the requirements specified in the RFP. The budget provides information on costs that the Offeror estimates for the resources to accomplish its approach to the requirements specified in the RFP. The weights assigned to the evaluation criteria or subcriteria indicate the relative importance of the criteria. See response Inquiries # 106 above regarding the scores assigned and weights in the evaluation process.

Inquiry #176: Will the State make available the Word and Excel versions of the RFP documents, in order to facilitate the Offerors’ ability to compose their proposals?

Response: No.

Inquiry #177: The RFP refers to Attachment J as the “RFP Signature Page”. Should it say “Appendix B” instead?

Response: Yes, Appendix B is the “RFP Signature Page”. The reference is revised in Modification No. 3.

Inquiry #178: The RFP refers to Attachment I as the “W-9 Form”. Should it say “Appendix K” instead?

Response: Yes, Appendix K is the W-9 form. This reference is revised in Modification No. 3.

Inquiry #179: Viewing the Proposal Evaluation Criteria (Section 7.2), there does not seem to be a place for scoring the requirements set forth in RFP section 4.5. Should we consider those specifications to be scored pursuant to #9 – Accountability and Continuous Improvement?

Response: The requirements in Section 4.5 set expectations for how the work required in Section 5.0, Statement of Work, will be performed. These requirements will be considered in conjunction with all relevant evaluation criteria.

Inquiry #180: If the Offeror includes the contact information for each of multiple reference projects as required by items 5 a-d, must the Offeror also provide “a list of 3 other key individuals” as stated in 5e? It would seem that the contacts listed for the previously described reference projects would be sufficient.

Response: See the response to Inquiry # 85.

Inquiry #181: Would the State consider excluding from the 200 page limit resumes (required in RFP p. 30 #7)? In most cases, a resume for one experienced person takes up 2-3 pages at least (at 12 point Times New Roman).

Response: Yes, resumes are excluded from the 200 page limit. See revision to RFP Section 6.4.1 in Modification No. 3.

Inquiry #182: Would the state consider excluding from the 200 page limit the detailed work plan in the form of a Gantt Chart (required in RFP p. 46 #8)? A detailed Gantt chart for a project of this scope typically comprises 10-20 pages.

Response: No, see response to Inquiry #101 for additional formatting information for work plans.

Inquiry #183: Approximately how many PCMPs does the State expect will be participating in the ACC Program?

Response: See the response to Inquiry # 77 above.

Inquiry #184: Can any of the mandatory minimum requirements be met by a subcontractor?

Response: Yes, see the revision to RFP Section 4.1 in Modification No. 3 of this RFP which will allow subcontractor experience to meet the mandatory minimum requirement if the subcontractor is included in the proposal to perform related services.

Inquiry #185: If the data are being supplied from the MMIS (presumably the claims system), why does the Contractor need access to the Department's data warehouse? (It would be more economical to have the data sourced from the claims systems than from the data warehouse.)

Response: It is possible that in the future a protocol may be established to allow for the direct transfer of data from the MMIS to the SDAC Data Repository. The Department believes that data transfer from the existing data warehouse will be less resource intensive given the current architecture of the MMIS.

Inquiry #186: Charging the SDAC Contractor a fee for accessing the Department's Data Warehouse appears to place the Colorado Fiscal Agent (ACS) in a competitively advantageous position, since ACS would not have to pay the fee. Would the State consider eliminating this requirement?

Response: No, the Department will not eliminate this requirement. The Offeror is required to gain access to the Department's Data Warehouse through a VPN connection and secure Cognos connection licenses as described in RFP Section 5.3.3.

Inquiry #187: Is it correct to assume that the State will require the RCCOs to produce HEDIS reports and CAHPS data? Is does not appear reasonable to ask the SDAC to produce the HEDIS reports and conduct the CAHPS surveys.

Response: The Department mentioned HEDIS reports and CAHPS surveys as possible data points, among possible measures, for informing future incentive performance measures in the Expansion Phase. RFP Section 5.4.2.2.3 does not require the Contractor to produce the HEDIS reports or conduct the CAHPS surveys.

Inquiry #188: I had a question that you could please assist me with. We have some partners that we work with on Medical Claims processing and Patient Identification software and processes. Would it be ok to submit a joint bid in association with a non colorado (california) corporation? If the answer to the question above is yes would the Full Time employees required to qualify be a cummulative of both the partners submitting the bid or only the Primary bidder?

Response: The legal entity which submits a proposal in response to the RFP will be required to comply with the terms of the RFP including the requirements on key personnel. If you form a partnership with the non-Colorado corporation, then the partnership will be the legal entity which submits a proposal and which will be required to employ the key personnel. If there is a contractual relationship with the non-Colorado corporation, it would be treated as a subcontractor and may not employ the key

personnel. The State of Colorado will not accept a single proposal from two legal entities.