



SOLICITATION # XXXXX
Core MMIS and Supporting Services: For Reference Only

Response to Inquiries – Initial Round

Modification 1

Modifications are shown in red.

INQUIRY 1. RFP Body, page 35: There was information about the Prior Authorization contract with MASSPRO. It states that the contract's base year is set to end in June 2013—do you know if this will be extended, or is it too early to tell?

RESPONSE 1. Generally, Department contracts with vendors are renewed on a yearly basis. Only rarely is a contract not renewed prior to Option Year End Date. At this time, we have no indication that the MASSPRO contract will not be renewed for SFY 2013-14.

INQUIRY 2. RFP Body, 8.11.2: We do not readily find any requirements in Appendix A that are applicable to EDI (Section 8.11). Please clarify.

RESPONSE 2. RFP Body Sections 7.11 – Technical Requirements, 8.11 - EDI, 9.9 – EDMS Support, and 9.10 – Workflow Management Support do not have detailed requirements associated to them within Appendix A – Requirements Matrix and Performance Standards. Offerors will still need to describe how their solution will provide the functionality and shall generally address these sections in their response text and note there were no technical requirements in Appendix A.

INQUIRY 3. RFP Body, 9.10.2: We do not readily find any corresponding Section 9.10 in Appendix A. Please clarify.

RESPONSE 3. RFP Body Sections 7.11 – Technical Requirements, 8.11 - EDI, 9.9 – EDMS Support, and 9.10 – Workflow Management Support do not have detailed requirements associated to them within Appendix A – Requirements Matrix and Performance Standards. Offerors will still need to describe how their solution will provide the functionality and shall generally address these sections in their response text and note there were no technical requirements in Appendix A.

INQUIRY 4. **Appendix A, Unique IDs 1235 and 1244: RFP Requirement Appendix A, Unique ID 1235, p. 59 and RFP Requirement Appendix A, Unique ID 1244, p. 61 appear to be duplicates, except for Priority level 1 versus 2. Please clarify which Priority is correct.**

RESPONSE 4. Unique ID 1235 has been deleted and Appendix A has been modified.

INQUIRY 5. **Appendix A, Unique ID 1329: Please clarify to which performance standards this Appendix A Unique ID refers.**

RESPONSE 5. Performance Standard for Unique ID 1329 has been modified to read: Data shall be available within the system for six (6) years and archived after six (6) years, or unless otherwise directed by the Department.

INQUIRY 6. **Appendix A, Unique ID 1365: In order for Offerors to address this requirement fully, please clarify the purpose of this report and how the Department plans to use it.**

RESPONSE 6. The Department expects to see a report for the clients that need a service but that is currently not available locally to this client.

INQUIRY 7. **Appendix A, Unique ID 1362: Please provide an example of a scenario that would require an expected second claim.**

RESPONSE 7. An example is a second claim for EPSDT.

INQUIRY 8. **Appendix A, Unique ID 1684: Does the Department plan on implementing a bundled payment pricing methodology based on episodes of care within the MMIS contract?**

RESPONSE 8. Yes. The Department expects the MMIS will have the capability to support multiple payment types, including bundled payments if the Department chooses to implement a bundled payment pricing methodology.

INQUIRY 9. **RFP Body, 8.9.2: Can the Department identify any specific conditions (i.e., diabetes, asthma, chronic obstructive pulmonary disease (COPD)) or priority populations (i.e., High Risk Pregnancy) that the Department seeks to be a part of Disease Management and Health Management case management programs? This information is essential to providing an appropriately scaled clinical operation to address case manager, patient and provider access, and other issues that impact effective population management.**

RESPONSE 9. No. The Department has not prioritized specific conditions or priority populations. Offerors will need to propose an approach for implementing and complying with RFP Body Section 8.9.2 and the related requirements.

INQUIRY 10. **RFP Body, 8.9: Does the Department intend for the Contractor to provide clinical care management staffing to perform care plan development, service authorizations, care coordination, and other related case management activities as part of this RFP in addition to the provision of a Case Management Tool as outlined in RFP Body Section 8.9, Care Management?**

RESPONSE 10. No. The Department requires care management functionality to support this process.

INQUIRY 11. **Appendix A, Unique ID 1757: Will the Department please provide more information regarding what it envisions for the ‘check in’ and ‘check out’ process? Specifically, does the Department require:**

- A. GPS tracking**
- B. Real-time tracking using GPS**
- C. Real-time tracking using telephone calling**
- D. Claims editing based on tracking**
- E. Online, real-time reporting**

RESPONSE 11. No. Offerors will need to propose an approach for implementing and complying with this requirement.

INQUIRY 12. RFP Body, 5.2.10.1; 5.2.11.1: Please clarify when the Ongoing Operations and Fiscal Agent Operations Stage begins. Based upon the activities and goals of this Stage, we are assuming that the Ongoing Operations and Fiscal Agent Operations Stage begins at the same time as Implementation Stage III as stated in requirement 5.2.10.1, and that requirement 5.2.11.1 should be changed to read: “The Ongoing MMIS Operations and Fiscal Agent Operations Stage shall begin upon completion of Implementation Stage II.”

RESPONSE 12. Language in RFP Body Section 5.2.10.1 has been modified to read: 5.2.10.1. Activities in this stage begin at the conclusion of Implementation Stage II. Language in RFP Body Section 5.2.11.1 has been modified to read: 5.2.11.1. The Ongoing MMIS Operations and Fiscal Agent Operations Stage shall begin upon completion of Implementation Stage II.

INQUIRY 13. Appendix B, 5.3.2.1, #13: Without adequate information, this requirement may add additional cost and/or time. Please define the contents of the Gate Review Crosswalk so that each respondent has a common understanding of this deliverable. Are there OIT or other guidelines that the Department will follow? If so, please consider posting these to the Procurement Library.

RESPONSE 13. Gate Review Crosswalks are IT Project Implementation review processes required by Colorado's OIT. OIT is currently finalizing the documentation. New information regarding the Gate Review Crosswalks have been provided in Appendix G. Any further information regarding the process and its requirements will be provided as it becomes available to the Department.

INQUIRY 14. Appendix C, C.4.3.7; C.4.4.5.2: Does the Department consider a table as a type of graphic? Or would the Department also allow font smaller than Times New Roman size 12 points in tables?

RESPONSE 14. To make them easy to read, tables should adhere to the text specifications and use Times New Roman size 12-point font; however, if an Offeror needs to reduce the font size for tables the response will still be accepted and evaluated.

INQUIRY 15. **Appendix A, Unique ID 1222: Per ACA requirements (42 CFR 455.432), the screening rule requires site visits. Site visits, in general, tend to be conducted by a state agency. Does the Department envision that it will conduct the site visits? Or does it envision the Contractor to conduct these visits?**

RESPONSE 15. Offerors should review ACA Provider Screening Rule State Plan in Appendix G. As specified in Unique ID 1222 and other requirements, the Contractor is responsible for implementing the ACA Provider Screening Requirements. If the requirements require a site visit to enroll a provider, Offerors should assume they must perform those duties and include their approach to those duties in their response.

INQUIRY 16. **Appendix A, Unique ID 1222: Is it correct to assume that the MMIS Contractor will need to conduct licensure searches for enrolling providers? If the licensure information for enrolling providers cannot be found online, is it correct to assume that the MMIS Contractor will be expected to conduct manual searches (e.g., phone calls) to collect this documentation?**

RESPONSE 16. Yes.

INQUIRY 17. **Appendix A, Unique ID 1698: Please clarify whether the Department expects the MMIS Contractor to physically collect fingerprints and conduct verification against a recognized database (e.g., FBI's IAFIS database)? Or does the Department envision allowing local law enforcement agencies to collect fingerprints and run verification activities for the Contractor?**

RESPONSE 17. Offerors should review ACA Provider Screening Rule State Plan in Appendix G. As specified in Unique ID 1698 and other requirements, the Contractor is responsible for implementing the ACA Provider Screening Requirements. If the requirements require fingerprinting and fingerprint verification against a recognized database to enroll a provider, Offerors should assume they must perform those duties and include their approach to those duties in their response.

INQUIRY 18. Appendix A, Unique ID 1840: 42 CFR 455.410 (c) states, “The State Medicaid agency may rely on the results of the provider screening performed by any of the following: (1) Medicare contractors; (2) Medicaid agencies or Children's Health Insurance Programs of other States.” Will the Department allow the MMIS Contractor to utilize such results in lieu of conducting the additional screening specified in Unique ID 1840?

RESPONSE 18. Offerors should review ACA Provider Screening Rule State Plan in Appendix G. As specified in Unique ID 1840 and other requirements, the Contractor is responsible for implementing the ACA Provider Screening Requirements. If utilizing such results in lieu of conducting the additional screening specified in Unique ID 1840 meet the federal regulations, the Offerors may propose that solution in their response.

INQUIRY 19. RFP Body, 5.3.2.11; Appendix B, B.5.3.2.11: Appendix B, 5.3.2.11 states that Enhancements begin after CMS Certification. Additionally, the chart on RFP Body page 39 shows the Enhancements Phase beginning at Stage III, while the chart on page 50 shows the Enhancements Phase beginning at end of Stage III. Please clarify whether the Enhancements Phase begins at the beginning of Stage III or after the completion of Stage III.

RESPONSE 19. RFP Body refers to a Project Phase that can occur during multiple Contract Stages. The 'Ongoing Operations and Enhancements' Stage that is used in Figure 5.2.4 of the RFP Body is the final Contract Stage, which includes ongoing Enhancements that will occur until the end of the Contract. The intent of the graphic is to indicate that System Enhancements may occur concurrently with Enhancements that are specifically part of Implementation Stage III. The Department asks Offerors to propose a schedule that best fits with their SDLC methodology, staffing approach and their ability to support the Contract.

INQUIRY 20. Appendix A, Unique ID 1731: Does the Department expect State care managers/providers to initiate, develop, and update care plans for individual patients within the Case Management Tool? Or does the Department expect the Contractor to provide these services?

RESPONSE 20. Yes. The Department expects care managers/providers to initiate, develop, and update care plans for individual patients within the Case Management Tool. The Department expects the Contractor to provide a tool for this process, not to provide the services.

INQUIRY 21. **Appendix A, Unique IDs 1331 and 1332: These two requirements appear to be duplicates. Can the Department confirm if they are duplicates, and if not, provide clarification on the difference?**

RESPONSE 21. The general duplication is intentional. Unique ID 1330 refers to architectural considerations related to use and access of data. Unique ID 1331 specifically refers to management of other data utilized by the System tied to Unique ID 1330. The Department agrees that they are closely related and Offerors may be able to address both requirements in a single narrative description.

INQUIRY 22. **Appendix A, Unique ID 1196: Will the Department confirm whether Unique ID 1196, Column 2, refers to Compliance with Federal Standards Requirements, which is Section 7.8, or to Data Retention Requirements, which is Section 7.10?**

RESPONSE 22. Unique ID 1196 is associated with 7.6 – Security and Confidentiality Requirements and 7.8 – Compliance with Federal Standards Requirements. Appendix A has been modified to reflect this correction.

INQUIRY 23. **RFP Body, 11.5.1.1 and Table 11.5.1.1: The “Solution Demonstration and Oral Presentations” Criteria represents 10% of scoring, which is awarded during Phase II; however, there is no description of what specifically is being scored. The Phase II criteria affords the evaluation team an opportunity to score the technical approach demonstrated during the solution demonstration and oral presentation (Understanding of Solicitation and Project Goals, Quantitative Scoring of Appendix A, and Requirements and Technical Proposal Narrative). Will the Department provide evaluation criteria for evaluating the Solution Demonstration and Oral Presentations and awarding up to 10% of the scoring?**

RESPONSE 23. The questions that will be rescored during Phase II are detailed in Appendix D – Offeror's Response Worksheet. Offerors can expect to receive Department-defined scenarios required to demonstrate functionality and specified Oral Presentation topics prior to Solution Demonstrations and Oral Presentations. However, the Department will not release any detailed evaluation criteria.

INQUIRY 24. Appendix A, Unique IDs 1122 and 1124: The Compliance Manager position, as defined in Unique ID 1124, is not traditionally provided by a fiscal agent. Rather, it is traditionally filled by State staff. While the value of such a position is clear, it may be difficult to identify qualified individuals who meet the requirement of at least 3 years' experience in performing the described duties on "complex systems-based modern technology or operational systems." Would the Department consider amending the requirements for this position to make the three-year experience preferred rather than mandatory? Would the Department consider changing the requirement to allow persons with experience reviewing and interpreting regulations and communicating them to systems and operations teams?

RESPONSE 24. The Department will not change the requirement at this time. However, if during the Second Round of Written Inquiry for this solicitation, multiple Offerors request a change to the requirement that the individual have at least three (3) years of experience in performing the described job duties on complex systems-based modern technology or operational systems, the Department will consider lowering the number of years of experience or making the specific number of years of experience optional.

INQUIRY 25. Appendix D, D.3.9.2.5: Are the six scenarios identified in this section the same scenarios that Offerors will demonstrate at orals? If not, and if the Offeror is to present answers to specific questions/scenarios posed by the Department upon invitation to orals, ten business days may not be sufficient for Offerors to adequately prepare responses for demonstration. Would the Department consider releasing the scenarios to all Offerors earlier than ten business days without such release implying that any specific Offeror will be invited to participate in orals?

RESPONSE 25. Yes. The six (6) scenarios identified in Appendix D are a portion, but not all scenarios that will be demonstrated during Evaluation Phase II. The Department will provide the demonstration scenarios with as much advance notice as possible.

INQUIRY 26. Appendix E, E.1.2: It appears this Section E.1.2 is not numbered correctly. Should Appendix E, Section E.1.2, page 8 be changed to E.1.7, with the following sections being numbered to follow this revised numbering?

RESPONSE 26. Appendix E has been modified to correct the section numbering.

INQUIRY 27. **RFP Body, 11.5.4: Table 11.5.4. – Summary of Price Proposal Criteria lists four (4) areas for scoring with their respective weights and not six (6). Please confirm that Price Proposals will involve the scoring of responses in each of four (4) areas.**

RESPONSE 27. Correct. The Price Proposals will be scored in the four (4) areas described in RFP Body Table 11.5.2.9. RFP Body Section 11.5.4 has been modified.

INQUIRY 28. **RFP Body, 10.6.2.2.2.1: In order for Offerors to determine the impact of the COLA factor on the Operations budget pool, please clarify in which year the COLA factor in Schedule K will begin to be applied.**

RESPONSE 28. As stated in the footnotes 17 and 18 of Appendix E – Pricing Schedules, Price Schedule K: The COLA Factor is only applicable in the SFY in which the Department requires the purchase of Enhancement hours in addition to the total estimate for providing 10,400 hours of Configuration and Customization. The COLA Factor is only applicable for additional Enhancement hours.

INQUIRY 29. **Appendix E, Schedules E-I; (E.4), (F.4), (G.4), (H.4) and (I.4): Please clarify what price Offerors are to enter on the line labeled “Enhancements” on Schedules E through I. Is it the total from Pricing Schedule K which remains the same for each year of Ongoing MMIS Operations and Fiscal Agent Operations? Or is it the total from block (K.9) inclusive of the COLA Factor?**

RESPONSE 29. The Department recommends that Offerors use the number from Pricing Schedule K, line K.9; however, the cost in the Schedules E-I may change each year based on any factor the Offeror chooses as these amounts are included in the total fixed price for each state fiscal year that cannot exceed \$25 million per state fiscal year (see RFP Body Section 10.6.6.2). Refer to the Department's response in INQUIRY 28 regarding the COLA Factor.

INQUIRY 30. Appendix E, E1.6 Price Schedule E: If an Offeror proposes to start operations prior to FY 2016 – 17, there is the potential that the Offeror may exceed the \$25M operations budget pool per SFY. Will an Offeror proposing an earlier startup of Operations still be required to not exceed \$25M for FY 2016 – 17?

RESPONSE 30. No. However, if the Offeror proposes an earlier start date than July 1, 2016, the Offeror should describe how the Offeror's response in Price Schedule E exceeds \$25 million due to the earlier start date while meeting the requirement that the total cost for SFY 2016-17 does not exceed \$25 million.

INQUIRY 31. RFP Body, 10.6.3.1: Should the Offeror's price for the BPR Stage, Implementation Stage I, and Implementation Stage III use the DDI Budget Pool of \$80.3M to determine whether it is either too low or too high? Or, should the Offeror use its bid price for all DDI Stages as the basis for determining that the price for BPR, Implementation Stage I and Implementation Stage III is compliant with RFP Body Sections 10.6.3.1.1, 10.6.3.1.2, and 10.6.3.1.3?

RESPONSE 31. Offerors should use the total DDI for all BPR and Implementation Contract Stages bid price for determining their price for BPR, Implementation Stage I, Implementation Stage II, and Implementation Stage III that is compliant with RFP Body Sections 10.6.3.1.1, 10.6.3.1.2, and 10.6.3.1.3.

INQUIRY 32. RFP Body, 10.1.2: Section 10.1.2 states that Quality Maintenance Payments (QMPs) will be made annually during the Ongoing MMIS Operations and Fiscal Agent Operations State. This has an impact on a Contractor's cash flow since 5 percent of the Contractor's price for this Stage is set aside for QMPs. We recommend the Department change the payment of the QMP from an annual basis to be either a monthly or quarterly basis in line with evaluation of the QMPs.

RESPONSE 32. The Department agrees to this recommendation. RFP Body Section 10.1.2 has been modified.

INQUIRY 33. RFP Body, Table 11.5.1.1 and 11.4.1.2.3; Appendix D, Response 6: Should Table 11.5.1.1 and RFP Body 11.4.1.2.3 say “Appendix A” and not “Attachment A”? If not, please clarify.

RESPONSE 33. Yes. RFP Body Table 11.5.1.1 and RFP Body 11.4.1.2.3 should refer to Appendix A. RFP Body Section 11.4.1.2.3 and Table 11.5.1.1 have been modified.

INQUIRY 34. RFP Body, C.4.1.6 and C.4.5.5: Please confirm that the “proposal response narrative” cited in Section C.4.1.6 is the same document as the “Proposal Responses as described in Appendix D” cited in Section 4.5.5.3. Please advise how this document (or these documents, if not the same) should be titled for the Proposal (e.g., Appendix D Proposal Responses and/or Proposal Response Narrative).

RESPONSE 34. Both sections refer to the same document. This document should be named Technical Proposal.

INQUIRY 35. RFP Body: The RFP Body mentions the APS contract the state has for Medicaid Utilization Management. It states that the base contract expired June 2012. I was curious as to whether it received any extensions and if so, what the current expiration date is?

RESPONSE 35. Generally, Department contracts with vendors are renewed on a yearly basis. Only rarely is a contract not renewed prior to Option Year End Date. At this time, we have no indication that the MASSPRO contract will not be renewed for SFY 2013-14.

INQUIRY 36. Appendix C, C.4.4.5.2: Please confirm that graphics, organization charts, call out boxes, or process diagrams can be in a font other than Times New Roman.

RESPONSE 36. To make them easy to read, tables should adhere to the text specifications and use Times New Roman size 12-point font; however, if an Offeror needs to reduce the font size for tables the response will still be accepted and evaluated.

INQUIRY 37. Appendix C, C.4.4.5.2: Please clarify if larger graphics/org charts/diagrams can be submitted on 17” x 11” fold-out pages to accommodate more complex charts such as detailed organization charts?

RESPONSE 37. No. As stated in Appendix C all proposal documents except for the completed Appendix A and the Project Work Breakdown Schedule documents must be formatted to a standard 8 1/2 by 11-inch size.

INQUIRY 38. Appendix C, Table 2.1.1: The Estimated Contract Period is listed as 11/01/2013 – 06/30/2018, which is less than the stated expected 5 year base term. Should the correct expected base term end date be listed as 10/31/2018, or should the base term be identified as 4 years, 8 months, from 11/01/2013 – 06/30/2018?

RESPONSE 38. The first year of the contract will run from the date of signature (assumes November 1, 2013) until June 30, 2014. The resulting Contract is five (5) years, which ends on June 30, 2018. The Contract can be extended for three (3) additional years until June 30, 2021. No pricing information is necessary beyond June 30, 2021.

INQUIRY 39. Appendix E, Pricing Schedule G: If the base term ends on 10/31/18, will Pricing Schedule G remain unchanged and be comprised of 4 months Base term pricing (from 07/01/18 – 10/31/2018), and 8 months Optional Extension term pricing, or will the State separate Schedule G into 2 separate schedules to allow for different pricing in the base term vs. the Optional Extension term? Will the last extension month remain as June 2021?

RESPONSE 39. The Base five year-term ends June 30, 2018 as stated within Appendix C. Please follow the guidelines for completing the pricing schedules by SFY (June – July) as specified in Appendix G.

INQUIRY 40. Appendix E, Pricing Schedule J, Section E.1.10.5: The instructions indicate that all relevant additional costs are to be included in the price for each Optional Requirement. What timeframe should the Offerors cover with this price; the base term only, the base + the 3 potential Optional Extension term, or some other time period?

RESPONSE 40. Offerors should enter total pricing (including DDI and Operations pricing) for the base contract period and optional Contract years (i.e., from DDI through SFY 2020-21) in the primary line provided within Price Schedule J. Offerors may add additional lines to the pricing schedule under the primary line provided for each bundle, if necessary, to indicate any additional pricing details by SFY.

INQUIRY 41. RFP Body, 10.6.2.1.1: Should the Offeror's price for Implementation Stage 1 include the Operational Provider Enrollment activities that may not be eligible for 90% enhanced federal funding?

RESPONSE 41. Yes. Please refer to footnote 5 in Appendix E – Pricing Schedules, Price Schedule E, Ongoing MMIS Operations and Fiscal Agent Operations Stage SFY 2016-17.

INQUIRY 42. RFP Body, 10.6.2.1.1: Exactly where in the Offeror's proposal does the State require the estimate of Operational Provider Enrollment activities that may not be eligible for 90% enhanced federal funding? Would an estimate included in the Cost Proposal narrative suffice, or is there another specific location in the proposal response that this estimate should be presented?

RESPONSE 42. Please refer to footnote 5 in Appendix E – Pricing Schedules, Price Schedule E, Ongoing MMIS Operations and Fiscal Agent Operations Stage 2016-17. Offerors may provide a breakout of the Operational Provider Enrollment activities that may not be eligible for 90% enhanced federal funding in the Cost Proposal narrative.

INQUIRY 43. RFP Body, 10.6.2.1.1: Will the Department clarify whether the Operational Provider Enrollment activities that may not be eligible for 90% enhanced federal funding are included in the \$80,300,000 DDI Budget Pool?

RESPONSE 43. Operational Provider Enrollment activities that may not be eligible for 90% enhanced federal funding are included in the \$80,300,000 DDI Budget Pool. See also Response to Question #41 and Question #42 for additional direction on where to include pricing.

INQUIRY 44. Appendix E - Pricing Schedules E, F, G, H, I, and K; and RFP Body Section 10.6.2.2.2. and Table 11.5.4: The Operational Pricing Schedules, E – I, all contain a price box for the Enhancements Price and point the Offerors to the RFP, section 10.6.2.2.2., which contains the definition of what is to be included in the Enhancement price in each of the 5 Operational years. The instructions in 10.6.2.2.2.1 state, in reference to completing Pricing Schedule K, that ‘only Configuration Staff and Customization Staff shall be counted towards the 10,400 hours to provide consistency in the Offerors’ proposals.’ The questions below are necessary to gain an understanding of the relationship between the staffing, hourly rates, and total prices calculated on Pricing Schedule K, to the Fixed Prices and Enhancements Prices in Pricing Schedules E, F, G, H, and I, and the Cost Proposal Evaluation.

- A. Please clarify or confirm that the Configuration and Customization total in box K.3 is for informational purposes only and will be used by the Department to compare the Offerors’ respective bids, and that this amount is not part of the price bid evaluation or necessarily expected to tie to the Enhancements price box in Pricing Schedules E-I.
- B. Please clarify or confirm that the Support Staff total in box K.8 is also for informational purposes only for the Department to compare the Offerors’ respective bids and is not part of the price bid evaluation and not necessarily expected to tie to the Enhancements price box in Pricing Schedules E-I, if Support Staff is to be included there.
- C. 10.6.2.2.2.1 contains instruction to estimate annual DDI activities at 10,400 hours per year for Enhancements to the System. Please confirm that this amount should be included in the Enhancements line of Schedules E, F, G, H, and I.

- D. 10.6.2.2.2.1 contains instruction to include, on Schedule K, the necessary Support staff needed to deliver the 10,400 hours of Configuration and Customization staffing effort. Please clarify where the Support Staff is to be included annually in Pricing Schedules E – I. It is unclear whether the Support Staff should be included in the Enhancements line or the annual Fixed Monthly Payment line in each operational year.**
- E. In section 10.6.2.2.2.1., it is stated that payment for the Support Staff required in order to deliver 10,400 hours of Customization and Configuration will not be based on the number of hours listed on Schedule K. It is our assumption that this Support Staff will be included in the Annual Operational pricing. Will the Support Staff levels bid on Schedule K be required by the Department to remain at that level on an annual basis throughout the Operational life of the contract, and thus, included in the Offerors' Operational Pricing, in Pricing Schedules G – I?**
- F. Please confirm that only the Hourly rates on Schedule K are included in the Cost Proposal Evaluation line entitled “Hourly Rates for Changes” with a weight of 0.5%. We are assuming that the “Total Prices” for staffing calculated on Schedule K are for informational purposes only, and that the resulting dollar amounts are captured within the Total Ongoing MMIS Operations line, which is weighted at 12%.**

RESPONSE 44.

Schedule K will be evaluated based on pricing for additional work requested by the Department and is considered “Hourly Rates for Changes” with a weight of 0.5% in RFP Body Section 11.5.4. The Hourly Rate and Total Price in Schedule K are not necessarily expected to tie to the Enhancements Price box in Pricing Schedules E, F, G, H, and I. The 10,400 hours per year for Enhancements to the System should be included in the Enhancements Price line of Schedules E, F, G, H, and I. Staff to Support the Enhancements should be included in the Enhancement Price line of Schedules E, F, G, H, and I. The staffing levels for Staff to Support will be required by the Department to remain at the level as proposed in the Offeror’s Response on an annual basis throughout the operational life of the contract. However, if the Contractor needs to adjust the staff levels during the term of the contract to provide the same number of hours for Enhancements but with a different mix of staff, that can accomplished through either a contract amendment or other change order to the Contract to be determined during Contract negotiations.

INQUIRY 45. Appendix E, Pricing Schedule K: Is it a correct assumption that the base year for calculating the future application of the proposed COLA factor to the Hourly Rates on Schedule K is State FY 2016-2017, and that the rate will compound annually for each subsequent State FY after 2016-2017? If not, please define how the COLA factor is expected to be applied to the hourly rates during Operations.

RESPONSE 45. Yes. The base year for calculating the future application of the proposed COLA factor to the Hourly Rates on Schedule K is SFY 2016-17. The rate will compound annually for each subsequent SFY after SFY 2016-2017.

INQUIRY 46. Appendix C, C.4.4.6.4: Please confirm that the State expects the Project Work Plan Schedule to be delivered in PDF format.

RESPONSE 46. As stated in C.4.4.5.2, the Project Work Breakdown Schedule is not required to be submitted in PDF format.

INQUIRY 47. Appendix A, Unique ID 1342: Please confirm that this requirement refers to AD HOC query searches.

RESPONSE 47. Yes. This requirement refers to Ad Hoc searches within the System performed by authorized System users.

INQUIRY 48. Appendix A, Unique ID 1362: What scenarios would constitute awaiting a second claim?

RESPONSE 48. An example is a second claim for EPSDT.

INQUIRY 49. Appendix A, Unique ID 1571: What is the 'claim reconsideration process'?

RESPONSE 49. The first level appeal process for a provider to request review and reconsideration of any denied claims.

INQUIRY 50. Appendix A, Unique ID 1208: Provide clarification as to the goal of providing this functionality. Is it intended to provide security personnel the ability to track users or for providing assistance?

RESPONSE 50. This is a security function to track authorized System users.

INQUIRY 51. Appendix A, Unique IDs 1312, 1344, 1483, 1794, and 1864: If the proposed solution has a letter generation function built in that allows end users to create templates and generate letters upon request, will that function meet this requirement? If not, please explain the purpose for mail merge.

RESPONSE 51. A proposed solution that has a letter generation function built in that allows end users to create templates and generate letters upon request will probably not meet all of these requirements as several of the requirements include the ability to export data into a standard PC desktop application. The Department is seeking functionality that allows the ability to communicate effectively with providers and clients.

INQUIRY 52. Appendix A, Unique ID 1384: Social media websites (Facebook, Twitter, Google+) make constant unannounced changes that make automated integration very costly – exactly what type of automated correspondence does the Department plan to post on these unsecure sites?

RESPONSE 52. Offerors will need to propose an approach for implementing and complying with this requirement that is cost effective and protects personal health information.

INQUIRY 53. Appendix A, Unique ID 1455: If the Department requires managed care providers to enroll via the MMIS, would a provider have to enroll more than once if he/she is a FFS as well as MCO network provider (i.e., would a provider applying for FFS and 2 MCO networks be submitting three applications, each of them screened at the time of submission [since they are likely to enroll/disenroll at different times and will have different provider numbers]), or is there going to be a central registry - i.e. one screening only? Please provide the count of providers that would be uniquely and separately enrolled.

RESPONSE 53. Provider will enroll one time and will be screened at the time of enrollment. The Department expects that Offeror will propose a solution for providers to manage their affiliations and which managed care organizations networks they participate with. The Department does not maintain a count of providers who are enrolled in the Medicaid fee-for-service network and a managed care organization's network or providers who are enrolled in multiple managed care organization networks.

INQUIRY 54. Appendix A, Unique ID 1554: Does the Department intend to use APC (Ambulatory Patient Classification), or OPSS (Out-Patient Prospective Processing System) pricing?

RESPONSE 54. The Department has not made a determination at this time, but expects that the System will support both pricing options.

INQUIRY 55. Appendix A, Unique IDs 1785 and 1787: Please explain what the "x" references mean in the following two requirements: "The System shall provide validation edits (x5), data sets (x3), audit rules (x1) and reports (x10-12) to the provider outreach website for the EHR incentive program. Perform and maintain validation edits (x5), data sets (x3), audit rules (x1), reports (100 hours/year), and an outreach page in the Attestation Application."

RESPONSE 55. Unique IDs 1785 and 1787 have been modified to remove the "x" notations.

INQUIRY 56. **General, Managed Care:** The Medicaid web site lists the following statistics: Medicaid Enrollment–702,239 and Managed Care Enrollment–596,823. Please provide the number of members enrolled by managed care program. Do all of these programs require capitation payments to be issued by the MMIS, and will they all send encounter claims to the MMIS?

RESPONSE 56. All managed care programs require capitation payments and encounter claims sent to MMIS.

INQUIRY 57. **General, Care and Disease Management:** We understand that members in ACC and HMO plans receive care and disease management services. Does the Department provide care and disease management currently for the FFS, PCPP, or other populations? If so, for what disease states and populations? How many members currently receive these services that the MMIS must support with care and disease management functions?

RESPONSE 57. The Department cannot provide the number of members currently receiving these services. The Department does not provide stand-alone disease management programs. Because these services are provided within each managed care program's delivery system and the current MMIS does not have the capability to provide support in the management of these programs; there are not any clients whose disease management or care management services are supported by the MMIS. These services are not provided to unmanaged Fee-For-Service clients (non-managed care clients) unless it is by the Behavioral Health Organization (BHO) program or Community Center Boards (CCB) or Single Entry Point (SEP) providers. The Departments Accountable Care Collaborative (ACC) and Managed Care Organization (MCO) programs integrate disease management and care management into their overall delivery system. Identifying and responding to the needs of clients for these services is part of the services they are contracted to provide directly or indirectly through their care delivery systems and network of providers or through relationships they have established with other entities. The Primary Care Physician Program (PCPP) provides a lesser level of care management than the ACC or MCO programs by serving as a client's medical home.

INQUIRY 58. Appendix C, C.3.8: Please confirm that the State does not require that the Offeror submit an additional signed statement addressing the items listed C.3.8.1.1 through C.3.8.3 as long as the Offeror provides a signed “State of Colorado, Department of Health Care Policy and Financing, Signature Page.”

RESPONSE 58. Certification to 3.8.1.1 through 3.8.1.3 is implied in the submission of a proposal.

INQUIRY 59. Appendix C, C.3.10: Please confirm that the State does not require that the Offeror submit a separately signed statement addressing the items listed in C.3.10.1.1 through C.3.10.2 and that a signed statement is only necessary if the Offeror cannot certify to any of the items listed in Section C.3.10 *et al.*

RESPONSE 59. Certification to 3.10.1.1 through 3.10.1.4 is implied in the submission of a proposal. However, a signed statement is required if the Offeror cannot certify to any of the items listed in Section C.3.10 *et al.*

INQUIRY 60. RFP Body, 7.11.4; Appendix D, Response 38: RFP Body Section 7.11.4 states: “The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 7.11” We do not see any requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, for Section 7.11 Technical Requirements because Appendix D (page 33) requires a response to section: j. 7.11 - Technical Requirements (RESPONSE 38j). Please advise what requirements should be addressed here.

RESPONSE 60. RFP Body Sections 7.11 – Technical Requirements, 8.11 – EDI, 9.9 – EDMS Support, and 9.10 – Workflow Management Support do not have detailed requirements associated to them within Appendix A – Requirements Matrix and Performance Standards. Offerors will still need to describe how their solution will provide the functionality and shall generally address these sections in their response text and note there were no technical requirements in Appendix A.

INQUIRY 61. RFP Body, 8.11.2; Appendix D Response 39i: RFP Body Section 8.11.2 states: “The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 8.11.” We do not see any requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, for Section 8.11, EDI. Because Appendix D (page 36) requires a response to section: i. 8.11 – EDI (RESPONSE 39i). Please advise what requirements should be addressed here.

RESPONSE 61. RFP Body Sections 7.11 – Technical Requirements, 8.11 – EDI, 9.9 – EDMS Support, and 9.10 – Workflow Management Support do not have detailed requirements associated to them within Appendix A – Requirements Matrix and Performance Standards. Offerors will still need to describe how their solution will provide the functionality and shall generally address these sections in their response text and note there were no technical requirements in Appendix A.

INQUIRY 62. RFP Body, 9.9.3; Appendix D Response 40: RFP Body Section 9.9.3 states: “The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 9.9.” We do not see any requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix. Section 9.9. Electronic Document Management Support because Appendix D (page 37) requires a response to section: “h. 9.9 - Electronic Document Management Support (RESPONSE 40h). Please advise what requirements should be addressed here.

RESPONSE 62. RFP Body Sections 7.11 – Technical Requirements, 8.11 – EDI, 9.9 – EDMS Support, and 9.10 – Workflow Management Support do not have detailed requirements associated to them within Appendix A – Requirements Matrix and Performance Standards. Offerors will still need to describe how their solution will provide the functionality and shall generally address these sections in their response text and note there were no technical requirements in Appendix A.

INQUIRY 63. RFP Body, 9.10.2; Appendix D Response 40: RFP Body Section 9.10.2 states: “The Contractor shall adhere to the requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, Section 9.10.” We do not see any requirements and performance expectations listed in Appendix A – Requirements and Performance Standards Matrix, for Section 9.10 Workflow Management because Appendix D (page 37) requires a response to section: i. 9.10 –Workflow Management Support (RESPONSE 40i). Please advise what requirements should be addressed here.

RESPONSE 63. RFP Body Sections 7.11 – Technical Requirements, 8.11 – EDI, 9.9 – EDMS Support, and 9.10 – Workflow Management Support do not have detailed requirements associated to them within Appendix A – Requirements Matrix and Performance Standards. Offerors will still need to describe how their solution will provide the functionality and shall generally address these sections in their response text and note there were no technical requirements in Appendix A.

INQUIRY 64. Appendix D, Response 51: Response 51 states: “The Offeror shall submit a completed Appendix A – Requirements and Performance Standards Matrix that indicates the appropriate Contract Stage the Offeror will deliver each requirement. The Response to Response 52 should be provided in a single attachment to the Offeror’s proposal using the Appendix A in Microsoft Excel format.” Please confirm that the reference to Response 52 should read Response 51.

RESPONSE 64. Yes, the reference to Response 52 should read Response 51. Appendix D has been modified to reflect this change.

INQUIRY 65. Appendix A, Instructions for Completing Appendix A: The instruction for the three Applicable RFP Section Columns says the following: “These three columns demonstrate the section of the RFP Body to which the requirement applies. Sequence does not indicate priority, but rather corresponds to the applicable order of the RFP Body. Offerors must respond to each and all sections listed for these three columns within their Technical Proposal narrative.” Please confirm that in cases where a requirement is applicable to more than one RFP section, Offerors may address the requirement fully in the most logical RFP Section (hence the appropriate Question Response) and then address briefly in the other applicable RFP Sections with a clear pointer to where the detailed response is provided.

RESPONSE 65. Yes, this approach is acceptable.

INQUIRY 66. Appendix D, Response 49: Please confirm that the intent of Response 49 is to provide the Department with proposed pricing/solutions for those optional requirements that are not already included in the base pricing. For those requirements tagged as optional but are already included in our base solution, please confirm that they should be addressed in the appropriate Response and not also included in Response 49.

RESPONSE 66. Offerors shall include all descriptions for Optional requirements within RESPONSE 49. Offerors are encouraged to include any additional functionality provided by their solution that is not already required by this RFP. No pricing shall be included in the Technical Proposal, including RESPONSE 49.

INQUIRY 67. Appendix D, Response 52: Please confirm that Response 52 should be included on the USB as part of the Technical Proposal Response Package folder. Also, should the red-lined version of the Appendix H – Draft Contract be included in the actual answer to Response 52 or should it be included as an Attachment in the Attachments section of the USB (reference: Appendix C, Section C.4.5., p. 15)?

RESPONSE 67. The complete response to RESPONSE 52, including the red-lined Appendix H, shall be included as an attachment to the Offeror’s response.

INQUIRY 68. Attachment C, C.4.5.7: The Department has specified that certain attachments be provided with an Offeror's response (such as Resumes, Project References, etc.) and be labeled accordingly. Should these attachments be included in a separate Attachments folder on the USB (as suggested by C.4.5.7) or included as a subfolder within the Technical Proposal Response Package folder on the USB?

RESPONSE 68. Attachments shall be clearly marked. It is not necessary to create a separate folder within the Technical Proposal folder.

INQUIRY 69. Attachment A, Unique IDs 1871 and 1872; RFP Body, 10.2.1: In Appendix D, we do not see a Response Question that correlates to Unique ID Requirements #'s 1871 and 1872; therefore, is it correct to assume that #1871 and 1872 should not be included as part of our Technical Proposal Package response? These requirements are referenced in RFP Body 10.2.1 which falls under the overall heading Section 10 Compensation and Invoicing, should these requirements be addressed as part of the Price Proposal Response rather than the Technical Proposal Response? If not, then where in the Technical Proposal response should these requirements be addressed?

RESPONSE 69. Offerors shall use RESPONSE 38 w to address Unique IDs 1871 and 1872. Appendix D RESPONSE 38 has been modified to reflect this change.

INQUIRY 70. Appendix C, C.3.9: Please confirm that C.3.9 Conflicts of Interest is provided for information only and does not require a specific response from the Offeror.

RESPONSE 70. Certification to C.3.9 is implied in the submission of a proposal. However, a signed statement is required if the Offeror cannot certify to any of the items listed in Section C.3.9 et al.

INQUIRY 71. **Appendix D, D.1.1.1: In reference to Table D.1.1.1 Proposal Response Mapping, please confirm that the following Response Questions should be corrected so that they match the actual response question numbers provided later in Appendix D: Corporate Qualifications – Background and Experience row of table, second column: Change Responses 1-8 to say Responses 1-7. Reference Checks and Corporate Capabilities and Commitment row of table, second column: Change Responses 9- 15 to say Responses 8 – 15.**

RESPONSE 71. Appendix D has been modified to reflect this change.

INQUIRY 72. **RFP Body, 2.2.3.2: “Implement business intelligence and data analytic services” Should this paragraph be in this RFP?**

RESPONSE 72. Yes. This is a part of the Department's project vision.

INQUIRY 73. **RFP Body, 4.5.1: EDMS licensing for “all employees in the Department” – Can the Department estimate how many this will include?**

RESPONSE 73. Please reference Appendix G – Procurement Library Content List for the number of Department staff to use for planning purposes.

INQUIRY 74. **RFP Body, 4.5.1: Under MMIS/Supporting/Services: “Provide the TPL system of record” – Is the Department changing their position? Currently CBMS and HMS are the system of record.**

RESPONSE 74. CBMS will remain the system of record for client eligibility. The Core MMIS and Supporting Services shall serve as the system of record for client TPL.

INQUIRY 75. **RFP Body, 4.5.1: Under EDI: Can the Department clarify the following statement: "Translate non-standard transactions into HIPAA compliant formats for 320 byte PAR"? What else will need conversion to X12?**

RESPONSE 75. The Department cannot provide specific examples regarding instances. The Department is looking for Offerors to propose a solution to translate non-standard transactions into HIPAA compliant formats, if needed.

INQUIRY 76. **RFP Body, 4.5.1: Under FA Services: Can the Department please clarify the following “maintenance of client records and response to client inquires (call center)”? In other parts of the RFP it states client helpdesk is optional (Appendix A, Unique ID 1857).**

RESPONSE 76. RFP Body Section 4.5.1 has been modified to remove the statement: “Maintenance of client records and response to client inquiries (call center).”

INQUIRY 77. **RFP Body, 5.2.4: Can the Department please clarify whether it expects BIDM and PBMS to implement twice if the schedules do not align?**

RESPONSE 77. BIDM and PBMS will not be required to interface with the Legacy System.

INQUIRY 78. **RFP Body, 5.6.3.4: Can the Department please elaborate or consider removing the following statement – “Even if that reason is beyond the Contractor’s control.”**

RESPONSE 78. The Department will not consider a change to this requirement.

INQUIRY 79. **RFP Body, 6.1.1: Will the Department reconsider that the Operational Transition/Readiness Manager and the FA Operations Manager cannot be the same person? From DDI to Operations, this position will be in charge of all transition activities.**

RESPONSE 79. The Department views the Operational Transition/Readiness Manager and FA Operations Manager as a separate person for Stages I, II, and III. The Operational Transition/Readiness Manager is not required for Ongoing MMIS Operations and Fiscal Agent Operations Stage. RFP Body Table 6.1.3 has been modified.

INQUIRY 80. **RFP Body, 8.3.1: Please elaborate on the type of appeals this requirement refers to. If they are PAR appeals, doesn’t the UM Vendor handle these appeals?**

RESPONSE 80. The statements about client appeals are tied to Appendix A Unique ID 1434 and are only applicable if the client portal is developed.

INQUIRY 81. **RFP Body, 8.3.2.5: Similar to the above question, what type of Clients appeals are these?**

RESPONSE 81. The statements about client appeals are tied to Appendix A Unique ID 1434 and are only applicable if the client portal is developed.

INQUIRY 82. **RFP Body, 8.11.1: Please explain this statement: “translate data for other enterprise applications, regardless of platform.”**

RESPONSE 82. The EDI solution will need to send and receive all compliance transactions and will need to interface with multiple systems, some of which are unknown at this time due to current procurement activities.

INQUIRY 83. **RFP Body, 10.6.2.2.1.3: Clarify this statement: Currently, the Colorado FA exceeds 2,000 hours per month in maintenance activities, of which over 30% comes from Department requests.**

RESPONSE 83. No. The Department cannot verify the information provided in this inquiry.

INQUIRY 84. **Appendix A, Last row of table on Page 2 of 2: Can the Department explain what this phrase means: “Notice: The Department is not responsible for any changes inadvertently made to this version of these requirements”?**

RESPONSE 84. This refers to the appearance ('look and feel') of the response to be provided by the Offeror. This means that if Offerors inadvertently make changes to the source file of these requirements in their submission/response, that the response is considered as being based on the RFP released version of the Appendix A requirements not with the inadvertent changes made by the Offeror.

INQUIRY 85. **Appendix A, Unique ID 1006: Can the Department reword this note to clarify its role within Memorandum of Understanding (MOU) that it “will establish an understanding between all three contractors” to ensure an understanding of the Department’s role/responsibilities in these interactions?**

RESPONSE 85. The Department will take the lead in developing a Memorandum of Understanding with the three (3) contractors concerning the roles and responsibilities of each. The Department will be one (1) of the signatures on the Memorandum of Understanding as well as the three (3) contractors.

INQUIRY 86. **Appendix A, Unique ID 1032: Please explain Online Application Template.**

RESPONSE 86. This refers to the appearance ('look and feel') of the online application to be provided by the Contractor.

INQUIRY 87. **Appendix A, Unique ID 1069: Please define authorized user in terms of the requirements for face to face training.**

RESPONSE 87. Authorized System users can be Department staff, other agencies staff, approved contractors, enrolled providers, and other Department approved individuals, such as client advocates. New providers may attend provider training workshops.

INQUIRY 88. **Appendix A, Unique ID 1112: Can the Department confirm that this requirement is based upon its current location?**

RESPONSE 88. This is correct. The Department is located at 1570 Grant St, Denver, CO, 80203.

INQUIRY 89. **Appendix A, Unique ID 1113: Please confirm this is 8:00 – 5:00, Monday – Friday.**

RESPONSE 89. This is correct. Unique ID 1113 has been modified.

INQUIRY 90. Appendix A, Unique ID 1151: Will the contractor be permitted to update the address from the return receipt or will the provider need to be contacted? How will the contractor know what to update from an undeliverable email? Is this for both Provider and client?

RESPONSE 90. The provider will need to be notified to update the information. This does not apply to clients.

INQUIRY 91. Appendix A, Unique ID 1240: Please clarify the statement “all original paper”, as this is a change from current policy where all paper PE applications must be retained.

RESPONSE 91. Standards on the current process are expected change based on the Contractor’s solution.

INQUIRY 92. Appendix A, Unique ID 1417: Please explain outbound call service to clients.

RESPONSE 92. The Department is looking for Offerors to propose a solution that meets the requirement.

INQUIRY 93. Appendix A, Unique ID 1456: Can the Department define an informal provider?

RESPONSE 93. Unique ID ~~14566~~ 1456 has been modified and the term ‘informal’ has been removed.

INQUIRY 94. Appendix A, Unique ID 1487: Has the Department considered the increased risk of disclosing PHI?

RESPONSE 94. Yes, this has been considered. Offerors should propose how they would implement this optional requirement while protecting PHI.

INQUIRY 95. **Appendix A, Unique ID 1524: Is it the Department’s intent to eliminate the current rules that a provider with 5 claims or less per month can submit on paper or claims greater than 1 year old can be submitted on paper?**

RESPONSE 95. The Department expects that claims with a date-of-service greater than a year may continue to be submitted on paper depending on the Contractor’s solution. The Department will consider changes to business practices and rules for claims greater than one (1) year old and those that allow providers with five (5) claims or less per month to submit on paper based on the Contractor’s solution.

INQUIRY 96. **Appendix A, Unique ID 1527: Does this apply with PARs submitted to the Department’s UM vendor? Will the FA be expected to key these PARs?**

RESPONSE 96. The Contractor will not be keying PARs submitted to the Department’s UM vendor. The Contractor shall propose a solution for storing all PAR documentation.

INQUIRY 97. **Appendix A, Unique ID 1532: What is 110?**

RESPONSE 97. The 110 is a Legacy System reference. Unique ID 1532 has been modified to remove the 110 reference.

INQUIRY 98. **Appendix A, Unique ID 1583: Provide examples of additional information that would be required to process a claim? Will the information be sent electronically or on paper?**

RESPONSE 98. Examples are invoices, manufacturer's suggested retail price, operating reports, and timely filing forms.

INQUIRY 99. **Appendix A, Unique ID 1750: Texting is not considered secure. Will the Department consider removing this from the requirement?**

RESPONSE 99. No. Offerors should propose how they would implement this optional requirement while protecting PHI.

INQUIRY 100. **Appendix A, Unique ID 1792: Please confirm and then update the RFP throughout as to whether the client call center will be part of this contract.**

RESPONSE 100. The Client Call Center is Optional.

INQUIRY 101. **Appendix A, Unique ID 1828: What is the difference between 'flag' and 'suspended'?**

RESPONSE 101. The Department uses the word “flag” to set an information edit on a claim for use in reporting. The Department uses the word “suspend” to set an edit on a claim that puts a hold on the claim for manual review and manual entry of the decision to pay or deny the claim.

INQUIRY 102. **Appendix A, Unique ID 1844: Does the Department expect the contractor to enforce this policy? If so, what is the penalty for the provider not complying?**

RESPONSE 102. Offerors are expected to propose how to implement this requirement. Offerors may also propose penalties or other options for the Department to consider for providers who do not comply.

INQUIRY 103. **Appendix A, Unique ID 1862: Please confirm this is Monday – Friday.**

RESPONSE 103. This is correct. Unique ID 1862 has been modified.

INQUIRY 104. **Appendix A, Unique ID 1776: Please specify the demographic information that the providers may edit in the Colorado Registration and Attestation system as provider demographic information comes from core MMIS.**

RESPONSE 104. SLR allows edit of certain information which is not typically referred to as demographic information. Unique ID **1776** has been modified to read: Allow providers to review and edit their information as applicable.

INQUIRY 105. **Appendix A, Unique ID 1777: Does the State expect to use the hospital cost report information received from the NLR in processing the attestation? If yes, how?**

RESPONSE 105. Unique ID 1777 has been modified to delete the phrase: Receive hospital cost report information from NLR.

INQUIRY 106. **Appendix A, Unique ID 1785: Describe and/or provide examples of validation edits, data sets, audit rules, and reports that need to be provided in the Provider Outreach website for the EHR Incentive Program?**

RESPONSE 106. Unique ID 1785 has been modified to read: The Contractor must provide detailed instructions for the providers to enroll on the Provider Outreach website.

INQUIRY 107. **Appendix A, Unique ID 1811: Can the State expand on the requirement to “Maintain... proprietary EHR integration as part of the Colorado Registration and Attestation.” What is expected for the integration?**

RESPONSE 107. Unique ID 1811 has been modified to remove:), and proprietary EHR integration.

INQUIRY 108. **Appendix A, Unique IDs 1812 and 1813: With regard to security and confidentiality -- will the State require their providers to submit patient-level information as part of the Colorado Registration and Attestation process? If yes, will the State require the Registration and Attestation system to track who accessed PHI information?**

RESPONSE 108. To date, CMS has not required patient-level information as part of the Medicaid EHR Provider Incentive Payment program. Should CMS require this, the Department will work with the Contractor to implement the necessary modifications to ensure compliance with the security and privacy of PHI through the Change Management Process.

INQUIRY 109. **Appendix A, Unique ID 1813: Please explain how the Medicaid NCCI File information is expected to be used in the Colorado Registration and Attestation process.**

RESPONSE 109. Unique ID 1813 has been modified to read: Ensure the confidentiality of all Colorado Registration and Attestation information not available to the general public. The Contractor shall report any requests for the release of confidential information to the Department within twenty-four (24) hours of receipt of the request.

INQUIRY 110. **Appendix C, C.5.4.1 to C.5.4.3: Will the State confirm that a Vendor may submit exceptions and proposed modifications to any provisions of the RFP, including Appendix H, the Draft Contract? See also Appendix D, section D.5.1, which reads: “The Offeror shall provide a listing of all additions or exceptions to terms and conditions provided in Appendix H – Draft Contract.” This language appears to limit exceptions to Appendix H, the Draft Contract.**

RESPONSE 110. The Offeror is limited to exceptions on Appendix H, the Draft Contract.

INQUIRY 111. **Appendix C, C.5.6.3: Will the State confirm that, in the event the State does not receive continued funding, the State will be responsible for payment for goods and services provided to the State up to the date of termination? For a termination of the contract where the Contractor is not in breach or in default of the contract, the Contractor should be permitted to recover certain expenses incurred as a result of starting up and winding down the contract. Will the State consider adding language to agree to compensate Contractor for any unamortized costs and reasonable wind-down costs in the event such termination?**

RESPONSE 111. Please refer to Paragraph 15 (b) (III) for the damages that are available for Early Termination in the Public Interest.

INQUIRY 112. **Appendix H, Section 7G: This section states that “[t]he Department may increase or decrease the statewide quantity of Choose described in the Contract based upon the rates established in the Contract.” Will the State please clarify what “Choose” is?**

RESPONSE 112. Appendix H, Section 7 G has been modified to remove the word.

INQUIRY 113. **Appendix H, Section 9: Will the State confirm that State’s right to inspection of records is limited to the work performed by the Contractor and the services or deliverables provided under the awarded contract?**

RESPONSE 113. The Department will consider this revision in Contract negotiations. A red-lined Appendix H shall be included as an attachment to the Offeror’s response.

INQUIRY 114. **Appendix H, Section 9: Will the State confirm that reasonable prior notice will be provided to Contractor prior to an inspection?**

RESPONSE 114. The Department will consider this revision in Contract negotiations. A red-lined Appendix H shall be included as an attachment to the Offeror’s response.

INQUIRY 115. **Appendix H, Section 9: Will the State clarify that the requirement regarding a final audit report is specific to an audit of Contractor’s records related to the services and deliverables under the awarded contract?**

RESPONSE 115. The Department will consider this revision in Contract negotiations. A red-lined Appendix H shall be included as an attachment to the Offeror’s response.

INQUIRY 116. **Appendix H, Section 10: Will the State clarify that the Contractor is required to comply with only applicable laws and regulations regarding confidentiality?**

RESPONSE 116. The Department will consider this revision in Contract negotiations. A red-lined Appendix H shall be included as an attachment to the Offeror’s response.

INQUIRY 117. **Appendix H, Section 11: Is there a specific format required for the disclosure statement referred to by the State in this section?**

RESPONSE 117. No format for disclosure is specified. The Department will discuss with the Contractor if disclosure is required and reach an agreement to a format for the statement.

INQUIRY 118. **Appendix H, Section 14: Are material obligations defined in the contract?**

RESPONSE 118. The Department will consider adding a definition for "obligation" in Contract negotiations. A red-lined Appendix H shall be included as an attachment to the Offeror's response.

INQUIRY 119. **Appendix H, Section 15B: Will the State consider increasing the time period under subsection (i)? The stated time period of twenty days is insufficient given the scope of the awarded contract?**

RESPONSE 119. The Department will consider this revision in Contract negotiations. A red-lined Appendix H shall be included as an attachment to the Offeror's response.

INQUIRY 120. **Appendix H, Section 15B: Will the State confirm that, in the event of such termination, the State will be responsible for payment for goods and services provided to the State up to the date of termination? For a termination of the contract where the Contractor is not in breach or in default of the contract, the Contractor should be permitted to recover certain expenses incurred as a result of starting up and winding down the contract. Will the State consider adding language to agree to compensate Contractor for any unamortized costs and reasonable wind-down costs in the event such termination?**

RESPONSE 120. Reference Appendix H Paragraph 15 (b) (III) for the damages that are available for Early Termination in the Public Interest.

INQUIRY 121. **Appendix H, Section 15C: Will the State suspend Contractor's performance under the contract for issues not related to performance? If suspension is due to a Contractor performance issue not in accordance with contract requirements, will the State confirm that, upon correction of performance, State will pay for services?**

RESPONSE 121. The Department will consider this revision in Contract negotiations. A red-lined Appendix H shall be included as an attachment to the Offeror's response.

INQUIRY 122. **Appendix H, Section 15C: Will the State explain how the reasonably related value will be determined?**

RESPONSE 122. The Department will consider a discussion of defining this language more fully during Contract negotiations. A red-lined Appendix H shall be included as an attachment to the Offeror’s response.

INQUIRY 123. **Appendix H, Section 15C: Will the State agree that this right is limited to the key personnel identified in Section 6.0 of the RFP?**

RESPONSE 123. The Department will consider this issue during Contract negotiations. A red-lined Appendix H shall be included as an attachment to the Offeror’s response.

INQUIRY 124. **Appendix H, Section 15D: Will the State confirm that the liquidated damages described in subsection (i) are applicable to the implementation phase and the liquidated damages described in subsection (ii) are applicable to operations after July 1, 2017? Will the State confirm that liquidated damages for operations are to be calculated as the difference between the value for current contract operations and the value of contract operations under the awarded contract? What is meant by “fully operational”? Will the State confirm that liquidated damages for operations may not be withheld absent the dispute resolution process?**

RESPONSE 124. Liquidated damages will be assessed. The Contractor will then be allowed to use the Dispute Process in order to dispute the assessment of the damages. Please review Paragraph 15D for the calculation of damages.

INQUIRY 125. **Appendix H, Section 15C: Will the State amend this section to exclude liquidated damages for any delays due to circumstances beyond Contractor’s control and including delays caused by the State or the BIDM or PBMS contractors?**

RESPONSE 125. The Department will not make such an amendment. The Department believes the Dispute Process will allow the Contractor to have recourse should it believe the damages are invoked for circumstances outside of the control of the Contractor or caused by other contractors.

INQUIRY 126. Appendix H, Section 19H: It is difficult to assess the impact future federal or State law or regulation on the scope of an awarded contract. To the extent that a future federal or State law or regulation substantively impacts the scope of the awarded contract, will the State clarify that the parties will negotiate an amendment or change order to the Contract in order for Contractor to meet such new or changed laws? Such change order and amendment should also include an equitable adjustment to Contractor's price for the services. It would be impossible to price for such unknown risks and unfair to expect the Contractor's services to remain compliant with such new or changed laws without compensating Contractor.

RESPONSE 126. The Department will commit to negotiate amendments or change orders should federal or state laws significantly change. The Department will enter into negotiation with the Contractor to discuss adjustments to price that are required.

INQUIRY 127. Appendix H, Section 19K: Will the State confirm that where Contractor's continued performance is required after termination of the contract, the State will pay Contractor for the costs of such performance?

RESPONSE 127. The Department cannot make this commitment. A decision on an issue of this nature would be made on a case-by-case basis.

INQUIRY 128. RFP Body, 5.6.3.4.1: Will the State consider amending the language to shorten the time period before a Contractor may use the dispute resolution process regarding quality maintenance payments? As written, the RFP requires that a Contractor provide notice to the State that the delay in payment is due to circumstances beyond the Contractor's control. The Contractor must then wait at least sixty (60) business days from the date of Contractor's written notice to the State. The requirement to wait 60 business days before being permitted to seek relief places an unreasonable burden on the Contractor.

RESPONSE 128. The Department is willing to discuss this issue during Contract negotiations.

INQUIRY 129. **RFP Body, 7.4.2: Will the State clarify whether approval criteria is equivalent to acceptance criteria?**

RESPONSE 129. Yes, approval criteria is equivalent to acceptance criteria.

INQUIRY 130. **RFP Body, 7.8.3: It is difficult to assess the impact future federal or State legislation or ongoing legislative changes on the scope of an awarded contract. To the extent that future or ongoing legislative changes substantively impacts the scope of the awarded contract, will the State clarify that the parties will negotiate an amendment or change order to the Contract in order for Contractor to meet such new or changed legislation? Such change order and amendment should also include an equitable adjustment to Contractor's price for the services. It would be impossible to price for such unknown risks and unfair to expect the Contractor's services to remain compliant with such new or changed legislation without compensating Contractor.**

RESPONSE 130. The Department will commit to negotiate amendments or change orders should federal or State laws significantly change. The Department will enter into negotiation with the Contractor to discuss adjustments to price that are required.

INQUIRY 131. **RFP Body, 10.3.1: Will the State confirm that, following receipt of a deliverable, the State has ten (10) business days to accept or reject a deliverable? Will the State clarify whether the deliverable and invoice may be submitted at the same time?**

RESPONSE 131. Invoices and deliverables may be submitted at the same time. The 10-business day standard applies only to the acceptance or rejection of a deliverable. It does not provide a timeframe for the payment of an invoice.

INQUIRY 132. **Appendix B, Number 13: Is the ‘gate review crosswalk’ to be considered the same as exit criteria required at the end of each phase (there is no other RFP mention of the state’s expectation for using gate reviews)?**

RESPONSE 132. No. Gate Review Crosswalks are IT Project Implementation review processes required by Colorado's OIT. OIT is currently finalizing the documentation. New information regarding the Gate Review Crosswalks has been provided in Appendix G. Any further information regarding the process and its requirements will be provided as it becomes available to the Department.

INQUIRY 133. **Appendix B, Number 83: Question relative to Training Plan. Number 83, in Appendix B, page 19 – identifies the Resource Management Plan and Training Plan as one document. Requirement 1068, in Appendix A, page 19 – identifies the Training Plan as a separate deliverable. Requirement 1069, in Appendix A, page 19 – states that the Resource Management Plan includes a Training Plan. Could the State please clarify whether the Training Plan is included in the Resource Management Plan or is a separate plan?**

RESPONSE 133. The Department requires both a Resource Management Plan and a Training Plan. The Department will accept these documents as a combined document or as separate documents.

INQUIRY 134. **Appendix A, Unique ID 1137: Please confirm that the information requested in Unique ID 1137 does not have to be included in a formal signed statement from a subcontractor with the proposal but rather can be provided as part of the proposal response narrative, as long as all information and certifications are provided.**

RESPONSE 134. A formal signed statement from a subcontractor is not required.

INQUIRY 135. RFP Body, 2.4.5.1: In this paragraph, the term Prime Contractor is confusing and implies that the PBM vendor is a subcontractor to the vendor who wins this contract. We do not believe that is the intention, so we ask the Department to clarify the relationship between the winning vendor of the contract and the winning vendor of the PBM contract.

RESPONSE 135. The PBM contractor will not be a subcontractor to the Core MMIS and Supporting Services Contractor. The Core MMIS and Supporting Services Contractor is responsible for Systems Integration with the PBMS and BIDM.

INQUIRY 136. RFP Body, Table 4.6.4: This indicates that a firm called MASSPRO performs prior authorization services for the Department. Would the Department please confirm if the scope of this RFP includes any prior authorization services? If so, please specify for which services and provide monthly volumes to allow the bidders to scope this effort correctly.

RESPONSE 136. This RFP does not include any medical review for prior authorizations of services.

INQUIRY 137. RFP Body, Figure 5.2.4: The RFP states, "Starting in March of 2016 there is Ongoing Online Provider and Ops." Where should we include the prices of this system in the price schedules?

RESPONSE 137. Please refer to footnote 5 in Appendix E – Pricing Schedules, Price Schedule E, Ongoing MMIS Operations and Fiscal Agent Operations Stage SFY 2016-17.

INQUIRY 138. RFP Body, Figure 5.2.4: Would the Department please clarify if Ongoing Operations starts after Stage 2 is completed?

RESPONSE 138. Language in RFP Body Section 5.2.11.1 has been modified to provide clarity. See Response 12.

INQUIRY 139. RFP Body, 5.5.4: Would the Department please clarify if the contractor is completely responsible for these functions? What are the anticipated annual volumes for these functions?

RESPONSE 139. Yes, the Contractor is completely responsible for these functions. The Department cannot provide anticipated annual volumes for these functions. Offerors' responses should include assumptions based on their solution and previous experience.

INQUIRY 140. RFP Body, 5.6.3.4: We understand the State's position to stimulate contractor participation in this effort, but we suggest language changes to allow 25% of the quality maintenance payment to be released every quarter after the scheduled due date if the delays are outside the control of the vendor, with the final 24% of the quality maintenance payment being withheld until completion of the stage.

RESPONSE 140. The Department will not consider a change to this requirement.

INQUIRY 141. RFP Body, 8.3.2.4: Would the Department please clarify the expected frequency of correspondence and notifications? Are they applicable to all clients, or will they differ based on type of client, benefit plan, and so forth, resulting in multiple messages? Please specify the criteria for identifying who should receive which communications.

RESPONSE 141. The Department cannot answer this question as the duties are coordinated with CBMS and the Enrollment Broker.

INQUIRY 142. RFP Body, 8.4.2.2: Would the Department please clarify if this requirement is for an automated online enrollment and paper solution? Please provide the volume for each type.

RESPONSE 142. The requirement is for an automated online enrollment solution with the ability for the Contractor to enter information from paper if necessary. Reference Appendix A Unique IDs 1446 through 1513.

INQUIRY 143. RFP Body, 8.4.2.5: Would the Department please provide additional information on “issuance and management of provider correspondence,” including retention requirements? Please provide an example of provider affiliations within and across lines of business. Does the Department envision communications on paper, electronic communication, or both? What is the anticipated volume?

RESPONSE 143. The Department expects that the Offeror’s solution for the Provider Enrollment Tool would include the ability to maximize electronic communication and its storage. The Contractor will be re-enrolling all Colorado Medicaid providers as described within the RFP. The Department cannot provide an anticipated volume.

INQUIRY 144. RFP Body, 8.4.2.7: Would the Department please provide volumes for grievances and appeals?

RESPONSE 144. This information is not available.

INQUIRY 145. RFP Body, 8.9.2.5: Would the Department please define the scope of “Population Management” with some use cases? For instance, is the scope limited to collecting population-related health information for each client/member, or does it involve statistical analysis on data across the population?

RESPONSE 145. Population Management relates to the ability of the System to collect health data that will be transmitted to the BIDM to be aggregated and analyzed. Reference Appendix A Unique IDs such as 1707, 1708, 1709 and 1727 for some examples of such data.

INQUIRY 146. RFP Body, 8.13.1.3: Would the Department please add an example of the Plan of Care to the Procurement Library?

RESPONSE 146. Plan of Care is the process of defining and prescribing a set of services or treatments based on a patient’s need.

INQUIRY 147. RFP Body, 11.5.1.2: Would the Department clarify if all criteria that are scored on a 0-10 scale will receive integer scores, or if fractional scores are possible (for example, 9.5 or 8.5)?

RESPONSE 147. Criteria will be scored on a 0-10 scale. No fractional scores will be permitted.

INQUIRY 148. RFP Body, 11.5.7: We understand that the scores for the first two price proposal evaluation criteria will be normalized based on their total lump sum price. Would the Department please clarify if the other two criteria, Hourly Rates and Suitability & Alignment, which are scored on a scale of 0-10, also be normalized using the formula in 11.5.9, or if their scores will be weighted as scored and not relative to others?

RESPONSE 148. No. These two criteria will not be normalized using the formula described in RFP Body Section 11.5.9. Hourly Rates and Suitability & Alignment scores will use the scoring described in RFP Body Section 11.5.1.2 and will be weighted as stated in RFP Body Table 11.5.4.

INQUIRY 149. RFP Body, 11.5.5: Would the Department please provide guidance on how much of the 4.0% weight of the Suitability & Alignment score will be allocated to the Implementation Stage vs. Ongoing Operations?

RESPONSE 149. The Suitability & Alignment score represents 4.0% of the total scoring weight and further breakdown will not be provided. The Department will consider both stages as stated in RFP Body Sections 11.5.4 and 11.5.5.

INQUIRY 150. Appendix A, Unique ID 1023: Would the Department please provide the list of mission critical services (priority 1)?

RESPONSE 150. The Department does not have a list of mission critical services related to this requirement. These will be defined in the Business Continuity and Disaster Recovery Plan.

INQUIRY 151. **Appendix A, Unique ID 1043: Would the Department please specify how many months of existing data needs to be migrated? What type of historical data will be excluded from or is not part of the specified historical data? How long does the State expect the Contractor to store and manage data? What is the "specified time"?**

RESPONSE 151. The Department does not have the specific information being requested. Currently, the Legacy System contains 36 months of claims data and 66 months of client eligibility data. Offerors should respond based on their previous experience in other similar systems.

INQUIRY 152. **Appendix A, Unique ID 1136: We recommend modifying this requirement as follows: "Provide the Department on a monthly basis the number of staff who resigned in the prior month and the top 3 reasons for resignations."**

RESPONSE 152. The Department will not consider a change to this requirement.

INQUIRY 153. **Appendix A, Unique ID 1151: What does the Department envision the contractor do to revise provider files based on returned mail/email?**

RESPONSE 153. The provider will need to be notified to update the information. This does not apply to clients.

INQUIRY 154. **Appendix A, Unique ID 1160: Would the Department please specify the number of control objectives included in the SSAE-16 audits currently performed?**

RESPONSE 154. The number of control objectives in the SSAE-16 audit conducted by the Contractor should be consistent with the extent and types of services provided by the Contractor to the Department. They should be sufficient in number and detail to provide reasonable assurances regarding staffing, staffing policy, supervision, adherence to procedures, segregation of duties, computer and network environments, physical access, scheduling of processing, timely and accurate results, backup and archival storage, system access control, application development, validity of input data, integrity of output data and reports, policies and procedures, change control, issue and problem reporting and root cause analysis. (This list is intended to provide examples only and is not intended to be a complete list of requirements.). The Offeror can find additional information at the following site <http://ssae16.com/>

INQUIRY 155. **Appendix A, Unique ID 1204: Would the Department please clarify if the intent is to allow the "authorized providers" the ability to modify the security permissions and grant or revoke access to provider portal functions?**

RESPONSE 155. The Department has not decided on the specific policies regarding the authority of authorized users and will make decisions based on the Contractor's solution. This requirement is for the System to be capable of allowing authorized providers to modify security permissions and grant or revoke access to provider portal functions, should the Department choose to allow that capability.

INQUIRY 156. **Appendix A, Unique ID 1289: Would the Department please confirm that this requirement indicates workflow training and not a training workflow, which would indicate that a workflow process be instituted for training purposes?**

RESPONSE 156. Unique ID 1289 indicates workflow training.

INQUIRY 157. Appendix A, Unique ID 1313: Would the Department please clarify what level of provider biometric information needs to be stored? Does this include fingerprints? How does the Department envision providers will verify the identity of clients? Are photos sufficient, or does the Department envision fingerprints/optical identification?

RESPONSE 157. The Department does not have the specific information being requested. The Department is looking for Offerors to propose a reasonable approach and solution that meets the requirement.

INQUIRY 158. Appendix A, Unique ID 1316: Would the Department please define "areas" and "views" and provide examples of each?

RESPONSE 158. For example, a Department Analyst requires the ability to view a client record while being able to access and view a provider record while being able to access and view a program integrity form or screen, without having to close access to one 'module' or 'System component' to do so.

INQUIRY 159. Appendix A, Unique ID 1334: Would the Department please specify the platforms where the web browsers will be running? For example, there are versions of Safari for Apple Mac personal computers, Windows personal computers, and iOS mobile devices. There are Internet Explorer versions for Windows personal computers and Windows phones. There are Google Chrome versions for Windows personal computers and Android mobile devices. In addition, Firefox is mentioned as a supported web browser on the CO Standards (<https://data.colorado.gov/Colorado-OIT-Technology-Standards/OIT-Standards-Technology-Standards-Catalog/59yk-kunn>.) Will Firefox need to be supported, too? Also, would the Department define web browser features that are not allowed to be used by the application?

RESPONSE 159. The application must be accessible to providers and other users using the web browsers listed in this requirement. The Department does not control the web browsers or platforms that providers and other users may use to access the application. Firefox should also be supported as described in the Colorado Standards provided by OIT. Unique ID 1334 has been modified to reflect this change. The Department cannot define web browser features that are not allowed to be used by the application until the Department has selected a Contractor's solution and understands the components of that application.

INQUIRY 160. Appendix A, Unique ID 1345: Does the Department envision providers being able to only search post-implementation data (claims and prior authorizations) or historical data, too? If historical data is included, how far back?

RESPONSE 160. The Department does not have the specific information being requested. Offerors can provide a solution that demonstrates a robust search function in the web portal.

INQUIRY 161. Appendix A, Unique ID 1339: Would the Department specify who will be responsible for designating user roles and security levels within the application?

RESPONSE 161. The information security staff at the Department will be responsible.

INQUIRY 162. Appendix A, Unique IDs 1400 – 1409: Would the Department please clarify the 48-hour timeframe? Does this include only business days? Are 48 hours calculated as two full business days past the day an issue is identified? Please provide examples of enrollment issues that would be considered "within contractor control" and those that would not be within contractor control to resolve.

RESPONSE 162. The 48 hours are calculated based on two consecutive business days from the time the issue was identified. An example that would be considered within the Contractor's control is: MMIS assigned a client to the incorrect managed care plan or health benefit plan because system misread the client's eligibility incorrectly. An example that would not be considered with the Contractor's control is: CBMS sent incorrect client eligibility data and MMIS enrolled clients into the health benefit plan based on the data received.

INQUIRY 163. Appendix A, Unique ID 1413: Who produces the ID Cards? How does this vendor get the file to produce them?

RESPONSE 163. Another contractor produces the Medicaid ID cards. The eligibility system sends a daily electronic file to the Department which is submitted to the Medicaid ID Card contractor.

INQUIRY 164. **Appendix A, Unique ID 1417: Would the Department please define the types of communications that would be available via these options?**

RESPONSE 164. The Department is looking for Offerors to propose a solution that meets the requirement.

INQUIRY 165. **Appendix A, Unique ID 1420: Would the Department please provide the number years of data to be maintained for online access to eligibility data?**

RESPONSE 165. The Department expects that Offerors will provide a reasonable period through their solution. Currently, the Department allows providers to verify clients' eligibility up to one (1) year through the current web portal.

INQUIRY 166. **Appendix A, Unique ID 1420: Would the Department please clarify the Department defined time period and how many months/years of data must be maintained? Do these timeframes/requirement apply to all clients, or are there exceptions?**

RESPONSE 166. The Department expects that Offerors will provide a reasonable period through their solution. Currently, the Department allows providers to verify client eligibility up to one year through the web portal. The Department's current Fiscal Agent has developed a process so Hospital providers can verify client eligibility within the last five (5) years through other methods to help assist them in the calculation of their Medicare Disproportionate Share Payments.

INQUIRY 167. **Appendix A, Unique ID 1421: Would the Department clarify if the fiscal agent should make the notifications available to the MMIS for electronic document storage? Clarify what "storing the data used to populate the notification" means? For how many years will the fiscal agent be required to store the data?**

RESPONSE 167. The Contractor has to store all of the data used to notify the client/provider. However, the Contractor can provide a solution that stores the data outside of the electronic document storage. This information needs to be stored based on the data retention requirements.

INQUIRY 168. **Appendix A, Unique ID 1456: Would the Department please provide more definition for this requirement? Is this a process to track applications for informal and out-of-state providers, or is this to create provider files for these entities to pay out-of-state claims?**

RESPONSE 168. These providers would use the Provider Enrollment Tool to become eligible for claims payments. 'Limited-purpose' refers to the ability to include enrollment fields in the tool that allow restrictions such as services or the length of active enrollment.

INQUIRY 169. **Appendix A, Unique ID 1471: Would the Department please clarify how many records (835 transactions) the provider will have access to (for example, last 60 days of 835 transactions)?**

RESPONSE 169. The System must allow the provider to have access to all files that have been generated within the last 60 days.

INQUIRY 170. **Appendix A, Unique ID 1477: Would the Department please provide the anticipated annual volume?**

RESPONSE 170. The Department does not have the data to provide anticipated annual volumes. The management of publications and a web site is a daily activity.

INQUIRY 171. **Appendix A, Unique ID 1491: Would the Department clarify if the contractor would keep paper provider agreements or imaged executed agreements with digital signatures?**

RESPONSE 171. The Department expects that Offerors will provide a reasonable approach throughout their solution. The Contractor is expected to maintain images of executed agreements with digital signatures to reduce the need to maintain paper provider agreements.

INQUIRY 172. **Appendix A, Unique ID 1515: Would the Department please elaborate on the types of data transactions for which the HL7 standards will be applicable?**

RESPONSE 172. The ANSI ASC X12 275 format supports the exchange of HL7 claim attachment information as well as other attachment formats.

INQUIRY 173. Appendix A, Unique ID 1540: Would the Department please define exactly what is meant by "reconcile"?

RESPONSE 173. The term reconcile in Unique ID 1540 means that the UM contractor receives an electronic file from the System allowing them to match Systems prior authorizations ID to the UM contractor's prior authorization record.

INQUIRY 174. Appendix A, Unique ID 1541: Would the Department please define the number of contractors the fiscal agent will interface with?

RESPONSE 174. The Department currently receives PAR data from two (2) contractors. However, throughout multiple sections of the RFP require various relationships with other contractors, many of these relationships do not currently exist. The Department expects that Offerors will provide a reasonable approach throughout their solution that allows for various relationships with other contractors and the ability to interface with contractors that are currently unknown.

INQUIRY 175. Appendix A, Unique ID 1590: In addition to the automated processes that support buy-in, fiscal agents typically support manual processes such as the investigation of duplicate records and conflicting data from CMS. Please confirm whether the manual processes are the responsibility of the Department or the fiscal agent.

RESPONSE 175. The Contractor is responsible for manual work although automation is preferred, depending on the Offeror's solution.

INQUIRY 176. Appendix A, Unique ID 1608: Would the Department please describe the type of alerts requested in this requirement?

RESPONSE 176. The Department expects that Offerors will provide a reasonable approach throughout their solution. The Department does not have the specific information being requested.

INQUIRY 177. **Appendix A, Unique ID 1622: Would the Department specify under what circumstances a provider would be able to apply online payments directly to an accounts receivable record?**

RESPONSE 177. The Department expects that Offerors will provide a reasonable approach throughout their solution. The Department does not have the specific information being requested, as the current functionality does not exist in the Legacy System

INQUIRY 178. **Appendix A, Unique ID 1694: Would the Department specify where CASE tracking data resides in the legacy system? What data sources contain case tracking data? What is the retention period for the data?**

RESPONSE 178. The case tracking data resides in the Department's enterprise surveillance review system (eSURS). eSURS contains 36 months of data.

INQUIRY 179. **Appendix A, Unique ID 1705: Would the Department specify how many systems would be required to interface with? Please provide statistics on paper vs. electronic plan of care.**

RESPONSE 179. Provide and maintain external interfaces that provide the data to satisfy the requirements of this RFP. Multiple sections of the RFP require various interfaces, many of these interfaces do not currently exist. The Department expects that Offerors will provide a reasonable approach throughout their solution that allows for many interfaces and the ability to interface with systems that are currently unknown.

INQUIRY 180. **Appendix A, Unique ID 1706: Would the Department please elaborate on what qualitative (text) data includes? How big should the field be? What are the elements of such data? Lab data or risk profile data? Please explain with an example.**

RESPONSE 180. Offerors are encouraged to propose a solution that allows a user to document or add a narrative to a client's health management records.

INQUIRY 181. **Appendix A, Unique ID 1727: Is it the Department's intent to collect and maintain the assessment data at the client/member level, and then aggregate at the population/program level?**

RESPONSE 181. The Department's intent is to collect and maintain the assessment data on the client/member level and then aggregate at the population/program level.

INQUIRY 182. **Appendix A, Unique ID 1729: Would the Department please elaborate on the scope of tracking? Is it limited to producing alerts/notifications when a change occurs, or is it maintaining historical information of changes for display?**

RESPONSE 182. The Department expects that Offerors will provide a reasonable approach throughout their solution. The intent of this requirement is to alert the client's case manager as the change occurs.

INQUIRY 183. **Appendix A, Unique ID 1732: Would the Department specify some of the business processes related to financial that the Department would need in the Case Management Tool?**

RESPONSE 183. The case management tool will retain the amount of expenditures by the client that is connected to the case.

INQUIRY 184. **Appendix A, Unique ID 1750: The word "ability" seems to imply that we can provide it but do not need to develop anything. Would the Department please clarify if the State requires development or only that the Offeror be capable of providing this service?**

RESPONSE 184. Unique ID 1750 states that the system should have the ability to securely communicate. The Offeror should provide a solution that will develop this ability.

INQUIRY 185. **Appendix A, Unique ID 1752: Would the Department specify where the clinical protocols physically reside? Are they in public facing websites that are normally accessible through a browser?**

RESPONSE 185. The user must be able to access the clinical protocols online through the case management tool. The Offer should provide a solution that allows the user to access the clinical protocols online.

INQUIRY 186. **Appendix A, Unique ID 1753: Would the Department please elaborate on the scope of monitoring?**

RESPONSE 186. Unique ID 1753 is related to the case management agencies' ability to monitor client utilization and services within Medicaid.

INQUIRY 187. **Appendix A, Unique ID 1758: Would the Department specify the data elements that the Department would like to collect? For instance, how many fields and what type of content would need to be uploaded?**

RESPONSE 187. The Department does not have this information. Offerors are encouraged to propose a solution that allows System users to upload quality performance measures into the Case Management Tool.

INQUIRY 188. **Appendix A, Unique ID 1758: Would the Department specify the quality performance measures targeted for? Are they measuring the provider or the care plan?**

RESPONSE 188. Performance measures relate to the care the client receives and could be looked at by provider, service, geography, etc. The measures at a minimum could include the adult and child initial core measures (as updated by CMS) or related data. Related data could include, for example, whether or not an aspect of the core measures was done/not done for clients who are case managed. The Department expects that Offerors will provide a reasonable approach throughout their solution.

INQUIRY 189. **Appendix A, Unique ID 1758: Would the Department clarify the need for other individuals to upload quality performance measures and the authorization they would need for such activities?**

RESPONSE 189. ‘Other individuals’ would be identified by roles and could be personnel such as quality coordinators and community health workers.

INQUIRY 190. **Appendix A, Unique ID 1762: Would the Department specify how the support levels and Client Service Plan authorization limits for services are calculated? What case management factors are utilized?**

RESPONSE 190. Client Service Plan authorization limits are varied and depend on the type of service and type of waiver the client is enrolled. (Offerors can view the provider billing manual to get an idea of the multiple service and service limits required by HCBS) The Support Intensity Scale (SIS) tool is used in determining level and severity of need for a specified number of services only (usually level 1-7). The tiers and specification for authorization limits will be supplied to the Contractor by the Department as often as necessary. Service planning and prior authorization is a function of case management. If a SIS tool is required or used for a specific service, the SIS information is collected and forwarded (or entered) to the Contractor’s case management system via the authorizing case management entity.

INQUIRY 191. **Appendix A, Unique ID 1775: Would the Department please clarify if "accepting provider applications" is limited to acceptance of a single application from an individual provider, or if the requirement extends to simultaneous acceptance and/or administration of group data for multiple providers under a single login?**

RESPONSE 191. Offerors should propose solutions to support both examples.

INQUIRY 192. **Appendix A, Unique ID 1776: Would the Department please clarify if the requirement to support "Review quality metrics" refers to the ability for Department authorized system users to view Clinical Quality Measures submitted as part of the application process?**

RESPONSE 192. Yes, the Department’s authorized System users must be able to view Clinical Quality Measures submitted as part of the application process.

INQUIRY 193. Appendix A, Unique ID 1776: Would you please clarify if the requirement to "Provide an online help and user manual" refers to a combination of "tooltip" style text that appears on mouseover and access to the appropriate User Manual, or if the requirement refers to additional help capabilities, too?

RESPONSE 193. The Department expects that Offerors will provide a reasonable approach throughout their solution. Tooltip text is one of the possible solutions.

INQUIRY 194. Appendix A, Unique ID 1776: Would the Department please clarify if the requirement to "Provide a tool for registration for enrollment and attestation" means the current enrollment and attestation system will be replaced, or if the contractor simply needs to interface to the existing system? Please also clarify if the requirement to "Provide payment calculation function" refers to the system's ability to calculate the appropriate Incentive Payment internally as part of the application adjudication and approval process.

RESPONSE 194. The Contractor must ensure that providers are fully supported in the program during the transition. The current enrollment and attestation system is expected to be replaced, depending on the Offerors approach. The Department expects that Offerors will provide a reasonable approach throughout their solution. The solution must provide an incentive payment calculation functionality based on regulations established by the CMS Medicaid EHR Provider Incentive Payment program.

INQUIRY 195. Appendix A, Unique ID 1777: Would the Department please clarify if the requirements to exchange batch files with NLR (sending or receiving) will leverage an existing file exchange capability, such as ConnectDirect or GenTran, that is already in place at Colorado?

RESPONSE 195. The Department expects that Offerors will provide a reasonable approach throughout their solution.

INQUIRY 196. Appendix A, Unique ID 1777: Would the Department please advise if support for either of the following NLR interfaces is required: E-7 (Audit Detail) and E-8 (Appeal Detail)?

RESPONSE 196. An Offeror's solution to the Colorado Registration and Attestation must fully conform to the program requirements of the CMS Medicaid EHR Provider Incentive Payment program, including audits and appeals.

INQUIRY 197. **Appendix A, Unique ID 1777: Would the Department please clarify the NLR transaction that is required to fulfill the requirement to “Send removal notifications to NLR”?**

RESPONSE 197. The transaction is a state rejection from the EHR program that gets sent through a B6 to the NLR (i.e., if the provider has been terminated, suspended, or investigated). This would exclude the provider from attesting in another state. Unique ID 1777 has been modified.

INQUIRY 198. **Appendix A, Unique ID 1778: Would the Department please confirm if the expectation is to migrate all in process and previously completed Registration and Attestation applications (and supporting data) to the new data repository, or if the intention is to implement an alternate migration strategy?**

RESPONSE 198. The CMS Medicaid EHR Provider Incentive Payment program will continue to make payments through 2021. The Department expects that Offerors will provide a reasonable approach throughout their solution that will fully support the provider population in this program with previously completed and in process applications, supporting data, previous payments, audits, adjustments, and appeals.

INQUIRY 199. **Appendix A, Unique ID 1785: Would the Department please clarify if the information provided to the provider outreach website is shared interactively via data access methodologies in response to user activities, or if instead the provider outreach website is required to have a separate and distinct data repository housing the items listed?**

RESPONSE 199. The Department expects that Offerors will provide a reasonable approach throughout their solution.

INQUIRY 200. **Appendix A, Unique ID 1787: Would the Department please clarify the expectation around “100 hours/year” for reports that are performed and maintained in the Attestation Application?**

RESPONSE 200. The Department anticipates about 100/year hours of effort for the Contractor to produce ad hoc reports and/or new reports, relative to the Colorado Registration and Attestation.

INQUIRY 201. **Appendix A, Unique ID 1807: Would the Department please provide the actual historical or estimated call volume and estimated or actual historical call lengths for this Help Desk?**

RESPONSE 201. 2012 call volume: 919 calls with average talk time of 7:11 minutes.

INQUIRY 202. **Appendix A, Unique ID 1807: Would the Department please clarify if operational support for the Tier 1 help desk for SLR can be provided within the context of overall MMIS help desk support, or if the operation must fully stand alone?**

RESPONSE 202. The Department expects that Offerors will provide a reasonable approach throughout their solution. There is no standalone requirement for the SLR help desk. It could be part of the MMIS help desk.

INQUIRY 203. **Appendix A, Unique ID 1837: Would the Department please clarify if the term "telephone" in this requirement refers to IVR access? If not, please elaborate on the type of telephone access required.**

RESPONSE 203. The term ‘telephone’ does refer to IVR access.

INQUIRY 204. **Appendix A, Unique ID 1857: Would the Department clarify the expected hours of operation of this optional tier-one support?**

RESPONSE 204. The hours are 8 am to 5pm, Monday – Friday, MST. Unique ID 1857 has been modified.

INQUIRY 205. **Appendix A, Unique ID 1857: Would the Department please provide an estimated or actual call volume and estimated or actual average call lengths? Please also provide a more specific list of the types of questions that might be received by the call center.**

RESPONSE 205. The Department does not have this information.

INQUIRY 206. Appendix A, Unique ID 1865: Would the Department clarify if the State will be providing these licenses to any state-contracted third-party vendors?

RESPONSE 206. The licenses will not be provided to third party vendors.

INQUIRY 207. Appendix A, Unique ID 1858: Would the Department please provide the total volume of calls presently taken/resolved by IVR versus the number of calls taken by call center agents?

RESPONSE 207. This information is contained in Appendix G.

INQUIRY 208. Appendix A, Unique ID 1859: Would the Department please provide the actual or estimated number of emails received per week, month, or year?

RESPONSE 208. The Department does not have this information.

INQUIRY 209. Appendix C, C.4.3.3: Would the Department please specify what applications will be used to open the PDF file in Apple iPad 2, Microsoft Surface, and any other tablet devices?

RESPONSE 209. The Department does not have this information at this time. The Department will supply additional information during the Second Round of Written Inquiry for this solicitation.

INQUIRY 210. Appendix C, C.4.3.4: Would the Department clarify if the entire technical proposal response is supposed to be one large PDF, or if attachments and support documents are allowed as separate PDFs? We recommend allowing multiple files because system performance on a laptop or tablet could be affected by a very large file.

RESPONSE 210. Separate attachments and support documents are acceptable. However, Offerors should provide a link within the primary technical proposal document for evaluators to click on for easy review.

INQUIRY 211. Appendix C,C.4.3.5: We request that the file size limit for the technical proposal be increased to at least 5GBs to support the embedded graphics and videos.

RESPONSE 211. Appendix C, Section C.4.3.5 has been modified to not exceed five Gigabytes (5GB).

INQUIRY 212. Appendix C, 4.4.6: Would the Department please confirm if all ATTACHMENTS should be placed in alphabetical order at the end of the proposal?

RESPONSE 212. Yes, attachments shall be placed in alphabetical order at the end of the proposal.

INQUIRY 213. Appendix C,C.4.4.6 and Appendix D, Response 51: Would the Department clarify if Appendix A should be labeled as an "ATTACHMENT" per the instructions in section C.4.4.6 and placed alphabetically with the other attachments? Or should we follow Section C.4.5 Proposal Package where Appendix A is included in the Table of Contents as "Appendix A – Requirements and Performance Standard Matrix"?

RESPONSE 213. The completed Appendix A is the exception and should retain its name "Appendix A – Requirements and Performance Standard Matrix".

INQUIRY 214. Appendix C, C.5.4.3 and C.5.4.4: Would the Department please confirm that a vendor can submit exceptions without making their bid conditional?

RESPONSE 214. An Offeror may suggest revisions to the Draft Contract without making their bid conditional. However, if an Offeror will not sign a contract without its suggested language, it must state that its bid is conditional which may cause the Department to reject it. The Department reserves the right to reject any revisions suggested by an Offeror during Contract negotiations.

INQUIRY 215. Appendix C, C.5.4.2: We are unsure how to interpret this sentence as it states the vendor is affirming its willingness to enter into a contract that is substantially similar, and yet it also states the vendor is doing that without exception, deletion, qualification, or contingency. The first part of the sentence conflicts with the second part of the sentence. Also, the second part of the sentence conflicts with C.5.4.4, which states vendors can submit exceptions. Would the Department please clarify the meaning of section C.5.4.2 and ensure alignment across sections C.5.4.2, C.5.4.3 and C.5.4.4?

RESPONSE 215. Appendix C, C.5.4.2 has been modified to remove the language “without exception, deletion, qualification, or contingency.”

INQUIRY 216. Appendix D, Table D.1.1.1 and D.2.1: On page 3, in Table D.1.1.1 Proposal Response Mapping "Corporate Qualifications" is named SECTION D.2: Corporate Qualifications. On page 9, it is labeled as D.2.1 Corporate Qualifications. For consistency, should "SECTION D.2 OFFEROR'S RESPONSE QUESTIONS" on page 9 be renamed to "SECTION D.2 CORPORATE QUALIFICATIONS, and section D.2.1 renamed "D.2.1 Corporate Qualifications and Background and Experience"? This change will match the labels of requirements in Table D.1.1.1 and help to structure the proposal response properly.

RESPONSE 216. Appendix D has been modified to reflect this change. The label for section D.2 has been revised to read "Corporate Qualifications" and the label for D.2.1 has been updated to read "Corporate Background and Experience".

INQUIRY 217. Appendix D, Table D.1.1.1: As stated in Table D.1.1.1: Proposal Response Mapping, the following RESPONSE #s should have associated requirements in Appendix A. However, we are not able to map these Responses to Appendix A. Please clarify which requirements (UNIQUE IDs) should map to these Responses: RESPONSE 8, 33, 34, 48, 50, 51.

RESPONSE 217. Offerors will still need to describe how their solution will provide the functionality described, and shall generally address these questions in their response text and note that there were no corresponding technical requirements in Appendix A.

INQUIRY 218. Appendix D, 3.4.1, Response 28: Would the Department please confirm this reference should be "section 5.3.1.4" as there is no section 5.3.14 in the RFP?

RESPONSE 218. Appendix D has been modified to reflect this change. RESPONSE 28 should reference section 5.3.1.4.

INQUIRY 219. Appendix D, 3.4.1, Response 31: If a vendor chooses to provide example deliverables, should these deliverables be labeled as "ATTACHMENTS" per instructions in requirement C.4.4.6 and placed with the rest of the Attachments?

RESPONSE 219. Yes.

INQUIRY 220. Appendix D, D.3.9, Response 46: What specific demographic client data would the State like to store when a gift card is issued to a client who meets the gift card eligibility requirements?

RESPONSE 220. The Department does not have the specific information being requested. The Department is looking for Offerors to propose a reasonable approach and solution that meets the requirement.

INQUIRY 221. Appendix D, 3.10.1, Response 51: Please confirm the reference to Response 52, should be Response 51.

RESPONSE 221. Appendix D has been modified to reflect this change. RESPONSE 51 should reference Response 51, not Response 52.

INQUIRY 222. Appendix D, 5.1, Response 52: Should this redlined version of Appendix H be labeled as an "ATTACHMENT" per directions in section C.4.4.6?

RESPONSE 222. Yes.

INQUIRY 223. Appendix E, Pricing Schedule G: The RFP shows that in Schedules G, H and I the Quality Maintenance Payments (number of months N and price per month [PPM]) are not greyed out. In the previous schedules E and F these areas are greyed out. Would the Department please clarify which is correct?

RESPONSE 223. These should be greyed out in Schedules E – I. Appendix E – Pricing Schedules **G, H and I have has** been modified to reflect this change.

INQUIRY 224. Appendix E, Pricing Schedule G: The RFP numbering seems to be off. Is there a reason it is E.1.2 when the previous (schedule F) is E.7.1 and (schedule H) is E.8.1?

RESPONSE 224. Appendix E has been modified to correct the numbering.

INQUIRY 225. Appendix G: Please add a copy of the current Turnover Plan and the current Organization Chart to the procurement library.

RESPONSE 225. Appendix G has been modified to include new information regarding the Turnover Plan.

INQUIRY 226. Appendix G: Appendix G contains very good information related to the current system. For the vendors to provide a very complete bids for services, it is extremely important to have many details related to the current operation, too. We request the following set of metrics for Provider Enrollment: 1. Number of Providers enrolling in the program per day/week/mo 2. Number of Providers enrolling by type 3. Number of active Providers currently on the master file by type 4. Number of Providers requiring follow-up documentation to enroll 5. Number of Providers rejected per total that applied.

RESPONSE 226. The Department is not able to provide this information.

INQUIRY 227. Appendix G: Appendix G contains very good information related to the current system. For the vendors to provide a very complete bids for services, it is extremely important to have many details related to the current operation, too. We request the following set of metrics for Volume of Prior Authorizations (PA): 1. PA volume by type (Pharmacy, Physician, etc) 2. Electronic volume 3. Paper volume 4. Number of notices sent to providers per day/week/mo.

RESPONSE 227. The Department is not able to provide this information.

INQUIRY 228. Appendix G: Appendix G contains very good information related to the current system. For the vendors to provide a very complete bids for services, it is extremely important to have many details related to the current operation, too. We request the following set of metrics for Case Management: 1. Current Cases in the system (historical volume managed) 2. Number of cases entered in the system on average per day.

RESPONSE 228. The Department is not able to provide this information.

INQUIRY 229. Appendix G: Appendix G contains very good information related to the current system. For the vendors to provide a very complete bids for services, it is extremely important to have many details related to the current operation, too. We request the following set of metrics for Claims/Encounters: 1. Number of claims submitted electronically by claim type (physician, dental and UB) 2. Number of claims submitted paper by claim type (physician, dental and UB) 3. Current inventory of paper claims stored and length of time before secure destruction 4. Error rate by claim type with manual intervention 5. Number of claims requiring manual pricing per month 6. Number of claims appealed 7. Current number of claims stored in history 8. Number of mass adjustments processed per month 9. Total of volume of encounters submitted monthly and encounters returned 10. Current number of encounters stored in history.

RESPONSE 229. The Department is not able to provide this information.

INQUIRY 230. **Appendix G: Appendix G contains very good information related to the current system. For the vendors to provide a very complete bids for services, it is extremely important to have many details related to the current operation, too. We request the following set of metrics for EDMS: 1. Total number of documents by type (claim, attachments, etc) currently stored in the system by year 2. Number of users accessing the system both contractor and State.**

RESPONSE 230. The Department is not able to provide this information.

INQUIRY 231. **Appendix H, 5.B. Two Month Extension: Extensions for short periods of time such as two months are problematic for various reasons, including leases (hardware/software/maintenance), which require longer time commitments, such as one year. Staffing is also a concern due to Warren Act notices, which could have been given by the time the notice of extension is given. Please confirm that in these short term extension should the parties not be able to reach agreement on a replacement contract that the Contractor will be allowed reimbursement for reasonable shutdown costs.**

RESPONSE 231. The two (2) month extension in the Contract provides for an extension of the Contract during which time a new contract is being drafted and signed.

INQUIRY 232. **Appendix H, 5.C. Option of Extend: Please confirm the option to extend will be at mutual consent of the parties for any and all extension.**

RESPONSE 232. No. The Model Contract has been modified to clarify the Option language to be unilateral.

INQUIRY 233. **Appendix H, 5.D. Extension Amendments: Please confirm that all extensions amendments for continued performance be by mutual consent and not as required by the State.**

RESPONSE 233. No. The Model Contract has been modified to clarify the Option language to be unilateral.

INQUIRY 234. **Appendix H, 7.B. Payment: Please confirm that payments shall be made to the Contractor within 30 days from receipt of invoice.**

RESPONSE 234. State statute and the State Controller have policies regarding the time frame in which invoices can be paid. The Department cannot commit to a specific timeframe for payment.

INQUIRY 235. **Appendix H, 7.C. Interest: Please confirm that interest will be paid on undisputed amounts not paid within 30 days of receipt of invoice.**

RESPONSE 235. State statute and the State Controller have policies regarding payment of interest. The Department cannot make an agreement as to payment of interest after 30 days. The Department will not agree to pay interest on undisputed amount or for late payments.

INQUIRY 236. **Appendix H, 7.D. Available Funds-Contingency-Termination: Please confirm that the State would give reasonable notice of at least 60 days prior to termination and a commitment from the State to use its best efforts to obtain the required funding. Please confirm that if the contract is terminated for lack of funding, the termination be treated as a termination for convenience and that the Contractor would be able to recovered reasonable shut down expenses.**

RESPONSE 236. Since the Department does not have control of funding, it cannot agree to give notice of termination nor agree to use its best efforts to obtain the required funding. Reference the language of Paragraph 15 (B) (iii) for the damages that would be available for Early Termination in the Public Interest.

INQUIRY 237. **Appendix H, 8 Reporting Notification:** The requirement is overly broad, and the time frame to comply is too short. Due to the complex nature of the services, only those companies with a significant presence would be able to bid on this contract. As such, those companies would likely be public companies subject to disclosure of material litigation, which would provide the necessary disclosure. Please confirm that this requirement would be limited to pleadings, which are permitted by law for disclosure, directly related to the contract, and which directly affect Contractor's ability to perform its obligations under the Contract. Please confirm that the time frame will be increased to 30 days or as soon as reasonably possible. Please confirm that the litigation reporting requirement would be satisfied by the filing of material litigation as part of the required SEC filings as required by publicly traded companies.

RESPONSE 237. The Department will consider this revision in Contract negotiations. A red-lined Appendix H shall be included as an attachment to the Offeror's response.

INQUIRY 238. **Appendix H, 9.A. Maintenance:** Please confirm that the maintenance, inspection and monitoring of books and records related to this contract will be limited to those necessary to verify the accuracy of invoices and not extending to contractor's internal books and records.

RESPONSE 238. The Department will consider this revision in Contract negotiations. A red-lined Appendix H shall be included as an attachment to the Offeror's response.

INQUIRY 239. **Appendix H, 9.B. Inspection:** Please confirm that the audit, inspection and examination of books and records related to this contract will be limited to those necessary to verify the accuracy of invoices and not extending to contractor's internal books and records. And that any inspection shall be subject to reasonable notice.

RESPONSE 239. The Department will consider this revision in Contract negotiations. A red-lined Appendix H shall be included as an attachment to the Offeror's response.

INQUIRY 240. **Appendix H, 9.C. Monitoring:** To help avoid interference with the contractor’s performance, please specify criteria such as scope, duration, and frequency for these audits.

RESPONSE 240. The Department will consider this revision in Contract negotiations. A red-lined Appendix H shall be included as an attachment to the Offeror’s response.

INQUIRY 241. **Appendix H, 9.D. Final Audit Report:** Please confirm that this provision relates to a “formal,” third-party audit only.

RESPONSE 241. The Department will consider this revision in Contract negotiations. A red-lined Appendix H shall be included as an attachment to the Offeror’s response.

INQUIRY 242. **Appendix H, 12.A. Standard and Manner of Performance:** Requiring contractors to achieve the “highest standards of care, skill, and diligence” will only increase costs to the State. Please confirm that the standard for services to be performed shall be in a professional and workmanlike manner.

RESPONSE 242. The Department will consider this revision in Contract negotiations. A red-lined Appendix H shall be included as an attachment to the Offeror’s response.

INQUIRY 243. **Appendix H, 14.A. Breach Defined:** A "satisfactory manner" is overly broad and very discretionary. Please confirm that the measurement of performance will be by the requirements specified in the RFP and not at the discretion of the State. Please confirm that the Contractor will have the right to dispute any notice of breach.

RESPONSE 243. The Department will consider this revision in Contract negotiations. A red-lined Appendix H shall be included as an attachment to the Offeror’s response.

INQUIRY 244. **Appendix H, 14.B. Notice and Cure Period:** Given the complex nature of MMIS transactions a 10 day time period may not be sufficient time. Therefore, please confirm that the parties will establish a time period which has been mutually agreed to by the parties based on the nature of the breach.

RESPONSE 244. The Department will consider this revision in Contract negotiations. A red-lined Appendix H shall be included as an attachment to the Offeror's response.

INQUIRY 245. **Appendix H, 15.A. Remedies Termination for Cause and/or Breach:** Please confirm that the State will exercise, at the State's discretion, only one remedy. Please confirm that the contractor shall have the right to dispute any notice of termination.

RESPONSE 245. The Department is not able to confirm that it will exercise one remedy. The Department will consider suggested revisions to the right to dispute any notice of termination in Contract negotiations. A red-lined Appendix H shall be included as an attachment to the Offeror's response.

INQUIRY 246. **Appendix H, 15.A.i. Obligations and Rights:** Please confirm that with respect to the return of property owned by the State that instead of "immediately" the Contractor may "promptly" return that property. The requirement to return any payment advanced under the Contract does not account for payments that have been made to obtain licenses or prepaid maintenance which are not feasible to return as the State will continue to receive the benefit of such payments. Please confirm that the last sentence "The Contractor shall be obligated to return any payment advanced under the provisions of this Contract" be deleted.

RESPONSE 246. The Department will consider this revision in Contract negotiations. A red-lined Appendix H shall be included as an attachment to the Offeror's response.

INQUIRY 247. Appendix H, 15.B. Remedies Early Termination in the Public Interest: Please confirm Contractor shall be reimbursed for work performed in accordance with the RFP and not subject to the satisfaction of the State. Please confirm that the contractor shall have the right to recover out of pocket and reasonable shutdown expenses upon a termination other than for a breach regardless of the percentage of completion of the contract. Please confirm that in the public in the public interest would be considered a termination for convenience.

RESPONSE 247. The Department will consider this revision in Contract negotiations. A red-lined Appendix H shall be included as an attachment to the Offeror's response.

INQUIRY 248. Appendix H, 15.D. ii Liquidated Damages: Please confirm that the incremental difference only applies when the current MMIS Contractor's contractual amount exceeds the Core MMIS & Supporting Contractor's contractual amount.

RESPONSE 248. Correct.

INQUIRY 249. Appendix H, 17 Rights in Data, Documents and Computer Software: Please confirm that the licensing requirement is limited to only that software that is embedded in the MMIS system that was developed under this Contract or that is not commercially available. Please confirm that the obligations during the 10 year period to continue access would be on an "as is" basis with no obligation to maintain or provide updates. Please confirm that the State shall grant the Contractor a non-exclusive, perpetual license back to the deliverables under this Contract for use with its other healthcare customers. Please confirm that the State does not expect the Contractor to pay for expenses and settlement costs without its consent.

RESPONSE 249. The Department will consider this revision in Contract negotiations. A red-lined Appendix H shall be included as an attachment to the Offeror's response.

INQUIRY 250. **Appendix H, 19.F. Indemnification: Please confirm that any claims for indemnification in the Contract would be limited to third party claims and be subject to the limitation of liability.**

RESPONSE 250. The Department will consider this revision in Contract negotiations. A red-lined Appendix H shall be included as an attachment to the Offeror's response.

INQUIRY 251. **Appendix H, 19.K. Survival of Certain Contract Terms: Please confirm that in lieu of this general statement, the parties would mutually agree as to the specific provisions of the contract that would be appropriate to survive.**

RESPONSE 251. The Department will consider this revision in Contract negotiations. A red-lined Appendix H shall be included as an attachment to the Offeror's response.

INQUIRY 252. **Appendix A, Unique ID 1051: Please clarify what is meant by simultaneous testing of Legacy and Current systems.**

RESPONSE 252. Unique ID 1051 has been modified and Legacy System information has been removed. The Contractor will verify that similar Legacy System and System tests will produce the same result.

INQUIRY 253. **Appendix A, Unique ID 1058: Please elaborate on the expectations for providing for "assurance of parity between technical environments." Is this referring to how the Contractor ensures code migration is accurate through configuration control and how the Contractor controls the data in the environment, knowing the data will not be the same in each environment?**

RESPONSE 253. Offerors should propose a solution that demonstrates that the testing environments are optimized for executing tests prior to migration.

INQUIRY 254. **Appendix A, Unique ID 1070: Please provide a definition of "partners" for training purposes.**

RESPONSE 254. Unique ID 1070 has been modified to delete the word "partners".

INQUIRY 255. Appendix A, Unique IDs 1092 and 1095: UID 1092 requires a System Turnover Plan and UID 1095 requires a Fiscal Agent Transition Plan. Please confirm that the Turnover Plan describes how a Contractor turns over systems and FA operations at the end of its contract. Please clarify the intent of the FA Transition Plan. A transition plan typically describes how a Contractor works with the incumbent to transition to the Contractor's solution. Is this the intent of the Transition Plan?

RESPONSE 255. Reference RFP Body, Sections 5.3.2.12 and 5.5.7.1 for clarity.

INQUIRY 256. Appendix A, Unique ID 1117: Is it the Department's intent that all of the listed staff reside in the State, or is it acceptable for these staff to commute from outside the State as long as their place of work is the Contractor's facility in Denver?

RESPONSE 256. As stated in Unique ID 1117, "resources shall reside in the State at the Contractor's facility". It is the Department's requirement that all of the listed staff reside in the State.

INQUIRY 257. Appendix A, Unique ID 1135: Is this requirement referring to Department testing, UAT testing, or some other level of testing? Please also clarify the Department's role in testing.

RESPONSE 257. The Department's role in testing is to review and approve test plans, assist in the development of test scenarios, contribute to acceptance testing, and review/approve test results.

INQUIRY 258. Appendix A, Unique ID 1164: Would the State provide a more definitive list of the data to be provided to the BIDM?

RESPONSE 258. No. The Department expects all Operational data contained within the MMIS be made available to the BIDM. Therefore, Offerors will need to provide a reasonable approach throughout their solution that meets the requirements under the RFP.

INQUIRY 259. **Appendix A, Unique ID 1251: Is it the Department’s intent that the Core MMIS Contractor includes PBMS claims, capitations, and encounters in its payment cycle and issue checks to pharmacy providers?**

RESPONSE 259. Yes.

INQUIRY 260. **Appendix A, Unique ID 1262: From what source will the Contractor receive the data?**

RESPONSE 260. The Department does not have the specific information being requested. The Department expects that Offerors will provide a reasonable approach throughout their solution.

INQUIRY 261. **Appendix A, Unique ID 1290: This requirement speaks to integration with Department office productivity applications and productivity application databases. For each application, can the Department provide a complete list of each of these applications (including version)? For each application database, can the Department provide a complete list of each database (including version), and specific tables and targeted data, where possible?**

RESPONSE 261. The current office productivity applications include Microsoft Office (Word, Excel, PowerPoint, Outlook), Microsoft SharePoint, and CA Clarity.

INQUIRY 262. **Appendix A, Unique ID 1313: Who will obtain the pictures and biometrics indicators for members and providers? What is the format and size of the picture/biometrics?**

RESPONSE 262. The Department does not have the specific information being requested. The Department expects that Offerors will provide a reasonable approach throughout their solution.

INQUIRY 263. Appendix A, Unique ID 1320: Does the two hour maintenance window only include infrastructure/network patches to the Production system? Will the Department consider allowing an approved 6-8 hour window to deploy and smoke test major software releases?

RESPONSE 263. This example would fall under "unless otherwise approved by the Department."

INQUIRY 264. Appendix A, Unique ID 1365: Does the Department expect to see a list of clients waiting for a service to be provided where there are no services available locally to this client? Or does it mean that the service being requested is not a part of the program and therefore not available to the client?

RESPONSE 264. The Department expects to see a report for the clients that need a service that is currently not available locally to this client.

INQUIRY 265. Appendix A, Unique ID 1389: There are several approaches to handle takeover information. Can the Department provide additional information on each type of takeover archive? For each archive, can the Department provide the following: • Business description of the data • Volume of data (including number of claims, number of records, and number of files) • Total size of data • Format of the data (such as proprietary, SQL Server database, Access database, or TXT files) • Current legacy application that accesses this data (including version) • Owner of each legacy application, and how many licenses are used • If a backfile conversion is required, whether the bidding vendor assume all costs for the conversion.

RESPONSE 265. The Department does not have the specific information being requested. The Department expects that Offerors will provide a reasonable approach throughout their solution.

INQUIRY 266. **Appendix A, Unique ID 1408: Are the “limits” referred to in Unique ID 1408 referring to benefit limits or to time limits in terms of the enrollment time period?**

RESPONSE 266. There are some time limits to managed care organization enrollments. Medical managed care organization enrollments can be retroactively enrolled. Behavioral health managed care enrollments can be retroactively enrolled up to 18 months.

INQUIRY 267. **Appendix A, Unique ID 1454: Please provide definitions of “limited provider” and “client as payee.”**

RESPONSE 267. The limited provider refers to enrollment fields that allow restrictions such as services (e.g, one time organ transplant for a client) or the length of active enrollment. A client as a payee is for clients who are in a buy-in program.

INQUIRY 268. **Appendix A, Unique ID 1455: What is the provider population for MCO providers? Also, based on this requirement, it appears that the Contractor will take over the program integrity provider screening functions from the Department. If this is accurate, please identify how many of the current 27 Audit and Compliance staff perform these screening functions.**

RESPONSE 268. The Department does not have the specific MCO provider population information. Currently, the Department contracts with two (2) (Denver Health and Rocky Mountain Health Plan) managed care organizations to provide Medical services to the Medicaid population. The Department contracts with five (5) (Behavioral Healthcare, Inc., Access Behavioral Care, Colorado Health Partnerships, Northeast Behavioral Partners and Foothills Behavioral Health) managed care organizations to provide behavioral health services to the Medicaid population. The Department contracts with four (4) (Rocky Mountain Health Care, Total Longterm Care, Pete Total Longterm Care, and Voans Pace) Program of All-Inclusive Care for the Elderly (PACE) managed care organizations for the Medicaid population. The Department contracts with five (5) (Kaiser Permanente, Denver Health Medical, Colorado Access, Colorado Choice Health Plan, and Rocky Mountain HMO) managed care organizations to provide medical services to the entire CHP+ population. The Department contracts with one (1) (Delta Dental) managed care organization to provide dental services to the CHP+ population. None of the Department’s current staff perform provider screening functions, as this is a Fiscal Agent duty.

INQUIRY 269. **Appendix A, UID 1460: By what means does the Contractor need to inform third parties of a provider termination or sanctions? For example, may providers be notified via email?**

RESPONSE 269. This will be done through national databases set up by CMS.

INQUIRY 270. **Appendix A, Unique ID 1498: Will the MMIS Contractor be responsible for creating the 1099s and sending them to the providers?**

RESPONSE 270. No, these come from the Colorado Financial Reporting System (COFRS).

INQUIRY 271. **Appendix A, Unique ID 1498: If the MMIS Contractor is required to produce 1099s, does the Department have a count of the number of 1099s generated per year? Additionally, if the MMIS Contractor is required to produce 1099s, are there any additional IRS tax-related documents such as B-Notices, letters, and other documents sent out each year? Can the Department provide total numbers for each?**

RESPONSE 271. No, these come from the Colorado Financial Reporting System (COFRS).

INQUIRY 272. **Appendix A, Unique ID 1573: Would the Department provide additional information as to how they define “peer groups” for this requirement?**

RESPONSE 272. Peer groups allow the Department to categorize institutional providers into a specific pricing category. Currently, the Department has six (6) peer groups: Pediatric Hospitals; Rehabilitation Hospitals; Long-Term Care Hospitals; Urban Safety Net Hospitals; Rural Hospitals; and Urban Hospitals. Hospitals which do not fall into a defined peer group shall default to a peer group based on geographic location. The Department expects that Offerors will provide a reasonable approach to peer groups beyond the Legacy System’s categories throughout their solution.

INQUIRY 273. **Appendix A, Unique ID 1621: Could the Department please define the type of “payment information” which might be corrected?**

RESPONSE 273. This is the information from the Department that is not currently stored in the MMIS.

INQUIRY 274. Appendix A, Unique ID 1621: Would the Department please provide clarification as to what “claim-specific AP/AR” is? Is this in regards to fund allocation?

RESPONSE 274. Yes, this is related to fund allocation.

INQUIRY 275. Appendix A, Unique ID 1737: Please clarify what “coordinate the pre-admission screening process” means.

RESPONSE 275. The PASSR screening process is for nursing facility admissions.

INQUIRY 276. Appendix A, Unique ID 1744: Where does the Contractor receive the data to flag the member?

RESPONSE 276. This data is from the Case Management Tool.

INQUIRY 277. Appendix A, Unique ID 1812: Would the Contractor be permitted to store or partially store information to adjudicate claims and perform any required federal reporting?

RESPONSE 277. Yes.

INQUIRY 278. Appendix A, Unique ID 1849: What other external sources provide Medicare data other than the Social Security Administration?

RESPONSE 278. This information may also be provided through other contractors and CBMS.

INQUIRY 279. Appendix A, Unique ID 1849: Please identify any “external sources” other than SSA that would update Medicare participation.

RESPONSE 279. This information may also be provided through other contractors and CBMS.

INQUIRY 280. Appendix A, Unique ID 1852: Please define the “provider referral conflict of interest.”

RESPONSE 280. Provider referral conflict of interest includes the Stark Act prohibitions (physician self-referrals) and the federal anti-kickback statute. The term also includes any other situation in which a physician’s interests conflict with those of the patient.

INQUIRY 281. Appendix A; Unique IDs 1236 - to 1243 and 1079; Appendix B, B.5.3.2.9, #102: The phrase “Operations Procedures Plan” is only used in Appendix A Unique IDs 1236-1243. Is this “Plan” the same as the “System Operational Procedures Manual” cited elsewhere in the proposal, for example in Appendix A Unique ID 1079 and Appendix B, B.5.3.2.9, #102?

RESPONSE 281. ~~Yes, Unique IDs 1236 through 1243 and 1079 and Appendix B, B.5.3.2.9, #102 should reference the same System Operations and Maintenance Plan.~~ Unique ID 1079 refers to the System Operational Procedures Manual which corresponds to Appendix B, B.5.3.2.9, #102. Unique IDs 1236 - 1244 refer to the Operations Procedures Plan. This has been replaced by the term "System Operations and Maintenance Plan" to align with Appendix A, requirement 1080 and Appendix B, B.5.3.2.9, #103.

INQUIRY 282. Appendix C, Table 2.1.1; RFP Body, Figure 5.2.4: Appendix C Table 2.1.1 lists the Initial Contract Period (Estimated) ending 6/30/2018. RFP Body Figure 5.2.4 depicts the contract term ending Nov. 2021. If all three one-year increments are extended, the Contract would run to 6/2021. Please confirm that the contract term, inclusive of the initial Contract term and the three (3) additional years, will begin 11/01/2013 and conclude 6/30/2021.

RESPONSE 282. The first year of the contract will run from the date of signature (assumes November 1, 2013) until June 30, 2014. The resulting Contract is five (5) years, which ends on June 30, 2018. The contract can be extended for three (3) additional years until June 30, 2021. No pricing information is necessary beyond June 30, 2021.

INQUIRY 283. Appendix C, C.4.3.7 and C.4.4.5.2: Will the Department consider amending C.4.3.7 to match the C.4.4.5.2 text to read, “All proposal body text shall be presented in Times New Roman size 12 point

Font”? This change will allow Offerors to include section headings, page headers and footers, and RFP text of different font sizes and types, such as Arial or Helvetica, without being non-compliant with the RFP instructions.

RESPONSE 283. The Department requests Time New Roman size 12 font be used throughout the document, however, if an Offeror needs to reduce the font size for tables the response will still be accepted and evaluated.

INQUIRY 284. **Appendix F, Term/ Acronym: Discrepancy: Definition of “discrepancy” should be tied to specifications. A similar change has been made to the definition of “defect”, but did not address it for Discrepancy. Recommended language: “An error, flaw, mistake, failure, or fault in a computer program or system that produces an incorrect or unexpected result that differs from an agreed-to specification, or causes it to behave in unintended ways that differ from an agreed-to specification; See also see Error and Defect.”**

RESPONSE 284. Appendix F has been modified to reflect this recommendation.

INQUIRY 285. **Appendix F, Term/ Acronym: Error: Definition of “error” should be tied to specifications. A similar change has been made to the definition of “defect”, but did not address it for Error. Recommended language: “A flaw, mistake, failure, or fault in a computer program or system that produces an incorrect or unexpected result that differs from an agreed-to specification, or causes it to behave in unintended ways that differ from an agreed-to specification; See also see Error and Defect.”**

RESPONSE 285. Appendix F has been modified to reflect this recommendation.

INQUIRY 286. RFP Body, Table 2.3.2, Electronic Case Management: Please include a copy of the BUS and DDDweb system specifications or user manual in the procurement library.

RESPONSE 286. The Department does not have this information because there is no system documentation for either of these systems. The Department is looking for the Contractor to provide a solution that will replace the BUS and DDDweb systems.

INQUIRY 287. RFP Body, 5.2.8.4: If Offerors were to bid an accelerated schedule, what would be the impact on the PBM and BIDM procurement schedules?

RESPONSE 287. The PBMS and BIDM are being bid separately. The Department anticipates no impact on the procurement schedule due to an accelerated MMIS schedule. The impact would be evaluated upon award for all three (3) contracts.

INQUIRY 288. RFP Body, 5.3.2.6 and 5.5.7.2: Since a parallel test of the System is necessary to perform parallel Operations functions, would the Department consider eliminating a separate parallel test for the System only? If not, please provide additional clarification between the two parallel tests—Operations and System parallel testing—that are required.

RESPONSE 288. Offerors are encouraged to propose alternate solutions within their proposals.

INQUIRY 289. RFP Body, 9.11.1.4: What data should be translated into multiple languages? For example, do any of the following need to be in multiple languages: phone calls, provider documentation, Web portal searches, training materials, client letters, user interfaces, etc.

RESPONSE 289. The Department expects that Offerors will provide a reasonable approach throughout their solution based on the guidance provided in RFP Body Section 9.11.1.4 and the requirements related to that section the Appendix A.

INQUIRY 290. RFP Body, 11.5.1.1 and Table 11.5.1.1; Appendix D, Table D.1.1.1: Please confirm that Appendix D, Table D.1.1.1's Sections D.2, "Corporate Qualifications," and D.3 "Technical Approach" correlate to the "Corporate Qualifications" and "Technical Approach" evaluation criteria in the RFP Body Table 11.5.1.1 for purposes of scoring the 51 Offeror Responses.

RESPONSE 290. Yes.

INQUIRY 291. RFP Body, 1.1.8: Please clarify how responses to optional requirements, specifically those optional requirements that are not included in the proposed base price, will be evaluated.

RESPONSE 291. See RFP Body Section 11.5.1.2 and Appendix D, RESPONSE 49.

INQUIRY 292. RFP Body, 5.2.4: RFP Body Section 5.2, Figure 5.2.4 shows the contract timeline extending through November 2021. However, Price Schedule I contains the pricing sheet for the final year of operational contract for the fiscal year 2020-21 (Jul 2020 - Jun 2021). Please clarify the timeframe for the contract. If it does extend to November, where should Offerors include the cost from June through November?

RESPONSE 292. The first year of the contract will run from the date of signature (assumes November 1, 2013) until June 30, 2014. The resulting Contract is five (5) years, which ends on June 30, 2018. The contract can be extended for three additional years until June 30, 2021. No pricing information is necessary beyond June 30, 2021.

INQUIRY 293. RFP Body, 5.2.11 and 5.4, Figure 5.4.1: RFP Body Section 5.2.11 refers to the "Ongoing MMIS Operations and Fiscal Agent Operations Stage". RFP Body Section 5.4, Figure 5.4.1 shows the final stage as "Ongoing Operations and Enhancement Stage". For consistency, which stage name should Offerors be using as responses are created?

RESPONSE 293. Offerors should use Ongoing MMIS Operations and Fiscal Agent Operations Stage.

INQUIRY 294. RFP Body, 7.6: Does the Department require any certifications of privacy or security, e.g. NIST800-53, PCI, etc. or others for the hosted infrastructure?

RESPONSE 294. The Department does not require this information.

INQUIRY 295. Appendix A, Unique ID 1023: Unique ID 1023 lists the Business Continuity and Disaster Recovery Plan as one of the Initiation and Planning Phase deliverable requirements. However, the "Other Notes and/or Performance Standards" column does not indicate when it is to be delivered (as all other deliverable entries do). While it is possible to develop an approach and make arrangements for alternate sites early on, this is normally an artifact that is due later in the implementation process once all requirements and design have been finalized. Can the Department clarify the schedule for the delivery of a complete Business Continuity and Disaster Recovery Plan?

RESPONSE 295. Offerors are encouraged to propose alternate solutions within their proposals.

INQUIRY 296. Appendix A, Unique IDs 1095 through 1110: Unique IDs 1095 through 1110 all show applicable RFP Section references of 5.5 FAO Phases. However, RFP Body Section 5.5.7 lists the "key activities" that will occur during the transition activities from the incumbent to the new contractor. Please confirm that the "key activities" described in 5.5.7.1 through 5.5.7.5 are the "phases" referenced in Appendix A, as these phases are not defined in the RFP Body Section 5.3 or shown in Figure 5.4.1.

RESPONSE 296. Yes.

INQUIRY 297. Appendix A, Unique ID 1127 and RFP Body Section 6.1, Table 6.1.3: Unique ID 1127 states the Operational Transition and Readiness Manager shall be in place during the Ongoing MMIS Operations and Fiscal Agent Operations contract stage. Since the RFP also requires a Fiscal Agent Operations Manager be in place during this stage of the contract, we assume the Operational Transition and Readiness Manager position is required in ongoing operations only through confirmed stability of the implementation and to oversee certification. Please confirm this role is not required through the duration of operations as indicated in RFP Body Section 6.1, Table 6.1.3.

RESPONSE 297. The Operational Transition/Readiness Manager is not required for Ongoing MMIS Operations and Fiscal Agent Operations Stage. RFP Body Table 6.1.3 has been modified.

INQUIRY 298. Appendix A, Unique ID 1128 and RFP Body Section 6.1, Table 6.1.3: Unique ID 1128 indicates the Systems Manager shall be in place at the contract effective date, which would be November 2013. However, according to RFP Body Section 6.1 Table 6.1.3, the Systems Manager is required for the Ongoing Operations Stage only. Please clarify the start date for Systems Manager position.

RESPONSE 298. Unique ID 1128 has been modified to match RFP Body Table 6.1.3.

INQUIRY 299. Appendix A, Unique ID 1752: Unique ID 1752 states "provide authorized system users the ability to access online case-related clinical protocols (defined business rules) for review and assessment". Please clarify the extent to which the Department intends to participate in clinical protocol development.

RESPONSE 299. The Department intends to develop and provide the case-related clinical protocols to the Contractor.

INQUIRY 300. **Appendix A, Unique ID 1857: Unique ID 1857 requires Offerors to have the ability to "expand the Contractor call center to accept client calls and provide tier-one support to assist in offering solutions and information to general questions regarding the Colorado Medical Assistance program and transfer more complex calls to the Department's Customer Call Center." In order to provide a complete response, please provide a historical report (volume of calls, call duration, etc.) on the Colorado Medical Assistance program.**

RESPONSE 300. The Department cannot provide anticipated annual volumes for these functions. The Offeror's response should include assumptions based on their solution and previous experience.

INQUIRY 301. **Appendix B, 5.3.2.1, #13: Although we understand the concept of a gate review, please clarify what is meant by the term "crosswalk" in this context.**

RESPONSE 301. Gate Review Crosswalks are IT Project Implementation review processes required by Colorado's OIT. OIT is currently finalizing the documentation. New information regarding the Gate Review Crosswalks have been provided in Appendix G. Any further information regarding the process and its requirements will be provided as it becomes available to the Department

INQUIRY 302. **Appendix C, C.4.2.3.1: RFP Appendix C Section C.4.2.3.1 gives the requirements for the transmittal letter. Draft RFP Appendix C Section C.4.3.2 included a list of requirements that the transmittal letter should address. Please confirm this list of requirements has been intentionally excluded from the final RFP.**

RESPONSE 302. Yes, the list of requirements from the Draft RFP has been intentionally excluded from the final RFP.

INQUIRY 303. **Appendix C, C.4.9.1.3: RFP Appendix C, Section C.4.9.1.3 provides a section reference of D.3.4 as the location of resumes requested. Please confirm this should reference D.3.5 Contract Personnel rather than D.3.4.**

RESPONSE 303. The reference should be D.3.5. Appendix C, C.4.9.1.3 has been modified.

INQUIRY 304. Appendix D, Table D.1.1.1: Table D.1.1.1 states corporate qualifications include responses 1-8, and that reference checks and corporate capabilities and commitment include responses 9-15. However, Response 8 is about reference checks. Please clarify if Table D.1.1.1 should list responses 1-7 (rather than 1-8) for corporate qualifications and responses 8-15 (rather than 9-15) for reference checks and corporate capabilities and commitment.

RESPONSE 304. Appendix D, Table D.1.1.1 should show responses 1-7. Appendix D, Table D.1.1.1 has been modified.

INQUIRY 305. Appendix D, D.2.3.1, Response 13: Section 2.4.2 doesn't appear to be a correct reference. Please confirm sections 2.4.4 and 2.4.5 of the RFP body should be used as reference for Offerors' responses.

RESPONSE 305. RFP Body Section 2.4.2 is correct as it appears in Appendix D, D.2.3.1.

INQUIRY 306. Appendix D, D.3.4, Response 31: In RFP Appendix D Response 31, the response is broken out into response 31a through 31p (for each phase). However, there is no Fiscal Agent Operations phase listed (a Response 31q). Please confirm this phase, as described in RFP Body 5.5.7.5 (and the corresponding deliverables listed in RFP Appendix A) have been purposely excluded from Response 31.

RESPONSE 306. The Department does not believe that there are any deliverables unique to the Fiscal Agent Operations Phase. Any deliverables should be developed and delivered prior to this Project Phase.

INQUIRY 307. Appendix D, D.3.5, Response 36: RFP Appendix D Response 36 asks Offerors to provide two references for each proposed key personnel staff. Are those references also considered confidential (similar in nature to the names of individuals used as project references as identified in Appendix C Section C.4.9.1.1)? If the references are considered confidential, is it acceptable for Offerors to include the references at the end of each resume, since resumes are already considered confidential?

RESPONSE 307. Yes.

INQUIRY 308. Appendix D, D.3.5, Response 35: In RFP Appendix D Response 35, it states Offerors shall provide a summary for each key person, as well as a resume. It states resumes should be provided in a single attachment. Since resumes are considered confidential without a request (per Appendix C, Section C.4.9.1.3), can Offerors assume the key personnel summaries are also considered confidential?

RESPONSE 308. No, key personnel summaries are not considered confidential.

INQUIRY 309. RFP Body, 5.2.6: To enable Offerors to estimate this requirement properly (staffing, timeframe, costs), please provide all documentation of the current “program workflows, payment processes, and business processes” in the Bidders’ Library. This could include documentation of the “As Is” from the MITA State Self-Assessment and procedure manuals.

RESPONSE 309. The information in Appendix G is what the Department has to make available to the Offerors.



SOLICITATION # XXXXX
Core MMIS and Supporting Services: For Reference Only

Response to Inquiries – Second Round

ATTENTION:

- 1. RFP Body, Table 11.5.1.1 and Table 11.5.4 have been revised**
- 2. Appendix A, Unique ID 1873 has been added.**
- 3. Appendix B, due to changes in item numbers, most of the item numbers have changed.**

INQUIRY 1. **Appendix A, Unique ID 1046: For which “associated licenses” does the Department intend the Contractor to transfer ownership? Please confirm that the Department is seeking the ability to make use of the tools, utilities, and software in this environment, and that it is not seeking to own them.**

RESPONSE 1. The Department does intend that the Contractor allow the Department use of licenses that are required to perform the duties of the Contract. The Department will work with the Contractor for transfer within licensing limitations.

INQUIRY 2. **Appendix D, Response 50: Please specify what is meant by “c. National Plan”.**

RESPONSE 2. The wording 'National Plan' has been replaced with 'Health Plan Identifier (HPID)', as described in 45 CFR Part 162.

INQUIRY 3.

RFP Body, 10.4.2 and 10.4.4 and Appendix H, Section D(iv): With respect to Liquidated Damages, the language in the RFP Section 10.4.2 appears to have a different intent than the language in RFP Section 10.4.4 and Appendix H, D (iv), Draft Contract. We are requesting clarification on the draft contract terms based on the following excerpts from the RFP and draft contract. It appears the intent of RFP Section 10.4.2 is to assess Liquidated Damages if the Core MMIS and Supporting Services implementation is delayed due to the fault of the MMIS Contractor. It appears the intent of RFP Section 10.4.4 and Appendix H, Draft Contract is broader and assesses Liquidated Damages on the Core MMIS and Supporting Services contractor for delays, including those delays are caused by the BIDM and/or PBMS contractors.

RESPONSE 3.

There are two Liquidated Damages provisions. At Section 10.4.2, liquidated damages are assessed when the system is not operational as required. At Section 10.4.4, damages may be assessed for delays in the system during all phases. It is possible that a delay is due solely to the actions of another contractor. In that case, the Department will evaluate why the delay has occurred prior to assessing liquidated damages. It is not the intent of this language to allow the Department to issue Liquidated Damages when the Contractor is not the party at fault.

INQUIRY 4.

Appendix A, Unique ID 1165 and Appendix B, 5.3.2.1 Implementation Phase #11: In Appendix A, the Business Plan is noted as an annual deliverable once we are in the Operations and Maintenance Phase. However, in Appendix B, it is noted as a deliverable in the Initiation and Planning phase. To be consistent, will the Department amend Appendix B to exclude the Business Plan from an Initiation and Planning Phase deliverable?

RESPONSE 4.

Appendix A, Unique ID 1165 has been updated to reflect that the initial Business Plan is to be delivered during the Initiation and Planning Phase, and updated in Ongoing Operations and Maintenance Phase.

INQUIRY 5. Appendix A, Unique ID 1454: Please state the number of providers currently enrolled in the Medicaid fee-for-service network, detailing rendering and pay-to provider counts, if possible. Please specify whether this count includes interns and residents.

RESPONSE 5. Currently, interns and residents are not allowed to enroll in Colorado Medicaid. Currently, Colorado Medicaid cannot identify providers based on rendering versus pay to providers. Providers that are currently active have the following enrollment status along with the total count for each status:

Active Providers: 12,926
Active Reinstated Providers: 3
Active Providers, Do not Pay: 25,408
Active Provider - Encounter Submission Only: 717
Active Provider - Financial Transactions Only: 635
Active Provider - Client Eligibility Verification Only: 91

Most pay-to providers have an enrollment status of 'active' and most rendering providers have an enrollment status of 'active do not pay'.

INQUIRY 6. Appendix A, Unique ID 1680: We understand that many of the reference files used in MMIS are licensed data and the license must be procured by the Fiscal Agent Contractor. Since these licenses are not transferable or shareable, please confirm that the BIDM and any other vendor will be responsible for procuring their own additional licenses for any licensed data transmitted from the MMIS.

RESPONSE 6. BIDM and other vendors are required to procure their own licenses for files and data from sources outside the Colorado Medicaid Enterprise. Files and data BIDM and other vendors receive from within the Enterprise (including the MMIS) are considered Department files and data and additional licenses are not required.

INQUIRY 7. Appendix A, Unique ID 1767: Many of the reference files used in MMIS are licensed data and the license must be procured by the Fiscal Agent Contractor. The Contractor can then provide providers with access to use this data but the Contractor may not be permitted to transfer or share this data with providers “for their own purposes” unless those providers purchase their own license. Please provide further explanation as to what “for their own purposes” entails.

RESPONSE 7. The Department will work with the Contractor on issues of transfer within licensing limitations.

INQUIRY 8. Appendix A, Unique ID 1872: We are unable to locate in either Section 10.2 or Appendix E a requirement to invoice for the Deliverable payment portion of the Maximum Monthly Price. Also, the Appendix E price schedules reference “Fixed Monthly Payments” but the term “Maximum Monthly Price” does not appear in the schedules. Please confirm that the Contractor will invoice the Department the Fixed Monthly Payments as presented in Appendix E – Price Schedules and will invoice for the Quality Maintenance Payments for DDI Contract Stage or CMS Certification Project Phase when it is determined complete by the Department. Please confirm that the Contractor is not required to provide a Deliverable payment schedule.

RESPONSE 8. Appendix A, Unique ID 1872 has been revised to remove language indicating a Deliverable payment schedule. The Contractor is not required to provide a Deliverable payment schedule.

INQUIRY 9. Appendix B, 5.3.2.5 Data Conversion Phase #61: Our understanding is that the Contractor will be responsible for establishing the hardware, software, processes, and communications. Please clarify the intent of the phrase “and repeatable by authorized Department staff.”

RESPONSE 9. The Contractor is responsible for establishing all aspects of the System including hardware, software, processes, and communications. The intent of the language is to ensure that the Contractor provides thorough and accurate documentation and training to enable the Department to perform day-to-day activities.

INQUIRY 10. Appendix F “Subcontractor” and Appendix H, Section 4.J: The definition of Subcontractor in the contract is different than the one in the RFP. These definitions should conform. Suggested new language for both sections is: “Subcontractor” means third-parties, if any, engaged by Contractor to aid/ undertake part of the work and obligations of the Contract.

RESPONSE 10. The Department has changed the definition of “Subcontractor” in Appendix F to read: Third-parties, if any, engaged by Contractor to aid in performance of its obligations.

INQUIRY 11. **Appendix G: Please confirm that Bidders are expected to revalidate providers after five years, and after three years for high risk providers. Please also confirm that Bidders are to reflect the costs associated with the revalidation in the appropriate pricing schedules in Appendix E.**

RESPONSE 11. Yes, the Contractor will be expected to revalidate providers on an ongoing basis. The cost to revalidate needs to be included in the fixed bid proposal.

INQUIRY 12. **Appendix H, Section 10: Section 10, Confidential Information does not appear to protect Contractor or third-party confidential information. In particular with COTS solutions, certain materials will be considered confidential by their suppliers. The original supplier will also expect that confidential treatment will be maintained by the Department. The MMIS may also have certain aspects for which the Contractor, itself, would seek to maintain confidentiality. Given that certain materials provided by Contractor will be proprietary, such as information related to COTS software, how will we be able to protect the information?**

RESPONSE 12. Offerors may make suggested changes to Appendix H that will assure confidentiality.

INQUIRY 13. **Appendix H, Section 20.E (ii)(c): The section specifies arbitration conducted by the Colorado State Purchasing Director. In Section 21.G (the Colorado Specific flow-downs), binding arbitration by any “extra-judicial body or person” is prohibited by Colorado State Law. Please clarify this apparent contradiction in terms.**

RESPONSE 13. Offerors may note this comment in the response in Appendix H. The Department is reviewing this language and may make a revision at the time negotiation of the Contract begins to clarify this technicality. However, the Department’s intent is to resolve issues quickly using the process as outlined in the RFP and in Appendix H, Section 20.E (ii)(c). If the successful Offeror cannot agree to this process as outlined, then the Department and successful Offeror may not reach agreement during final Contract negotiations which will void the award.

INQUIRY 14. Appendix A, Unique ID 1121: With the requirement for the Key Staff to be full time on the COMMIT project, does this preclude the same person from working full-time on the COMMIT project while at the same time filling a position on another contract with the State of Colorado? For example, if the current incumbent fiscal agent were awarded the COMMIT project, could their Account Manager on their existing legacy contract also serve as the Account Manager for the new COMMIT project during the DDI Stages?

RESPONSE 14. As stated in Section 6.1.4 of the RFP Body: as commitment and continuity are important factors in success of the Contract, the Department will consider assignment of highly qualified Key Personnel to any additional positions as a commitment to reduce risk under the Contract. There is no specific requirement that Key Staff to be full time on the COMMIT project.

INQUIRY 15. RFP Body, 5.2.6 and Appendix A, Unique ID 1125: The Department is proposing a six-month BPR Contract Stage; however, the Business Processing Re-Engineering Manager is required to remain full-time on the COMMIT project through completion of Stage III: Supporting Services Implementation. Please clarify the Department's expectations for the BPR Manager's role and responsibilities following completion of the BPR Stage.

RESPONSE 15. Though the BPR Contract Stage has ended, the BPR Manager is to remain on the COMMIT project through completion of Stage III: Supporting Services Implementation so that information gained during the BPR Contract Stage is not lost and is utilized throughout implementation of the System.

INQUIRY 16. RFP Body, 10.6.3.1.1 and Appendix A, Unique ID 1125: The Department is proposing a six-month BPR Contract Stage; however, the Business Processing Re-Engineering Manager is required to remain full-time on the COMMIT project through completion of Stage III: Supporting Services Implementation. The amount Offerors can bid for the BPR Contract Stage cannot exceed 2.0 percent of the total DDI Budget Pool. Is the cost of the BPR Manager after completion of the BPR Contract Stage to be included in the proposed BPR fixed price or included in the contract stages in which it occurs (i.e. Contract Stage II: Core MMIS and Supporting Services Implementation)?

RESPONSE 16. The costs related to retaining the BPR Manager after completion of the BPR Contract Stage can be included in either the proposed BPR fixed price or included in the contract stages in which it occurs (e.g., Contract Stage II: Core MMIS and Supporting Services Implementation). Offerors should make this decision based on their pricing.

INQUIRY 17. Appendix A, Unique ID 1110: The Department's response to question #306 in the first Q/A stated: "The Department does not believe that there are any deliverables unique to the Fiscal Agent Operations Phase. Any deliverables should be developed and delivered prior to this Project Phase." However, in Appendix A, Unique ID 1110 for the Fiscal Agent Operations Phase, the Department lists a deliverable which is unique to this phase called the "Ongoing Support Maintenance Plan" which is not introduced, defined, or discussed in any other section of the RFP or Appendices. Is the "Ongoing Support Maintenance Plan" actually the same thing as the "Systems Operations and Maintenance Plan" discussed as a deliverable in the Operations and Maintenance Phase?

RESPONSE 17. Appendix A, Unique ID 1110 is a duplicate of the information the Contractor will supply in the System Operations Procedure Manual as described in Appendix A, Unique ID 1079. The Department has deleted Appendix A, Unique ID 1110, and the Ongoing Support Maintenance Plan from Appendix B.

INQUIRY 18. **Appendix A, Unique ID 1794: Can the Department please explain what data merge functionality refers to?**

RESPONSE 18. Data merge functionality refers to being able to export data to be used in communications (e.g., mail merge).

INQUIRY 19. **RFP Body, 6.0: The Department requests that the current FA provides resources that have medical experience (RN) to perform certain functions (i.e. manually pricing claims). Is it the Department's intent to make this a requirement in the next contract?**

RESPONSE 19. There is no specific requirement that claims processing staff shall have medical experience under the RFP. However, the Department believes that Offerors will benefit from having access to resources with medical experience to assist the Work performed by the Contractor, including manual pricing of claims.

INQUIRY 20. **Appendix H, 19.L: Will the State please explain the statement that "certain political subdivisions (e.g., City of Denver) may require payment of sales or use taxes even though the product or service is provided to the State." Denver Ordinances §53-26(1) and §53-97(1) provide that sales to the State and its departments and institutions would be exempt from sales and use tax when purchased for use in its governmental capacity. Why would Denver require payment of sales or use tax under this Contract? Are there are other political subdivisions at issue here?**

RESPONSE 20. Since Work under this contract is anticipated to be performed in the City and County of Denver, it is not anticipated that other political subdivisions are at issue here. If Work is performed outside of Denver, it is the responsibility of the Contractor to research sales and use taxes of other Colorado jurisdictions and comply with the payment of these taxes.

INQUIRY 21. **Appendix H, 19.L: This section states that "Contractor shall be solely liable for paying such taxes as the State is prohibited from paying or reimbursing Contractor for such taxes." Why is the State "prohibited" from paying or reimbursing Contractor for sales and/or use taxes?**

RESPONSE 21. This is a state-wide policy.

INQUIRY 22. **Appendix A, Unique ID: 1711: Please explain how a client would receive services from a physician that is paid by an MCO but the physician is not enrolled with the MCO.**

RESPONSE 22. Colorado Medicaid needs to know the services that an enrolled client receives from out-of-network providers. This allows Colorado to identify the plans that need to manage their clients more efficiently.

INQUIRY 23. **Appendix A, Unique ID 1757: Which waivers will be included as part of the electronic visit verification process and how many members will be involved?**

RESPONSE 23. All adult and children HCBS waivers services could potentially be included. The Department does not have an exact count of clients that will be involved at this time.

INQUIRY 24. **Appendix A, Unique ID 1757: How many estimated total home healthcare visits per year are anticipated for electronic visit verification usage?**

RESPONSE 24. There were approximately 350,000 home health visits from July 2011 to June 2012. The Department does not have an exact count of electronic visit verification that will be involved at this time.

INQUIRY 25. **Appendix A, Unique ID 1757: How does Colorado manage fiscal employee agent(s) for Consumer Directed Care? For example does the State, provider(s) or financial management service(s) act as the agent?**

RESPONSE 25. Colorado currently contracts with a financial management vendor to be the employer of reference for the Consumer Directed Care program. The financial management vendor issues payments directly to the employee who provides services to the clients using the Consumer Directed Care program.

INQUIRY 26.

Appendix C:

a) Has the State decided on what device will be used to view the vendors proposals?

b) If the bidding firm opts to embed video, in order to ensure the viewing is optimal, will the State share what software the State will use to “read” the proposals?

Comment: We have found that GoodReader and PDF Reader on an iPad 2 will not allow viewing of a MPEG-4 video embedded in a PDF. We did find that EZ PDF Reader will allow the reader to view the embedded video on an iPad.

RESPONSE 26.

For use during the review of responses, the Department has selected the following:

Microsoft Surface with Windows 8 Pro

Adobe Reader XI (11.0.02)

Microsoft Office 2010

Windows Media Player 12

Appendix C, C.4.3.3 has been updated.

INQUIRY 27.

Appendix A, Unique ID 1694: It is our understanding that the SURS functionality will be part of the BIDM. The legacy MMIS maintains SURS data in the eSURS application, which is separately maintained by the incumbent MMIS fiscal agent. It would appear that under the construct of the new contracts, the legacy vendor and new BIDM vendor would be responsible for the transfer of data between the two applications. Therefore, it seems this should be part of a transition from the legacy MMIS to the new BIDM vendor, and not part of the MMIS RFP. Please clarify what part the new MMIS Contractor would play in this requirement.

RESPONSE 27.

The statement is accurate. The BIDM Contractor will need to work with the Legacy System contractor to transition SURS and eSURS data.

INQUIRY 28. Appendix A, Unique ID 1857: Can the Department provide an estimated call volume to which the Contractor has the ability to expand? The Department recently released Request for Information #HCPFRFIKC13CRMSYSTEM, Customer Relationship Management System, which states that the Department's Customer Call Center currently receives more than 110,000 calls per year. Is it the Department's expectation that the Core MMIS and Supporting Services Contractor expand its call center capacity to accept all of these 110,000+ tier-one calls per year, in addition to any new calls originating from the expanded Medicaid eligibility groups?

RESPONSE 28. Please see the Department's response to Inquiry #205 of the Inquiries and Answers Initial Round 022813 document.

INQUIRY 29. Appendix A, Unique ID 1857: Please provide an estimate of the percentage of calls that the Department projects will be received by the Contractor's Customer Call Center that the Department would consider "tier-one."

RESPONSE 29. Please see the Department's response to Inquiry #205 of the Inquiries and Answers Initial Round 022813 document.

INQUIRY 30. Appendix E, E1.11.5: Pricing Schedule J lists 26 separate bundles of Optional Unique IDs. Some of these bundles consist of more than one Unique ID. Some bundles may contain Unique IDs that Offerors intend to be part of the system base with no additional cost to the Department, while other Unique IDs in the same bundle may be priced as optional requirements. How should Offerors depict in Pricing Schedule J those Unique IDs which are being priced and those Unique IDs which are offered as part of the system base?

RESPONSE 30. Requirement Unique IDs that are added to any bundle shall be indicated using red font. Requirement Unique IDs that are removed from the bundle shall be stricken and identified by using red font. If any "Optional" requirement Unique ID is included in the base, Offerors shall add a line item to the end of Price Schedule J and indicate "BASE" in the Price Column.

INQUIRY 31. RFP Body, 8.9 and 8.13 and Appendix A, Unique IDs 1700-1709 and 1727-1762: The RFP contains a significant number of requirements regarding care management and case management. Given that Colorado is moving to an accountable care model and will most likely have that model fully implemented at the time of this implementation in 2016, will the Department please explain the need for these tools? Will this be to support only the small remaining fee-for-service population? If so, what is the estimate of the fee-for-service population at the time of implementation? Is it a valid assumption that the regional care collaborative organizations will be using their own tools for care and case management to support the clients under their care?

RESPONSE 31. Initially, it is expected that the case management tool will primarily be used for the Long Term Care, Nursing Facility and HCBS waiver programs. However, it is expected that the care management and case management will eventually be used for the entire Medical Assistance program. The Department will need to determine if the tools should be used by providers participating in the Accountable Care Collaborative, which will allow providers to use the same infrastructure.

INQUIRY 32.

RFP Body, 9.9: To help offerors fully understand the scope of the EDMS conversion portion of the MMIS implementation, could the Department provide the following information:

- 1. Vendors are assuming that a portion of the electronic documentation stored in the current system would need to be migrated to the new MMIS. If so, would the Department provide information on the size of the document archive that is to be migrated? This would include the number of years of claims, PARs, number of claims, and number of documents.**
- 2. Would the Department provide information on the system that currently performs electronic document management for the legacy MMIS? Knowing the vendor name and version will allow offerors to confirm their document conversion solutions are compatible with the legacy EDMS system.**

RESPONSE 32.

1. The migration of data, the details, and migration via a universal format will be part of the transition plan. Vendors are required to maintain a minimum of eighty-four (84) months of Department-defined claims extract data to support the Decision Support System (DSS). Information on the volume of claims and PARs has been provided in the RFP. The Optical Image Technology (OIT) is the document management system that maintains scanned copies of all documents received in paper format and includes applications, correspondence, and paper claims and paper PARs. Information about the quantities of the scanned documents groups is not maintained but information on the supporting storage environment is available. There are three servers within the OIT environment. The current size of each is as follows:

SQL Server - Approximately 478 GB

Application Server - Approximately 12 GB

Web Server - Approximately 2 GB

2. Currently, the Department utilizes IntraVIEWER Version 9.6.1.4784 DocFinity® by Optical Image Technology.

INQUIRY 33.

Appendix A, Unique ID 1057: Would the Department please clarify the following related to performance testing?

- 1. How many business functions are to be tested during performance testing?**
- 2. How many virtual users are expected for performance testing?**

RESPONSE 33.

Performance testing shall simulate 'real world' use cases and therefore will need to run all business functions and support 80-100 virtual users.

INQUIRY 34. **Appendix A, Unique 1199: The example given makes reference to attorney/client information. Would the Department clarify if there is a more complete set or description of "privileged information" beyond attorney/client information?**

RESPONSE 34. The Department will work with the Contractor, after the contract is executed, to develop a policy of which documents require prior approval of the Department prior to disclosure.

INQUIRY 35. **Appendix A, Unique IDs 1200, 1327, and 1377: If the Department could provide the following approximate user counts for the single sign on (SSO) solution, offerors will be able to correctly size the infrastructure and licensing for their responses:**

- 1. The number of State users that would require access to the internal MMIS application**
- 2. The number of State users not included in (1) that would require access to the BIDM and PBM systems via the enterprise SSO solution, which is part of the MMIS RFP.**

RESPONSE 35. 1. Approximately 256 State users will need access to the internal MMIS system. The 256 core MMIS users include Department and other (Non-HCPF) State Agencies staff.

2. Approximately 128 State users will need access to BIDM. The 128 BIDM users include Department and other (Non-HCPF) State Agencies staff. Approximately 35 State users will need access to PBM.

Please note that the Unique IDs referenced in this inquiry include requirements concerning the Web Portal. Authorized System users of the Web Portal include providers, which shall also have a single sign on (SSO) solution.

INQUIRY 36. **Appendix A, Unique 1396: Does the Department intend for users to have a tool that enables them to develop their own web-based training (WBT) modules without the assistance of vendor staff? Will the vendor be expected to train Department users in the use of the tool? If so, how many users would need to be trained?**

RESPONSE 36. This is an optional requirement and Colorado is looking for Offerors to propose a solution that meets the requirement.

INQUIRY 37. Appendix A, Unique IDs 1447 and 1622: Please clarify how many credit card transactions the Department anticipates.

RESPONSE 37. The current fiscal agent does not provide credit card transactions; therefore, no data is available as to the volume of credit card transactions.

INQUIRY 38. Appendix A, Unique ID 1757: Please clarify the CPT codes and modifiers that would be included for the "time-based or home-based services" in this requirement and provide number of services billed and amount billed for each of these codes for FY2011 (or the timeframe the Department has available).

Please also provide the following information:

1. For each of the above CPT codes, what is the unit of services (such as per visit or per 15 minutes)?
2. For services that are provided in time increments (such as 15-minute segments), what is the average length of a visit?
3. What are the number of providers (unique tax ID numbers) currently providing the home-based services referenced in this requirement?
4. Please estimate the average number of home-based services an eligible client receives in a month.
5. Please provide the number of clients currently receiving home-based services annually.

RESPONSE 38. Time based and home based services are not currently billed in this system; therefore, no data is available. The Department does not have the specific coding for the CPT codes.

INQUIRY 39. Appendix C, C.4.3.3: Would the Department please specify what applications will be used to open the PDF file on Apple iPad 2, Microsoft Surface, and any other tablet devices?

RESPONSE 39. For use during the review of responses, the Department has selected the following:

Microsoft Surface with Windows 8 Pro
Adobe Reader XI (11.0.02)
Microsoft Office 2010
Windows Media Player 12
Appendix C, C.4.3.3 has been updated.

INQUIRY 40.

Appendix D, D.3.4: For Response 29 example table format provided (RESPONSE 29 TABLE FORMAT AND EXAMPLE: RESPONSE 29a), please clarify what is expected to be included in the "Contractor Responsibilities" and "Department Responsibilities" columns. Are these responsibilities the same that are listed in Appendix B - Project Phase Tables? Are offerors to copy them from Appendix B and paste them into this table format? If not, are offerors to use this format example to list only new responsibilities? Is the Department looking for a point-by-point response to each Contractor and/or Department responsibility as listed in Appendix B? If a point-by-point response is required, are offerors allowed to amend the Response 29 Table format to include a column that shows the offeror acknowledges each responsibility and meets or exceeds it?

RESPONSE 40.

The purpose of RESPONSE 29 is to establish expectations for the Contractor Responsibilities and Department Responsibilities through all Project Phases of the Contract. Therefore, the Offeror's response to RESPONSE 29 shall document all proposed responsibilities for each Project Phase for the Contractor and the Department that make it easy for the evaluators to understand. If the Offeror accepts the guideline Contractor Responsibilities and Department Responsibilities provided in Appendix B, then the Offeror shall copy them over to their proposal response. In addition, if the Offeror modifies any responsibilities from Appendix B, the Department does not require that changes are tracked.

INQUIRY 41.

Appendix D, D.3.4: For Response 31 example table format provided (RESPONSE 31 TABLE FORMAT AND EXAMPLE: RESPONSE 31a), please clarify what is expected to be included in the "Deliverables Provided as described by the Department" and "Proposed Alternative Deliverables" columns. In the Response 31 table format, what is the difference between the list of deliverables provided in the first row, versus what is asked for in the second row/column "Deliverables Provided as described by the Department"? Are vendors to copy the list of deliverables listed directly above in the table and paste them in the "Deliverables Provided as described by the Department" column? Are the "Proposed Alternative Deliverables" alternative to the deliverables listed in the table or in ADDITION to the list provided for each phase? If an offeror is providing sample deliverables, what level of detail is required per deliverable? Would a table with bulleted description of each deliverable suffice?

RESPONSE 41.

The "Deliverables Provided as described by the Department" column shall be used to list those Deliverables that Offerors will provide as described within the requirements. The "Proposed Alternative Deliverables" column shall be used to list any Deliverables the Offeror recommends in order to: consolidate Deliverables; better align with Offeror's solution; or to replace, or modify any Deliverables as described by the Department. Within the text portion of the response the Offeror shall provide a description of each Deliverable, as well as substantiate any alternative Deliverable recommendations indicated in the associated column.

INQUIRY 42.

Appendix D, Response 46, Scenario 6: This scenario asks Offerors to demonstrate functionality to support a wellness program where clients receive awards for reaching goals, such as maintaining a healthy BMI. No requirements in Appendix A directly relate to this scenario. Would the Department please consider removing or replacing with a scenario that is associated with RFP requirements?

RESPONSE 42.

The Department will not remove this scenario. The scenario addresses the flexibility of the Offeror's solution and ability to adapt to future innovations in the Medical Assistance program. If this scenario cannot be addressed by the Offeror's solution, then the Offeror should consider if their solution and response meets the Department's overall goals as stated in the RFP Body.

INQUIRY 43. **Appendix E: For consistency across offerors' proposals, could the Department provide the Pricing Schedules in Microsoft Excel format?**

RESPONSE 43. The Department provided Appendix E in Microsoft Word, a modifiable format, so that all Offerors' price proposals will be created in the same format prior to converting to a searchable Portable Document Format (PDF).

INQUIRY 44. **Appendix, Section G5.0: Section G5.0 provides a total count of claims and encounters per year. Would the Department provide a break out of these counts by claim and encounter per year?**

RESPONSE 44. The Department can only provide the historical breakout between FFS and encounters. The Department believes that encounters will increase over the years but does not have the ability to accurately forecast future encounter submissions.

State Fiscal Year	Total Annual Claim Volume	Fee-for-Service Volume	Capitations Volume	Encounters Volume
2007-08	21,599,362	14,206,801	7,252,137	140,424
2008-09	28,947,869	13,669,942	12,986,796	2,291,131
2009-10	26,228,518	16,303,318	8,743,615	1,181,585
2010-11	28,706,577	16,370,566	9,483,480	2,852,531
2011-12	34,268,869	18,724,435	12,911,381	2,633,053

INQUIRY 45. RFP Body, 3.3.2.2 and 3.3.2.3: BUS and DDDweb are not defined and have no requirements specified in Appendix A. Inquiry 286 from the last set of questions received a response that, "The Department does not have this information because there is no system documentation for either of these systems. The Department is looking for the Contractor to provide a solution that will replace the BUS and DDDweb systems." Can the Department provide additional details or have the systems documented? Without additional details, bidders will need to make significant assumptions that will likely impact what is included in the solution offer and the price associated.

RESPONSE 45. The Department is looking for the Contractor to provide a solution that will replace the BUS and DDDweb systems with the "Case Management Tool" described in this RFP Section 8.13. Regarding BUS and DDDweb documentation, please see the Department's response to Inquiry #286 of the Inquiries and Answers Initial Round 022813 document.

INQUIRY 46. RFP Body, 5.2.7.1: Section 5.2.7.1 refers to Implementation Stage I: Online Provider Enrollment. It states that enrollment and validation of providers is to be completed by March 2016. However, in the Proposed Procurement Strategy COMMIT Update #4 document (released March 22, 2013) it indicates a Stage I completion date of June 30, 2016. Please clarify the completion date for Stage I. If the end date is June 30, 2016, what activities does the Department anticipate to be included in this Stage beyond the implementation of the Online Provider Enrollment functionality? If the end date is June 30, 2016, please confirm the Department will be making modifications to the RFP based on the information provided in Update #4.

RESPONSE 46. To comply with the ACA Provider Screening Regulations, Online Provider Enrollment must be completed by March 2016. However, there may be activities that do not affect compliance, but can be reprioritized and completed between March and June 2016. There will be no updates to the RFP Body Timeline. Offerors are encouraged to submit timelines that are reasonable and satisfy the timelines specified above.

INQUIRY 47. **RFP Body, 5.7.1: Can the Department provide the number of active providers in the State of Colorado? This will ensure enough time is allowed for education and training for early provider enrollment activities. Also, can the Department provide insight as to the number of high risk providers which from the ACA regulations would require onsite provider review?**

RESPONSE 47. Currently, Colorado has 39,780 active providers. The Department has not been able to identify the number of high risk providers.

INQUIRY 48. **RFP Body, 8.13: Please clarify if there are independent analytics to support case identification (i.e., predictive analytics/reporting) required of the case management tool; or, will case identification and reporting be conducted by the BIDM and imported in report format to the case management tool.**

RESPONSE 48. Case identification and reporting will be conducted by the BIDM Contractor and then imported into the case management tool. The Department does not anticipate the vendor being required to use any independent analytics to support case identification in the MMIS.

INQUIRY 49. **RFP Body, 8.13: Will the Department please provide the number of lives that will be managed through the case management tool brought by the Core MMIS and Supporting Services contractor so that contractors are able to develop consistent solutions and pricing? We understand that not all Medicaid clients for each Medicaid program will be managed through this contract.**

RESPONSE 49. Initially, it is expected that the case management tool will primarily be used for the Long Term Care, Nursing Facility and HCBS waiver programs. However, it is expected that the care management and case management will still eventually be used for the entire Medical Assistance program. The Department will need to determine if the tools should be used by providers participating in the Accountable Care Collaborative, which will allow providers to use the same infrastructure.

INQUIRY 50. **RFP Body, 9.6: Please confirm that the Department intends to discontinue the present contract with HMS' products and services upon implementation of the Core MMIS and Supporting Services contract.**

RESPONSE 50. The Department does not intend to discontinue the present contract with HMS' products and services upon implementation of the Core MMIS and Supporting Services contract.

INQUIRY 51. **Appendix A, Unique ID 1665: Is it the Department's expectation that the BIDM will generate all MECT certification-related reporting for 1) the Program Management Business Area, and 2) the Program Integrity Management Business Area? Additionally, would the BIDM be responsible for certification-related reporting in any of the other business areas?**

RESPONSE 51. Yes, the Program Management Business Area and the Program Integrity Management Business Area reporting will be generated via the BIDM. The BIDM would be used to generate all certification-related reporting except for MMIS-operating specific reports. However, this does not exclude the Contractor from the responsibilities for the Program Management Business Area and the Program Integrity Management Business Area as required under this RFP.

INQUIRY 52. **Appendix A. Unique ID 1696: Can the Department provide addition detail about their expectations regarding 'pre-payment program integrity reviews'? Is it the Department's expectation that prior to payment, all claims would be run through a series of analytics in order to identify things like upcoding, unnecessary services, or other questionable billing practices? If running claims through fraud-related analytics prior to payment is really what the Department is looking for, this will have significant cost ramifications.**

RESPONSE 52. Yes, the requirement has the expectation that prior to payment, all claims would be run through a series of analytics in order to identify things like upcoding, unnecessary services, or other questionable billing practices. The Department understands that running claims through fraud-related analytics prior to payment has significant cost ramifications. Offerors should attempt to explain those cost and operational ramifications in their responses.

INQUIRY 53. Appendix A, Unique ID 1698: Can the Department provide details regarding their intended approach to fulfilling the fingerprinting of the provider screening requirements, and the support that the Core MMIS and Supporting Services solution would need to provide relative to fingerprinting? Some states intend to consolidate efforts with other agencies as this can be a high cost activity.

RESPONSE 53. At this time, the Department has no details regarding the approach to fulfilling the fingerprinting of providers under the ACA Provider Screening Rule. Offerors should propose an approach that fits into their workflow for implementing the requirements of the ACA Provider Screening Rule as the Contractor is responsible for provider enrollment activities.

INQUIRY 54. Appendix A, Unique ID 1736: Please clarify if another contractor does the clinical review for approval or denial, or if that scope of work is included in the optional service to be provided?

RESPONSE 54. Clinical reviews of Pre-Admission Screening and Resident (PASSR) data is currently managed by one of the Department's existing contracts and will not be replaced as part of Unique ID 1736.

INQUIRY 55. Appendix A, Unique ID 1857: Unique ID 1857 is an optional requirement related to the client call center. Can the Department provide the number of expected client calls to be received? In order to appropriately determine staff and associated costs, Offerors need to know the number of calls, as well as the expected duration.

RESPONSE 55. Please see the Department's response to Inquiry #205 of the Inquiries and Answers Initial Round 022813.

INQUIRY 56. Appendix D, Section D.3.4 and Response 31b: Section D.3.4, Response 31b lists a "Business Rules Traceability Matrix" as a deliverable. Please confirm if this is the same deliverable as the "Health Benefit Plan Traceability Document" listed in Appendix A, Unique ID 1027.

RESPONSE 56. Appendix A, Unique ID 1027 has been updated to clarify that the Business Rules Traceability Matrix shall include documentation of Health Benefit Plan Traceability

INQUIRY 57. Appendix D, Section D.3.4 and Response 31i: In Section D.3.4, **RESPONSE 31i**, an "Annual Business Plan and Business Continuity and Disaster Recovery Plan" deliverable is listed. However, in Appendix A, Unique ID 1165 references just a "Business Plan". Please clarify if there are two distinct deliverables to submit--1) a Business Plan and 2) a Business Continuity and Disaster Recovery Plan, or if these two plans are combined into one deliverable. If they are separate plans, please confirm that the Business Plan is due during operations and maintenance, as stated in Appendix A, Unique ID 1165.

RESPONSE 57. There are two plans: A Business Plan (updated annually) and a Business Continuity and Disaster Recovery Plan. Appendix A, Unique ID 1165 has been updated to reflect that the initial Business Plan is to be delivered during the Initiation and Planning Phase, and the updated in Ongoing Operations and Maintenance Phase. The Department has revised Appendix B and Appendix D to indicate these are separate deliverables.

INQUIRY 58. Appendix E, Section E1.11: Appendix E, Section E1.11 provides bundles of optional requirements for pricing. However, the optional requirement Appendix A, Unique ID 1857--Ability to expand the Contractor call center to accept client calls and provide tier-one support to assist in offering solutions and information to general questions regarding the Colorado Medical Assistance program and transfer more complex calls to the Department's Customer Call Center--has not been included in one of the bundles. Please confirm if the "Call Center, Help Desk Knowledge Base Forum" bundle would be an appropriate place to include the costs for this requirement.

RESPONSE 58. A separate line item, J.27, has been added to Appendix E, Price Schedule J for requirement 1857.

INQUIRY 59. Appendix G, Item 5: Item 5 in Appendix G includes Call Current Program Statistics with Center Data Reports. The current reports for calls cover Oct. - Dec. of 2012. Our experience has shown that the holidays have a significant impact on the number of calls. Can the Department make these statistics available to cover the entire year?

RESPONSE 59. The Department will provide reports that cover a total of 12 months. The Department has updated the information on its website, as directed through Appendix G.

INQUIRY 60. **Appendix H: In Modification 1, the Department released a modifiable version of Appendix H on the BIDS site. However, this Word version seems to be corrupted; the file doesn't have an "open" option. Can the Department replace this file on the BIDS site?**

RESPONSE 60. The Department has re-posted Appendix H modifiable version to the BIDS website. The re-posting appears to have addressed this issue and the document is able to be opened.

INQUIRY 61. **Appendix H, Section 19(P): Bidder understands that negotiations on limitation of liability will not be permitted; however, the carve-out from the liability cap for claims for bodily injury and damage to tangible property is based on strict liability. With respect to data, will the State agree to tie this carve-out to Contractor's failure to meet a specific obligation under the agreement due to its negligence or willful misconduct?**

RESPONSE 61. The Department will not entertain changes to Section 19 (P).

INQUIRY 62. **Appendix H, Section 19(P): We understand that negotiations on limitation of liability will not be permitted; however, would the State provide a definition of "data" as it is used in 19(P)?**

RESPONSE 62. The Department will not entertain changes to Section 19 (P). A common understanding of this term can be discussed during contract negotiations.

INQUIRY 63. **Appendix H, Section 19(P)(i): We understand that negotiations on limitation of liability will not be permitted; however, the two times multiplier used to establish the liability cap for the implementation contract stage, when considered with the other financial protections imposed by the RFP, does not reasonably balance the risk and rewards of performance under the contract. Would the State consider a limit of liability tied to the value of the implementation stage contract?**

RESPONSE 63. The Department will not entertain changes to Section 19 (P).

INQUIRY 64. Appendix H, Section 19(P)(ii): We understand that negotiations on limitation of liability will not be permitted; however, given that Ongoing MMIS Operations and Fiscal Agent Operations Stage represent steady-state services over multiple years, would the Department consider modifying the limit of liability consistent with industry practice such that the aggregate of all claims made under a particular annual term will not exceed the value of that annual term (vs. the aggregate of all claims not exceeding the value of the entire contract stage)?

RESPONSE 64. The Department will not entertain changes to Section 19 (P).

INQUIRY 65. Response to Inquiries, Inquiry 13: Inquiry 13 addresses Gate Review Crosswalks. The response indicates that new information has been provided in Appendix G. However, the Section G8.0 slides that were provided in Appendix G do not provide details/requirements on what contents are used develop the Gate Review Crosswalk so that Offerors can properly plan for meeting this deliverable. Would the Department be able to provide the details on the contents used to develop the crosswalk?

RESPONSE 65. The Gate Review process provided in Appendix G was the result of Colorado Legislation to enhance governance so that all projects with an IT component include the various elements required for project success, consider the risk, and long-term sustainability. This governance is still being developed and reviewed. The Department will provide updates to the process as they are received.

INQUIRY 66. Response to Inquiries, Inquiry 100: Inquiry 100 address whether or not client call center is part of this contract. The response indicated that the client call center is optional. However, Appendix A, Unique ID 1792 did not change to remove "clients" from the requirement. Please confirm that this requirement will be modified to reflect the response indicated in the Response to Inquiries document.

RESPONSE 66. Appendix A, Unique ID 1792 has been updated to indicate that the client-related portion of this requirement is only required if Appendix A, Unique ID 1857 is selected by the Department.

INQUIRY 67. Proposed Procurement Strategy COMMIT Update #4 document, Section 1.2: In the Core MMIS Functions and Fiscal Agent Services section of the Implementation Timeline Update, there are date changes listed that are contradictory to the dates listed in RFP Appendix C, Section C.2.1, Table 2.1.1. Please confirm if the Department will be making modifications to this table based on the information provided in Update #4.

RESPONSE 67. Appendix C, Table 2.1.1 has been updated to reflect the dates released in the Proposed Procurement Strategy COMMIT Update #4.



SOLICITATION # XXXXX
Core MMIS and Supporting Services: For Reference Only

Inquiry and Answer – May 11, 2013

INQUIRY 1.

A potential issue with Price Schedule C – Implementation Stage 2: The instructions ask that the vendor include the CMS Certification Quality Maintenance Payments into this stage’s price sheet (C.5). The instructions also indicate the CMS payment should be 3% of the total DDI price, not just this stage’s price. “A *Quality Maintenance Payment equal to three percent (3.0%) of the Total Contract price for all Implementation Contract Stages will be paid upon completion of the CMS Certification Project Phase, as defined in Section 5.6.3.2 of the RFP Body.*”

The CMS payment price is then added into the Total Stage Price (C.4) for stage 2, (Sum C.2, C.3, C.5, and C.1). It appears this is accidentally overinflating the Stage 2 price. This also causes a ramification of overinflating the Stage 2 Quality Maintenance Payment Price, as that is based on 7% of the stage price, which is now overinflated.

We believe to correct the issue, each stage should include its portion of the total CMS Certification Quality Maintenance Payment and not try to collect all of it just within Stage 2.

RESPONSE 1.

As illustrated in Figure 5.6.3.3 in the RFP Body, Quality Maintenance Payments amounts are calculated from the Total Stage Price. Therefore, Pricing Schedule C, line "C.1 Adjusted Fixed Monthly Payments Monthly Payments" calculations for Pricing Schedule C do not include Quality Maintenance Payments or CMS Certification Quality Maintenance Payments. Additionally, CMS Certification Quality Maintenance Payments will be paid upon completion of CMS Certification Project Phase, when CMS Certification is received and complete (RFP Body Section 5.6.3.2.2); therefore, it is not necessary to distribute the 3% across all three Implementation Stages.

The Department believes that Pricing Schedule C provides the appropriate level of price information to align generally with the Implementation Contract Stages as presented in RFP Body Section 5.2. The Department will not make any modification to Appendix E at this time.