

Attachment B

710-20-0015 EQRO

Written Questions and Answers

Instructions

This Response Template must be used for submission of written questions. All questions should provide the requested information. Those that do not, may not be answered by DHS. The Vendor may add as many lines as needed. DHS would strongly prefer the Vendor to ask multi-part questions as individual questions on separate lines.

Instructions: Complete all cells of each question asked in the Table below. Clearly identify the referenced section or text.

Question ID	RFP Reference (page number, section number, paragraph)	Specific IFB Language	Question	Answer
<i>Example</i>	<i>Page 20, Desk Reviews</i>	Desk Review	<i>Where are the Desk Review Specifications?</i>	
1	Page 2, Purpose	A state must contract with an External Quality Review Organization (EQRO) to conduct activities related to External Quality Review (EQR) (42 CFR §438.356(a)(1) and (42 CFR §433).	Given that the state must contract with an EQRO, does this project have an incumbent vendor and, if so, which vendor?	No
2	Page 5, Pricing	Pricing	What is the anticipated budget for this project?	Not relevant for bidding purposes
3	Page 24, 2.3.C.1. Vendor References Page 22, 2.3.A.2. Vendor Experience	2.3.C.1. Vendor (and each expected/anticipated subcontractor) shall provide at least three (3) letters of reference that must attest to Vendor's prior External Quality Review (EQR) experience. Two (2) of the letters may be from the contract managers used to satisfy the above requirement in A. 2.3.A.2. Vendor must have completed a minimum of two (2) comprehensive EQRO assessments for a State Medicaid Agency within the last five (5) years. These assessments must have included a Long-Term Services and Supports (LTSS) for individuals with intellectual and developmental disabilities or behavioral health diagnoses and dental services component.	This language indicates a prime contractor and any subcontractor(s) must separately meet requirements in 2.3.A. and 2.3.C. whereas standard practice is a prime and any subcontractor(s) together meet such requirements. Is it the intent of DHS to allow for combining experience and references between prime and subcontractors? If so, would the following RFP language revisions meet the expectations of DHS? 2.3.A.2. Vendor and/or any anticipated subcontractor must have completed a minimum of two (2) comprehensive EQRO assessments for a State Medicaid Agency within the last five (5) years. These assessments must have included a Long-Term Services and Supports (LTSS) for individuals with intellectual and developmental disabilities or behavioral health diagnoses and dental services component; and, 2.3.C.1 Vendor (and each expected/anticipated subcontractor) shall provide at least three (3) letters of reference that must attest to Vendor's and/or any anticipated subcontractor's prior External Quality Review (EQR) experience. Two (2) of the letters may be from the contract managers used to satisfy the above requirement in A. These letters must include the following: a. Two (2) letters of reference must be from public or private entities other than the Arkansas Department of Human Services (DHS); and b. An additional letter of reference must be from any state Medicaid program, which may include the Division of Medical Services (DMS) within DHS.	No

4	Page 22, 2.3. A. 2	These assessments must have included a Long-Term Services and Supports (LTSS) for individuals with intellectual and developmental disabilities or behavioral health diagnoses and dental services component	Will vendor past experience performing MCO integrated Behavioral Health assessments meet this requirement?	Yes
5	Page 23, 2.3. A.4	Proposal may be disqualified from respondents whose references do not respond within five (5) business days of the request for verification.	Will respondents be notified of when these requests are sent out so that we can notify references to be aware the request has been sent out and the time frame for response?	No
6	Page 23, 2.3. A.4	Proposal may be disqualified from respondents whose references do not respond within five (5) business days of the request for verification.	May the bidder notify the State if the reference is out of the office on vacation or medical leave during the five day response time?	No
7	Page 26, B. Activity 3	Perform a review, conducted within the previous 3-year period, to determine the MCO's, PIHP's, or PAHP's compliance	Is the compliance review required only every three years?	Please see Federal Code 42 CFR 438 subpart D, 42 CFR 438.330, and 42 CFR 438.358.
8	Page 30, 3.2.F	Additional Work or Modification of Scope/Activities	How many additional projects does DMS expect to request?	Not relevant for bidding purposes
9	Page30, 3.3 A	Contractor must validate that each PIP:	How may PIPs per plan need to be evaluated?	See PASSE agreement
10	Page30, 3.3 A	Validation of each PASSE's performance improvement projects (PIP) that were underway during the preceding twelve (12) months.	How many PIPs will the contractor validate during the first year?	See answer to #9
11	Page30, 3.3 A	Validation of each PASSE's performance improvement projects (PIP) that were underway during the preceding twelve (12) months.	Does DMS expect the contractor to validate the PIPs conducted during the previous 12 months using the CMS protocols Version 1.0 September 2012 or EQR Protocols Dated October 2019 or using the EQR Protocols 2019?	DMS expects contractor to use the most current released protocols from CMS at all times.
12	Page 31, 3.3. C	Validation of performance measures calculated by the State during the preceding twelve (12) months. (The report shall be due to DHS no later than September 1, 2020). PASSE performance measures can be found in Exhibit II of the PASSE Provider Agreement.	Does DMS expect the contractor to validate the performance measures from the previous 12 months using the CMS protocols Version 1.0 September 2012 or EQR Protocols Dated October 2019 or using the EQR Protocols 2019?	See answer to #11
13	Page 31, 3.3. D	Validation of compliance with Managed Care standards, quality assessment, and performance improvement. Analyze data identified by the state as having potential quality or utilization concerns. (The report shall be due to DHS no later than March 1, 2021). 1. Data evaluation shall include these datasets collected and compiled by each PASSE. a. Encounter data	How frequently are encounter data validated?	Vendor will be expected to validate data annually.

14	Page 31, 3.3. D.1	Validation of compliance with Managed Care standards, quality assessment, and performance improvement. Analyze data identified by the state as having potential quality or utilization concerns. (The report shall be due to DHS no later than March 1, 2021). 1. Data evaluation shall include these datasets collected and compiled by each PASSE. a. Encounter data	What is the process for the contractor receiving the encounter data?	Vendor will work with DHS and each PASSE to develop this process.
15	Page 31, 3.3. D.1	Validation of compliance with Managed Care standards, quality assessment, and performance improvement. Analyze data identified by the state as having potential quality or utilization concerns. (The report shall be due to DHS no later than March 1, 2021). b. Quality metrics	How frequently are the quality metrics validated?	See the answer to #14
16	Page 31, 3.3. D.1	Validation of compliance with Managed Care standards, quality assessment, and performance improvement. Analyze data identified by the state as having potential quality or utilization concerns. (The report shall be due to DHS no later than March 1, 2021). b. Quality metrics	Is Exhibit II in the RFP comprehensive of all quality metrics, or are there more?	No, quality metrics are included throughout the PASSE agreement and attachments. Vendor will be expected to use the current PASSE agreement for each analysis.
17	Page 31, 3.3. D.1	Validation of compliance with Managed Care standards, quality assessment, and performance improvement. Analyze data identified by the state as having potential quality or utilization concerns. (The report shall be due to DHS no later than March 1, 2021). c. PIP data	Is the expectation that the contractor will use the data from the PIP Validations or are there additional requirements?	The contractor will be required to use data from the PIP validations as well as any other relevant data to determine whether the performance goals were met.

18	Page 31, 3.3. D.1	Validation of compliance with Managed Care standards, quality assessment, and performance improvement. Analyze data identified by the state as having potential quality or utilization concerns. (The report shall be due to DHS no later than March 1, 2021). d. NCCI claims coding assessment	Is the NCCI Claims Coding Assessment limited to an area of specificity or the entire universe of claims included in the analyses?	The entire universe of claims
19	Page 31, 3.3. D.1	Validation of compliance with Managed Care standards, quality assessment, and performance improvement. Analyze data identified by the state as having potential quality or utilization concerns. (The report shall be due to DHS no later than March 1, 2021). d. NCCI claims coding assessment	Are the analyses conducted for each DMO and PASSE participant?	Analysis will be conducted based upon the NCCI edits for each DMO and PASSE.
20	Page 31,3.3. D.1	Validation of compliance with Managed Care standards, quality assessment, and performance improvement. Analyze data identified by the state as having potential quality or utilization concerns. (The report shall be due to DHS no later than March 1, 2021). d. NCCI claims coding assessment	How does the contractor receive the claim data?	Vendor will work with DHS and each PASSE to develop this process.
21	Page 33, 3.4. A.1	Contractor must validate that each PIP	How many PIPs are conducted by each DMO?	See DMO agreement.
22	Page 33, 3.4. A.1	Contractor must validate that each PIP	Is the contractor expected to validate all PIPs conducted by the DMOs?	Yes
23	Page 33, 3.4. A.1	Contractor must validate that each PIP	Does DMS expect the contractor to validate the PIPs conducted during the previous 12 months using the CMS protocols Version 1.0 September 2012 or EQR Protocols Dated October 2019 or using the EQR Protocols 2019?	DMS expects contractor to use the most current released protocols from CMS at all times.
24	Page 34, 3.4 B	Validation of performance measures calculated by the State during the preceding twelve (12) months. (The report shall be due to DHS no later than September 1, 2020).	Does DMS expect the contractor to validate the performance measures from the previous 12 months using the CMS protocols Version 1.0 September 2012 or EQR Protocols Dated October 2019 or using the EQR Protocols 2019?	DMS expects contractor to use the most current released protocols from CMS at all times.
25	Page 34, 3.4 D	Analysis of data identified by the Department as having potential quality or utilization concerns. (The report shall be due to DHS no later than March 1, 2021).	Are thresholds for potential quality or utilization concerns established by DMS?	DHS will identify any data with quality or utilization concerns to be analyzed.

26	Page 35, 3.4. F	Review of the grievance and appeals Process. (The report shall be due to DHS no later than July 1, 2020). Vendor shall conduct review of member complaints, appeals, and grievance processes and management and identify any backlogs.	What are the sample sizes for both grievances and for appeals the contractor is expected to review?	Sample size must be statistically significant. DHS will negotiate final sample sizes with the vendor.
27	Page 35, 3.4. F	Review of the grievance and appeals Process. (The report shall be due to DHS no later than July 1, 2020). Vendor shall conduct review of member complaints, appeals, and grievance processes and management and identify any backlogs.	Is the contractor expected to perform file reviews on this?	Yes.
28	Page 35, 3.4. F	Review of the grievance and appeals Process. (The report shall be due to DHS no later than July 1, 2020). Vendor shall conduct review of member complaints, appeals, and grievance processes and management and identify any backlogs.	If the contractor is to perform file reviews, how many per plan?	Sample size must be statistically significant. DHS will negotiate final sample sizes with the vendor.
29	Page 36, 3.5 A.3	Vendor shall have staff available at all required meetings with DHS.	What is the frequency of all required meetings with DHS?	Not relevant for bidding purposes
30	Technical Response Packet: Page 7	Provide a response to each item/question in this section. Prospective Contractor may expand the space under each item/question to provide a complete response.	Please clarify: Are bidders to only provide responses within the table cells on Page 7 or are appended narrative response pages acceptable?	Bidders are allowed to append.
31	Technical Response Packet: Page 7	Provide a response to each item/question in this section. Prospective Contractor may expand the space under each item/question to provide a complete response.	Will a Word or Excel version of this table be provided for ease of response entry?	No. See answer to #30.
32	Technical Response Packet: Page 7	Provide a response to each item/question in this section. Prospective Contractor may expand the space under each item/question to provide a complete response.	Are these items the ONLY items the bidder is to provide written response? If not, please clarify what other elements require written response.	The items listed in the Technical Response Packet are the items that will be scored for the purposes of contract award.
33	Technical Response Packet: Page 7, E.3, 11th row/item	Provide Bidder's proposed detailed work plan with appropriate milestones for an implementation of all requirements specified in this RFP, based upon the work phases outlined per year. (Sections 3.3; 3.4; 3.6)	Is it Acceptable to provide the work plan in an Excel file, or should it be submitted within this table/cell?	It can be submitted in an Excel file.
34		Overall Question	Is there an incumbent contractor for any of this Scope of Service?	No
35		Overall Question	What is the State budget for this contract?	Not relevant for bidding purposes
36		Overall Question	Should the contractor prepare its response in accordance with the newest EQR Protocols Dated October 2019 or Version 1.0 September 2012.	DMS expects contractor to use the most current released protocols from CMS at all times.
37	Page 3, General, 1.7.A.	Voluntary Product Accessibility Template	Under what conditions is the Voluntary Product Accessibility Template required or applicable?	When there is a software component to the purchase.

38	Page 3, SECTION 1 - GENERAL INSTRUCTIONS AND INFORMATION, 1.7.A.	GENERAL INSTRUCTIONS AND INFORMATION	Is the entire narrative portion of the Technical Proposal response to be entered on the Information for Evaluation form? If so, will the form be provided in a fillable pdf or Word document?	See the answers to #31 and #32.
39	Page 3, SECTION 1 - GENERAL INSTRUCTIONS AND INFORMATION, 1.7.A.	GENERAL INSTRUCTIONS AND INFORMATION	The Technical Proposal Packet contains six unfillable PDF forms. Will these forms be made available in a fillable pdf or word document format? If not, will bidders be allowed to alter the forms so that the required information can be entered.	See the answers to #31 and #32.
40	Page 5, SECTION 1 - GENERAL INSTRUCTIONS AND INFORMATION, 1.13 PRICING	GENERAL INSTRUCTIONS AND INFORMATION	What is the maximum budget for this project?	Not relevant for bidding purposes
41	Page 26, SECTION 3 – REQUIRED SCOPE OF WORK, 3.1.B.	Mandatory and Optional Protocols and Activities	Will the Vendor be required to validate consumer and/or provider surveys?	Yes, see Section 3.2A.
42	Page 26, SECTION 3 – REQUIRED SCOPE OF WORK, 3.1.B. Mandatory and Optional Protocols and Activities	Mandatory and Optional Protocols and Activities	“Validation of encounter data reported by an MCO/PIHP/PAHP/PCCM entity” was noted as an optional activity. What is DHS’ expectations regarding the frequency of this activity?	See answer to question #13.
43	Page 31, SECTION 3 – REQUIRED SCOPE OF WORK, 3.3. Year One: Immediate Activities	Year One: Immediate Activities	Will PASSEs submit encounter data directly to the Vendor, or will encounter data for the PASSEs and DHS be provided by DHS? Please describe the frequency, format/layout, volume, and extent of data submitted to the Vendor.	1. Vendor will receive data from both PASSEs and DHS. 2. These items will be negotiated by vendor, PASSE, and DHS.
44	Page 31, SECTION 3 – REQUIRED SCOPE OF WORK, 3.3. Year One: Immediate Activities	Activity D	For activity D, does the DHS anticipate a validation of compliance with all Medicaid managed care standards in year one for PASSEs?	Yes.
45	Page 31, SECTION 3 – REQUIRED SCOPE OF WORK, 3.3. Year One: Immediate Activities	Section 3.3 C	Section 3.3(C) indicates that the vendor will validate PASSEs’ performance measures calculated by the State. Since the validation of performance measure activity is focused on ability to calculate accurate and reliable metrics, please confirm whether the validation of performance measure activity will be conducted on the State or the three PASSEs.	Both. In order to validate the performance measures calculated by the State, the vendor must analyze and validate the performance of the PASSEs.
46	Page 33, SECTION 3 – REQUIRED SCOPE OF WORK, 3.3. Year One: Immediate Activities	additional activities agreed upon by Vendor and State or mandated by federal requirements (i.e., conduct consumer and provider surveys as required by DHS).	Regarding "additional activities agreed upon by Vendor and State or mandated by federal requirements (i.e., conduct consumer and provider surveys as required by DHS)." Can the State please clarify the following: Should the Vendor only propose consumer and provider surveys? Or, will there be other surveys the vendor will need to perform?	Vendor can propose other surveys and other activities it believes will help the State achieve its Year One Goals as set out in the RFP.
47	Page 33, SECTION 3 – REQUIRED SCOPE OF WORK, 3.3. Year One: Immediate Activities	additional activities agreed upon by Vendor and State or mandated by federal requirements (i.e., conduct consumer and provider surveys as required by DHS).	Regarding "additional activities agreed upon by Vendor and State or mandated by federal requirements (i.e., conduct consumer and provider surveys as required by DHS)." Can the State please clarify the following: If additional survey activities are required, what surveys will be required?	See answer to #46.

48	Page 33, SECTION 3 – REQUIRED SCOPE OF WORK, 3.3. Year One: Immediate Activities	additional activities agreed upon by Vendor and State or mandated by federal requirements (i.e., conduct consumer and provider surveys as required by DHS).	Regarding "additional activities agreed upon by Vendor and State or mandated by federal requirements (i.e., conduct consumer and provider surveys as required by DHS)." Can the State please clarify the following: Should the Vendor include costs for these additional activities in budgets for Year 1 and Year 2?	Activities added after the contract is awarded will be negotiated.
49	Page 33, SECTION 3 – REQUIRED SCOPE OF WORK, 3.3. Year One: Immediate Activities	additional activities agreed upon by Vendor and State or mandated by federal requirements (i.e., conduct consumer and provider surveys as required by DHS).	Regarding "additional activities agreed upon by Vendor and State or mandated by federal requirements (i.e., conduct consumer and provider surveys as required by DHS)." Can the State please clarify the following: Will these activities and costs be determined after contract award?	Activities added after the contract is awarded will be negotiated.
50	Page 33, SECTION 3 – REQUIRED SCOPE OF WORK, 3.3. Year One: Immediate Activities	consumer survey	If a consumer survey will be required to be budgeted under additional activities (item H), can the State please clarify the following: 1. Will both adults and children be surveyed for each PASSE? This will result in 6 reporting units (1 adult and 1 child sample for the 3 PASSE).	Specifics will be negotiated after contract award.
51	Page 33, SECTION 3 – REQUIRED SCOPE OF WORK, 3.3. Year One: Immediate Activities	consumer survey	If a consumer survey will be required to be budgeted under additional activities (item H), can the State please clarify the following: 2. What is the minimum required sample size for each population (i.e., adult and children) and plan?	See answer to question #50.
52	Page 33, SECTION 3 – REQUIRED SCOPE OF WORK, 3.3. Year One: Immediate Activities	consumer survey	If a consumer survey will be required to be budgeted under additional activities (item H), can the State please clarify the following: 3. Please specify the survey instrument that will be used for each population (e.g., Adult Medicaid CAHPS Health Plan Survey, Child Medicaid CAHPS Health Plan Survey (with or without children with chronic conditions supplemental items).	See answer to question #50.
53	Page 33, SECTION 3 – REQUIRED SCOPE OF WORK, 3.3. Year One: Immediate Activities	consumer survey	If a consumer survey will be required to be budgeted under additional activities (item H), can the State please clarify the following: 4. Which languages will the survey need to be administered in?	See answer to question #50.
54	Page 33, SECTION 3 – REQUIRED SCOPE OF WORK, 3.3. Year One: Immediate Activities	consumer survey	If a consumer survey will be required to be budgeted under additional activities (item H), can the State please clarify the following: 5. Please confirm that a standard mixed-mode methodology (mail with telephone follow-up) will be used.	See answer to question #50.
55	Page 33, SECTION 3 – REQUIRED SCOPE OF WORK, 3.3. Year One: Immediate Activities	consumer survey	If a consumer survey will be required to be budgeted under additional activities (item H), can the State please clarify the following: 6. Please confirm that deliverables for this activity will include: member-level files and a final report of findings.	See answer to question #50.

56	Page 33, SECTION 3 – REQUIRED SCOPE OF WORK, 3.3. Year One: Immediate Activities	consumer survey	If a consumer survey will be required to be budgeted under additional activities (item H), can the State please clarify the following: 7. Will data for the survey need to be submitted to the National Committee for Quality Assurance (NCQA) or the Agency for Healthcare Research and Quality (AHRQ)'s CAHPS Health Plan Survey Database?	See answer to question #50.
57	Page 33, SECTION 3 – REQUIRED SCOPE OF WORK, 3.3. Year One: Immediate Activities	consumer survey	If a consumer survey will be required to be budgeted under additional activities (item H), can the State please clarify the following: 8. Please confirm that the State will provide a file will all members eligible for the survey.	See answer to question #50.
58	Page 33, SECTION 3 – REQUIRED SCOPE OF WORK, 3.3. Year One: Immediate Activities	provider survey	If a provider survey will be required to be budgeted under additional activities (item H), can the State please clarify the following: What is the total number of providers that will be surveyed?	See answer to question #50.
59	Page 33, SECTION 3 – REQUIRED SCOPE OF WORK, 3.3. Year One: Immediate Activities	provider survey	If a provider survey will be required to be budgeted under additional activities (item H), can the State please clarify the following: What is the anticipated length of the survey instrument?	See answer to question #50.
60	Page 33, SECTION 3 – REQUIRED SCOPE OF WORK, 3.3. Year One: Immediate Activities	provider survey	If a provider survey will be required to be budgeted under additional activities (item H), can the State please clarify the following: Please confirm that a standard mail and online protocol may be used.	See answer to question #50.
61	Page 33, SECTION 3 – REQUIRED SCOPE OF WORK, 3.3. Year One: Immediate Activities	provider survey	If a provider survey will be required to be budgeted under additional activities (item H), can the State please clarify the following: Does the state have access to providers' email addresses?	See answer to question #50.
62	Page 33, SECTION 3 – REQUIRED SCOPE OF WORK, 3.3. Year One: Immediate Activities	provider survey	If a provider survey will be required to be budgeted under additional activities (item H), can the State please clarify the following: Please confirm that deliverables for this activity will include: respondent-level file and a final report of findings.	See answer to question #50.
63	Page 33, SECTION 3 – REQUIRED SCOPE OF WORK, 3.3. Year One: Immediate Activities	provider survey	If a provider survey will be required to be budgeted under additional activities (item H), can the State please clarify the following: Please confirm that the State will provide a file will all providers eligible for the survey.	See answer to question #50.
64	Page 33, SECTION 3 – REQUIRED SCOPE OF WORK, 3.3. Years Two and Later: Subsequent Activities	Years Two and Later: Subsequent Activities	Does DHS anticipate the need for medical record review as an additional verification of PASSE encounter data? If so, please identify any expectations surrounding sampling parameters (e.g., confidence level and margin of error) and anticipated sub-strata.	Vendor should propose any medical reviews necessary for the verification of PASSE encounter data. Specifics will be negotiated after contract award as specified in Section 3.3.
65	Page 34, SECTION 3 – REQUIRED SCOPE OF WORK, 3.4. Year One: Immediate Activities	Year One: Immediate Activities	Will DMOs submit encounter data directly to the Contractor, or will encounter data for the DMOs and DHS be provided by DHS? Please describe the frequency, format/layout, volume, and extent of data submitted to the Contractor.	1. Vendor will receive data from both DMOs and DHS. 2. These items will be negotiated by vendor, DMO, and DHS.
66	Page 34, SECTION 3 – REQUIRED SCOPE OF WORK, 3.4. Year One: Immediate Activities	Year One: Immediate Activities	For activity C, does the DHS anticipate a validation of compliance with all Medicaid managed care standards in year one for DMOs?	Yes.

67	Page 35, SECTION 3 – REQUIRED SCOPE OF WORK, 3.4. Years Two and Later: Subsequent Activities	Years Two and Later: Subsequent Activities	Does DHS anticipate the need for medical record review as an additional verification of DMO encounter data? If so, please identify any expectations surrounding sampling parameters (e.g., confidence level and margin of error) and anticipated sub-strata.	Vendor should propose any medical reviews necessary for the verification of DMO encounter data. Specifics will be negotiated after contract award as specified in Section 3.3.
68	Page 35, SECTION 3 – REQUIRED SCOPE OF WORK, 3.4. Year One: Immediate Activities	Year One: Immediate Activities	For activity E, does the DHS have a minimum number or percentage of dental plan providers to be sampled?	See answer to question #26.
69	Page 26 of 52, SECTION 3 – REQUIRED SCOPE OF WORK, 2.2.B. Arkansas Dental Managed Care Organizations (DMO)	Arkansas Dental Managed Care Organizations (DMO)	For the optional performance measure calculation activity, would the vendor be expected to collect encounter data directly from the plan or from DHS' data warehouse?	Both.
70	Page 26 of 52, SECTION 3 – REQUIRED SCOPE OF WORK, 3.1.B. Mandatory and Optional Protocols and Activities	Mandatory and Optional Protocols and Activities	For the optional performance measure calculation activity, would calculations be conducted at the statewide aggregate level or at the plan level?	Plan level
71	Page 26 of 52, SECTION 3 – REQUIRED SCOPE OF WORK, 3.1.B. Mandatory and Optional Protocols and Activities	Mandatory and Optional Protocols and Activities	For the optional performance measure calculation activity, what data sources will be available for the calculations (e.g., administrative claims/encounter data, minimum data set [MDS] data, registry data, health information exchange [HIE] data, and/or vital statistics data)?	The data sources will include PASSE, DMO, and DHS data.
72	Page 26 of 52, SECTION 3 – REQUIRED SCOPE OF WORK, 3.1.B. Mandatory and Optional Protocols and Activities	Mandatory and Optional Protocols and Activities	For the optional performance measure calculation activity, does DHS have an estimate of the number of measures that will be calculated? How many, if any, will be hybrid measures (i.e., requiring medical record review)?	No
73	Page 26 of 52, SECTION 3 – REQUIRED SCOPE OF WORK, 3.1.B. Mandatory and Optional Protocols and Activities	Mandatory and Optional Protocols and Activities	For the optional quality rating system task, will the vendor only be required to provide technical assistance regarding the development of a quality rating system or will the vendor also be expected to create the quality rating system?	Vendor shall create the quality rating system.
74	Page 26 of 52, SECTION 3 – REQUIRED SCOPE OF WORK, 3.1.B. Mandatory and Optional Protocols and Activities	Mandatory and Optional Protocols and Activities	For the optional quality rating system activity, if the vendor is expected to create the quality rating system, what is the required delivery method for the final deliverable (e.g., PDF, web-based tool)?	Vendor shall create a web-based tool with the capability to create reports in PDF format.
75	Page 26 of 52, SECTION 3 – REQUIRED SCOPE OF WORK, 3.1.B. Mandatory and Optional Protocols and Activities	Mandatory and Optional Protocols and Activities	For the optional performance measure calculation activity, will calculations be conducted at the statewide aggregate level or at the MCO level?	MCO level
76	Page 3 of 52, SECTION 1 - GENERAL INSTRUCTIONS AND INFORMATION, 1.7.A.	GENERAL INSTRUCTIONS AND INFORMATION	Section 1.7.A.3.a requires the Technical Proposal Packet to include "EO 98-04 Disclosure Form, Attachment A." Please confirm bidder is to leave the prefilled items checked in the boxes (i.e. Subcontractor, No is checked; Services is checked) on the top part of this Attachment.	See updated Attachment A.

77	Page 30 of 52, SECTION 3 – REQUIRED SCOPE OF WORK, 3.3 PASSE ENTITIES SCOPE OF WORK	PASSE	How many PIPs per PASSE will be submitted annually for validation?	See answer to question #9.
78	Page 31 of 52, SECTION 3 – REQUIRED SCOPE OF WORK, 3.3. Year One: Immediate Activities	Year One: Immediate Activities	Is DHS expecting one aggregate validation of network adequacy report with results for all PASSE entities or plan-specific reports for each entity (i.e., three separate reports)?	Plan-specific reports for each entity.
79	Page 32 of 52, SECTION 3 – REQUIRED SCOPE OF WORK, 3.3. Year One: Immediate Activities	Year One: Immediate Activities	Please confirm whether the due date for review of the grievance and appeals process is July 1, 2020.	See addendum.
80	Page 32 of 52, SECTION 3 – REQUIRED SCOPE OF WORK, 3.3. Year One: Immediate Activities	Year One: Immediate Activities	This section indicates that information should be assessed from consumer and provider surveys. Please confirm if the Vendor should plan to conduct member and/or provider satisfaction surveys or if DHS is conducting or has plans to conduct these surveys and supply the survey results to the Vendor.	DHS or the PASSE will supply survey results to the vendor.
81	Page 32 of 52, SECTION 3 – REQUIRED SCOPE OF WORK, 3.3. Year One: Immediate Activities	Year One: Immediate Activities	For activity G: Analysis of the effectiveness of the PASSEs, what data sources would be available to the vendor for this analysis (e.g., summary measure rates provided by the plans, administrative claims/encounter data, patient-level performance measure numerator/denominator files)?	The data sources will include PASSE and DHS data.
82	Page 33 of 52, SECTION 3 – REQUIRED SCOPE OF WORK, 3.4 DENTAL MANAGED CARE ENTITIES SCOPE OF WORK	DENTAL MANAGED CARE ENTITIES SCOPE OF WORK	How many PIPs per DMO will be submitted annually for validation?	Information is not available at present.
83	Page 33 of 52, SECTION 3 – REQUIRED SCOPE OF WORK, 3.3. Year One: Immediate Activities	Year One: Immediate Activities	If a one-time focused clinical or non-clinical study will be required to be budgeted under additional activities (item H), can DHS please clarify the following: Have any clinical or non-clinical focused study topics been identified for the first contract year?	See answer to question #50.
84			If a one-time focused clinical or non-clinical study will be required to be budgeted under additional activities (item H), can DHS please clarify the following: Are there clinical or non-clinical areas of interest to DHS for purposes of studies on quality?	See answer to question #50.
85			If a one-time focused clinical or non-clinical study will be required to be budgeted under additional activities (item H), can DHS please clarify the following: What are DHS' expectations regarding the frequency and timing of these studies (i.e., one study per year, to be completed during the contract year)?	See answer to question #50.
86	Page 34 of 52, SECTION 3 – REQUIRED SCOPE OF WORK, 3.4. Year One: Immediate Activities	Year One: Immediate Activities	Is DHS expecting one aggregate validation of network adequacy report with results for all dental managed care entities or plan-specific reports for each entity (i.e., two separate reports)?	Plan-specific reports for each entity.

87	Page 35 of 52, SECTION 3 – REQUIRED SCOPE OF WORK, 3.4. Year One: Immediate Activities	Year One: Immediate Activities	This section indicates that information should be assessed from consumer surveys. Please confirm if the Vendor should plan to conduct member satisfaction surveys or if DHS is conducting or has plans to conduct these surveys and supply the survey results to the Vendor.	DHS or the DMO will supply survey results to the vendor.
88	Page 35 of 52, SECTION 3 – REQUIRED SCOPE OF WORK, 3.4. Year One: Immediate Activities		What are the sources of the provider data for the analysis? Will the DMOs submit provider/network data directly to the Vendor, or will data be provided by DHS or another Vendor? Please describe the frequency and format/layout of data submitted to the Vendor	The data will be supplied by the DMO. Vendor will work with DMO to determine frequency, format, and layout.
89	Page 35 of 52, SECTION 3 – REQUIRED SCOPE OF WORK, 3.4. Year One: Immediate Activities		If a one-time focused clinical or non-clinical study will be required to be budgeted under additional activities (item H), can DHS please clarify the following: Have any clinical or non-clinical focused study topics been identified for the first contract year? Are there clinical or non-clinical areas of interest to DHS for purposes of studies on quality? What are DHS' expectations regarding the frequency and timing of these studies (i.e., one study per year, to be completed during the contract year)?	See answer to question #50.
90	Page 35 of 52, SECTION 3 – REQUIRED SCOPE OF WORK, 3.4. Year One: Immediate Activities		For activity G: Analysis of the effectiveness of the DMOs, what data sources would be available to the vendor for this analysis (e.g., summary measure rates provided by the plans, administrative claims/encounter data, patient-level performance measure numerator/denominator files)?	DHS or the DMO will supply the data.
91	Page Official Bid Price Sheet, SECTION 1 - GENERAL INSTRUCTIONS AND INFORMATION, 1.13 PRICING		Is the box for "TOTAL (Reviews year one and two)" to be inclusive of all costs for years one and two for PASSE and Dental Managed Care?	Yes
92	Page Official Bid Price Sheet, SECTION 1 - GENERAL INSTRUCTIONS AND INFORMATION, 1.13 PRICING		Please confirm DHS does not require a total cost per year for PASSE and Dental Managed Care combined?	See price sheet.
93	General		'Attachment F - Business Associate Agreement' and 'Attachment E - Professional Services Contract' were provided as attachments to the RFP. Does the Firm need to complete these two forms and submit with the final proposal?	No
94	General		Does the "Financial Terms of the Contract" box on page 1 of 11 of 'Attachment D - Professional Services Contract' need to be completed and submitted with the Firm's final proposal?	No
95	General		Is there a current contract to perform EQRO services for DHS? If so, please provide the name of the incumbent and the contract amount.	No