



*Delaware Health  
And Social Services*

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**DIVISION OF MANAGEMENT SERVICES**

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PROCUREMENT

DATE: February 1, 2019

HSS 19 004 Health Benefits Manager for

The Division of Medicaid & Medical Assistance

Date Due: February 22, 2019

By 11:00 am Local Time

**ADDENDUM # 1- Questions and Answers**

**PLEASE NOTE: Attached are the questions received by the deadline of  
January 18, 2019.**

THE ATTACHED SHEETS HEREBY BECOME A PART OF THE ABOVE  
MENTIONED RFP.

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Kimberly Jones  
Procurement Administrator

Original Signature on File

✓  
Loriann Broome

Request for Proposal HSS# 19-004  
Health Benefits Manager  
Questions and Answers

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1	<b>HBM RFP Question and Answers</b>						
2	<b>Section Number</b>	<b>Paragraph Number</b>	<b>Page Number</b>	<b>Text of passage being Questioned</b>	<b>Question</b>		<b>DMMA Answer</b>
3	N/A	N/A	N/A	N/A	Would you consider an RFP response for hearing benefits?		This RFP is for a Medicaid Enrollment Broker and not a solicitation for individual covered benefits.
4	N/A	N/A	N/A	N/A	Does the current contractor meet the conflict of interest requirements and is otherwise eligible to bid?		It is an open bid process for anyone who meets the requirements of bid eligibility.
5	N/A	N/A	N/A	N/A	How much is Delaware currently paying for enrollment broker services?		227718.88 monthly.
6	N/A	N/A	N/A	N/A	<p>Please provide more details surrounding contract dates. Specifically,</p> <ul style="list-style-type: none"> <li>• When is the anticipated contract start date?</li> <li>• How long is the implementation period?</li> <li>• When will a new Contractor Go-Live with operations?</li> </ul>		Start Date • 4/1/2019
7	App A, II.B		2	7 Each proposal must be submitted with six (6) paper copies and six (6) electronic copies on CD or DVD Media Disk.	May vendors use USB drives instead?		No
8	App A, II.B		2 7,49	(P7) Hard Copies Each required copy must contain the following sections: 1. Technical Proposal . Business Proposal/Budget – Budget must not be included in or attached to the (p49) Technical Proposal. Six (6) paper copies of the vendor proposal paperwork. 5. Be presented in a 3-ring binder.	Will the State please clarify paper copy submission requirements for the Budget Proposal; it is unclear whether the State would like all items within a single binder (per Appendix A) or in separate binders (per Section III.B.2). If the State prefers them in separate binders, please specify the number of binders required for the Budget Proposal.		Separate Binders: 6 copies of both technical and budget .

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9	App A, II.B		11	10 Vendor(s) may submit portions of a proposal considered to be confidential business information in a separate, sealed envelope labeled "Confidential Business Information" and include the specific RFP number. The envelope must contain a letter from the Vendor's legal counsel describing the documents in the envelope, representing in good faith that the information in each document is not "public record" as defined by 29 Del. C. § 10002, and briefly stating the reasons that each document meets the said definitions.	We typically provide confidential information in our proposals and then, in addition to a full complete original, also provide a redacted version where the confidential information is removed. This redacted copy is then released as part of public records requests. May vendors use this format, which provides the State with a clean comprehensive proposal, in lieu of separately sealing confidential information that must be inserted into the proposal for a complete evaluation? If so, would the State like this version separated on its own electronic media item or an as an additional file on the required copies?		Please follow RFP as written, noting that proposals should be submitted in their entirety with separate notation of Confidential Business information as described. Refer to RFP, B Submission #11.
10	App A.		3	49 font size no smaller than Times New Roman 12	Must bidders use Times New Roman, or may bidders use a different font, provided it is not smaller than Times New Roman 12?		The bidder must use Times New Roman 12.
11	App A.	Bullet 6		49 Indicate information that is confidential and cannot be made a part of the public record (see Section 3.18 of this RFP,; by clearly indicating on a separate tab.	Please confirm that Section 3.18 is a mis-print and should be referencing Section III.B.11		This section should reference section III.B.11
12	App B		1.6	Billing, collection, deposit, tracking and reporting of the DHCP premiums.	Does Delaware offer a full buy-in option for DHCP members?		No
13	App B		1.6	50 Billing, collection, deposit, tracking and reporting of the DHCP premiums.	Are premiums collected monthly or annually?		Refer to RFP
14	App B		1.6	50 Billing, collection, deposit, tracking and reporting of the DHCP premiums.	Many CHIP programs issue coupon books for members to submit with their payments. Please confirm the Contractor is not responsible for producing and mailing coupon books for the DHCP program.		Delaware does not require the vendor to issue coupon books.
15	App B		1.6	50 Billing, collection, deposit, tracking and reporting of the DHCP premiums.	Please identify all mailings associated with DHCP premiums. For example, does the Contractor send DCHP members who have not submitted their premium a warning letter? What other letters does the Contractor mail related to premiums?		DHCP Premium invoices, DHCP enrollment letters, DHCP dis-enrollment letters

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16	App B	1.6	50	Billing, collection, deposit, tracking and reporting of the DHCP premiums.	Does the DCHP program utilize a lockbox?		yes
17	App B	1.6	50	Billing, collection, deposit, tracking and reporting of the DHCP premiums.	If a lockbox is used for the DCHP program, does the Contractor contract with the bank or does the State contract with the bank?		The State of Delaware would own the bank account.
18	App B	1.6	50	Billing, collection, deposit, tracking and reporting of the DHCP premiums.	If the Contractor disenrolls a family from DCHP for failure to submit a premium, is the Contractor also responsible for making a referral to Medicaid? If so, please describe how this process occurs.		No
19	App B	1.6	50	Billing, collection, deposit, tracking and reporting of the DHCP premiums.	Is the bank account used for depositing premiums owned by the Contractor or owned by the State?		The account would be owned by the state.
20	App B	1.6	50	Billing, collection, deposit, tracking and reporting of the DHCP premiums.	Please provide the number of payments processed per month.		The number of payments processed per month depends on DHCP enrollment.
21	App B	1.6	50	Billing, collection, deposit, tracking and reporting of the DHCP premiums.	Is the vendor responsible for bank charges or credit card fees associated with the premium bank account?		the State of Delaware owns the bank account.
22	App B	1.7	50	Open Enrollment - The contractor will be responsible for the Annual Open Enrollment that must be held every 12 months.	Does open enrollment occur for all members during the same period of the year (e.g., all members have the opportunity to change plans each November), or is open enrollment anniversary-driven based on when members were determined eligible for Medicaid?		Open enrollment occurs for all members during the same period of the year.
23	App B	1.7	50	Open Enrollment - The contractor will be responsible for the Annual Open Enrollment that must be held every 12 months.	If open enrollment occurs at the same time for all members, please identify the specific dates for open enrollment.		November or As directed by the state.
24	App B	1.7	50	Open Enrollment - The contractor will be responsible for the Annual Open Enrollment that must be held every 12 months.	Is notification of open enrollment required by outbound mail?		Yes
25	App B	1.7	50	Open Enrollment - The contractor will be responsible for the Annual Open Enrollment that must be held every 12 months.	What is required to be included in the open enrollment notification?		Information on Managed Care Organizations
26	App B	17	50	Open Enrollment - The contractor will be responsible for the Annual Open Enrollment that must be held every 12 months.	If so, open enrollment notices are mailed, is it sufficient to mail one notice to each household?		yes

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27	App B	1.7.3	51	The contractor is solely responsible for the enrollment of the DHCP.	What are the Contractor's responsibilities for application processing/eligibility determination for DHCP?		State has responsibility for eligibility determination, Contractor has enrollment responsibility.
28	App B	1.7.3	51	The contractor is solely responsible for the enrollment of the DHCP.	Regarding Contractor requirements for DHCP application processing/eligibility determination, what systems are used for eligibility determination?		State has responsibility for eligibility determination, Contractor has enrollment responsibility.
29	App B	1.7.3	51	The contractor is solely responsible for the enrollment of the DHCP.	If the Contractor identifies a DHCP applicant as potentially eligible for Medicaid, how does the Contractor complete the handoff to the State?		The contractor would not identify a DHCP applicant as potentially eligible for Medicaid
30	App B	1.7.3	51	The contractor is solely responsible for the enrollment of the DHCP.	Is the Contractor also responsible for receiving and processing updates to a family's DHCP case (e.g., any updates that would affect the premium, address changes, etc.)? If so, please explain the systems used for these changes.		Contractor is responsible to notify Change Report Center.
31	App B	1.7.3	51	The contractor is solely responsible for the enrollment of the DHCP.	If the Contractor is responsible for case maintenance for DCHP, how many update requests are received by mail?		The contractor is not responsible for case maintenance for DHCP.
32	App B	1.7.3	51	The contractor is solely responsible for the enrollment of the DHCP.	Are DHCP applications mailed directly to the Contractor or does the Contractor retrieve DHCP applications from a <u>State office</u> ?		The contractor is not responsible for processing DHCP applications.
33	App B	1.7.4	51	The contractor is responsible for follow-up services to families involved with DHCP including mailing Medicaid applications to adult family members and accepting and reviewing submitted DHCP applications, telephone and mail contacts.	How many Medicaid applications does the Contractor send to DCHP family members?		This is only at the member's request. It would not be anticipated to exceed 5% of total DHCP population.
34	App B	1.7.5	51	The contractor will be responsible to ensure members can enroll in the program via Member Portal, toll free telephone system and may also be available by other methods as deemed most effective by the contractor. The contractor will be responsible for developing a member portal to be implemented no later than one (1) year from the contract award date.	In addition to the ability to enroll in an MCO for Medicaid members, what functionality is the Contractor required to include in the Member Portal for DHCP members?		Refer to RFP, page 62, Section Maintain provider directory #13.

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35	App B	2.3.2	52	Within a timeframe that enables the potential enrollee to use the information in choosing among available Manage Care Organization Manage Care Organization (MCOs), Prepaid Inpatient Health Plan (PIHPs), Prepaid Ambulatory Health Plan (PAHPs), Primary Care Case Management (PCCMs) entries.	Does Delaware have any programming related to PIHPs, PAHPs, or PCCMs? If so, please indicate the Contractor's responsibilities relative to these programs.		No
36	App B	2.3.2	52	Within a timeframe that enables the potential enrollee to use the information in choosing among available Manage Care Organization Manage Care Organization (MCOs), Prepaid Inpatient Health Plan (PIHPs), Prepaid Ambulatory Health Plan (PAHPs), Primary Care Case Management (PCCMs) entries.	If the State does not currently have any PIHP, PAHP, or PCCM programs, does the State have any plans to implement any of these programs within the contract term?		Not at this time
37	App B	3.1	52	Pre Assignment Letter	What is meant by "other acceptable means" for distribution of pre-assignment letters?		Bidders are encouraged to propose alternative methods.
38	App B	3.1	52	Pre Assignment Letter	Does the pre-assignment letter include the MCO that the individual will be assigned to if they do not make a voluntary selection?		Yes
39	App B	3.1	52	Pre Assignment Letter	How many pre-assignment letters were mailed per month last year?		This number is dependent on newly eligible members. In December 2018 there were 4,000 newly enrolled members.
40	App B	3.1.8	54	Follow up process	How many reminder letters were sent per month last year?		Approximately 2900 per month.
41	App B	3.4.2	55	Confirmation Letters	How many confirmation letters were sent per month last year?		Refer to RFP page 85
42	App B	3.4.2	55	Confirmation Letters	This section seems to indicate that confirmation letters are sent upon receipt of a premium payment – is this correct?		No, all payment activity is reflected on the members invoice.
43	App B	C.	55	Generate letters/notices to members	Please clarify if mailings are individual-based or household-based. That is, is one mailing sent separately to each individual (i.e., each child in a household receives a separate letter) or is one mailing sent per household with information for each family member residing in the household.		Dependent on letter content

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44	App B	C.	55	Generate letters/notices to members	Please list all letters that are generated by the HBM Contractor using DMES and the monthly frequencies for all letters.	Refer to RFP, page 58 section 5.8.3. , page 53 section 3.1.2	
45	App B	C.	55	Generate letters/notices to members	Please list any letters that relate to the HBM program and are generated by DMES that the Contractor is not required to send (e.g., letters that are automatically generated and sent by another contractor, etc.).	The contractor mails letters related to managed care enrollment/disenrollment	
46	App B	C.	55	Generate letters/notices to members	Please indicate all letters and monthly volumes that are generated by the HBM Contractor without using DMES.	Enrollment packet with all of the health plan information. On average volume is 2800 per month.	
47	App B	C.	55	Enroll and dis-enroll members into or out of appropriate managed care plan	Please confirm that DMES includes enrollment and disenrollment functions for DCHP members.	Yes	
48	App B	C.	55	Enroll and dis-enroll members into or out of appropriate managed care plan	Does DMES include any functionality for premium tracking for DCHP members? If so, please explain all DMES functionality related to premium tracking.	DMES houses all DCHP premium information	
49	App B	C.	55	Enroll and dis-enroll members into or out of appropriate managed care plan	Is the Contractor responsible for providing a system to collect, process, and track premiums as part of DMES?	No	
50	App B	C.	55	Enroll and dis-enroll members into or out of appropriate managed care plan	Does DMES send any letters related to premiums? If so, please indicate what letters are sent by DMES and what letters, if any, the Contractor is responsible for sending as related to DHCP premiums.	DMES produces letters to be sent by HBM contractor	
51	App B	4.1	55	Direct data entry into the DMES, using the DMES screens, is a requirement for the selected vendor. Direct data entry assures that the data, required for enrollment and other processing, is timely.	What data is entered into DMES?	DHCP MCO Enrollment Member comments	
52	App B	4.1	55	Direct data entry into the DMES, using the DMES screens, is a requirement for the selected vendor. Direct data entry assures that the data, required for enrollment and other processing, is timely.	Does the current Contractor record any data into a CRM? If so, please indicate the types of data that are entered into the Contractor's CRM and the types of data that are entered into DMES.	no	

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53	App B	5.5	56	The contractor shall develop, produce and distribute printed informational materials describing the upcoming changes represented by DMMA State Managed Care Programs.	Please confirm that the advance notice mailing is the same mailing as the pre-assignment letter.		No it is not.
54	App B	5.5	56	The contractor shall develop, produce and distribute printed informational materials describing the upcoming changes represented by DMMA State Managed Care Programs.	How often does the State anticipate the Contractor will develop these types of materials?		Every year at Open Enrollment and upon direction by the State in the event of a major program change.
55	App B	5.5	56	The contractor shall develop, produce and distribute printed informational materials describing the upcoming changes represented by DMMA State Managed Care Programs.	How many times did the current Contractor need to develop these types of materials within the past year?		None outside of the already established RFP requirements.
56	App B	5.8.2	58	The confirmation information that is sent to the State agency and the appropriate health plan must contain, at a minimum, the client's name, address, telephone number, sex, date of birth, Social Security Number, Master Client Identification (MCI) Number, health plan, primary care provider number (if a selection was made by the client) and the effective date of enrollment in the health plan	What is the format of data sent to the MCOs and the data transaction method (e.g., file transfers, web services, etc.)?		HIPAA compliant file transfers.
57	App B	5.8.2	58	The confirmation information that is sent to the State agency and the appropriate health plan must contain, at a minimum, the client's name, address, telephone number, sex, date of birth, Social Security Number, Master Client Identification (MCI) Number, health plan, primary care provider number (if a selection was made by the client) and the effective date of enrollment in the health plan	Is there a data reconciliation process regarding data from the Contractor, State, and MCOs? If so, please provide the process and frequency of all reconciliation activities.		A full monthly 834 enrollment file will be sent to the contractor and should be used for reconciliation purposes.
58	App B	5.8.3.1	58	The letter must describe payment options.	What payment options are required in the contract?		Refer to the RFP, page 59, section 6.1.6
59	App B	5.8.3.1	58	The letter must describe payment options.	When is the Contractor required to implement each payment option (e.g., if the Contractor is required to provide online payment processing, must it be provided on Day 1 of Go-Live)?		Day 1 of go live.

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60	App B	5.8.3.1	58	The letter must describe payment options.	If DHSS contracts directly with a bank for premium payment processing, please explain further how information is shared with the Contractor. For example, how is the Contractor notified of payments? How often does the Contractor receive this notification? What information is transferred between the bank, State, and Contractor? On what frequency do each of these notifications take place?		There is a file transfer from the bank the fiscal agent that is loaded into DMES. The Contractor would get the informaiton from DMES
61	App B	5.8.3.1	58	The letter must describe payment options.	Does DHCP have different premium amounts based on income?		Yes
62	App B	5.8.3.1	58	The letter must describe payment options.	If DCHP does have different premium amounts based on income, how is the Contractor notified of each client's premium contribution?		information on premiums is in DMES
63	App B	6.1.6	59	Provide for ease of premium payment by having easily accessible payment methods and sites.	How many premium payment sites are currently provided?		On-line website, mail and by automated phone line.
64	App B	6.1.6	59	Provide for ease of premium payment by having easily accessible payment methods and sites.	Please provide the location for each premium site.		No physical site at this time.
65	App B	8	59	Upon receipt of information from the State agency that a disenrollment has occurred, the contractor shall notify the client of the disenrollment.	How does the State Agency notify the Contractor of disenrollments? How often does this notification take place?		Daily and montly reports are produced in DMES
66	App B	8	59	Upon receipt of information from the State agency that a disenrollment has occurred, the contractor shall notify the client of the disenrollment.	Does the current Contractor use a CRM to process any enrollments, disenrollments, or plan changes, or is all work performed in DMES?		Work is preformed in DMES
67	App B	10	61	Optional Services	Should the cost of optional services be included in the cost proposal?		Refer to RFP
68	App B	13	62	Maintain provider directory	Is the Contractor required to mail provider directories?		For Fee F orService Only
69	App B	13	62	Maintain provider directory	If the Contractor is required to mail provider directories, under what circumstances does the Contractor mail directories?		Upon request by members in Fee For Service

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70	App B	13	62	Maintain provider directory	How many directories were mailed by month in the last year?		no full Fee For Service directories were mailed, excerpts from director were mailed, this was minimal.
71	App B	13	62	Maintain provider directory	How often is the Contractor required to reprint provider directories?		must keep electronically updated as changes occur, weekly
72	App B	14	63	Phone center hours of operation should be at least 8:00 AM to 5:00 PM Monday through Friday, excluding State observed holidays, and at least four hours during a weekday evening or weekend.	What weekend hours are currently utilized?		No weekend hours currently utilized.
73	App B	16	63	Community Activities	Please identify the number and type of each event/activity conducted last year.		Refer to RFP, section 16.1, 16.2, 16.3 and 16.4
74	App B		65	The contractor shall design and administer a client survey designed to measure client experience and satisfaction with the Managed Care Organizations using as a base the CAHPS Survey.	Is a certified CAHPS vendor currently administering the CAHPS?		No, not at this time.
75	App B		65	The contractor shall design and administer a client survey designed to measure client experience and satisfaction with the Managed Care Organizations using as a base the CAHPS Survey.	Does the State require that a certified vendor administer the CAHPS survey?		yes
76	App B	20.1	65	The survey must be administered annually to a statistically valid random sample of members who are enrolled in health plans at the time of the survey	If the State does not require that a certified vendor administer the CAHPS, must the Contractor adhere to the exact CAHPS Sampling Guidelines or will alternate methods to extract a statistically valid sample suffice?		Adherence to CAHPS Sampling Guidelines is required.
77	App B	20.1	65	The survey must be administered annually to a statistically valid random sample of members who are enrolled in health plans at the time of the survey	What is the current timeframe the survey is administered?		Currently administered each September.
78	App B	20.4	66	Survey results must be submitted to the State agency no later than ninety (90) calendar days after the end of each annual contract period.	Is the Contractor also required to upload the survey results back into the AHRQ website?		yes

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79	App B			66 The contractor will receive daily via electronic media a file of all newly eligible Medicaid or DHCP members for enrollment into the Health Plans. The information contained in this transmittal is detailed in Exhibit 2.	We do not see any data transmittals indicated in Exhibit 2. Please identify all files:		refer to section 29.8 of RFP Appendix B -Scope of Work
80					Sent to the Contractor from the State Agency, including the timeframes for submission		refer to section 29.8 of RFP Appendix B -Scope of Work
81					Sent to the Contractor from the health plans, including the timeframes for submission		files are sent to DMES
82					Sent from the Contractor to the State Agency, including the timeframes for submission		work will be done directly in DMES
83					Sent from the Contractor to the health plans, including the timeframes for submission		work will be done directly in DMES
84		22.2.1			Any other files sent to or from the Contractor		method of transmission and file specifications will be made jointly by the State and the contractor after contract award.
85	App B			66 The contractor will receive daily via electronic media a file of all newly eligible Medicaid or DHCP members for enrollment into the Health Plans. The information contained in this transmittal is detailed in Exhibit 2.	Please clarify specifically what information is entered into DMES and what information is recorded in the Contractor's system and sent to the State or health plans through file transmissions.		refer to section 29.8 of RFP Appendix B -Scope of Work
86	App B			The Contractor shall ensure that remote access users of its systems can only access said systems through two-factor user authentication and via methods such as Virtual Private Network.	Will any State staff need access to the Contractor's phone system? If yes, how may staff will need access and for what purposes?		Yes and the number of state staff will be determined after contract award. Purpose: oversight and quality assurance.
		23.6	67				

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87	App B	23.6	67	The Contractor shall ensure that remote access users of its systems can only access said systems through two-factor user authentication and via methods such as Virtual Private Network.	Will any State staff need access to the Contractor's CRM? If yes, how may staff will need access and for what purposes?		Yes and the number of state staff will be determined after contract award. Purpose: oversight and quality assurance.
88	App B	25	68	Reporting	Please provide copies of the last twelve months reports for the project.		Refer to RFP. The contractor must design and maintain, at a minimum, the following information, reports and logs as part of its overall contractual duties. The format and frequency of these reporting activities may change depending upon the nature of the winning proposal. Thus, reporting process, schedules, standards, and formats may change after contract award, and are subject to State agency approval.
89	App B	27	70	Incidence of voluntary selection of health plan	If the member is notified of their auto-assignment plan at time of the pre-assignment letter and they are happy with that assignment, how is this choice reflected as a voluntary enrollment?		The information is recorded in DMES
90	App B	27	70	Incidence of voluntary selection of health plan	Please provide the auto-assignment algorithm currently used.		The is proprietary
91	App B	27	70	Incidence of voluntary selection of health plan	What is the current Contractor's rate of voluntary selection of a health plan? Would the State please provide this data by month for the last year?		average yearly 51.4
92	App B	27.8	71	Incidence of transfer requests within thirty (30) days of enrollment.	What is the current Contractor's rate of transfer requests? Would the State please provide this data by month for the last year?		average yearly is less than 1%

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93	App B	29.9	73	Perform default health plan selection process. As part of the process of creating the weekly roster of potential program enrollees, the State agency will automatically pre-nominate one of the participating health plans for each client on the roster.	How is the Contractor notified of the final results of the State's default health plan selection? How often does this notification occur?	The contractor is notified daily through DMES via the potential enrollment table.	
94	App B	29.9.3	74	Perform final determination for all requests for exclusion and exemption from the Diamond State Health Plan, and send this information to the contractor	How does the Contractor notify the State of exclusion and exemption requests received through the call center?	Via weekly spreadsheet	
95	App B	29.9.3	74	Perform final determination for all requests for exclusion and exemption from the Diamond State Health Plan, and send this information to the contractor	How does the State notify the Contractor of the results of the exclusion/exemption requests? How often does this notification take place?	The state returns the weekly spreadsheet with DMMA findings.	
96	App B	29.9.5	74	Process all dis-enrollments.	How does the Contractor notify the State of disenrollment requests received through the call center?	Via weekly spreadsheet	
97	App B	29.9.5	74	Process all dis-enrollments.	How is the contractor notified of the results of disenrollment requests? How often does this notification occur?	Per the daily and monthly 834 file.	
98	Exhibit 1	n/a	76	Cost Proposal	Does year one begin on the first day of operations (Go-Live?)	Yes	
99	Exhibit 1	n/a	76	Cost Proposal	Where should bidders include any costs associated with implementation (i.e., before the first day of operations)?	No reimbursement prior to start of contract.	
100	Exhibit 1	n/a	76	Cost Proposal	Please confirm that the contractor will be paid a fixed fee based on the Total Contract Cost proposed.	Yes	
101	Exhibit 4	N/A	85	Health Benefits Manager Staffing	Are the staffing resources identified in Exhibit 4 currently dedicated 100% to the HBM Contract? If not, please indicate, by position, what percent of each employee's time is dedicated to the HBM Project.	Yes exhibit 4 staffing resources are 100% dedicated to the HBM contract.	
102	Exhibit 4	N/A	85	Materials	Please provide the per unit postage cost for each type of mailing.	Total cost of postage in 2018 for all mailings was \$120,000.	

	A	B	C	D	E	F	G
1	<b>HBM RFP Question and Answers</b>						
2	<b>Section Number</b>	<b>Paragraph Number</b>	<b>Page Number</b>	<b>Text of passage being Questioned</b>	<b>Question</b>	<b>DMMA Answer</b>	
		N/A	85	Materials	Exhibit 4 indicates that there are materials generated outside of DMES. Please provide more clarification regarding materials generated inside DMES. Specifically, •What materials are generated inside DMES? •Is the Contractor responsible for printing and mailing materials generated inside DMES? If so, please indicate by month for the last year, the volume of each material the Contractor is responsible for mailing.	•Letters and invoices •Yes, volume dependent on member enrollment.	
103	Exhibit 4						
	Exhibit 4		85	Work Volumes	The last line in the work volumes references Pace. The Scope of Work does not reference Pace. Please clearly define the Contractor's responsibilities for Pace.	PACE is a Medicaid service delivery program.	
104		N/A					
	Exhibit 4		85	Incoming Phone Calls	What is the average handle time for inbound calls?	4 minutes 40 seconds	
105		n/a					
	Exhibit 4		85	Incoming Phone Calls	Please provide a monthly breakdown of the annual call volume.	Refer to RFP exhibit 4	
106		n/a					
	Exhibit 4		85	n/a	Please provide the number of premium payments processed.	On average 96,000	
107		n/a					
	Exhibit 4		85	n/a	Please provide the number and type of inbound documents received and processed.	Unknown due to variety of inbound documents received.	
108		n/a					
	Exhibit 6			Potential enrollee - A Medicaid beneficiary who is subject to mandatory enrollment or may voluntarily elect to enroll in a given MCO, PIHP, PAHP, PCCM or PCCM entity, but is not yet an enrollee of a specific MCO, PIHP, PAHP, PCCM, or PCCM entity.	Are all enrollees mandatory for enrollment into an MCO? If not, please identify the criteria for mandatory vs. voluntary enrollees.		
109						98% are mandatory enrollment	
	I 1.7.6		51	The contractor shall have internal controls and policies in place that are designed to prevent, detect and report known or suspected fraud and abuse activities. Such policies and procedures must be in accordance with State and Federal regulations.	What specific instances is the vendor to identify to detect the fraud and abuse? What is the business process flow once the fraud is suspected or identified?	Any and all detected by or known to the vendor. Ongoing processes will be reviewed after the contract is awarded.	
110							

	A	B	C	D	E	F	G
1	<b>HBM RFP Question and Answers</b>						
2	<b>Section Number</b>	<b>Paragraph Number</b>	<b>Page Number</b>	<b>Text of passage being Questioned</b>	<b>Question</b>		<b>DMMA Answer</b>
111	7	7.1	59	Members may request transfers between health plans during an annual one-month open enrollment period for any reason. Members may request transfers between health plans at any time for good cause. There is no limit on the number of transfer requests that a client can initiate for good cause. Health plans may also initiate a request for transfer with the State agency. The contractor shall process and complete within five (5) business days of receipt all client and State agency-approved health plan requests to transfer members to another health plan.	What is the average number of requests the State receives today?		Under 5% of total enrollment
112	10	10	61	The contractor may propose supplemental services, to the State, in addition to those required under the Health Benefits Manager proposal. The contractor shall state an upper limit price for the optional services listed. (also provide a separate detailed cost for those services).	Does the State require coding and reporting on call types for allocation of federal funds?		yes
113	11	11.2.5	61	Adequate linguistic capabilities (as a work force) to address the translation needs of the client population.	Does the State require in person translation support at the State Service Centers?		Yes
114	13	13.1	62	The contractor shall maintain and provide access to all existing and potential enrollees, via member portal, mail and telephone.	Is the contractor expected to create and maintain provider directories for each MCO or to receive and present an MCO provided directory?		The expectation is for the vendor to work with the MCO to provide a continuous updated provider directory.
115	16	16.4	64	Participation in health fairs. The contractor must have sufficient staff and materials present at all State agency sanctioned events where contracted health plans present products and services to potential members.	What are the projected number of events that need to be attended annually? Can a list of the events be provided?		As directed by the State and a list can be provided to awarded vendor

	A	B	C	D	E	F	G
1	<b>HBM RFP Question and Answers</b>						
2	<b>Section Number</b>	<b>Paragraph Number</b>	<b>Page Number</b>	<b>Text of passage being Questioned</b>	<b>Question</b>	<b>DMMA Answer</b>	
116	27	27.8	71	Incidence of transfer requests within thirty (30) days of enrollment. The State agency considers the frequency of client requests for health plan transfers within thirty (30) days of initial enrollment into the Diamond State Health Plan to be another measure of the effectiveness of contractor education and enrollment activities.	Is this 30 day timeframe considered after the first initial 90 days that a member has to BBA (Balanced Budget Act) from their MCO?	this doesn't include the 90 day BBA	