



*DELAWARE HEALTH
AND SOCIAL SERVICES*
Division of Medicaid and Medical and
Assistance

DATE: January 29,2020
HSS -20-009

External Quality Review Organization (EQRO)
ISSUED BY: Division of Medicaid and Medical Assistance

Date Due: January 22,2020

Addendum 1: Questions and Answers:

Please Note:

Responses to questions received by the deadline of January 22,2020

THE ATTACHMENT HEREBY BECOME A PART OF THE ABOVE-MENTIONED RFP.

Kimberly Jones
Procurement Administrator

Cheryl McDonough
RFP COORDINATOR



Questions and Answers
RFP HSS-20-009

1. Section I., Page 2, Paragraph 2: Schedule of Events

Question: Do you anticipate extending the bid due date?

Answer: We do not anticipate extending the bid past the due date.

Section I Overview Page 2: Deadline for Receipt of Proposal Date: 2/21/2020 at 11:00 AM (Local Time)

2. Section I., Page 2, Paragraph 2: Schedule of Events

Question: Is there an estimated project begin date for the contract?

Answer: The estimated project begin date is July 1,2020

3. Section I., Page 5, Paragraph 10: “Delaware’s external quality review (EQR) process currently includes mandatory activities and optional activities specified in 42 CFR 438.358. Delaware’s EQR evaluation is used to produce the federally required annual technical report that aggregates and analyzes data to draw conclusions about the timeliness, accessibility, and quality of services furnished by the two contracted MCOs, which includes an assessment of the plans’ performance with respect to the three aforementioned areas; comparative information about plans when appropriate; recommendations for improving the quality of health care furnished to the State of Delaware Medicaid enrollees, and an assessment of the degree to which each plan has effectively addressed the prior years’ EQR recommendations.”

Question: Does this project have an incumbent vendor? If so, which vendor?

Answer: Yes. The current vendor is Mercer Health and Benefits LLC.

4. Section III., Page 6, Paragraph A.1: “Provide Delaware license(s) and/or certification(s) necessary to perform services as identified in the scope of work.”



Question: Please clarify what licenses and/or certifications you are referencing.

- a) Are their specific organizational licensure/certification requirements?
- b) Are their specific personnel licensure/certification requirements?

Answer:

- a) Provide Delaware license(s) and/or certification(s) necessary to perform services as identified in the scope of work. Prior to the execution of an award document, the successful Vendor shall either furnish the Agency with proof of State of Delaware Business Licensure or initiate the process of application where required.
- b.) No specific personnel licensure / certification requirements are required. Bidder must follow Section III A.2 Project Organization and Staffing Requirements in the RFP page 7.

5. Section III., Page 7, Paragraph A.2: "...The Vendor shall specifically state the subcontractors to be used for this project, provide references and qualifications of all proposed subcontractors, and biographies of any subcontractor staff proposed to work on this project."

Question: Are subcontractor references to be submitted using the same form (Attachment 5) as the prime contractor?

Answer: Yes, please use attachment 5 to list all sub-contractor references.

6. Section IV, Page 10, Paragraph B.2: Please provide a separate electronic pricing file from the rest of the RFP proposal responses.

Question: How many original/copies of pricing proposals are required for submission?

Answer: Ten (10) original/copies of the pricing proposals are required for submission

7. Section IV, Page 10, Paragraph B.2: "Each proposal must be submitted with ten (10) paper copies and ten (10) electronic copy on CD or DVD media disk."

Question: Is "thumb drive" or USB storage acceptable in lieu of CD/DVD?

Answer: Vendors are required to submit Ten (10) paper copies and Ten (10) electronic copies on CD or DVD, no thumb drive or UBS storage should be submitted with this RFP

8. Section IV., Page 12, Paragraph B.9.: "...It is the desire that proposals be prepared in a straightforward and concise manner."

Question: Are there specific font, margin and/or spacing requirements?



Answer: Proposals should be printed on 8.5x11 paper with one-inch margins, font size no smaller than Times New Roman 12 and have single spacing within a paragraph. Larger paper(11x7) and smaller fonts are permissible for charts, diagrams and related visuals.

9. Section IV, Page 13, Paragraph B.11.: 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.”

Question: If confidential information is submitted via a sealed envelope labeled “Confidential Business information” is it except (**Exempt**) from electronic submission required (as outlined in B.2. Proposals – Electronic Copied?

Answer: Yes, confidential information submitted via sealed envelope should be excluded from the Electronic submission

10. Question: What additional details are you willing to provide, if any, beyond what is stated in bid documents concerning how you will identify the winning bid?

Answer: Section IV. C. RFP Evaluation Process

The RFP Evaluation Process can be found in the RFP on pages 17- 20, no additional details will be provided.

11. Section IV, Page 19, Paragraph C.2: General question regarding Criteria Weight table.

Question:

- a) Where in our proposal do we to place the above chart?
- b) In the Technical or Business and under what section:
- c) Should it be an Attachment or Appendix as other required forms?

Answer:

- a) In the proposal selection criteria of your response
- b) In the proposal selection criteria of your response
- c) recreate the form in your proposal section criteria in your response

12. Section V, Page 24, Paragraph 8.c.: "The State requires that all Vendors shall identify the Additional Fee to obtain health coverage from the Vendor and delineate the Additional Fee from all other charges and fees. The Vendor shall identify both the Additional Fee to be charged and the basis of how the fee is



applied (i.e. per employee, per invoice, etc.). The State will consider the Additional Fee and prior to award reserves the right to negotiate any fees offered by the Vendor."

Question: Where do you want identification of the Additional Fee and the basis of how the fee is applied to be list/provided?

Answer: ACA Safe Harbor is not applicable to this RFP

13. Attachment 10, Pages 50-55: General question regarding the HIPAA BUSINESS ASSOCIATE AGREEMENT.

Question: Is this Agreement only required upon award or are bidders to include in our response?

Answer: This agreement is only required upon contract award.

14. Attachment 11, Pages 56-59: General question regarding the DELAWARE DATA USAGE TERMS AND CONDITIONS AGREEMENT.

Question: Is this Agreement only required upon award or are bidders to include in our response?

Answer: This agreement is only required upon contract award.

15. Attachment 12, Pages 60-62: General question regarding the DELAWARE CLOUD SERVICES TERMS AND CONDITIONS AGREEMENT.

Question: Is this Agreement only required upon award or are bidders to include in our response?

Answer: This agreement is only required upon contract award.

16. Attachment 12, Pages 60-62: General question regarding the DELAWARE CLOUD SERVICES TERMS AND CONDITIONS AGREEMENT.

Question: Are these requirements only IF we host through the cloud or required in general?

Answer: These requirements are required upon contract award.

17. Appendix B, Page 66, Paragraph 2.4 a.: "Description of all prior Government related experience within the past 5 years"



Question: Can the state provide some parameters for the term “experience” within the past 5 years? That is, is the intent for the vendor to provide a list of all clients, or a comprehensive list of all projects for all clients, or a list of topically relevant projects with client information for the past 5 years?

Answer: The bidder’s response should include all clients, list of relevant projects as they pertain to the scope of work outlined in this RFP.

18. Appendix B, Page 66, Paragraph 2.4 a.: “Description of all prior Government related experience within the past 5 years”

Question: Is the term “Government” meant to be limited to state-level engagements, or does this also include federal, county and city-level engagements?

Answer: The term Government refers to State and Federal level engagements as they pertain to the scope of work in this RFP.

19. Appendix B, Page 66, Paragraph 2.4 b.: “A primary point of contact, for all work examples provided, including name, title, address, email, and phone number.”

Question: May the vendor include current Delaware contract work examples and current Delaware employees as the primary point of contact?

Answer: The bidder may include current Delaware contract work examples and point of contact information., however bidders may not use State of Delaware employees as a reference per Attachment 5.

20. Appendix B, Page 66, Paragraph 3.1: “The State requires that the Contractor conduct a comprehensive review every three (3) years as well as additional annual reviews.”

Question: What is involved in the annual compliance reviews? Are they as comprehensive as the triennial compliance activities?

Answer: A description of what may be involved in the annual compliance review can be found in Section 3.1 of Appendix B page 65. The annual compliance reviews are more focused and less comprehensive than the triennial compliance activities.

21. Appendix B, Page 66, Paragraph 3.1: “The State requires that the Contractor conduct a comprehensive review every three (3) years...”



- Question:**
- a) Does DMMA require a comprehensive compliance review every year or can an alternative method be recommended which ensures a comprehensive review is completed within the three-year cycle?
 - b) If the comprehensive review can be completed over the course of three years, is there a schedule for the standards available?
 - c) Is an onsite review required every year?
 - d) Will DMMA identify the location of each required onsite review?
 - e) Will the 2020 compliance reviews be a part of this scope of work or will they already be completed by the start of this contract?

- Answer:**
- a) The state requires that the contractor conduct a comprehensive review every Three (3) years as well as additional annual reviews.
 - b) At this time, the comprehensive review cannot be completed over the course of three (3) years.
 - c) The State of Delaware has chosen to use the optional activities for annual reporting which includes onsite MCO evaluations.
 - d) Yes, the onsite reviews will be held at each MCO's Delaware headquarters
 - e) Yes, the 2020 compliance review will be part of this scope of work for this RFP.

22. Appendix B., Page 66, Paragraph 3.1: "Pursuant to 42 CFR 438.358 and CMS EQR Protocol #1, the Contractor must conduct reviews to determine the MCO's compliance with federal quality standards mandated by the Balanced Budget Act of 1997 (BBA) and the contract between the MCOs and the state. The State requires that the Contractor conduct a comprehensive review every three (3) years as well as additional annual reviews."

Question: What does the state expect the additional annual reviews to include?

Answer: The state expects additional annual reviews to include activities such as compliance thresholds, MCO oversight evaluations, reporting results to the state and compiling and analyzing findings.

23. Appendix B., Page 66, Paragraph 3.2: "Each Calendar Year, Contractor shall perform a network adequacy review in accordance with the current CMS protocols in effect at the time of the validation and as specified in 42 C.F.R. § 438.358.

- a. Geoaccess/time and distance validation and reporting bi annually as defined in the MCO contract.



- b. Upon completion of the review, Contractor shall analyze the results and identify areas of compliance and non-compliance. For each MCO, Contractor shall submit the MCO findings and results in the Annual MCO Performance Report.”

Question: a) Does the state expect the contractor to compile a single annual report inclusive of the bi-annual analyses or produce bi-annual reports?
b) If the reports are a single occurrence, are the bi-annual analyses combined to a single annual result?

Answer: a) The expectation of the contractor is to compile a single annual report inclusive of the bi-annual analysis.
b) Yes, the bi-annual reports are combined to a single annual report.

24. Appendix B, Page 66, Paragraph 3.2 a.: “Geoaccess/time and distance validation and reporting bi annually as defined in the MCO contract.”

Question: a) Which provider types have defined geoaccess/time and distance standards?
b) Are the MCOs required to submit geoAccess reports?

Answer: a) The provider types are Adult Primary Care, Pediatric Primary Care, Adult Specialty Care, Adult Specialty Care High Volume Providers, Pediatric Specialty Care, Pediatric Board-Certified High-Volume Specialty Care, Obstetrics and Gynecology, Adult and Pediatric Behavioral Health, Adult and Pediatric Substance Use Disorder, Long Term Care Supports and Services. In addition, the following also have time/distance standards, Hospitals. Emergency Departments and Pharmacy.
b) Yes, the MCO’s submit bi-annually.

25. Appendix B, Page 66, Paragraph 3.2 b.: “Validate each MCO meets the defined network adequacy standards for availability and accessibility outlined in terms of the MCO contract.”

Question: Which provider types have defined provider-to-member ratio standards?

Answer: Primary Care Providers.

26. Appendix B, Page 66, Paragraph 3.2 c.: “Determine compliance with Federal and State network and access requirements.”

Question: Have the appointment scheduling timeframes changed since the 2018 Delaware Quality Strategy?

Answer: No, the timeframes remain the same currently.



27. Appendix B, Page 67, Paragraph 3.2 d.: “Upon completion of the review, Contractor shall analyze the results and identify areas of compliance and non-compliance. For each MCO, Contractor shall submit the MCO findings and results in the Annual MCO Performance Report.”

Question: Will results and analysis of the NAV activity be reported in a separate report for each MCO or one report with findings for each MCO included?

Answer: The results and analysis will be reported separately for each MCO.

28. Appendix B, Page 67, Paragraph 3.3: “The State requires MCOs to report standardized measures of quality, access, and utilization. The Contractor will work with the State to develop and update as needed technical specifications for each of the performance measures and develop and maintain a repository of State requirements for performance measure reporting (e.g., report template, electronic submission format, etc.). The Contractor shall validate the performance measures submitted by the MCOs. This validation shall comply with the CMS EQR Protocol #2. The Contractor shall validate select measures per year for each MCO. The Contractor should plan to validate scores for the same measures for each MCO.”

Question: How many Performance measures per MCO?

Answer: The State of Delaware has not mandated a set number of performance measures. Performance measures are determined annually at the discretion of DMMA.

29. Appendix B., Page 67, Paragraph 3.3: “The State requires MCOs to report standardized measures of quality, access, and utilization. The Contractor will work with the State to develop and update as needed technical specifications for each of the performance measures and develop and maintain a repository of State requirements for performance measure reporting (e.g., report template, electronic submission format, etc.). The Contractor shall validate the performance measures submitted by the MCOs. This validation shall comply with the CMS EQR Protocol #2. The Contractor shall validate select measures per year for each MCO. The Contractor should plan to validate scores for the same measures for each MCO.”



- Question:**
- a) Does the state require the health plans to submit HEDIS results and is the contractor expected to conduct a Certified HEDIS Compliance Audit to satisfy the Validation of Performance Measures?
 - b) Does the state expect an onsite visit to satisfy this requirement?
 - c) Is the acceptance of audited HEDIS results allowed to satisfy this requirement?

- Answer:**
- a) Yes, The State of Delaware does require the MCO's to submit HEDIS results, No the Contractor is not required to do the Certified HEDIS Compliance Audit.
 - b) Yes, as part of the annual onsite compliance review.
 - c) This question is not applicable due to the contractor not having to do a HEDIS audit.

30. Appendix B, Page 67, Paragraph 3.3: "The Contractor shall validate select measures per year for each MCO."

Question: Will DMMA identify how many and which performance measures are selected for the performance measure validation task?

Answer: Yes, DMMA will define how many and which performance measures are selected upon award of the contract.

31. Appendix B, Page 67, Paragraph 3.3: "The Contractor shall validate select measures per year for each MCO."

Question: Are any "homegrown" performance measures required for reporting and validating? If so, what are they?

Answer: Yes, the state requires the MCOs to submit a number of measures. For examples of the current quality measures, see the Quality Management Strategy link below. Each year, the vendor will be required to validate a selection of these measures at DMMA's discretion.

https://dhss.delaware.gov/dhss/dmma/files/de_quality_strategy_draft_2018.pdf

32. Appendix B, Page 67, Paragraph 3.3: "The Contractor shall validate select measures per year for each MCO."

Question: a) Do the MCOs report any non-HEDIS measures? If so, what are they?



b) Are any non-HEDIS performance measures required for reporting and validating?

Answer:

- a) Yes, see Question 31
- b) Each year the vendor will be required to validate a selection of these measures at DMMA discretion.

33. Section 3.4, Page 67, Paragraph 1: “The purpose of a PIP is to assess and improve the processes and outcomes of health care provided by an MCO. At this time, the State has mandated that each MCO conduct five PIPs annually in accordance with 42 CFR 438.330.”

Question: How many Performance improvement projects per MCO?

Answer: At this time the State of Delaware has mandated each MCO conduct at least five (5) Performance Improvement projects annually.

34. Appendix B, Page 67, Paragraph 3.4: “At this time, the State has mandated that each MCO conduct five PIPs annually in accordance with 42 CFR 438.330.”

Question: Will DMMA identify the PIP topics for each MCO?

Answer: DMMA mandates some, but not all, of the PIP topics. Any PIP topics that are chosen by the MCOs are subject to review and approval by DMMA.

35. Appendix B, Page 67, Paragraph 3.4: “The purpose of a PIP is to assess and improve the processes and outcomes of health care provided by an MCO. At this time, the State has mandated that each MCO conduct five PIPs annually in accordance with 42 CFR 438.330. Per the CMS EQR Protocol #3, the Contractor will assess aspects annually and may be required to produce additional reporting per the State’s request of the PIP such as:”

Question: a) How many PIPs are conducted by each plan?



- b) Is the contractor expected to validate all of the PIPs conducted by each health plan?
- c) Can the state describe the expected additional reporting requirements?

Answer:

- a) At this time the State of Delaware has mandated each MCO conduct five (5) Performance Improvement projects annually.
- b) Yes, the contractor is expected to validate all the PIPs conducted by each MCO.
- c) The state may require additional reporting such as, Methodology, findings, and overall validity and reliability of results as reported by the MCOs.

36. Section 3.5, Page 67, Paragraph 1: “The Contractor shall, at the State’s direction, provide technical guidance to assist the MCOs in conducting activities related to the mandatory and optional activities described in 42 CFR 438.358...”

Question: Can the state estimate how much time Technical assistance is expected to take on a monthly or annual basis?

Answer: In 2019 the annual estimated Technical Assistance was 350 hours. MCO technical assistance varies based on need and projects.

37. Section Appendix B 3.5, Page 67: “The contractor shall, at the State’s direction, provide technical guidance to assist the MCOs in conducting activities related to the mandatory and optional activities described in 42 CFR 438.358 such as:”

Question: Given that the scope of technical assistance may be variable, how would the state like the cost proposal completed? Please specify if the proposal should include pricing by topic, total pricing for those activities listed or a “not to exceed” estimate?

Answer: The State of Delaware would like pricing by topic.

38. Appendix B, Page 68, Paragraph 3.5: “Evaluation and validation of Quality Performance Measures with Risk Mitigation and evaluation of Value Based Contracts and Purchasing Strategies.”

Question: Will DMMA identify how many and which performance measures are selected for the Value Based purchasing task?

Answer: DMMA will identify how many and which performance measures are selected for Value Based Purchasing task upon contract award. There are currently seven (7) performance measures included in our Value Based Purchasing strategy. Additional information can be found at:



www.dhss.delaware.gov/dmm/files/mco_msa2018.pdf

39. Appendix B, Page 68, Paragraph 3.7: “Evaluation and validation of Quality Performance Measures with Risk Mitigation and evaluation of Value Based Contracts and Purchasing Strategies”

Question: Can the state clarify the expectations for this task?

Answer: Upon contract award, DMMA will share our Value Based Contracts and Purchasing Strategies and expectations for this task. Additional information can be found at:
www.dhss.delaware.gov/dmm/files/mco_msa2018.pdf

40. Appendix B, Page 68, Paragraph 3.7: Evaluation and validation of Quality Performance Measures with Risk Mitigation and evaluation of Value Based Contracts and Purchasing Strategies

Question: There is no description just a heading. Is there more information available for this responsibility?

Answer: Upon contract award, DMMA will share our Value Based Contracts and Purchasing Strategies and expectations for this task. Additional information can be found at:
www.dhss.delaware.gov/dmma/files/mco_msa2018.pdf

41. Appendix B, Page 68, Paragraph 3.8 a.: “Each calendar year, Contractor shall conduct an onsite review at the MCO systems hub of the information system capabilities utilizing the Information Systems Capabilities Assessment (ISCA) in Appendix V of the CMS protocol.”

Question:

- a) Is DMMA requesting a comprehensive ISCA review every year or is DMMA open to other methodologies that still ensure a comprehensive review is completed every three years?
- b) Will DMMA identify the locations for each MCO “hub?”



- Answer:**
- a) Currently, DMMA is requesting a comprehensive ISCA review every year.
 - b) Yes, DMMA will identify the locations for each MCO hub upon contract award.

42. Appendix B, Page 68, Paragraph 3.8: “The purpose of the ISCA is to determine where an MCO’s information systems may be vulnerable to incomplete or inaccurate data capture, integration, storage, or reporting.”

Question: Will the validation of MCO Performance Measures satisfy this requirement?

Answer: No, the validation of MCO Performance Measures will not satisfy this requirement.

43. Appendix B, Page 68, Paragraph 3.9: “In accordance with the CMS EQR Protocol #4, the Contractor shall review State requirements for collecting and submitting encounter data, review each MCO’s capacity to produce accurate and complete encounter data, analyze MCO encounter data for accuracy and completeness, review medical records for confirmation of analysis findings, and submit the findings.”

- Question:**
- a) Does the State have a data warehouse vendor or would the EQRO need to obtain data for this task from each of the MCOs?
 - b) What are the reporting requirement for this task? One report to the State, or MCO specific reports?

- Answer:**
- a) The EQRO would obtain the encounter data from each MCO.
 - b) Reporting requirement for Protocol #4 would be MCO specific.

44. Appendix B, Page 69, Paragraph 3.10: “As outlined in 42 CFR 438.66, readiness reviews are required when a new MCO contracts with the State and when any MCO currently contracted with the State will provide or arrange for the provision of covered benefits to new eligibility groups, or delegation of service change such as Accountable Care Organizations (ACO). Readiness reviews must be completed in a timeframe that is sufficient to ensure smooth implementation of the new MCO and/or program.”

Question: Is the state currently contemplating adding new MCOs, new eligibility groups, or implementation of ACOs?



Answer: The State of Delaware recently published a proposed regulation related to Medicaid ACOs. The regulation can be found at:

<http://regulations.delaware.gov/register/december2019/proposed/23%20DE%20Reg%20428%2012-01-19-hm>.

45. Appendix B, Page 69, Paragraph 3.10: General question regarding Readiness review and/or implementation assistance pricing.

Question: Please specify if the cost proposal should be based on one readiness review/implementation assistance project?

Answer: Yes, the cost proposal should be based on one readiness review/implementation assistance project.

46. Appendix B, Page 69, Paragraph 3.11: General question regarding Survey validation pricing.

Question: Will the validation of the NCI-AD contain any non-Medicaid Managed Care populations? If yes, can the state provide an estimate of the sample size?

Answer: At this time, the NCI-AD does not include any non-Medicaid Managed Care Populations

47. Appendix B, Page 69, Paragraph 3.12: General question regarding focus study pricing.

Question: Please specify if the cost proposal should be based on one focus study?

Answer: Yes, the cost proposal should be based on one focus study.

48. Appendix B, Page 69, Paragraph 3.12: "The focus studies shall be done to ensure, at a minimum, that services provided to Medicaid members are medically necessary, appropriate, and provided at the most efficient level of care."

Question:

- a) Will DMMA provide examples of quality studies completed in the past?
- b) Can DMMA provide an example of a quality study that may be needed for this scope of work?



Answer: a) Examples of previously completed focus studies may be provided upon contract award.
b) Future focus study topics will be discussed upon contract award and may vary during the term of the contract.

49. Appendix B, Page 69, Paragraph 3.12: Conduct studies on quality and oversight that focus on an aspect of clinical or non-clinical services

Question: How many studies is the contractor expected to conduct?

Answer: The number of studies will be determined by the State and shared upon contract award.

50. Appendix B, Page 69, Paragraph 3.13: "The Contractor, at any given time, may be asked to provide EQR and/or quality related services as needed by the State, not outlined within the specifications of this solicitation."

Question: Can DMMA provide an example of a "quality related service" that may be needed that is not already outlined in the scope of work?

Answer: Any additional information/samples will be provided upon contract award.

51. Appendix B, Page 70, Paragraph 3.14: Public and Internal Reporting

Question: Is the public and internal site one in which the contractor would host and support?

Answer: Yes, the contractor must have a secure repository for this reporting and document sharing.

52. Appendix B, Page 70, Paragraph 4.0 h.: General question regarding deliverables pricing.

Question: Please specify if deliverable cost development should be integrated into the appropriate scope of work task? If yes, where would the state like the potential QRS cost to be integrated or will this be negotiated at the point of final guidance from CMS?

Answer: The Bidder should include deliverable cost development in each scope of work. The potential QRS cost will be negotiated at the point of final guidance from CMS.



53. Appendix B, Page 71, Paragraph 4.0 h.: "Pending final guidance from CMS, the Contractor will assist DMMA with implementing a Medicaid managed care Quality Rating System (QRS) developed by CMS to evaluate and apply a rating to represent the quality of care provided by the managed care organizations."

Question: Does DMMA want the EQRO to develop the Quality Rating System in the first contract year?

Answer: The successful bidder will work collaboratively with DMMA in the first year to develop the Quality Rating System, upon final guidance from CMS.

54. Appendix C, Page 73: "BUDGET MUST BE SUBMITTED USING EXCEL. (File electronically provided with RFP)."

Question: Please provide referenced Excel file as it was not provided with the RFP.

Answer: Please see posted APPENDIX C.

55. Appendix C, Page 73: "Budget must be submitted using Excel (File electronically provided with RFP)."

Question: Was it the intention of the state to provide a formatted Excel file for the vendor to complete or for the vendor to submit a cost proposal in the layout provided in Appendix C as an Excel file?

Answer: Please see posted APPENDIX C.

56. Appendix C, Page 73: "Sub-Contracted Costs*"

Question: Please provide the footnote related to the "*".

Answer: * If applicable is the footnote.

57. Appendix C, Page 73-80: General question regarding cost proposal.

Question: Are the cost proposal forms only required for the first 2 years and not the 5 optional extension period of one year each?

Answer: The cost proposal forms should be completed for the first two (2) years.

58. Appendix C, Page 73-80: General question regarding cost proposal.



Question: Do we have to provide Task Cost Proposal Forms broken out by Year 1 and Year 2 or just for the first two years of the contract in total?

Answer: Yes, the cost proposal forms should be broken out by year 1 and year 2.

59. Appendix C, Page 73-80: General question regarding cost proposal.

Question: Is the EQRO Services Project Cost Proposal Summary Form to be broken down by Year 1, Year 2, and Summary or just a Summary of the Two years not broken down by years?

Answer: The EQRO Services Project Cost Proposal forms should be broken down by year 1 and year 2 and summary.

60. Appendix C, Page 73-80: General question regarding cost proposal.

Question: Please specify if the cost proposal should be prepared for one year or for both initial contract years? For example, should Task#2 Validation of Performance Measures and Validation of Performance Improvement Projects include 2 years of validation assessment?

Answer: The cost proposal should be prepared for year 1 and year 2.

61. Appendix C, Page 73-80: General question regarding pricing.

Question: The RFP does not include a budget narrative/justification section. Please specify if the vendor may include a brief budget narrative?

Answer: Yes, the vendor may include a brief budget narrative in addition to the cost proposal forms.

62. Appendix C, Page 73-80: General question regarding cost proposal.

Question: Can the state confirm that each task should be priced based on the number of incumbent MCOs as opposed to for a single MCO?

Answer: Each task should be priced based on the number of incumbent MCOs.



63. Appendix C, Page 73-80: General question regarding cost proposal.

Question: Given that the “additional project management and/or quality related services” may be variable, how would the state like the cost proposal completed? That is, should the cost proposal include cost based on the described scope of work in Appendix B or an hourly rate for “as needed” services?

Answer: Use Task 7 cost proposal form for additional project management
And/or quality related services provide an hourly rate for as needed services.

64. Appendix C, Page 76: “Conducting annual onsite ISCA reviews for each MCO (Appendix B 3.8), along with conducting encounter data validation for each MCO (Appendix B 3.9). 42 CFR § 438.602(3) requires states to conduct validation of the MCO’s encounter data at least every 3 years.”

Question: Please specify whether Task #4 pricing should assume that encounter data validation activity will occur each year and include pricing accordingly?

Answer: Task 4 cost form should assume that the encounter data validation activity will occur each year and include the pricing accordingly.

65. Appendix C, Page 80: Total Costs

Question: Is there a target budget range, or maximum amount?

Answer: The State of Delaware does not disclose budget information.

66. **Question:** What is the anticipated budget for this project?

Answer: The State of Delaware does not provide anticipated or available budget information.



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67. **Question:** Other than your own website, where was this bid posted?

Answer: This RFP was posted in electronic form through the State of Delaware website at www.bids.delaware.gov

68. **Question:** Was this bid posted to the nationwide free bid notification website at www.mygovwatch.com?

Answer: The bid was not posted on www.mygovwatch.com.