RFP #26-16

Fee For Service/Financial/Managed Care Administration

Q&A Log

		RFP Section	Question	Answer
1			How is this RFP related to the Medicaid Management Information System (MMIS) 2020 - Managed Care Module, Medicaid Management Information System (MMIS) 2020 – Financial Administration Module, Medicaid Management Information System (MMIS) 2020 Program - Fee For Service (FFS) and the Medicaid Management Information System?	Please see Section I-4 of the RFP, Project Description, and Appendix B - MMIS 2020 Platform Service Contractor and Module Description.
		RFP Section	Question	Answer
2			Can I please obtain a copy of the RFP document via email?	No, the RFP is publicly available and can be accessed via the link posted on www.emarketplace.state.pa.us
		RFP Section	Question	Answer
3			What is the estimated cost of the MMIS 2020 Platform Project - MCA, FIN and FFS?	The Department does not provide this information.
		RFP Section	Question	Answer
4			Has the Department allocated funding for the Electronic Health Records yet? If so, through which source (budget, CIP, state/federal grant, etc.)?	Refer to the response to Q.3.
		RFP Section	Question	Answer
5			How is the Department currently meeting this need?	Currently, this need is being met by the fiscal agent ("FA"), DXC Technology, through the PROMISe™ system.
		RFP Section	Question	Answer
6			Would it be possible to name the three greatest challenges the Department is having with their current solution?	No, this is not relevant to submitting a response to the RFP.
		RFP Section	Question	Answer
7			Who is the technical contact and/or project manager for the MMIS 2020 Platform Project - MCA, FIN and FFS?	From the issue date of this RFP until the Department selects a proposal for award, the Issuing Officer identified in Section I-3, Issuing Office, is the sole point of contact. Please refer to Section I-23 of the RFP.

	RFP Section	Question	Answer
8		Which operating platform does the Department currently use?	The current MMIS system's functions are out of scope for this RFP. The MMIS 2020 Platform is a separate system and will be developed, designed, and implemented accordingly. Offerors may suggest operating systems for their specific module.
	RFP Section	Question	Answer
9		Which operating platform is desired for the MMIS 2020 Platform Project - MCA, FIN and FFS?	Refer to the response to Q.8. The RFP is not prescriptive for the operating platform to use, but the Offeror should propose the best operating platform for its module.
	RFP Section	Question	Answer
10		Which other systems will have to integrate/interface with the MMIS 2020 Platform Project – MCA, FIN, and FFS, and will the State provide incumbent vendors for each system?	Each MMIS 2020 Module (including MCA, FIN, and FFS) will interface with the System Integrator/Data Hub. There is no direct communication between MMIS 2020 Platform Modules. Refer to Appendices A and B. Refer to the response to Q.5. for the incumbent contractor information.
	RFP Section	Question	Answer
11		Due to the holidays and staff members being out of office to enjoy time with their families, we wanted to respectfully ask if a 30 day due date extension could be granted for the 3 Lots.	The Department will not grant an extension.
	RFP Section	Question	Answer
12		If a vendor bids on more than one Lot and a key staff member will be bid on the Lots, do you still require the 3 personal references for this person across the Lots or will the submission of references for one Lot be sufficient. The references will be the same for the key staff member across the Lots.	Yes, refer to Part I, Section I-14.B, Proposal Format. Offerors must submit each Lot as a separate proposal.
	RFP Section	Question	Answer

	RFP Section	Question	Answer
13	Page 52. Section E, General Requirements, #24.	This section describes the performance metrics the selected Offeror must meet for the receipt and processing of all claims and invoices. Is the module contractor responsible for claims processing and adjudication, including manual claims resolution activities? To what extent will DHS be required to be part of the claims adjudication and operations.	The Department will use the business rules within the module to optimize auto-adjudication of claims. We anticipate that there will still be some manual intervention required by both Department and the selected Offeror's staff.
	RFP Section	Question	Answer
14	Page 172. Section G, Functional Requirements, #74	This section states that the solution must support access for 500 – 1,000 concurrent users. Please provide a breakdown on the types of users who will be accessing the system.	Types of users will be given roles-based access and these types will include state staff, contractor staff, business partners, and providers. Any combination of these user types will be accessing the system at any given time.
	RFP Section	Question	Answer
15	Page 172. Section G, Functional Requirements, #74	Please clarify the Department's role in the adjudication process for the FFS claims Module. It is our understanding that the current contractor processes claims through the system, though there are some manual queues for claims suspended that are staged for DHS staff. These include claims suspended for examination by DHS, or costly claims like transplants. To what extent will DHS be required to be part of the claims adjudication and operations process, and what type of system access will be required to support that role?	Refer to the response to Q.13. The access will be granted through the appropriate portal with the appropriate roles. The Department access may be different based on the proposed solution. The exact supporting roles will be determined during JADs.
	RFP Section	Question	Answer
16	Page 172. Section G, Functional Requirements, #74	What type of FFS module access is required for DHS or other third-parties?	Refer to the response to Q.15.
	RFP Section	Question	Answer
17	III.7.G.2 RFP26-16 Lot 1 – MCA_Technical Submittal, Pg 48	The selected Offeror must maintain a repository of transactional program data that supports both current and future lines of managed care business transactions including: physical health, behavioral health, and Community HealthChoices.	Yes, Electronic Performance Outcome Management System ("EPOMS") will be handled by the MCA module.

		Today, the incumbent supports EPOMS but we did not see requirements related to EPOMS in the RFP. Will this be a part of the anticipated scope of work? If so, how and as part of which module?	
	RFP Section	**Question**	**Answer**
18	III.7.G.9 RFP26-16 Lot 1 – MCA_Technical Submittal, Pg 49	The selected Offeror's module must allow authorized users to create, configure, change, or delete encounters to improve data quality. What audit trail or reporting would be expected for encounters that are changed or deleted?	Refer to Technical Requirement #23 on page 32 of the MCA Technical Submittal - The selected Offeror must maintain a separate audit trail file for all transactions processed by the system, in a format that is logical and meaningful.
	RFP Section	**Question**	**Answer**
19	III.7.G.10 RFP26-16 Lot 1 – MCA_Technical Submittal, Pg 49	The selected Offeror must provide a test environment and operational capabilities to support on-demand, ad-hoc testing requests; and the capability for Department staff to perform testing. Will there be a UAT environment fully functional across all modules via the SI?	Yes.
	RFP Section	**Question**	**Answer**
20	III.7.G.11.b/c RFP26-16 Lot 1 – MCA_Technical Submittal, Pg 49	The selected Offeror's module must maintain data sets approved by the Commonwealth for all tables, including provider, beneficiary, encounters, capitation, and reference. The selected Offeror must: b. Maintain all purged prior years' encounter data in a separate file or files for ad-hoc reporting. Each year must be maintained as a separate file to allow the query of the data as it was at the end of the reporting year; and c. Maintain risk-adjusted data based on the most recent two (2) years of eligibility and paid encounters. Is there an expectation that the Offeror provides a mechanism for Ad Hoc reporting or simply provides files? Please confirm our assumption that these are flat files and not databases.	Refer to General Requirement #8 on page 27 of the MCA Technical Submittal – Provide the capability for users to produce ad hoc reports based on the data processed and generated by the module.

	RFP Section	Question	Answer
21	III.7.G.17 RFP26-16 Lot 1 – MCA_Technical Submittal, Pg 50	The selected Offeror's module must perform shadow pricing to determine the appropriate FFS payment for encounter records. If the Commonwealth expects the managed care module to independently price in the same manner as fee-for-service, what is the expectation for keeping the system in sync upon deployment or when policies change?	The MCA module will independently price encounters based on pricing data that resides in the MMIS 2020 Platform. The MCA module will not be responsible for maintaining this pricing information; it will be stored on the SI/DH.
	RFP Section	Question	Answer
22	III.7.G.22 RFP26-16 Lot 1 – MCA_Technical Submittal, Pg 51	The selected Offeror must work collaboratively with the SI/DH contractor and Outpatient Drug module contractors to separate incoming medical encounters that have both drug and medical line items and route these to the appropriate module. The Offeror should describe how their solution would handle the following: a. Parsing 837 files to process individual detail lines through separate claim engines; b. Reassembling the medical and drug detail lines; and c. How your solution could alternatively perform this function. Is the assumption that all encounters (837) would be passed to both the Managed Care and Outpatient Drug modules by the SI and the module owners would work together to determine a consistent algorithm to parse? Or could the SI deploy an algorithm to parse the 837 and send only the appropriate ones to each module?	The Department is considering both options and an Offeror may submit a process based on their proposed solution. Offerors may suggest how the parsing could occur in their specific module.
	RFP Section	Question	Answer
23	III.7.G.25 RFP26-16 Lot 1 – MCA_Technical Submittal, Pg 52	The selected Offeror's module must be able to receive and utilize eligibility data including: a. Automatic enrollment or re-enrollment of a beneficiary into MCOs or other CMS-defined managed care contracts, as defined by the State Plan; b. Retroactive enrollment and disenrollment of beneficiaries into MCOs or other CMS, County, and State defined managed care contracts; c. Automatic mass reassignment, enrollment, disenrollment, or transfer of beneficiaries between plans;	The MMIS 2020 Platform will utilize real-time callouts for eligibility or a file located on the SI/DH which is updated at a frequency yet to be determined.

		d. Identification of excluded from enrollment, subject to mandatory enrollment, or free to voluntarily enroll in an MCO or other CMS-defined managed care contract according to Commonwealth-specified criteria and consistent with federal and State guidelines; and e. Identify and track specialized care groups within the MCOs such as beneficiaries with specialized health care needs. Is the update acceptable based on when the eligibility is updated? This question is to better understand the expected latency associated with the need to process high volumes of encounters quickly.	
	RFP Section	**Question**	**Answer**
24	III.7.G.28 RFP26-16 Lot 1 – MCA_Technical Submittal, Pg 52	The selected Offeror's module must utilize and enhance, as necessary, the Department's monitoring tools for oversight of all managed care models. Can you provide a list of the current monitoring tools used by the department so we can forecast the effort to use and enhance those tools?	The current monitoring tools consist of a collection of system generated and ad-hoc reports from MMIS data.
	RFP Section	**Question**	**Answer**
25	III.7.G.30 RFP26-16 Lot 1 – MCA_Technical Submittal, Pg 53	The selected Offeror's module must promote the retrospective collection and analysis of data on MA covering the following areas, including: a. Utilization/cost of services (and comparable groups of non-managed care beneficiaries) to ensure sufficient savings; b. Membership data; c. Access to care; d. Coordination of care; e. Quality of care; and f. Rate analysis to effect trend analysis, problem identification, and resolution. In this context, what does the word "promote" mean? Is the contractor to simply provide this function or is there an expectation that a data analyst is provided to help the department and MCOs to understand the data?	This should say "provide" and not "promote." The Offeror must offer solutions in their proposal to assist the Department in a better understanding of the data.
	RFP Section	**Question**	**Answer**

26	III.7.G.42 RFP26-16 Lot 1 – MCA_Technical Submittal, Pg 55	The selected Offeror's module must have the ability to process encounters from non-traditional MCO entities that support the Department's Physical Health, Behavioral Health, and Community HealthChoices programs with capitated services, such as the Medical Assistance Transportation Program ("MATP"). The Offeror should describe its module's capability to process encounters from a submitter that may have separate rules than a traditional MCO. Can the Department provide other examples of "non-traditional" MCO entities? For example, could this include things like heating and housing assistance?	No, the examples provided are sufficient for submitting a proposal.
	RFP Section	Question	Answer
27	III.7.G.50 RFP26-16 Lot 1 – MCA_Technical Submittal, Pg 56	The selected Offeror's module must screen verified TPL resources against a paid claim's history retroactively for a period of time specified by the Department; to identify ad-hoc special recoveries Please define the term "period of time". We must estimate and size the system to support the volume associated with the defined period of time.	Refer to General Requirement #17 on page 27 of the MCA Technical Submittal - Host a minimum of ten (10) years of MCA data converted from the legacy system via the SI/DH.
	RFP Section	Question	Answer
28	III.7.G.General RFP26-16 Lot 1 – MCA_Technical Submittal, Pg 48	Will Maternity Care Encounters be processed under the FFS Module or Managed Care?	Maternity Care claims submitted by the MCO will be processed in the FFS module.
	RFP Section	Question	Answer
29	III-17.G.15 RFP26-16 Lot 2 – Financial Technical Submittal, Pg 50	The selected Offeror's module must maintain all financial transactions online, including Account Payables, escrows, prior authorizations, and program exceptions. Please clarify what is meant by escrows.	Escrow is an account definition and is not intended to imply that the module will be responsible for holding the money in an account and then use it for payment at a later date.
	RFP Section	Question	Answer

	RFP Section	Question	Answer
30	III-17.G.97 RFP26-16 Lot 2 – Financial Technical Submittal, Pg 64	The selected Offeror's module must pay capitation payments at MCO-specific rates by program and enable various capitation rates for each MCO provider type. These rates will vary by several variables including: a. MCO; b. County; c. Aid Category; d. Age and Gender of Beneficiary; e. Benefits Package; f. Facility Waiver Codes; g. Patient Cost of Care Record (such as patient pay and penalty periods); h. Specific Services Covered by Capitation; i. Specific Negotiated Rate; j. Other Insurance including Medicare; k. Risk Adjustment Factor; l. Time Period; and m. Target Types. Please define "Target Types".	Target Type is a field in the client eligibility system that differentiates subsets of a population open in certain MA or cash categories for reporting purposes.
	RFP Section	Question	Answer
31	III-17.G.133 RFP26-16 Lot 2 – Financial Technical Submittal, Pg 69	The selected Offeror's module must be able to identify, bill, receive, and reconcile insurance premium payments by beneficiaries. Are you expecting a Web-based interface where MCOs could execute billing functions for their beneficiaries? Is there any expected reporting associated with this function?	The Department requires the ability to identify, bill, receive and reconcile insurance premium payments by beneficiaries, which may or may not include MCOs. An Offeror's proposed solution should describe the capabilities, including reporting functions, of its module to meet this requirement.
	RFP Section	Question	Answer
32	III-27.G.36 RFP26-16 Lot 3 – FFS Technical Submittal, Pg 54	The selected Offeror must work in cooperation with the SI/DH to design, develop, implement, and maintain web-enabled claim entry templates for the MMIS 2020 Platform Project Provider Portal. This entry method must accept all claim types (excluding pharmacy), process in real-time replying with an approved, denied, pended, or rejected adjudication response within four (4) seconds.	In accordance with FFS-20 98% of the claims must be adjudicated within four (4) seconds. Performance Standard FFS-4 is stating that the module has two (2) seconds to acknowledge receipt of all transactions,

			including claims 98% of the time from the SI/DH.
		According to Functional Requirement #36, the successful FFS contractor is responsible for ensuring that claims submitted through the portal are adjudicated within 4 seconds? This includes the time it takes for all data calls such as provider, eligibility, EVV, Prior Auth, Financial, etc.? According to the performance standard on page 80 (FFS-4 Interactive Response time), transactions are required to have a 2 second response time 98% of the time, with damages assessed at $1,000. There appears to be a discrepancy between the standards in these two sections. Will the Department please clarify this discrepancy?	
	RFP Section	**Question**	**Answer**
33	III-27.G.General RFP26-16 Lot 3 – FFS Technical Submittal, Pg 48	We expected the Eligibility Verification System (EVS) to be included in this RFP but didn't see it. What module will include EVS?	The EVS was included in SI/DH RFP.
	RFP Section	**Question**	**Answer**
34	Calendar of Events	To help ensure Offerors electing to bid on multiple Lots have sufficient time to submit up to three comprehensive proposals, would the Commonwealth consider granting an extension to the March 13, 2020 proposal due date?	No, refer to the response to Q.11.
	RFP Section	**Question**	**Answer**
35	Appendix G Personnel Reference Questionnaire	If an Offeror has bid and submitted personnel references in response to previous MMIS Platform 2020 RFPs, would DHS consider accepting previously submitted reference forms if those same personnel are bid in response to this RFP? This might help reduce confusion and extensive effort on the part of the reference.	No, refer to the response to Q.12.
	RFP Section	**Question**	**Answer**

	RFP Section	Question	Answer
36	Appendix G Personnel Reference Questionnaire	If an Offeror bidding on multiple Lots elects to propose the same key personnel member(s) on more than one Lot and elects to use the same reference(s) for each Lot, would the Commonwealth consider allowing key personnel references to submit a single reference form that applies to each Lot rather than submit two or three separate forms (one for each Lot). This might help reduce confusion and extensive effort on the part of the reference.	No, refer to the response to Q.12.
	RFP Section	Question	Answer
37	Appendix F Corporate Reference Questionnaire	If an Offeror bidding on multiple Lots elects to submit the same corporate reference customers on more than one Lot, would the Commonwealth consider allowing corporate references to submit a single reference form that applies to each Lot rather than submit two or three separate forms (one for each Lot). This might help reduce confusion and extensive effort on the part of the reference.	No, refer to the response to Q.12.
	RFP Section	Question	Answer
38	Appendix G Personnel Reference Questionnaire	Please confirm the Personnel Reference Questionnaire is "Appendix G" and not Appendix H as indicated on the form.	Yes, the Personnel Reference Questionnaire is Appendix G.
	RFP Section	Question	Answer
39	Electronic submittal Questions # 1.2.2, 1.2.5, and 1.2.8 Model Form of SDSDB Subcontractor Agreement	Electronic submittal questions 1.2.2, 1.2.5, and 1.2.8 include an "Upload" option. Please confirm the Model Form of SDSDB Subcontractor Agreement is not required to be submitted with the proposal for an Offeror's SDB submittal to be considered.	The Model Form is not required to be submitted.
	RFP Section	Question	Answer
40	Electronic Submittal Section 3.1: Cost RFP 26-16 Cost Submittal Worksheet	Should bidders remove the tabs not related to a particular Lot's cost submittal or simply leave them blank?	Tabs for Lots not be being proposed should be left blank.
	RFP Section	Question	Answer

41	Lot 1: III-3.A Qualifications III-3.A Offeror Personnel Lot 1 Part III: Technical Submittal Lot 2: III-13.A Qualifications III-13.C Offeror Personnel Lot 3: III-23.A Qualifications III-23.C Offeror Personnel Lot 2 Part III Technical Submittal	The references should return the completed questionnaires in sealed envelopes to the Offeror. Since reference forms (Appendices F and G) are required to be submitted in a sealed envelope directly from the reference, please confirm that they are only required in the "Original" paper copy and that they are not required to be included with other paper copies or with the electronic submittal.	Yes, sealed references are only required to be included in the original Technical Submittal paper copy.
	RFP Section	**Question**	**Answer**
42	I-14.B RFP 26-16 Description	Exceptions for paper and font size are permissible for project schedule (Microsoft Project) or for graphical exhibits and material in appendices which may be printed on white paper with dimensions of eleven (11) by seventeen (17) inches I-14.B states: "Exceptions for paper and font size are permissible for project schedule (Microsoft Project) or for graphical exhibits and material in appendices which may be printed on white paper with dimensions of eleven (11) by seventeen (17) inches." Are exceptions for font size permissible for tables, headers, and footers as long as the text is readable?	Yes.
	RFP Section	**Question**	**Answer**
43	Cost Submittal Worksheet	The Example cost summary in the cost submittal worksheet suggests a 17-month DDI timeframe. Please confirm the DDI timeframe for each module is 17 months.	Yes. The DDI timeframe is 17 months.
	RFP Section	**Question**	**Answer**

	RFP Section	Question	Answer
44	Technical Requirement 149 III-7.F.149 III-17.F.149 III-27.F.149 Pg 48	The selected Offeror's solution must acknowledge all interactive transactions back to the SI/DH in 2 seconds or less for at least ninety-eight percent (98%) of all interactive transactions. Would DHS consider removing this requirement or consider including this in the Performance Standards section so that Offerors have the opportunity to recommend alternative standards, consistent with previous Platform 2020 RFPs?	No.
	RFP Section	**Question**	**Answer**
45	Cost Submittal Worksheet	DDI Timespan of 17 months. Would DHS consider extending the DDI period to 24 months for the three modules, to afford contractors the opportunity to complete parallel testing? Vendors have not historically delivered a related module in less than 24 months.	At this time the Department has set the DDI time period at 17 months. The Offeror must propose sufficient resources to meet the 17 month DDI Timespan.
	RFP Section	**Question**	**Answer**
46	Technical Requirement #50 Technical Requirement 50 III-7.F.50 III-17.F.50 III-27.F.50 Pg 35/36	The selected Offeror must coordinate with the Department, the SI/DH Contractor, the ITC/QA Contractor to participate in the execution of inter-project testing, including setup of shared resources, setup of instrumentation, conduct of the test, and documentation of anomalies. In order to better understand how offerors should staff their DDI approach in regard to testing, how is the Commonwealth proposing that cross-vendor testing will occur for parallel testing, integration testing, and stress testing? Please provide more information about the level of participation the Department expects the successful contractor to provide.	Refer to the Department's intended Test Plan for each module, which is included in the RFP under the Work Plan in section H.
	RFP Section	**Question**	**Answer**
47	FIN Functional Requirement 92 III-17.G.92 Pg 62	The selected Offeror must maintain a repository of MCO contracts and contract data including: a. Capitation rates; b. Benefit packages; c. Payment and Rate cells;	The MMIS 2020 Platform will have a repository for all data that will be used by all the modules to prevent replication, and there will be a clearly defined owner of the reference data. If the data is only used

			within the module then it will reside in the module. If the data is shared between multiple modules, then the data will reside on the SI/DH. The Department will define data ownership and responsibility during DDI.
		d. Base rates; e. Risk adjustment factors; f. Payment Rate Regions; and g. Daily rates. This requirement (FIN Functional Requirement 92) suggests the data will be held in multiple modules. If different contractors are managing different modules, what are the expectations for data reconciliation? Additionally, which vendor will be defining data ownership?	
	RFP Section	**Question**	**Answer**
48	FFS Functional Requirement 10 III-27.G.10 Pg 50	The selected Offeror's module must support and interface with CRM functionality via the MMIS 2020 Platform's SI/DH, allowing Department and FFS administration staff to communicate through the CRM tool and maintain a record of those communications. What is the selected CRM Solution for the SI/DH?	The SI/DH contractor has selected Remedy as the CRM solution.
	RFP Section	**Question**	**Answer**
49	FFS Functional Requirement 12 III-27.G.12 Pg 50	The selected Offeror's module must establish a user-defined workflow process. Can the Commonwealth please list which workflows they expect to be supported within the FFS Module?	Each module, including FFS, will establish work flows for the business flows conducted by their modules within the MMIS 2020 Platform.
	RFP Section	**Question**	**Answer**
50	FFS Functional Requirement 80 III-27.G.80 Pg 60	The Offeror's module must be able to send work objects to other MMIS 2020 Platform modules via the DH, add received work objects to workflow queue, and return updates, including a closure of the work What is the current workflow solution with the DH for the MMIS 2020 platform?	The SI/DH contractor will deploy, configure, and support the Remedy Solution to enable sending, receiving, returning, and closure of work objects between modules.
	RFP Section	**Question**	**Answer**

	RFP Section	Question	Answer
51	FFS Functional Requirement 113 III-27.G.113 Pg 65	The selected Offeror's module must price claims systematically utilizing pricing from the SI/DH based on configurable rules. The selected Offeror's module must price claims in accordance with federal and Commonwealth policy, benefits, and limitations. The selected Offeror's module must price claims according to the policies of the program the beneficiary is enrolled in at the time of service and apply edits for concurrent program enrollment. This seems that the SI/DH is providing the pricing files/rates for the FFS Claims system. Can DHS please confirm? Please clarify why the FFS Module would not maintain the pricing files? Pricing logic seems to be maintained within the FFS module in requirements 117, 114, 118, 125.	The fee schedule pricing file/rates will be kept on the SI/DH in a reference file so it can be used by more than one module (i.e., FFS for claims pricing and MCA for encounter shadow pricing). The pricing file/rates details used in the FFS module will be retained within that module.
	RFP Section	Question	Answer
52	FFS Functional Requirement 127 III-27.G.127 Pg 68	The selected Offeror's module must support the ability to integrate a third-party comprehensive editing and auditing software in the module to be used during claims processing supporting Commonwealth and federal policies. Has the Commonwealth selected which product?	No, the Commonwealth would like the ability to integrate and automate an editing and auditing software product into the module for claims processing. The solution will not be part of the initial solution, but will be an enhancement in the future.
	RFP Section	Question	Answer
53	Technical Requirement 6 III-7.F.6 III-17.F.6 III-27.F.6 Pg 30	The selected Offeror must provide for the effective integration of modular solutions, including COTS solutions, without requiring MMIS 2020 Platform contractors to make significant modifications to the inherent capabilities of their solutions, including rules engine and workflow. If a COTS solution does not provide a required function and a Department standard product preference exists, the selected Offeror must utilize the Department's solutions, standards or both. Will the SI have an Active Directory forest that individual modules will become a member of in order to communicate and pass user roles?	Yes
	RFP Section	Question	Answer

	FFS Functional Requirement 37 III-27.G.37 Pg 54	The selected Offeror's module must receive and process all electronic ANSI X12 electronic claim files translated from the 837I, 837P, and 837D. What are the EDI vendor and SI responsibilities around handling the X12 transactions? Each module will require a transformation into their expected input the ideal location for this is the ESB. Is the SI performing work in the ESB or is each vendor creating their own transformations within the ESB? In which case, is the offeror's module processing X12 or processing the transformed data format as identified by the offeror?	The EDI Module will accept the data, and the SI/DH will transform the data into a useable format by the applicable module. The Offeror should respond in their proposal with their suggested method of input/output for a project of this size and scope. Offerors should provide any limitations or exclusions within their module in their response.
54			
	RFP Section	**Question**	**Answer**
55	FFS Functional Requirement 39 III-27.G.39 Pg 54	The selected Offeror's module must support direct data entry ("DDE") of all claim types and for authorized users. If DDE is accessed via a provider portal what responsibility does the SI have in regard to providing access to the DDI pages? Please confirm there is no requirement for consistent UI among separate portal pages that are being created by different vendors.	The UI will be consistent across the MMIS 2020 Platform. The SI is responsible for providing access across the Platform via the portal. The intent is for the SI/DH to have the user interface and for the data to be sent to the module for processing. The data returned will be displayed via the UI on the SI/DH. Offerors may include UI portal solutions with their proposals.
	RFP Section	**Question**	**Answer**
56	III-6.B. item g. III-16.B. item g. III-26.B. item g. Pg 12	The selected Offeror will collaborate with the SI/DH Contractor in preparing the Data Conversion plan. At a minimum, the SI/DH Contractor will include in the MMIS 2020 Platform Module Data Conversion Plan: 1) A data management strategy that will support integration, optimization, quality, stewardship, standards, and governance of data. 2) A description of appropriate skill sets, processes, technologies/tools, and any naming conventions followed. 3) Approach to conversion, cleansing and migration. 4) Approach to risk management for data conversion effort. 5) Approach for testing migration or converted data. 6) Approach to reporting the number of records successfully converted vs. errors or exceptions. 7) Approach for cleansing data to prepare it for loading to the proposed solution that is refined as necessary. 8) Approach to resolving	The selected Offeror will work collaboratively with the SI/DH vendor through the Data Conversion Plan from the MMIS system to the new module. The Department and the SI/DH will work with the selected Offeror on the timing of receipt of the data for the module.

		data conversion errors and issues. 9) Approach for supporting the Department validation of converted data. 10) Tasks, timelines, and responsible parties for all conversion and migration tasks. 11) Entrance and exit criteria for each phase of the effort. What is the SI's responsibility with regard to data conversion? If data is to live in the data hub, who is performing conversion from existing MMIS to data hub? Is does not seem like functionality that should be within the scope of an individual module offeror's scope of work. When will the module offerors receive the canonical data models of the SI data hub?	
	RFP Section	**Question**	**Answer**
57		Through what tools and interfaces will call center representatives and end user support access data from an individual model? What SSO capability will be used? Which module or RFP are the call center end users staffed from?	The call center and the staffing of the call center is out of scope for this module. Please refer to the Tier 2 Technical Support section of this RFP for the selected Offeror's responsibilities.
	RFP Section	**Question**	**Answer**
58		The Fee for Service RFP requirement is: "The selected Offeror's module must support retrieval and presentation of data associated with geographic indicators such as state, county, and zip code." **Question**: Does the Managed Care Administration RFP and Finance RFP have the same requirement?	Yes. This requirement is being added to both modules via Addendum.
	RFP Section	**Question**	**Answer**
59		The Fee for Service RFP requirement is: "The selected Offeror's module must provide and maintain indicators that can be set to restrict distribution of ePHI in situations where it would normally be distributed and suppress generation of documents containing recipient identification for confidential services or other reasons as determined by the Department." **Question**: Does the Managed Care Administration RFP and Finance RFP have the same requirement?	Yes. This requirement is being added to both modules via Addendum.

	RFP Section	Question	Answer
60		The current RFP requirement is in all three lots: "The selected Offeror must utilize automated utilities to review an appropriate subset of audit logs of system activity at least once weekly for unusual, unexpected, or suspicious behavior. The selected Offeror will inspect administrator groups on demand, and at least once every fourteen (14) calendar days, to detect the creation of any unauthorized administrator accounts. The selected Offeror will conduct manual reviews of system audit randomly on demand and must conduct at least once every thirty (30) calendar days." **Question**: Please clarify technical requirement #26 in the Managed Care Administration, Finance and Fee for Service lots, specifically "The selected Offeror will conduct manual reviews of system audit randomly on demand and must conduct at least one every thirty (30) calendar days.	The selected Offeror must utilize automated utilities to review a subset of system activity at least once weekly for unusual, unexpected, or suspicious behavior. The selected Offeror will inspect administrator groups at least once every fourteen (14) calendar days to detect the creation of any unauthorized administrator accounts. The selected Offeror will conduct manual reviews of system audit(s) randomly at least once every thirty (30) calendar days. The selected Offeror must additionally adhere to any on-demand requests to conduct these reviews and inspections, as deemed appropriate by the Department.
	RFP Section	Question	Answer
61	Calendar of Events Attachment	Deadline to submit Questions via email January 7, 2020 Please add another round of questions to ensure bidders have a clear understanding of the proposal requirements and can ask follow up questions to responses which may not be clear.	Yes, we will re-open the question and answer period until February 4, 2020. We will not extend the proposal due date.
	RFP Section	Question	Answer
62	Calendar of Events Attachment	Sealed proposal must be received by the Issuing Office on March 13, 2020. Please extend the proposal deadline to April 10, 2020 to accommodate an additional round of Q&A.	Refer to response to Q.61.
	RFP Section	Question	Answer
63	I-14 Proposal Requirements, B. Proposal Format, Pg 14-15	a. In response to Part III; the Technical Submittal must include a Transmittal Letter and include Tabs 1 through 13. Offerors must format their responses as follows:	Confirmed – they may be included in a Tab 14: Appendices.

		Structurally, we understand that the technical submittal should consist of the 13 enumerated tabs, as well as all of the information/forms found under sub-letters b, c, and d. Can the Department confirm that all of the forms listed under b, c, d, including the Lobbying Certification and Disclosure of Lobbying Activities forms, as well as the Domestic Workforce Utilization Certification, and Iran Free Procurement Certification can be placed under a section called Tab 14: Appendices?	
	RFP Section	Question	Answer
64	Part III – Technical Submittal: Lot 1 Managed Care Administration, III-3.C. Offeror Personnel, Pg 2	The Offeror must submit Appendix G, Personnel Reference Questionnaire, directly to the contacts listed. The references should return completed questionnaires in sealed envelopes to the Offeror. The Offeror must include these sealed references with its Lot 1 hardcopy Technical Submittal under Tab 14. Please confirm that the Appendix G, Personnel Reference Questionnaire should be placed into Tab 13, Personnel Reference Questionnaire Appendix G, rather than Tab 14, as stated in Part III of Lot 1.	Confirmed.
	RFP Section	Question	Answer
65	Part III – Technical Submittal: Lot 3: Fee for Service, Pg 54	36. The selected Offeror must work in cooperation with the SI/DH to design, develop, implement, and maintain web enabled claim entry templates for the MMIS 2020 Platform Project Provider Portal. This entry method must accept all claim types (excluding pharmacy), process in real-time replying with an approved, denied, pended, or rejected adjudication response within four (4) seconds. The corresponding CMS MECT 2.3 Checklist requirement number is OM.CL3.8. Please confirm the intent of this requirement is a custom design, development and implementation requirement for claim entry templates or an integration effort with the MMIS 2020 Platform Project Provider Portal.	Yes, the intent is for the SI/DH and FFS modules to work in tandem during JADs to create a web template for users to data enter claims for interactive processing.
	RFP Section	Question	Answer

	RFP Section	Question	Answer
66	Part III – Technical Submittal: Lot 3: Fee for Service, Pg 69	133. The selected Offeror's solution must produce reports as defined by the Commonwealth and in format required by the Commonwealth including: j. Management and Administrative Reporting ("MAR"); k. Transformed Medicaid Statistical Information System ("T-MSIS") reports; and l. Cost Neutrality/372 reports. Please confirm MAR, T-MSIS and CMS Federal reporting are in scope for this RFP.	The module is not directly responsible for supporting the reports, but the module is responsible for providing the data that will be used to compile the listed reports.
	RFP Section	Question	Answer
67		Please confirm MAR, T-MSIS and CMS Federal reporting are in scope for this RFP.	Refer to the response to Q.66.
	RFP Section	Question	Answer
68		Please confirm that the Appendix G, Personnel Reference Questionnaire should be placed into Tab 13, Personnel Reference Questionnaire Appendix G, rather than Tab 14, as stated in Part III of Lot 1.	Refer to the response to Q.64.
	RFP Section	Question	Answer
69		Please extend the proposal deadline to April 10, 2020 to accommodate an additional round of Q&A.	Refer to the response to Q.61.
70		Please add another round of questions to ensure bidders have a clear understanding of the proposal requirements and can ask follow up questions to responses which may not be clear.	Refer to the response to Q.61.