

RFP #26-16

Fee For Service/Financial/Managed Care Administration

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	RFP Section	Question	Answer
1	I-6, Page 12	<p>After final evaluation of proposals, if it is determined to be in the Commonwealth's best interest, the Commonwealth may request Offerors to submit integrated solution for two (2) or more Lots.</p> <p>Given the Commonwealth's intention to consider integrated solutions by vendors opting to submit proposals for multiple lots, as well as its emphasis to bidders at the pre-proposal conference to articulate synergies in their proposals, will the Commonwealth provide a mechanism for bidders to articulate potential cost synergies to integrated solutions? For example would the Commonwealth allow bidders to submit a narrative introduction to the cost proposal? Currently there is no way to submit a cost proposal narrative and cost data may not be included in the technical proposal.</p> <p>Additionally, would the Commonwealth consider allowing bidders to submit an additional price sheet that demonstrate cost savings resulting from potential modular synergies?</p>	No, the Department separately evaluates proposals for each Lot. The Department is only able to request an integrated solution if the same Offeror achieves the highest score for more than one Lot.
	RFP Section	Question	Answer
2	I-14.A, Pages 13-14	<p>A. Proposal Submission: To be considered, Offerors must submit a complete response to this RFP, both to this site and to the Issuing Office, using the format provided in Part I, Section I-14.B, providing six (6) paper copies [one marked "ORIGINAL"] of the Technical Submittal; one (1) paper copy of the Cost Submittal; two (2) paper copies of the Small Diverse Business and Small Business ("SDB/SB") Participation Submittal and related Letter(s) of Intent; and two (2) paper copies of the Contractor Partnership Program Submittal.</p> <p>Please clarify where bidders should submit their electronic copy of the Contractor Partnership Program Submittal. There is nowhere on the submission site to upload that portion of the submittal.</p>	In the RFP Questions section, please refer to Group 1.4 related to the Contactor Partnership Program. The CPP Submittals may be uploaded to questions 1.4.1, 1.4.2 or 1.4.3 depending on the Lot the submittal is for.
	RFP Section	Question	Answer
3	Functional Requirements:	MECT Checklist requirement number OM.CL7.13.	Yes, The Department confirms the checklist items should be CM.CL7.13. The

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	17, 21, 22, 26, and 34, Pages 51, 52, 53-54	Can the Department please confirm that these requirements contain a typographical error and should reflect CM.CL7.13 rather than OM.CL7.13 as the corresponding CMS MECT 2.3 Checklist requirement?	Department's initial MECT checklist mappings were completed with the information available at the time, and will be finalized during JADs when the IV&V contractor approved mappings will be provided.
	RFP Section	Question	Answer
4	Functional Requirement 29, Page 52	<p>The selected Offer's module must control, track, and reconcile captured claims to validate that all claims received are processed, and identify any incomplete claim batches that fail to balance to control totals.</p> <p>Please confirm the role of the EDI vendor and the role of the FFS vendor in validating batches and applying SNIP edits. Please clarify which module is responsible for validating batches and SNIP edits.</p>	<p>The EDI Contractor will receive all electronic claims and will apply Department-approved SNIP editing. The EDI Contractor will send a file (format to be determine in JADS) via the SI/DH to the FFS Module.</p> <p>The FFS will receive, control, track, and reconcile all claims received and apply business rules editing to the files received from the SI/DH.</p>
	RFP Section	Question	Answer
5	Functional Requirements: 46, 122, and 123, Pages 56 and 67	<p>MECT Checklist requirement number OM.CL7.2.</p> <p>Can the Department please confirm that these requirements contain a typographical error and should reflect CM.CL7.2 rather than OM.CL7.2 as the corresponding CMS MECT 2.3 Checklist requirement?</p>	Yes, the Department confirms that the checklist items in requirements 46 and 123 should reflect CM.CL7.2. Requirement 122 should not be linked to either OM.CL7.2 or CM.CL7.2.
	RFP Section	Question	Answer
6	III-17.G.133 RFP26-16 Lot 2 – Financial Technical Submittal, Pg 69	<p>The selected Offeror's module must be able to identify, bill, receive, and reconcile insurance premium payments by beneficiaries. The corresponding CMS MECT 2.3 Checklist requirement numbers are FM.CM24.1 and FM.CM24.2.</p> <p>From which module would the Financial system expect to receive premium payments from via the SI/DH? Would there be any expectation for the</p>	Each MMIS 2020 Module (including MCA, FIN, and FFS) will interface with the SI/DH. There is no direct communication between MMIS 2020 Platform Modules. The Department has not determined the business process to collect premiums. The Offeror should provide its solution's capabilities to collect premiums.

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		Financial module to have a Premium submittal functionality that would be available to members, via an API that can be exposed through the SI Portal	
	RFP Section	Question	Answer
7	<p>Functional Requirements: 36</p> <p>Part III – Technical Submittal: Lot 3: Fee for Service</p> <p>III-27.G.36</p>	<p>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, pending, or rejected adjudication response within four (4) seconds. The corresponding CMS MECT 2.3 Checklist requirement number is OM.CL3.8.</p> <p>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.</p> <p>In its response to question 65 in addendum, the Commonwealth clarified that the intent of FFS Functional requirement #36 is for the SI/DH and FFS modules to work in tandem during JADs to create a web template or users to data enter claims for interactive processing. This answer does not account for a scenario where a bidder already has a web-enabled claim entry template. Please verify if a pre-existing solution for claims entry exists, it can be reused within the PA MMIS2020 architecture.</p>	<p>Please see Section III-27.K, Reuse for an explanation of the expectation of CMS and the Department for the selected Offeror to reuse any pre-existing solution components.</p> <p>The Offeror may propose a pre-existing solution, but it must be evaluated with the SI/DH to verify if a pre-existing solution for claims entry is viable with the MMIS 2020 Platform.</p>
	RFP Section	Question	Answer
8	<p>III-6.</p> <p>III-16</p> <p>III-26</p> <p>Work Plan, Item N</p> <p>Pages 22-23</p>	<p>3. Network connectivity diagrams, including:</p> <p>a. Entire network diagram representing physical and logical links between nodes including servers, load balancers, and firewalls, and</p> <p>b. Secure boundary representation diagrams.</p>	<p>This deliverable is not due until 100 days after the purchase order effective date. The location of the SI hosting, connectivity, and ownership of firewalls will be determined during the design phase. The selected Offeror will establish a firewall to protect incursion from entities other than the SI/DH.</p>

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	RFP Section	Question	Answer
		In order for the successful bidder to complete the overall technical architecture, please identify the location of the SI hosting and the intended connectivity and ownership of firewalls between the SI and external modules.	
9	III-27.G Functional Requirement # 16, Page 51	<p>The selected Offeror's module must support the automatic generation of letters within the workflow management process and send data to OBM. No FFS-specific MECT 2.3 Checklist requirement has been identified.</p> <p>Please clarify whether the module vendor or the OBM vendor is responsible for formatting the letters being printed. Is the module vendor expected to provide the data to the letter formatter or is it expected to send a fully print ready document?</p>	<p>Letter generation is triggered by either invocation of a business rule within an MMIS 2020 Platform module, or by a user action within a MMIS 2020 Platform module.</p> <p>The MMIS 2020 Platform module's responsibility is to create the unique data that is passed to the Outbound Mail Module (via the Enterprise Service Bus). The Outbound Mail Module will insert the data provided into a predefined document template.</p> <p>Offerors may also send a fully formatted letter in a PDF format for distribution by the OBM module. Offerors should address how their solution can meet the business need.</p>
	RFP Section	Question	Answer
10	III-17.G Functional Requirements: 145, Page 71	<p>The selected Offeror's solution must scan, view, and electronically store all checks, as well as electronically sent scanned checks related to a case to TPL's case management system and support supplying an image to any module via the SI/DH. No FIN-specific MECT 2.3 Checklist requirement has been identified.</p> <p>Please clarify whether the module vendor or the OBM vendor is responsible for storing documents. Since the OBM is implementing a document storage solution, should scanned documents be sent to that common repository by sending the documents for retrieval through the SI – ESB?</p>	<p>The Offeror must explain how its solution proposes to meet this requirement in its module. The selected Offeror is responsible for storing inbound documents. The Department has not determined where the documents will be stored in the MMIS 2020 Platform. The workflow for scanned documents will be determined during JADs.</p>

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	RFP Section	Question	Answer
11	III-17.G FIN Functional Requirement #1 and #91 Pages 48 and 62	<p>MECT Checklist requirement number S&C.RC.5</p> <p>There does not appear to be a corresponding MECT Checklist requirement number in the MECT workbook. Can the Commonwealth please confirm this is the correct reference or provide clarification?</p>	Checklist requirement number S&C.RC.5 is removed.
	RFP Section	Question	Answer
12	Cost Submittal Worksheet	To assist bidders in anticipating receipt of the withhold amount, please clarify when the Department anticipates CMS certification final approval will occur?	CMS certification final approval will not occur until at least six (6) months after successful implementation of the module. CMS Certification is tentatively planned for 2023, dependent on final module implementation. Please see Appendix B for the tentative timeline.
	RFP Section	Question	Answer
13	Cost Submittal Worksheet – IT Services Tab	<p>The IT Services Tab in the cost submittal worksheet does not include optional years. Please clarify where bidders should include these costs.</p> <p>For example, should the IT Services costs in the optional years be bundled under “M&O Fixed Monthly Fee”?</p>	A revised Cost Submittal is provided with this Addendum 3.
	RFP Section	Question	Answer
14	III-27.G Functional Requirement: 27 Page 52	<p>The selected Offeror’s module must adjudicate claims in accordance with the requirements detailed in the State Medicaid Manual, Chapter 11. No FFS-specific MECT 2.3 Checklist requirement has been identified.</p> <p>The current fiscal agent provides staff to perform manual claims resolution. Is it the Department’s intent for vendors to continue to staff claims adjudicators?</p>	Yes.

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	RFP Section	Question	Answer
15	III-27.G Functional Requirement 25 Page 52	<p>The selected Offeror’s module must accept hardcopy claims, hardcopy claim attachments, electronic claims, and attachment formats from the SI/DH; accept claims entered by the provider through the provider portal; accept all invoice formats; and capture all data elements accurately and timely, as defined by the Commonwealth. The selected Offeror’s module must link multiple attachments to the appropriate claim. The corresponding CMS MECT 2.3 Checklist requirement number is OM.CL1.1.</p> <p>Please confirm hardcopy claims and attachments are coming directly to the FFS vendor via the mailroom. Please describe the invoice formats to be accepted. What are the invoices? Who is creating them? What is the FFS module doing with accepted invoices? Please provide the average monthly invoice volumes for each type of invoice.</p>	<p>The incoming paper claims and attachments will go to the FFS mailroom for scanning. The scanned images will route to the SI/DH for transmission to the appropriate MMIS 2020 Platform Module(s).</p> <p>Volume estimates are included in Section 1-4.E Table 1: Historical Volume Estimates for State Fiscal Year 2018/2019.</p> <p>The type of formats include the 1500 form, and the UB92 and attachments. Invoices will be created during DDI to facilitate the payment process from the MMIS 2020 Platform from atypical providers.</p> <p>The FFS module will work with the FFS specific invoices, and other module invoices will be routed through the SI/DH.</p>
	RFP Section	Question	Answer
16	I-4.D. Pennsylvania’s Current MMIS Page 4	<p>The Department contracts with the FA for a wide range of services including: front-end claims processing (e.g., imaging, data entry, and claims resolution); automated eligibility verification; online pharmacy claims capture and adjudication, including provider and user training; ePrescribing; <i>plastic Medicaid identification (“ID”) card production</i></p> <p>Please confirm printing and distribution of plastic Medicaid identification (“ID”) cards is outside the scope of this RFP. Please identify which module this functionality lies with.</p>	<p>Yes, this is outside the scope of this RFP. Information on production of ID Cards is not relevant to submitting a response to this RFP.</p>

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	RFP Section	Question	Answer
17	III-7.G Functional Requirement: 3 Page 48	<p>The selected Offeror must use the data maintained in the MCA Module to process and support key functions including:</p> <p>Encounter processing (excluding drug processing);</p> <ol style="list-style-type: none"> 1. Quality assurance monitoring; 2. Utilization review; 3. Third Party Liability; and 4. Stop Loss. <p>No MCA-specific MECT 2.3 Checklist requirement has been identified</p> <p>Please confirm TPL and Stop Loss should not be included in encounter processing. Please confirm that TPL and Stop Loss processing are included in the Managed Care Administration module. If so, please explain the Commonwealth's intent for including TPL and Stop Loss processing in a Managed Care Administration module, since no payment is made for encounters.</p>	TPL and Stop Loss are not included in encounter processing in the MCA Module.
	RFP Section	Question	
18	III-17.G Functional Requirement: 149 Page 71	<p>The selected Offeror's solution must allow Commonwealth staff to modify TPL Case number, incident date, payee, or any other Department specified data pertaining to check. No FIN-specific MECT 2.3 Checklist requirement has been identified.</p> <p>Please validate TPL case date is owned by the TPL module, therefore the Financial module should not make changes to the data base such as case number, incident date, and payee.</p>	<p>The Financial module must allow for the correction of invalid information contained on a check that relates to a TPL case.</p> <p>The selected Offeror should explain how their module will provide the functionality to meet the requirement.</p>
	RFP Section	Question	Answer
19	III-29. Performance Standards FFS – 20 Page 83	<p>99% of all paper claims processed from initial scanning in the mailroom through adjudication or suspension within forty-eight (48) hours.</p> <p>In order to be consistent with the batch processing portion of the requirement, please confirm the requirement should read:</p>	<p>"Through" is more accurate for this requirement.</p> <p>No, the Department will not extend the processing period.</p>

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		<p>“99% of all paper claims processed from initial scanning in the mailroom to adjudication or suspension...”</p> <p>Also, this requirement has a very short processing period. There are numerous business processes (mailroom, scanning, data capture, etc.) involved, and this compressed timeline will likely cause bidders to significantly overstaff in order to be compliant. Additionally, FFS 21 already stipulates the timely processing of claims, which is dependent on the mailroom, scanning and data capture processing to be timely.</p> <p>Would the Commonwealth consider extending this requirement to five business days? This added time will allow for efficient inventory management and appropriate checks and balances, and quality audits, yet still be compliant with FFS - 21 timelines.</p>	
	RFP Section	Question	Answer
20	<p>III-27. Requirements G. Functional Requirements #20</p> <p>III-29. Performance Standards FFS-25</p> <p>Pages 51 and 84</p>	<p>Requirement 20: The selected Offeror must retrieve, open, scan, sort, and batch all inbound mail for the MMIS 2020 Platform Project’s use. Documents include claims, claim attachments, TPL notices, medical records, and PAs. Offeror must transmit documents to appropriate module for use via the SI/DH.</p> <p>FFS - 25 Scan all paper mail and transmit to the appropriate module within twenty-four (24) hours of receipt.</p> <p>Regarding the transmissions of documents to the SI, our interpretation of the requirement is this applies for the image only and not the data. Reference FFS-20, which stipulates the mailroom processing timeframe, and is longer. In this scenario that means the associated data may not yet be in the module. Would the Commonwealth consider aligning this requirement to FFS - 20 so that the data and images are available in the respective modules at the same time?</p>	<p>Functional Requirement 21 relates generally to the retrieval, opening, scanning, sorting, and batching of all inbound mail, and does not have an associated timeframe.</p> <p>FFS-25 provides the timeframe to scan and transmit all mail to the appropriate module within twenty-four (24) hours.</p> <p>FFS-20 provides a forty-eight (48) hour timeframe for the processing of paper claims from initial scanning through adjudication or suspension within forty-eight (48) hours.</p> <p>The timeframe in FFS-25 thus allows for another twenty-four (24) hours to process an adjudication or suspension decision for claims processing in accordance with FFS-20.</p>

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			<p>These are separate performance standards that serve different purposes.</p> <p>Please note that the Department is revising requirement #25 to require the Offeror to OCR scan and data correct hard copy claims and claims attachments. Data captured via OCR scanning must be transmitted to the appropriate module via the SI/DH. Please see Addendum 4 for the revised requirement.</p>
	RFP Section	Question	Answer
21	<p>III-27. Requirements G. Functional Requirements #20 Page 51</p>	<p>The selected Offeror must retrieve, open, scan, sort, and batch all inbound mail for the MMIS 2020 Platform Project’s use. Documents include claims, claim attachments, TPL notices, medical records, and PAs. Offeror must transmit documents to appropriate module for use via the SI/DH.</p> <p>To properly size the mailroom, please provide a list of all the types of inbound mail, and the average monthly volumes.</p>	<p>Volume estimates are included in Section 1-4.E Table 1: Historical Volume Estimates for State Fiscal Year 2018/2019.</p> <p>This information should not be used as an exhaustive list and the volumes and types will expand or contract as the Commonwealth’s business moves into the future.</p>
	RFP Section	Question	Answer
22	<p>III-27. Requirements G. Functional Requirements #23 Page 51</p>	<p>The selected Offeror must perform front-end field validity checks to confirm identified key fields on hardcopy documents and return all failed documents to sender within two (2) business days or as otherwise defined by the Department.</p> <p>Please confirm these checks apply only to hard copy claims and PAs, and not to all documents.</p>	<p>The Department cannot confirm that these checks only apply to hard copy claims and PAs. Additional documents requiring field validity checks will be determined during the JADs process.</p>
	RFP Section	Question	Answer
23	<p>III-27. Requirements G. Functional Requirements #25</p>	<p>The selected Offeror’s module must accept hardcopy claims, hardcopy claim attachments, electronic claims, and attachment formats from the SI/DH; accept claims entered by the provider through the provider portal; accept all invoice formats; and capture all data elements accurately and</p>	<p>This requirement outlines all the different types of data the selected Offeror’s module must capture and process. It is not stating</p>

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	Page 52	<p>timely, as defined by the Commonwealth. The selected Offeror’s module must link multiple attachments to the appropriate claim.</p> <p>There are requirements in this RFP for the Offeror to perform mailroom functions. However, requirement 25 is indicating that the Offeror must accept hardcopy claims and attachments from the SI. This appears to be an overlap. Please explain why two vendors would support a mailroom function to receive and scan hard copy claims.</p>	<p>two contractors would support a mailroom function.</p> <p>The FFS selected Offeror will support inbound mailroom activities including scanning and routing the documents to the SI/DH for transmission to the appropriate MMIS 2020 Platform Module.</p> <p>The exact business processes will be determined during JADs based on the business processes of the MMIS 2020 Platform modules.</p>
	RFP Section	Question	Answer
24	<p>III-27. Requirements G. Functional Requirements #26 Page 52</p>	<p>The selected Offeror’s solution must screen and capture electronic images and date-stamp, assign unique claim identification numbers, and batch hardcopy claim forms, attachments, adjustment and reversal forms, and updated turnaround documents. The selected Offeror’s module must permit customizable identification for hardcopy and electronic submissions.</p> <p>Please confirm the requirement to screen and capture electronic images, is intended to be the scanning and creation of an image from a hard copy document (e.g. claim forms, attachments.)</p>	<p>Yes, “screen and capture electronic images” is equivalent to scanning in an image capturing system.</p>
	RFP Section	Question	Answer
25	<p>III-27. Requirements G. Functional Requirements #26 Page 52</p>	<p>The selected Offeror’s solution must screen and capture electronic images and date-stamp, assign unique claim identification numbers, and batch hardcopy claim forms, attachments, adjustment and reversal forms, and updated turnaround documents. The selected Offeror’s module must permit customizable identification for hardcopy and electronic submissions.</p> <p>Please confirm that the date stamp requirement is met by integrating it with the unique claim identification number, for example Julian date is a component of the Internal Control Number (ICN).</p>	<p>The Department cannot confirm whether specific examples would satisfy requirements without additional context and detail. The Offeror must explain how their module will meet this requirement based on their experience with a system of this size and scope.</p>

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	RFP Section	Question	Answer
26	III-27. Requirements G. Functional Requirements #32 Page 53	<p>The selected Offeror’s module must provide a rules-based or manual process for hard copy claims and other document system entry and validation including screening, imaging, processing, storage, and retrieval. The selected Offeror’s module must meet or exceed a 98% accuracy rate of claim entry.</p> <p>Data capture is currently performed by existing fiscal agent staff. Please confirm that the Offeror must include a systematic method such as OCR as well as staff to support the manual data entry of information from claim forms.</p>	Confirmed.
	RFP Section	Question	Answer
27	III-27. Requirements G. Functional Requirements #43 Page 55	<p>The selected Offeror’s module must receive and process hardcopy and electronic Medicare Advantage claims and explanation of benefit forms; accept and process direct Medicare crossover and provider submitted Medicare claims including sequestration regulations (for Medicare coinsurance and deductible) and Medicare Explanation of Benefits (“EOB”) claims attachments.</p> <p>Please confirm that Medicare Advantage claims are submitted on standard claim forms. Please provide the average monthly volumes.</p>	<p>Confirmed.</p> <p>The Department is not able to estimate average monthly volumes at this time. Average volumes are in flux due to program and policy changes.</p>
	RFP Section	Question	Answer
28	III-27. Requirements G. Functional Requirements #75 Page 60	<p>The selected Offeror’s module must provide the ability to read the claim notes and use the data submitted in claim note field for processing of claims.</p> <p>Please confirm this requirement applies to electronic claims only.</p>	All information received on claims, not just electronic submission/processed claims, must be available as data.
	RFP Section	Question	Answer
29	III-27. Requirements G. Functional Requirements #121	The selected Offeror’s module must follow federal regulations and assure adjudication for payment within 30 days, any properly submitted correct claim which passes all required edits and checks, flagging clean claims that are delayed over thirty (30) calendar days, by claim type and reporting per	Requirement #120 provides: The selected Offeror’s module must adjudicate 90% of all clean claims from practitioners within eleven (11) calendar days, 99% of all clean claims

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	Page 67	<p>federal requirements. (See CFR § 447.45 for timely claims payment requirements).</p> <p>This requirement appears to contradict functional requirement #120 regarding adjudicating claims within 71 or 345 days. Please clarify the difference between these two requirements.</p>	<p>within seventy-one (71) calendar days and adjudicate all claims within three hundred forty-five (345) calendar days of receipt of the claim.</p> <p>The time frames stated in requirement #120 are needed to meet the Federal prompt payment regulations as identified in requirement #121, while allowing the Pennsylvania Department of Treasury adequate processing time.</p>
	RFP Section	Question	Answer
30	<p>III-27. Requirements G. Functional Requirements #143 Page 70</p>	<p>The selected Offeror’s FFS Module must have the ability to generate data for EOBs to a sampling of Medicaid beneficiaries each month and ad hoc for targeted sampling, or operate an alternate means approved by the Commonwealth to sample beneficiaries for fraud, waste, and abuse control. The EOB must be in the beneficiaries designated language or translated and authenticated to the alternative language.</p> <p>Please confirm the OBM vendor would be responsible for the printing and distribution of these EOBs.</p>	Confirmed.
	RFP Section	Question	Answer
31	<p>FFS-20 Timely Processing FFS-25 Scan and Transmit Pages 83 & 84</p>	<p>99% of all paper claims processed from initial scanning in the mailroom through adjudication or suspension within forty-eight (48) hours.</p> <p>99% of all batch claims processed to adjudication or suspension within twelve (12) hours after receipt from the SI/DH.</p> <p>Scan all paper mail and transmit to the appropriate module within twenty-four (24) hours of receipt.</p>	No, these requirements do not refer to business hours.

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	RFP Section	Question	Answer
		Please confirm the hours referenced in these and other requirements in the RFP (forty-eight (48); twenty-four (24); twelve (12), etc.) refers to business hours.	
32	<p>III-7.F.90</p> <p>III-17.F.90</p> <p>III-27.F.90</p> <p>Pages 40 and 41</p> <p>Commonwealth’s answer to Question 54</p> <p>Page 15</p>	<p>The selected Offeror must send and accept batch and real-time representation of applicable HIPAA-mandated and other standard health care transactions. The information exchanged will support a variety of formats, including X12, NCPDP, XML, and JSON formats. The corresponding CMS MECT 2.3 Checklist requirement numbers are IA.DS.11 and TA.SP.17.</p> <p>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.</p> <p>The Department states the EDI module will accept the data and the SI/DH will transform the data into a useable format by the applicable module. Please verify that HL7 transactions will be handled in the same manner as the X12 transactions.</p>	The Department will determine acceptable HL7 transactions and the manner in which they will be processed.
	RFP Section	Question	Answer
33	<p>III-27.Requirements.G</p> <p>Functional Requirements.</p> <p>127 Pg 68</p>	<p>“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.”</p> <p>PROMISe currently uses a third-party comprehensive claims editing and auditing software module to help ensure accurate and appropriate provider payments are made. By initially removing this comprehensive editing/auditing requirement, the Commonwealth and CMS should expect to see an increase in medical spend. To avoid this unnecessary increase, would the Commonwealth consider requiring that a functionally equivalent third-party comprehensive claims editing and auditing software be included</p>	The selected Offeror’s solution must interface to a third-party comprehensive editing and auditing software provided by the selected Offeror. This functionality should be included in the Offeror’s proposal for implementation with the initial deployment.

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		in the bidders' proposals for implementation with the initial deployment to ensure that rigorous edits/audits are applied from the outset?	
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