



Solicitation Addendum

Solicitation Number: 30-190062-DHB
Solicitation Description: Medicaid Integrated Modular Solution
Solicitation Opening Date and Time: September 27, 2018 at 2:00 PM EST
Addendum Number: 1
Addendum Date: September 6, 2018
Addendum Description/Purpose: Department Responses to Respondent Questions
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1. Review Section 1. Department Responses to Respondent Questions.
2. Review Section 2. Revisions to the RFI.

Section 1. Department Responses to Respondent Questions

Q #	DOCUMENT SECTION	RESPONDENT QUESTION	RESPONSE
1	General Question	Can the vendor respond to the portions of the RFI that they have the experience in?	Yes.
2	General Question	Given CMS' requirements and strong suggestions for Reuse, is the State open to sharing CMS-certified solutions already operating in other states?	Yes.
3	General Question	Will the management of the Dual Eligibles be a carve out or the responsibility of the MIMS for administration purposes?	It will be the responsibility of the MIMS application to manage Dual Eligibles.
4	General Question	In which module does your Medicaid waivers (ex. HCBS) reside in?	Claims processing and payment for waivers are treated like other services and managed through either fee for service payment or capitated payments to a managed care organization. The PHP RFP defines the carved in and carved out populations for managed care.

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5	General Question	What is your anticipated release date(s) and sequence for the modular component RFPs?	It is anticipated that any future procurement(s) related to the MIMS scope described in the RFI would be released within six to twelve months after the RFI due date.
6	General Question	Technical, Operational, Business and Clinical Services are shown and described as a separate MIMS Module. Please clarify if the intent is to procure the relevant technical, operational, business and clinical services with each module identified.	Through this RFI, the Department is seeking to understand the degree to which vendors can provide the complete scope described in the RFI. The information received through the RFI process and other market research will be used by the Department to develop its procurement strategy.
7	Section C. Instructions for Submitting Responses to Section IV: Questions for Respondents	Are respondents allowed to place the RFI within their own template/format/style? Or, must respondents solely submit back the completed RFI released?	Respondents are requested to complete and return the RFI document as instructed in Section I. B. To facilitate the response process, an MS Word version of this RFI may be requested by sending an email to Medicaid.Procurement@dhhs.nc.gov .
8	Section C. Instructions for Submitting Responses to Section IV: Questions for Respondents, item 2	Is an Executive Summary permitted to be added?	Yes.
9	Section III.C	DHHS' Medicaid Enterprise System End State Vision, shown in Figure 1 on page 5, shows five groups of modules, with MIMS being one module. Recent procurements on other states have precluded the System Integration Service vendor (shown in the middle blue boxes) from bidding on other modules. Does the Department envision any similar restrictions?	Since the procurement strategy for MIMS has not been defined, the Department is not able to answer this question.
10	Section III.C	Regarding the statement, "Solution that manages, or can be expanded to manage, multiple payers for multiple state agencies," what other State agencies is the Department anticipating the solution/solutions to serve in the future?	Currently these include Division of Mental Health, Development Disabilities, and Substance Abuse Services, Division of Public Health, and Office of Rural Health.

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11	Section III.C MIMS Overview	There are several modules listed for MIMS. Are there estimated dates available for the target implementation dates for these modules? Which module will be procured first and when is it expected to be released?	This information is not available at this time.
12	Section III.C	Figure 1 seems to indicate 2 separate integration layers -- one within the MIMS box, and a separate "System Integration Service" layer below that box. Can you please explain your view of the distinction between the functionality being sought in those respective integration layers?	The State anticipates that in the final state of implementation all integrations will pass through the System Integrator (SI) and the SI Platform. The State would also entertain and would like to get vendor perspective on leveraging any internal or "out of the box" integration for solutions for all modules provided by that vendor as an interim solution if needed. The State is also interested in Vendor's history with and technical approach to integrating with SI's in other states to meet CMS's modularity requirements. Finally, the State is seeking clarity on the Vendor's current technical ability for its modules to integrate with an SI without additional vendor components. The State anticipates that the vendor modules can stand alone from an integration perspective and would like the Vendor's confirmation.
13	Section III.C	"The RFI's description of the Inter Module Integration/ Communication states, ""Capability for modules to integrate and seamlessly communicate between each other."" Would the Department provide more detail on what is expected from the Inter Module Integration/ Communication module?	See Question 12 answer.
14	Section III.C, Figure 1	In looking at Figure 1, where does the clinical data from NCHIE reside and how is it to be accessed?	NC HIE is the North Carolina Health Information Exchange, or HealthConnex. Access to this data will be determined based on future defined use cases. Information on the HIE can be found at: https://hiea.nc.gov/

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15	Section III.C, Figure 1	TPL is not accounted for in Figure 1 or in the Finance section on page 9. Where does that functionality and responsibility reside?	Currently, the Department engages a vendor for Third Party Liability (TPL). In addition, current awarded Local Management Entity/Managed Care Organizations are responsible for TPL related to their claims. Any Managed Care Organizations awarded through the current PHP RFP will be responsible for TPL for their claims.
16	Section III.C.3	The RFI defines one module as being the "PDM and CVO module." But the State released its Provider Data Contractor RFP on 7/27/18, due 9/7/2018, "to support the Prepaid Health Plan's (PHP) ability to make quality determinations during provider Medicaid Managed Care network contracting activities." The RFP requires that the awarded contractor must "have a valid certification as a Credentialing Verification Organization (CVO) from the National Committee for Quality Assurance (NCQA), or must have an arrangement with a third party who has such certification." What is the difference between the CVO portion of the PDM/CVO module in this RFI and the CVO being procured in the Provider Data Contractor RFP? Is it the intent of the Department to have one Centralized CVO to provide credentialing services to all Standard MCOs, all Tailored MCOs, and all Advanced Medical Homes?	The Provider Data Contractor (PDC) is being contracted to provide services during the Provider Credentialing Transition Period as defined in the PHP RFP. The PDM/CVO will replace the PDC. Yes, the Department intends to have one centralized CVO.
17	Section III.C.3	Given that the State has already issued an RFP (#30-190026) to obtain the services of a Credentials Verification Organization (CVO), how does the CVO scope described in this RFI relate to that project?	See Question 16 answer.

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18	Section III.C.3	In the Provider enrollment section there is no mention of supporting background checks/fingerprints or site visits for high risk Providers. Likewise, there is no mention of a monthly screening and database checks such as SSDF, DEA etc. Does the State anticipate that the provider module supports these functions?	Today the functions are supported by NCTracks, but the State anticipates these functions to be managed as part of the PDM/CVO's services, which is a long-term provider enrollment solution. The recently issued PDC RFP #30-190026 is a temporary solution to provide credentialing services and will not replace the current NCTracks functionality.
19	Section III.C.4	Will portals included with other MIMS modules become the responsibility of the awarded Portals module vendor?	See Question 6 Answer
20	Section III.C.6	Claims and Encounter processing systems may include EDI functionality. Would the Department consider having this EDI functionality as part of the Claims and Encounter Processing module?	Yes.
21	Section III.C.7 and Figure 1	"Figure 1 shows Program Integrity included within the Finance module. The description of Finance, Item #7 on page 9, does not include Program Integrity. What program integrity functions does the Department envision occurring within the Finance module?"	The Department anticipates that any recoupments, recoveries, or sanctions associated with Program Integrity findings would be managed through the Finance module.
22	Section III.C.8	The Department has a separate module for technical implementation services as well as technical operations support, but these services would be included as part of a SaaS solution. What is the Department's vision for procuring and awarding the technical implementation services and the technical operations support?	The Department is seeking to determine if vendors can provide both the software solution and the services, which include business, clinical and technical services.

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23	Section III.C.8	Regarding the statement, "It would be anticipated that these services can be obtained through a call center," is it the Department's intent that Business Services solely provide a call center? Or are other typical fiscal agent service functions, such as claims edit resolution, also to be provided through the Business Services function?	See Question 22 Answer.
24	Section III.C.8	Is "Clinical Services" intended to utilize only software provided by the other modules? Or is there any additional care management software intended to be provided as part of this module?	Clinical Services may not be limited to only MIMS modules.
25	Section IV, Question 10	The Prepaid Health Plan Services RFP states that Phase 1 of Managed Care is scheduled to begin on November 1, 2019. Could the Department please provide more specifics on which technical services and business services will be needed for Phase 1 of Managed Care and an estimated procurement timeline?	Based on the anticipated time needed to conduct any future procurement(s) related to the scope of this RFI and subsequent implementation of any awarded contract(s), the Department does not intend to have any of the scope defined in the RFI in place under new contracts by the launch of Managed Care - Phase 1.
26	Section IV, Question 23	Question 23 states, "Please provide any KPIs that would assist in accommodating future changes and growth strategy." Is the Department looking for respondents to define service levels for future changes and growth? Or is the Department asking how respondents will monitor performance as the contract changes and grows? Please provide more specifics about what the Department is looking for.	The Department is seeking input into how vendors may monitor system utilization (both technical and business) to accommodate for changes in utilization patterns.
27	Section IV, Question 33	Is the Department expecting to enter data directly into this system to enroll a group of members? If so, please describe in more detail the reason this would not be done in the Eligibility Enrollment Module.	Respondents need not answer question 33. <i>See Section 2 of this Addendum – Revisions to the RFI.</i>

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28	Section IV, Question 35	What non-Medicaid claims will be submitted and are they in X12 or NCPDP format?	Non-Medicaid claims may be submitted by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, Division of Public Health, or Office of Rural Health. Non-Medicaid claims may or may not be submitted in X12 or NCPDP format.
29	Section IV, Question 35	Please clarify the “managed care payments” envisioned in this question.	Managed care payments are capitated payments versus fee for service payments.

Section 2. Revisions to the RFI.

Section IV. Questions for Respondents, Solution Details, Question #33 is deleted in its entirety and replaced with the following:

33. Reserved.
