



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Solicitation Addendum

Solicitation Number: 30-190026

Solicitation Description: Provider Data Contractor

Solicitation Opening Date and Time: September 14, 2018 at 2:00 PM EST

Addendum Number: 3

Addendum Date: August 17, 2018

Contract Specialist: Ken Dahlin
Ken.Dahlin@dhhs.nc.gov | (919) 855-4054

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1. **RETURN ONE PROPERLY EXECUTED COPY OF THIS ADDENDUM WITH BID RESPONSE OR PRIOR TO THE BID OPENING DATE/TIME LISTED ABOVE. FAILURE TO SIGN AND RETURN THIS ADDENDUM MAY RESULT IN THE REJECTION OF YOUR RFP RESPONSE.**
 2. Review Attachment 1 – Agency Response to Offeror Questions, Attachment 2 – Revisions to Original RFP and Attachment 3 – Attachment B: Modified Medicaid Provider File for Analysis Process Description and Layout.

ATTACHMENTS:

1. Attachment 1 – Agency Response to Offeror Questions
2. Attachment 2 – Revisions to Original RFP
3. Attachment 3 – Attachment B: Modified Medical Provider File for Analysis Process Description and Layout

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Attachment 1 – Agency Response to Offeror Questions

Q #	Document Section	Offeror Question	Response
1.	Section I. A. Intent, Page 1	Can the state provide an estimate of the number of PHPs that will exist?	The Department may award up to sixteen (16) PHPs; four (4) statewide PHPs and twelve (12) regional PHPs. See https://www.ncdhhs.gov/medicaid-transformation for additional information.
2.	Section 1. B. Background, Page 1	Can the state identify the first point-of-entry/application a provider will need to complete if they wish to enroll as an NC Medicaid provider?	NCTRACKS Provider Enrollment portal: https://www.nctracks.nc.gov/content/public/providers/provider-enrollment.html
3.	Section II. A. 1. p. Medicaid Provider Enrollment File, Page 3	The RFP indicates 90,000 active enrolled Medicaid providers – of these, can the State indicate how many are individual medical practitioners who will need to undergo credentialing?	Individual practitioners total 55,744.
4.	Section II. General Procurement Information & Notice to Offerors; A. General Procurement Information; 1. Definitions, p. Medicaid Provider Enrollment File; Page 3	What was the average active provider increase for the last 3 years?	2018 = 71,471 2017 = 68,583 2016 = 84,147 Average growth: 74,734
5.	Section II. General Procurement Information & Notice to Offerors, A. General Procurement Information; 3. Request for Proposal, c.; Page 5	Will the State please confirm that any suggested changes (pursuant to Section II.A.3.c) will be negotiated prior to award of contract?	The Department cannot confirm.

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6.	Section II. General Procurement Information & Notice to Offerors, A. General Procurement Information; 3. Request for Proposal, d.; Page 5	Will the State please confirm that a bidder's Proposal will not be considered binding upon submission if any of the suggested changes (pursuant to Section II.A.3.c.) are not included in the Contract?	See <i>Section II. A. 3. b. – d.</i> of the original RFP.
7.	Section II. General Procurement Information & Notice to Offerors, A. General Procurement Information; 5. Rights Reserved; Page 6	Will the State please confirm that negotiations will occur prior to award of contract?	See the Department's response to Question 5 above.
8.	Section II. General Procurement Information & Notice to Offerors; A. General Procurement Information; 10. Proposal Submission; Page 8	Will the State consider extending the September 7, 2018 proposal submission deadline?	See <i>Attachment 2 – Revisions to the Original RFP, Item 4. 15: Important Events and Schedule</i> provided in this Addendum 3 for the modified schedule.
9.	Section II. A. 9. Required Proposal Documents and Files; Page 7	Many of the required documents and files have State-specified templates (Attachments A, C, D, E, F, G, H). Are you planning to also release templates for the other Attachments (Attachments B (for analysis response), I, J, K, L, M and N)?	Offerors may request copies of the RFP attachments, including <i>Attachment 3 – Attachment B: Modified Medicaid Provider File for Analysis Process Description and Layout</i> of this Addendum 3, by sending an e-mail to Ken Dahlin at ken.dahlin@dhhs.nc.gov .
10.	Section II. A. 9. Required Proposal Documents and Files; Page 7	What do you require to be submitted for Attachment K?	<i>Attachment K: Anticipated Contract Requirements and Implementation Schedule</i> of the original RFP does not contain fields for the Offeror to complete. However, Attachment K must be returned with the Offeror's response.
11.	Section II. A. 9. Required Proposal Documents and Files; Page 7	Please confirm that along with the signed Execution Page, you want us to return a copy of the entire body of the RFP.	Yes. As stated in <i>Section II. A. 9. a. i.</i> on Page 7 of the original RFP, the entire body of the RFP, including all attachments, must be returned with the Offeror's response.

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12.	Section II. A. 10. Proposal Submission; Page 8	The requirements are for the Original, Copies, Electronic and Redacted submissions of the Technical and Cost Proposals to all be submitted separately. Does this mean that the Original, 10 copies, electronic copy and redacted copy (if submitted) for the Technical Proposal can all be submitted in one box and these same versions of the Cost Proposal can be submitted all together in a separate box?	All items listed may be submitted together in one box. Ensure all items are clearly marked as instructed.
13.	Section II. A. 10. Proposal Submission; Page 8	Can the Response to the Medicaid Provider File Analysis (Attachment B) be submitted in the box with the Technical Proposal?	Yes.
14.	Section II. General Procurement Information & Notice to Offerors; A. General Procurement Information; 12. Offeror Questions Concerning this RFP; Page 10	Will the State consider offering an opportunity to submit a second round of questions?	See <i>Attachment 2 – Revisions to the Original RFP, Item 4. 15: Important Events and Schedule</i> provided in this Addendum 3 for the modified schedule.
15.	Section II. A. 15. Important Events and Schedule; Page 12	What is the anticipated go-live date?	The Go-Live Date will depend on multiple factors, including the selected Offeror’s proposed project schedule. See <i>Attachment K: Anticipated Contract Requirements and Implementation Schedule</i> on Page 77 of the original RFP for the anticipated implementation schedule after Contract Award.
16.	Section II. A. 15. Important Events and Schedule; Page 12	Will the CVO go live occur prior to the initiation of the Tailored Plan?	Yes.
17.	Section II. A. 15. Important Events and Schedule; Page 12	Will the CVO begin credentialing providers already credentialed by the LME/MCOs? If so, will the initial	The Provider Data Contractor must credential all Providers that are currently approved by Medicaid via NCTRACKS which includes LME/MCO Providers.

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		credentialing occur when the provider is due for re-credentialing with the LME/MCOs?	
18.	Section II. A. 15. Important Events and Schedule; Page 12	Does the State envision a staggered roll-out by specialty or provider type?	No.
19.	Section II. General Procurement Information & Notice to Offerors, D. Contract Terms and Conditions Proposal, 22. General Indemnity & Limitation of Liability; Page 22.	The Section states, "Subject to any limitations of liability specified in this Contract" Will the State please confirm that bidder's proposed Limitation of Liability shall be included in Attachment N?	Confirmed.
20.	Section III. Scope of Work Requirements; A. Qualifications, Experience and Federal Requirements; 2.; Page 33	The RFP states, "The Contractor must support North Carolina's provider enrollment system as required under 42 C.F.R. § 455." Will the State please explain this statement and/or specifically point out what activities constitute "support"?	All credentialing and licensure information provided to the PHPs must conform to the requirements of 42 CFR 455. See https://www.ecfr.gov/cgi-bin/text-idx?SID=11d2b7db731fa350b2002cb31e9cc383&mc=true&tpl=/ecfrbrowse/Title42/42cfr455_main_02.tpl
21.	Section III. Scope of Work and Requirements; A. Qualifications, Experience and Federal Requirements; 2; Page 33	The RFP states, "In the event there are changes to any applicable law, rule or regulation, the Contractor must work with the Department to make the necessary modifications to meet all changes and requirements." Will the State please confirm that changes requiring additional staff or system changes will be dealt with as a contract change request, including any necessary additional funding required?	Yes. All changes to the RFP's requirements and or specifications must be handled as a contract change request and a Contract Amendment outlining those changes will be executed by both parties.
22.	Section III. Scope of Work and Requirements; Pages 33-43	There is no mention of on-site visits, will this be a requirement of the PHPs?	The current Provider enrollment process includes site visits conducted by NC Medicaid. The Department is not requiring the Contractor to conduct site visits.

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<p>23.</p>	<p>Section III. Scope of Work and Requirements; C. Requirements and Tasks; 1.; Page 34</p>	<p>Is it the State’s intent to credential all providers at once or will there be a roll-out plan provided? If the former, would the State provide an estimated number of providers to be credentialed up front? If the latter, would the State provide an estimated number of providers to be credentialed in each phase of the roll-out plan?</p>	<p>Yes. The timeframe for the initial NCQA credentialing is from 11/01/18 to 02/01/19 for existing Providers in anticipation of PHP award.</p> <p>Credentialing data is expected to be current and maintained according to NCQA standards.</p> <p>See <i>Section 1. A. Intent</i> of the original RFP and <i>Attachment 3 – Attachment B: Modified Medicaid Provider File for Analysis Process Description and Layout</i> of this Addendum 3.</p>
<p>24.</p>	<p>Section III. Scope of Work and Requirements; C. Requirements and Tasks; 1.; Page 34</p>	<p>Will the State please explain their vision for a recredentialing cycle? Will there be a process that accepts current NCQA-based credentials until such time as an individual provider is up for recredentialing or will all providers need to be credentialed right away by the successful contractor post-award?</p>	<p>The timeframe for the initial NCQA credentialing is from 11/01/18 to 02/01/19 for existing Providers in anticipation of PHP award.</p> <p>Credentialing data is expected to be current and maintained according to NCQA standards.</p> <p>See <i>Section 1. A. Intent</i> of the original RFP and <i>Attachment 3 – Attachment B: Modified Medicaid Provider File for Analysis Process Description and Layout</i> of this Addendum 3.</p>
<p>25.</p>	<p>Section III. Scope of Work and Requirements; C. Requirements and Tasks; 1.; Page 34</p>	<p>Can the State provide a process flow of the data to be handled by the credentialing vendor? Specifically, can the state provide a process flow that indicates the interfaces and entities from which a vendor would receive data needing validation and the entities the vendor will need to send the data following validation?</p>	<p>The Offeror or must illustrate the process flow in compliance with NCQA standards. The data will come from NCTRACKS, and the Offeror or is required to post the information for PHPs. See <i>Section III. C. 1.-18.</i> on pages 34-38 of the original RFP.</p>
<p>26.</p>	<p>Section III. Scope of Work and Requirements; C. Requirements and Tasks; 1.; Page 34</p>	<p>Will this information be shared with PHPs to include change in status such as address, NPI, and enrollment?</p>	<p>Yes.</p>

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		a. Example: If a provider is “terminated” or not enrolled in the appropriate plan (Medicaid or State)	
27.	Section III. Scope of Work and Requirements; C. Requirements and Tasks; 1.; Page 34	Will this information be shared with PHPs to include change in status such as address, NPI, and enrollment? Example: If a provider is “terminated” or not enrolled in the appropriate plan (Medicaid or State)	Yes.
28.	Section III. Scope of Work and Requirements; C. Requirements and Tasks, 2.b.iii.a.; Page 35	For Malpractice settlements, is NPDB the intended source of the data? Will the Department enable the offeror as a delegate so that NPDB can be accessed on its behalf?	Yes
29.	Section III. Scope of Work and Requirements; C. Requirements and Tasks, 2.b.iv.a.; Page 35	What standard does the Department use for verifying work history? NCQA standards are to review the credentials verification to ensure that there are no gaps, and to receive an explanation of any gaps of 6 months or greater.	The Department requires verification using NCQA standards. See <i>Section II. C. 3. Qualifications and References</i> on page 15 of the original RFP.
30.	Section III. Scope of Work and Requirements; C. Requirements and Tasks, 2.b.iv.a.; Page 35	What standard does the Department use for verifying work history? NCQA standards are to review the credentials verification to ensure that there are no gaps, and to receive an explanation of any gaps of 6 months or greater. Is this sufficient, or does the Department request that outreach be made to each organization listed in the work history to verify employment?	See the Department’s response to Question 29 above.
31.	Section III. Scope of Work and Requirements; C. Requirements and Tasks, 2.b.v.a.; Page 35	DEA vs. CDS –Please confirm that this is an either/or, that if the practitioner possesses (and offeror successfully verifies) either a valid and current DEA or NC CDS certification, the practitioner would pass verifications from this perspective.	Yes, according to NCQA standards, either/or DEA/CDS. If both are provided, both must be verified. If no DEA is provided, the Contractor must verify CDS and provide to the PHP and PHP will make the decision.

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		<p>1. If both are provided, should both be checked?</p> <p>If a practitioner has a “retired” DEA number but an active NC CDS record, how should that be treated?</p>	
32.	Section III. Scope of Work and Requirements; C. Requirements and Tasks, 2.b.vi.a.; Page 35	<p>Will the Department provide or create a relationship with the various license boards to receive the licensure data, or will offeror be responsible for accessing the primary source websites individually? For example, utilizing https://wwwapps.ncmedboard.org/Clients/NCBOM/Public/LicenseeInformationSearch.aspx for Physicians and Physician Assistants or https://apps.ncbon.com/LicenseVerification/Search.aspx for Nursing.</p>	The Contractor will be responsible.
33.	Section III. Scope of Work and Requirements; C. Requirements and Tasks, 2.b.viii.a.; Page 35	Is this requirement restricted to just NC license board sanctions?	No, the requirement includes licensing boards from all states and U.S. territories.
34.	Section III. Scope of Work and Requirements; C. Requirements and Tasks, 2.b.viii.a; Page 35	Please confirm that to meet this requirement, offeror would utilize OIG, SAM, and any individual State’s Medicaid Exclusions site to perform the verification.	This is an attestation from the Provider. The Contractor is required to verify.
35.	Section III. Scope of Work and Requirements; C. Requirements and Tasks, 2.; Page 35-36	Items c. and d. are missing. Is this just a mis-numbering issue or are there missing requirements?	This Section of the RFP is mis-numbered. See <i>Attachment 2. Item 5</i> of this Addendum 3 for corrections.
36.	Section III. Scope of Work and Requirements; C. Requirements and Tasks, 3.; Page 36	We would like to request clarification that this is enrollment in NC TRACKS.	Yes, it is enrollment in NCTRACKS.

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37.	Section III. Scope of Work and Requirements; C. Requirements and Tasks, 3.; Page 36	Will the PHP be notified when the provider is terminated?	Yes.
38.	Section III. Scope of Work and Requirements; C. Requirements and Tasks, 2.f.; Page 36	Does the Department have an approximate percentage or count of facilities that currently fall into this category?	The approximate percentage of facilities enrolled in Medicaid is fifty percent (50%).
39.	Section III. Scope of Work and Requirements; C. Requirements and Tasks, 2.g.vi; Page 36	When offeror takes over the program, would this mean that any record not currently up to date, would need to be immediately re-credentialed?	The timeframe for the initial NCQA credentialing is from 11/01/18 to 02/01/19 for existing Providers in anticipation of PHP award. The Credentialing data must be current and maintained according to NCQA standards.
40.	Section III. Scope of Work Requirements; C. Requirements and Tasks, 3.a; Page 36	"The NC Medicaid Credentialed Provider File" Is this intended to be a full file of the entire roster, or only records where the screening process has reached a final status since the prior file?	The intention is a daily full file.
41.	Section III. Scope of Work and Requirements; C. Requirements and Tasks, 3.; Page 36	Want to clarify that this is enrollment in NTRACKS?	Yes.
42.	Section III. Scope of Work and Requirements; C. Requirements and Tasks, 2.g. iv.; Page 36	Here again will PHP be notified when a provider is terminated? a. This is important based on below (which is defined on page 3 (bb)) <i>The 2016 Medicaid Managed Care final rule and Affordable Care Act of 2009 require all Medicaid providers to be screened and enrolled by the State. However, enrollment by the State does not obligate</i>	Yes.

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		<i>Medicaid Managed Care providers to participate in the Medicaid Fee-for-Service program or North Carolina Medicaid and NC Health Choice providers to participate in Medicaid Managed Care</i>	
43.	Section III. Scope of Work and Requirements; C. Requirements and Tasks, 3.; Pages 36-37	Please clarify the numbering on this section – the numbering is a. a. b. d.	This Section of the RFP is mis-numbered. See <i>Attachment 2. Item 5</i> of this Addendum 3 for corrections.
44.	Section III. Scope of Work and Requirements; C. Requirements and Tasks, 4.; Page 37	Will same protocol apply for reverification and re-credentialing?	Credentialing data must be current and maintained according to NCQA standards.
45.	Section III. Scope of Work and Requirements; C. Requirements and Tasks, 4.; Page 37	Will this be used for both “reverification/re-credentialed” at the State AND “re-credentialing” for PHPs? a. Want clarification that the CVO tasks will apply both to the Department as well as PHPs etc...if so, will consideration be given to clarifying the terms when it applies to one or the other? i. Page 49 uses “credentialed and verified” this may be confusing to providers	Credentialing data must be current and maintained according to NCQA standards. Yes, this applies to both the Department and the PHPs.
46.	Section III. Scope of Work Requirements; C. Requirements and Tasks, 12.; Page 38	Is there a preferred format? CSV? Excel	Acceptable formats will be discussed between the selected Contractor and the Department.
47.	Section III. Scope of Work Requirements; C. Requirements and Tasks, 13.; Page 38	Will PHPs have the same read only access?	No.

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48.	Section III. Scope of Work Requirements; C. Requirements and Tasks, 13.; Page 38	What about PHP?	No.
49.	Section III. Scope of Work Requirements; C. Requirements and Tasks, 17.; Page 38	Will PHPs need to assist with this process? Based on some of the challenges with correcting information in NTRACKS and provider submission of needed documents/information for credentialing this will be extremely crucial.	Yes.
50.	Section III. Scope of Work Requirements; C. Requirements and Tasks, 17.; Page 38	Will PHPs need to assist with this? Based on some of the challenges with correcting information in NTRACKS and provider submission of needed documents/information for credentialing this will be extremely crucial.	Yes.
51.	Section III. Scope of Work Requirements; C. Requirements and Tasks, 18. b.; Page 38	Will the State accept proposals from Contractors who are URAC accredited and whose NCQA Certification is pending and expected to be received before go-live?	No. The Department's minimum requirements state that the Contractor must be NCQA-Certified as a CVO using the most up-to-date standards. Pending accreditation does not meet minimum requirements.
52.	Section III. Scope of Work and Requirements; E. Staffing and Key Personnel, 6.; Page 40	Should the contingency staffing be included in the submitted proposal pricing or the will the department handle this as a separate task order?	The detailed Staffing Contingency Plan must be included with the Offeror's Technical Response and included as part of Offeror's proposed pricing.
53.	Section III. Scope of Work and Requirements; G. Testing, 7.; Page 41	This section references "stakeholders". Will that include PHPs? How many staff from each will be allowed?	No, PHPs are not included. See <i>Section III. 3. C. 5.</i> on page 37 of the original RFP.
54.	Section III. Scope of Work Requirements; C.	Based on statement #16 from Requirement Task on Pg. 41. Does the state anticipate that the contractor set up contact center operations to provide customer	Yes. The Contractor must provide a toll-free telephonic contact for Providers to use to correct or otherwise inquire about data provided by the Contractor. See <i>Section 3. C.</i>

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	Requirements and Tasks, 18. b.; Page 38	service to Providers and PHP's? If so is the state able to provide call volume data?	<i>Requirements and Tasks. Item 16</i> on page 8 of the original RFP. No. The Department does not have call volume data.
55.	Section III. Scope of Work Requirements; C. Requirements and Tasks, 18. b.; Page 38	Based on statement #16 from Requirement Task on Pg. 41. Is it the State expectation that the contractor set up contact center operations to provide customer service to Providers and PHP's? If so is the State able to provide call volume data?	Yes. The Contractor must provide a toll-free telephonic contact for Providers to use to correct or otherwise inquire about data provided by the Contractor – Page 38, C. Requirements and Tasks, #16 No. The State does not have call volume data.
56.	Section III. Scope of Work and Requirements; G. Testing, 7.; Page 41	For the purposes of training are the PHPs considered a “stakeholder”, if so will there be any limitations on number of staff per PHP that will be allowed to attend trainings?	No, PHPs are not included. See <i>Section 3. C. Requirements and Tasks. Item 5.</i> on page 37 of the original RFP.
57.	Section III. Scope of Work and Requirements; H. Readiness Review, 5.; Page 42	Will the CVO need to demonstrate successful data exchange with the LME/MCOs?	No.
58.	Section IV. Contract Performance, A. Contract Performance and Sanctions, 5. Key Level Service Matrix; Pages 45-47	Can these be cumulative? Can one incident trigger multiple Liquidated Damages?	Yes to both questions.
59.	Attachment C: Technical Response; B. Use Case Scenarios, Scenario #3; Page 57	What fields need to be monitored in this solution and how often does the monitored detail need to be passed to the PHPs?	Credentialing data must be current and maintained according to NCQA standards.
60.	Attachment A: Minimum Requirements Table,	Is it permissible to use subcontractor's experience for the 3-year minimum experience requirements for	Yes. See <i>Section III. B. 2.</i> on page 34 of the original RFP.

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	Page 48	providing primary source-verified provider credentialing data services and experience integrating with existing payor/provider enrollment and customer service systems?	
61.	Attachment B: Medical Provider File for Analysis Process Description and Layout, Page 49	Can the state elaborate on the expectations surrounding Attachment B: Medicaid Provider File for Analysis Process Description and Layout? Specifically, what data fields are RFP respondents expected to provide? The language surrounding the analysis is somewhat unclear so any additional detail the State can provide will be helpful.	See Attachment 3 – Attachment B: Modified Medicaid Provider File for Analysis Process Description and Layout of this Addendum 3 for the required data fields.
62.	Attachment B: Medical Provider File for Analysis Process Description and Layout, Page 49	Of the 220,000 providers included in Attachment B, are they all individual medical practitioners or does the data file contain facilities as well?	The data file contains all Providers including practitioners and facilities.
63.	Attachment B: Medical Provider File for Analysis Process Description and Layout, Page 49	Without the authorization to perform primary source validation of any medical professional information, is the State primarily seeking other types of data that may not be included in the current file that could be provided by credentialing vendors?	The Contractor must obtain authorization in compliance with NCQA standards to perform primary source verification.
64.	Attachment C: Technical Response, Page 52	Is it permissible to use subcontractor’s experience for the experience in providing services similar to those included in the scope of this RFP?	Yes. See Section III. B. 2. page 34 of the original RFP.
65.	Attachment E: Provider Data Contractor Key Personnel, Page 60	Please expand on the responsibilities of the PHP coordinator role.	The coordinator’s role is to serve as the point of contact to address questions from the PHPs and escalate to the Department as business lead.
66.	Attachment G: Certification of Financial Condition and Legal Action Summary, Page 63	Will the state have a space on this form to include a brief statement outlining and describing our financial stability?	Yes. See Attachment G: Certification of Financial Condition and Legal Action Summary on page 64 of the original RFP.

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67.	Attachment G: Certification of Financial Condition and Legal Action Summary, Page 63	Financial statements can be quite lengthy, for this reason is it acceptable to include them in the electronic format only?	Yes.
68.	Attachment G: Certification of Financial Condition and Legal Action Summary, Page 63	Will the State please clarify the 6 th bullet request that, "Offeror is not subject to any current litigation or findings of noncompliance under federal or state law?" Bidder is unclear what types of litigation the State is looking for the bidder to disclose.	See <u>Section II. D. 17. DISCLOSURE OF LITIGATION AND CRIMINAL CONVICTION OR ADVERSE FINANCIAL CONDITION</u> on page 20 of the original RFP.
69.	Attachment H: Client References, Page 65	Is it acceptable to use subcontractor's references for services of similar size and scope?	Yes.
70.	General	Who is the State's current CVO – or do you currently provide these services in-house?	The Department does not currently have a contract with a CVO. NCTRACKS is currently the Department's enrollment/credentialing system.
71.	General	Since the templates are not available to preview prior to the due date of questions, would the State consider allowing a second round of questions in case these templates generate more questions?	Yes. See <i>Attachment 2 – Revisions to the Original RFP, Item 4. <u>15: Important Events and Schedule</u></i> provided in this Addendum 3 for the modified schedule.
72.	General	Our understanding is that revalidation occurs every 5 years. Does recredentialing occur on a 5-year cycle as well? If so, that total number of providers in the system divided by five, would indicate the yearly number of providers to credential. An estimated yearly number to credential is helpful for pricing, so if this math is incorrect, can the state provide an estimated annual volume of providers needing to undergo credentialing?	The Provider's enrollment in Medicaid occurs every five (5) years. Credentialing data provided by the Provider Data Contractor must be current and maintained according to NCQA standards.

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73.	General Question	Will the State or the CVO be responsible to provide needed data to the PHPs related to audits and reviews, i.e. EQRO?	This is the Department's responsibility.
74.	General Question	Will providers be required to be recredentialed every three years as currently required by the LME/MCO contract with the Division?	Credentialing data must be current and maintained according to NCQA standards.
75.	General Question	How long will the CVO have to complete credentialing/verification?	<p>The timeframe for the initial NCQA credentialing is from 11/01/18 to 02/01/19 for existing Providers in anticipation of PHP award.</p> <p>After the initial credentialing period outlined above, the ongoing performance standard as stated in <i>Table 1 – Key Service Level Metrics</i> Item 6. on page 46 of the original RFP.</p> <p>Credentialing data is expected to be current and maintained according to NCQA standards.</p>
76.	General Question	Will the CVO be allowed to delegate credentialing to health systems or practices that can meet NCQA credentialing standards?	No.
77.	General Question	<p>Credentialing Committee-will this still be required of the PHPs?</p> <p>Based on the CVO SOW (pages 33-36) there is no mention of an on-site visit will the PHP still do this?</p>	<p>Yes, the PHPs will be required to have a Credentialing Committee.</p> <p>The current Provider enrollment process includes site visits conducted by NC Medicaid. We are not requiring the selected contractor to conduct site visits.</p>
78.	General Question	The Award date is 10/29/18 (page 12) and Production Date is 1/15/2019 (page 34) however there is a required testing period and no indication of when it MUST go live, so will consideration be given to wait	No, the first file must be made available to the PHP based on the PHP contract award date.

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		until TP and SP are live at the same time to reduce confusion and allow for efficiencies?	
79.	General Question	Does SLA mean Service Level Agreement? Could not find this defined in the RFP.	Yes.
80.	General Question	If the Department is funding this and monitoring performance would they be “responsible” to ensure PHPs get needed data when going through audits (i.e. CCME)?	The Contractor is responsible for the data provided to the PHP if subject to an audit.
81.	General Question	Did not see in the RFP the “expiration” of credentialing will be this be 3 years like it is now?	Credentialing data is expected to be current and maintained according to NCQA standards.
82.	General Question	How long will it take for the CVO to complete the Credentialing checks?	The timeframe for the initial NCQA credentialing is from 11/01/18 to 02/01/19 for existing Providers in anticipation of PHP award. After the initial credentialing period outlined above, the ongoing performance standard as stated in <i>Table 1 – Key Service Level Metrics Item 6.</i> on page 46 of the original RFP.

End of Agency Response to Offeror Questions

Attachment 2 – Revisions to Original RFP

- 1. Section II.A. General Procurement Information 1. Definitions. The definition for p. Medicaid Provider Enrollment File is deleted in its entirety and replaced with the following:**

p. Medicaid Provider Enrollment File: An extract file generated from NCTracks that contains demographic, enrollment and Medicaid credentialed provider data. This file will contain information for active enrolled Medicaid providers as well as terminated and suspended providers. Each row will present the provider data for a specific service location. Therefore, a single NPI or Tax Identification Number, as defined in Section II.A.1.dd., may be duplicated depending on the number of service locations. NC maintains approximately 90,000 active enrolled providers. Tax Identification Numbers shall only be shared in accordance with applicable law, this RFP #30-190026, and any written agreement between the parties.

- 2. Section II.A. General Procurement Information 1. Definitions dd. The definition for dd. Tax Identification Number (TIN) is deleted in its entirety and replaced with the following:**

dd. Tax Identification Number (TIN): The number assigned by the Internal Revenue Service for tax purposes. The TIN may be used as an identifier for an atypical provider. Tax Identification Numbers shall only be shared in accordance with applicable law, this RFP #30-190026, and any written agreement between the parties.

- 3. Section II.A. General Procurement Information 10. Proposal Submission. The paragraph under the Mailing Address table is deleted in its entirety and replaced with the following:**

Offeror **must** deliver the following item simultaneously to the address identified in the above table by **September 14, 2018 at 2:00 PM Eastern Time**:

- 4. Section II.A. General Procurement Information 15. Important Events and Schedule, is deleted in its entirety and replaced with the following:**

15. Important Events and Schedule

The Department will make every effort to adhere to the following schedule. The Department reserves the right to adjust the schedule and will post an Addendum on the Interactive Purchasing System (IPS) website.

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RFP SCHEDULE

Action	Responsible Party	Date
Issue RFP	Department	July 27, 2018
Deadline to Submit Offeror Questions to the Department	Offerors	August 3, 2018
Addendum: Responses to Offeror Questions	Department	August 17, 2018
Deadline to Submit Additional Offeror Questions	Offerors	August 22, 2018
Addendum: Responses to Additional Offeror Questions	Department	August 28, 2018
Submission of Proposal	Offerors	September 14, 2018
Offer Evaluation	Department	September 14, 2018 through October 28, 2018
Contract Award	Department	October 29, 2018

5. Section III.C. Requirements and Tasks 2. is deleted in its entirety and replaced with the following:

2. The Contractor must accept the Department’s Medicaid Provider Enrollment File and match the provider to the Contractor’s credentialing information using the provider National Provider Identifier (NPI) number or Tax Identification Number (TIN) for atypical providers. Tax Identification Numbers shall only be shared in accordance with applicable law, this RFP #30-190026, and any written agreement between the parties.
 - a. The Contractor must define how to identify providers who are not found in the Contractor’s credentialing information.
 - b. The Contractor must provide all primary-source verified credentialing information available for each Medicaid-enrolled individual provider, including:
 - i. Education and Training

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- a. Highest level of training completed by the practitioner, including board certification, residency or medical / professional school graduation
- b. No time limit for verification; must verify and document highest training level when reporting information plans
- ii. Board Certification
 - a. Current board certification status, if practitioners state they have has board certification
 - b. The Department enrollment process allows providers the option (not required) to enter board certification in optional field; the Department does not verify information if it is entered
 - c. Must report verification to plan within one hundred twenty (120) days of conducting the verification
- iii. Malpractice History
 - a. Malpractice settlements from the past five years
 - b. Must report verification to plan within one hundred twenty (120) days of conducting the verification
- iv. Work History
 - a. Work history from the past five years, including gaps
 - b. Must report verification to plan within three hundred five (305) days of reviewing information provided by the practitioner
- v. DEA or CDS Certification
 - a. Practitioner who prescribes medications has a current DEA or CDS certification in North Carolina
 - b. No time limit; certification must be documented and valid when information reported to the plan
- vi. Licensure
 - a. Practitioner has a valid, current license to practice in North Carolina
 - b. Must report verification to plan within one hundred twenty (120) days of conducting the verification
- vii. Provider Attestations
 - a. Practitioner attestations regarding ability to perform essential functions, illegal drug use, history of loss of licenses, history of felony convictions, limitations of privileges or disciplinary actions, current malpractice coverage, and correctness / completeness of the application
 - b. Must report verification to plan within three hundred five (305) days of reviewing information provided by the practitioner
- viii. State Licensing Board Sanctions
 - a. State licensing board sanctions from the past five (5) years
 - b. Must report verification to plan within one hundred twenty (120) days of conducting the verification
- ix. Medicare/Medicaid Sanctions
 - a. Medicare and/or Medicaid sanctions from the past five (5) years
 - b. Must report verification to plan within one hundred twenty (120) days of conducting the verification
- c. The Contractor must provide all primary-source verified credentialing information available for each Medicaid-enrolled facility, including:
 - i. Liability Insurance
 - a. Copy of current insurance certificate
 - b. Verification of effective and expiration dates
 - c. Coverage amounts, including per occurrence and aggregate limits

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- ii. Accreditation
 - a. Evidence of accreditation from the Joint Commission or other appropriate accrediting body (e.g., AAAHC, HFAP, IMQ, CARF, CHAPS, ACHC, AOA)
- d. For facilities without accrediting bodies,
 - i. additional information may be required, including
 - a. information on quality management program;
 - b. reports on disciplinary action from the last five years;
 - c. letters of recommendation attesting to quality or cost-effectiveness of care;
 - d. documented policies for coverage arrangements or onsite quality assessment on quality management program;
 - e. reports on disciplinary action from the last five years;
 - f. letters of recommendation attesting to quality or cost-effectiveness of care; and
 - g. documented policies for coverage arrangements or onsite quality assessment.
 - ii. The Contractor must maintain and provide documentation, including business process flows, to the PHPs and the Department that includes instructions for the data exchange.
 - iii. Any error messaging, exception handling requirements and point of contact information must be included in this operational document.
 - iv. Documentation and agreements between the Contractor and the PHPs shall be made available to the Department upon request.
- e. The Contractor must:
 - i. Retain the data accepted from the Department's Medicaid Provider Enrollment File for purposes described within this Contract.
 - ii. Match and maintain a cross reference between the Department's provider information and the same provider's credentialing information
 - iii. Establish a process to reconcile the daily Medicaid Provider Enrollment File to ensure all records are received and updates, including new providers, are applied to the Contractor's data.
 - iv. Establish a process to apply and track updates and additions received from the Department. All changes initiated from the Department shall be shared with all PHPs.
 - v. Ensure that the credentialing data within the Contractor's information is current, accurate and re-verified following the most up to date NCQA health plan accrediting standards for **active** providers on the Medicaid Provider Enrollment File.
 - vi. For those active providers on the Medicaid Provider Enrollment File who do not have current credentialing information on the Contractor's information, the Contractor must take the steps necessary to ensure the information is updated within thirty (30) days.

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6. Section III. Scope of Work and Requirements; C. Requirements and Tasks 3. is deleted in its entirety and replaced with the following:

- 3.** The Contractor must build the NC Medicaid Credentialed File that combines data from the Medicaid Provider Enrollment file plus the credentialing information from the Contractor.
 - a.** The Department and the Contractor must mutually agree upon the format and transmission protocol of the data elements from the Contractor to the PHPs.
 - b.** The NC Medicaid Credentialed Provider File must be created daily.
 - c.** The file layout must contain a control record that reports:
 - i.** The number of provider records received for processing;
 - ii.** The number of records in the file including the control record;
 - iii.** The number of provider records that matched to the Contractor's credentialing database with credentialing data found;
 - iv.** The number of active Medicaid providers;
 - v.** The number of suspended Medicaid providers;
 - vi.** The number of terminated Medicaid providers; and
 - vii.** The number of provider records that could not be matched.
 - d.** The output from the matching and credentialing duties must be systematically reproducible by the Contractor and shall always be the result of and reflect the administration of the policies and procedures consistent with the requirements herein.

7. Attachment B. Medicaid Provider File for Analysis Process Description and Layout of the original RFP is deleted in its entirety and replaced with Attachment 3 to this addendum.

End of Revisions to Original RFP

Attachment 3 – Modified Medicaid Provider File for Analysis Process Description and Layout

Attachment B: Modified Medicaid Provider File for Analysis Process Description and Layout

The Offeror must contact Ken Dahlin at Ken.Dahlin@dhhs.nc.gov or 919-855-4054 to request the file. Upon request, the Offeror will receive an email with the data file attached and a separate email containing the password to access the file.

Medicaid Provider File for Analysis Process Description and Layout (Analysis File) Specifications

As part of the evaluation process, the Department will evaluate the Offeror’s ability to supplement the current Medicaid provider enrollment information with credentialing information that has been primary-source verified. The Department seeks to understand how much of the current North Carolina Medicaid and NC Health Choice provider population is supported by each Offeror and the credentialing data fields available to publish to the PHPs. To accomplish this, the Department will provide each Offeror with a file, the Medicaid Provider File for Analysis (Analysis File), containing approximately 220,000 records with identifying data for currently enrolled providers who have been credentialed and verified following North Carolina Medicaid and NC Health Choice criteria. The layout of the Analysis File is:

Field Description	Field Length	Values
NPI	10	NPI for typical Blank for atypical
Last Name/ Organization Name	35	
First Name	20	
Middle Name	20	
Address 1	40	
Address 2	40	
City	25	
State	2	
Zip Code	15	
Sample Indicator	1	‘Y’ Blank

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The data in the field will be left-justified. If there is no data for the field, or the data in the field does not reach the maximum length, the field will be padded with blanks.

The Offeror is expected to accept the Analysis File from the Department; match the provider's identifier, either NPI or tax ID from that file to provider credentialing records in the Offeror's credentialing database; and generate a test file, a sample file, and a statistical analysis summary. In addition, the Department is seeking a list of available credentialing data fields.

Analysis Response

1. The Department requires the Offeror to generate the following outputs as result of the analysis and return the files, field list, and analytical report as required herein.
 - a. Credentialing Data Fields. The Department is seeking a list of credentialing data fields that are available to be shared with the PHPs. The Offeror's response must include a list of data elements the Offeror could deliver to the PHPs that satisfy the NCQA credentialing standards. The fields shall be presented in a table format that includes the Category Type, Data Field Description, Length and Source.
 - b. Test File. A test file shall contain the same contents as received on the Analysis File plus one valid Taxonomy Code on file for the corresponding location. The 10-character Taxonomy Code shall be appended to the end. If no Taxonomy Code is found for the provider identifier and location, then blanks shall be returned.
 - c. Sample File. The sample file provides the Offeror with an opportunity to demonstrate the data fields available to present on an operational Medicaid Credentialed Provider File for a provider type population sample. The providers to include in the sample are identified with "Y" for the data field labeled Sample from the Analysis File.
 - d. Statistical Analysis Summary. The Offeror is requested to perform analysis on the credentialing data available for the North Carolina Medicaid and NC Health Choice providers and generate a summary of the information available based on the items listed in Number 2 below.
2. Below is the requested analysis for individual practitioner records. Provide the percentage for each of the following practitioners with:
 - a. No match in the Offeror's file;
 - b. Matching credentialing data that is not current;
 - c. Matching credentialing data that meets credentialing timeframes;
 - d. Education and training;
 - e. No education and training;
 - f. Board certification status;
 - g. No board certification status;

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- h. Malpractice history;
 - i. No malpractice history;
 - j. Work history;
 - k. No work history;
 - l. Current and valid DEA/CDS certification;
 - m. No DEA/CDS certification;
 - n. Valid and current licensure to practice in North Carolina;
 - o. State licensing board sanctions from past 5 years;
 - p. Medicare and/or Medicaid sanctions from past 5 years;
 - q. Attestations specifically
 - i. Ability to perform essential functions/Illegal drug use;
 - ii. Do you currently have any medical, chemical dependency or psychiatric conditions that might adversely affect your ability to practice medicine or surgery or to perform the essential functions of your position?
 - iii. For Malpractice coverage
 - a) To your knowledge, have you ever been reported to the National Practitioner Data Bank or the North/South Carolina Board of Medical Examiners?
 - b) Has a professional liability claim been assessed against you in the past five years, or are there any professional liability cases pending against you?
 - c) Has any liability insurance carrier canceled, refused coverage, or rated up because of unusual risk or have any procedures been excluded from your coverage?
 - d) Have you ever practiced without liability coverage?
3. The following analysis is required for facilities. Provide the percentage for each of the following facilities with:
 - a. No match in the Offeror's systems;
 - b. Matching credentialing data that is not current;
 - c. Matching credentialing data that meets NCQA timeframes;
 - d. With copies on file of current liability insurance certificates, coverage amounts and limits, and verification of effective and expiration dates; and
 - e. Without accrediting body data matches for the following:
 - i. Information on quality management program;
 - ii. Reports on disciplinary action from the last five years;
 - iii. Letters of recommendation attesting to quality or cost-effectiveness of care;
 - iv. Documented policies for coverage arrangements or onsite quality assessment on quality management program;
 - v. Reports on disciplinary action from the last five years;
 - vi. Letters of recommendation attesting to quality or cost-effectiveness of care; and

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vii. Documented policies for coverage arrangements or onsite quality assessment.

THE OFFEROR SHALL NOT SUBMIT TO THE DEPARTMENT ANY PROVIDER'S TAX IDENTIFICATION NUMBER IN THE OFFEROR'S RESPONSE TO THIS ATTACHMENT B.

End of Attachment 3

Addendum Execution Page on Next Page

Failure to acknowledge receipt of this addendum may result in rejection of the response.

Check ONE of the following options:

- Bid has not been mailed. Any changes resulting from this addendum are included in our bid response.
- Bid has been mailed. No changes resulted from this addendum.
- Bid has been mailed. Changes resulting from this addendum are as follows:

Execute Addendum:

Offeror: _____

Authorized Signature: _____

Name and Title (Typed): _____

Date: _____