



## Solicitation Addendum

**Solicitation Number:** 30-190465-DHB  
**Solicitation Description:** External Quality Review Organization Services  
**Solicitation Opening Date and Time:** June 28, 2019 by 2:00 PM ET  
**Addendum Number:** 6  
**Addendum Date:** June 17, 2019  
**Addendum Description/Purpose:** Revisions to the RFP  
**Contract Specialist:** Melissa Pressley  
Melissa.Pressley@dhhs.nc.gov | (919) 855-4966

### NOTIFICATIONS AND INSTRUCTIONS:

1. Return one properly executed copy of this Addendum with response. Failure to sign and return this Addendum may result in the rejection of Offeror's proposal.
2. Carefully read, review, and adhere to all Department's changes to the RFP in this Addendum.

## N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Revisions to the RFP:

1. Section V. F. Data Exchange and Web Portal is revised and restated in its entirety as follows:

#### F. Data Exchange and Web Portal

1. Within sixty (60) Calendar Days of Contract award, Contractor shall submit a data sharing plan and schedule to the Department's Contract Administrator for day to day activities. The data sharing plan will support all EQR activities and responsibilities pursuant to the Contract.
2. Contractor shall use Department's solution or, in the alternate, create a web portal to securely deliver data and information to the Department for the purposes of:
  - a. Ongoing External Quality Review Activities;
  - b. Transfer of data for ongoing External Quality Review Monitoring Activities; and
  - c. Reporting.
3. The areas that are subject to review are:
  - a. PHP Administrative Functions;
  - b. PHP Provider Services, including network adequacy;
  - c. PHP Member Services;
  - d. PHP Encounter Data;
  - e. PHP Quality Improvement;
  - f. PHP Utilization Management;
  - g. PHP Grievances and Appeals;
  - h. PHP Delegation;
  - i. PHP Program Integrity;
  - j. PHP Finance; and
  - k. PHP Information Systems.
4. The Contractor's web portal, which will be made available to the Department and to the PHPs, shall have single sign-on capability and must integrate with NCID.
5. The web portal shall be capable of collecting all required information from the PHPs and have the capability of storing any information from the EQRO that each PHP must download. The Department shall provide an outline of minimum use requirements after Contract Award.
6. The Contractor's web portal shall adhere to all applicable terms and conditions of the Contract, including but not limited to all Confidentiality, Privacy and Security Protections.
7. Contractor shall be responsible for establishing data agreements with each PHP.

**N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

2. Attachment B: Technical Proposal, Question #18 is revised and restated in its entirety as follows:

18	<p>The Offeror shall describe its approach and detail how it will meet the Department’s requirements of <i>Section V.A.18: Annual Care Management Performance Evaluation</i>. The Offeror shall indicate who specifically will provide the services (e.g., Offeror, Subcontractor(s)) and detail any limitations and issues with meeting the Department’s requirements. The response shall include:</p> <ul style="list-style-type: none"><li>a. A detailed explanation of its proposed approach;</li><li>b. Description of any staff, systems/tools, procedures, or materials used to perform this activity, including at a minimum:<ul style="list-style-type: none"><li>i. How each task will be performed;</li><li>ii. Potential risks and proposed mitigation plan to producing the annual care management performance evaluation; and</li><li>iii. Functions of staff members.</li></ul></li><li>c. Current or previous EQRO experience with Care Management evaluation methods or performing an activity similar in nature, if applicable.</li><li>d. The Offeror shall also provide the following supporting documentation: A sample report on Annual Care Management Performance Evaluation activities and findings previously prepared by the Offeror or its proposed subcontractor that will be performing this activity. If neither the Offeror nor its proposed subcontractor have previously prepared a report, the Offeror shall indicate as such and provide a proposed report template.</li></ul>

**N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Execute Addendum #6:**

**Offeror:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Name and Title (Typed):** \_\_\_\_\_

**Date:** \_\_\_\_\_