



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Solicitation Addendum

Solicitation Number: 30-190026

Solicitation Description: Provider Data Contractor

Solicitation Opening Date and Time: September 21, 2018 at 2:00 PM ET

Addendum Number: 7

Addendum Date: September 10, 2018

Addendum Description/Purpose: Bid Opening Date Extended, Revisions to Addendum 3, and Agency Response to Second Set of Offeror Questions

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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 RFP RESPONSE.
2. **The solicitation opening date has been extended to September 21, 2018 at 2:00 PM ET.**
3. Addendum #8, as referenced in this Addendum #7, will be posted on IPS by end of day September 10, 2018.
4. Review the Revisions to Addendum 3 below.
5. Review the Agency Responses to the Second Set of Offeror Questions below.

Revisions to Addendum 3:

1. Offerors should disregard the dates referenced in the sentence, *“The timeframe for the initial NCQA credentialing is from 11/01/18 to 02/01/19 for existing Providers in anticipation of PHP award”* as included in the August 17, 2018 Addendum #3 in response to Questions 23, 24, 39, 75 and 82 regarding initial provider credentialing.

Credentialing data continues to be required to be current and maintained according to NCQA standards. See response to Questions 4 and 61 in this Addendum #7 for information on the timeline for initial credentialing.

End of Revisions to Addendum 3

Response to Offeror Questions Begins on Next Page

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Response to Offeror Questions:

Q #	Document Section	Offeror Question	Response
1.	General	As there are documents that must be requested as part of the RFP requirements, will the State be willing to answer additional questions surrounding those documents once received by Contractor?	No.
2.	General	<p>Please confirm the current active provider count to be credentialed.</p> <p>What is the anticipated volume increase/decrease for years 2019 forward?" For example do you anticipate a 3% increase/decrease year to year over the contract term.</p>	<p>Historically, there has been strong provider participation in North Carolina's Medicaid program. As of June 30, 2018, the State had 97,877 actively enrolled providers in its Medicaid program. These providers offer care at approximately 220,000 separate locations.</p> <p>This number includes recently enrolled behavioral health providers who contract with the LME/MCOs as well as residents in training with the teaching hospitals in the State. The 97,877 active provider count reflects that influx.</p> <p>The State does not anticipate significant increases or decreases in provider participation.</p>
3.	General	We understand the current provider enrollment/credentialing process in North Carolina is, that all Medicaid providers enroll through NCTRACKS and are credentialed, to some degree, through that system. Upon completion of the enrollment process, the provider is either enrolled or denied enrollment. Can the Department please provide clarification around, upon contract award of this procurement, what the new enrollment/credentialing process will be.	<p>The current enrollment process through NCTracks will not change.</p> <p>The Contractor shall provide the data required in the RFP to credential the Medicaid providers.</p>

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<p>4.</p>	<p>General</p>	<p>Will the State please confirm that there is no requirement of the contractor to provide monthly monitoring?</p>	<p>To the extent this question refers to monitoring related to credentialing, the State requires a centralized credentialing process for Medicaid-enrolled providers. All credentialing data shall be maintained according to NCQA standards.</p> <p>On an ongoing basis and at all times during the term of the Contract, the Contractor shall maintain and update credentialing data to share with each PHP to streamline their credentialing and recredentialing processes.</p> <p>For currently enrolled Medicaid providers, the State anticipates the bulk of credentialing will occur prior to its managed care launch.</p> <p>For newly enrolled Medicaid providers, the State requires credentialing be completed within the timeframes detailed in the RFP.</p> <p>There are specific monitoring requirements in other sections of the RFP (e.g. <i>Section 2. General Procurement Information & Notice to Offerors, D. 32. Privacy and Information Security h</i>).</p>
<p>5.</p>	<p>General</p>	<p>NCQA requires that a practitioner be credentialed every three years.</p> <p>Is it the State’s intent that all PHPs will change their re-credentialing cycle to match the requirement to re-credential all practitioners during the 11/01/18 to 09/01/19 period?</p>	<p>See response to Question 4.</p> <p>While each PHP will schedule and conduct its credentialing committee meetings, the State requires that provider credentialing data is current and accessible.</p>
<p>6.</p>	<p>General</p>	<p>Please confirm only initial credentialing for new practitioners will be performed between 02/02/19 – 11/01/2021?</p>	<p>See response to Question 4.</p>

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<p>7.</p>	<p>General</p>	<p>Are we required to acknowledge each addendum with a signature? If yes, where do we sign for Addendum 2 and 4.</p>	<p>No, Offerors are only required to return addenda that contain an instruction specifically stating to return an executed copy with Offeror’s response.</p> <p>Such addenda will include a space at the end to “Execute Addendum,” including the following information:</p> <p>Offeror: Authorized Signature: Name and Title (Typed): Date:</p> <p>Offerors are required to return Addendum #3 posted August 17, 2018, this Addendum # 7, and Addendum #8.</p> <p>Offerors should confirm no other addenda requiring execution are posted prior to submitting a response.</p>
<p>8.</p>	<p>Section I. A. Intent, Page 1</p>	<p>Does the State anticipate the Contractor taking on any enrollment activities? If yes, which?</p>	<p>No.</p>
<p>9.</p>	<p>Section I. A. Intent, Page 1</p>	<p>While the State has defined a minimum set of tasks and deliverables, does the State wish the Proposer to propose additional tasks, sequence of tasks or deliverables if the Proposer deems the additional tasks meet or exceed the essential requirements described in this RFP?</p>	<p>As stated in Section III, Offerors are encouraged to suggest innovative ways to meet the requirements of the RFP. The Department will evaluate proposals relative to the requirements, tasks, processes, deliverables, etc. as specified in the RFP. Offerors may propose additional tasks, deliverables, processes or services as necessary to meet the requirements of the RFP or that the Offeror thinks may provide added value or otherwise be of interest to the Department. The Department will evaluate the extent to which proposals/offers may exceed the RFP requirements or provide added value.</p>

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<p>10.</p>	<p>Section I. A. Intent, Page 1</p>	<p>The paragraph indicates that data will be provided to the contractor. What about the credentialing application itself?</p> <p>What is the source of the application, including the disclosure questions, and the attestation?</p> <p>Are documents such as liability coverage face sheets also being provided, or is it simply a data file with no attachments being sent from NCTracks?</p>	<p>No, the State will not provide the credentialing application.</p> <p>The State is open to Offerors using their application or the NC DOI-approved uniform application.</p> <p>The State will provide a data file only; there will be no attachments.</p>																																																
<p>11.</p>	<p>Section I. B. Background, Page 1</p>	<p>Will the State please provide a breakdown of enrolled provider volumes by type?</p>	<table border="1"> <tr> <td>Agencies</td> <td>4083</td> </tr> <tr> <td>Allopathic & Osteopathic Physicians</td> <td>32065</td> </tr> <tr> <td>Ambulatory Health Care Facilities</td> <td>1412</td> </tr> <tr> <td>Behavioral Health & Social Service Providers</td> <td>7833</td> </tr> <tr> <td>Chiropractic Providers</td> <td>390</td> </tr> <tr> <td>Dental Providers</td> <td>2974</td> </tr> <tr> <td>Eye and Vision Services Providers</td> <td>988</td> </tr> <tr> <td>Group</td> <td>9630</td> </tr> <tr> <td>Hospital Units</td> <td>63</td> </tr> <tr> <td>Hospitals</td> <td>850</td> </tr> <tr> <td>Laboratories</td> <td>353</td> </tr> <tr> <td>Managed Care Organizations</td> <td>30</td> </tr> <tr> <td>Nursing & Custodial Care Facilities</td> <td>2315</td> </tr> <tr> <td>Nursing Service Related Providers</td> <td>36</td> </tr> <tr> <td>Other Service Providers</td> <td>103</td> </tr> <tr> <td>Physician Assistants & Advanced Practice Nursing Providers</td> <td>17507</td> </tr> <tr> <td>Podiatric Medicine & Surgery Service Providers</td> <td>279</td> </tr> <tr> <td>Residential Treatment Facilities</td> <td>390</td> </tr> <tr> <td>Respiratory, Developmental, Rehabilitative and Restorative</td> <td>2409</td> </tr> <tr> <td>Respite Care Facility</td> <td>667</td> </tr> <tr> <td>Speech, Language and Hearing Service Providers</td> <td>2118</td> </tr> <tr> <td>Student, Health Care</td> <td>3054</td> </tr> <tr> <td>Suppliers</td> <td>3801</td> </tr> <tr> <td>Transportation Services</td> <td>623</td> </tr> </table>	Agencies	4083	Allopathic & Osteopathic Physicians	32065	Ambulatory Health Care Facilities	1412	Behavioral Health & Social Service Providers	7833	Chiropractic Providers	390	Dental Providers	2974	Eye and Vision Services Providers	988	Group	9630	Hospital Units	63	Hospitals	850	Laboratories	353	Managed Care Organizations	30	Nursing & Custodial Care Facilities	2315	Nursing Service Related Providers	36	Other Service Providers	103	Physician Assistants & Advanced Practice Nursing Providers	17507	Podiatric Medicine & Surgery Service Providers	279	Residential Treatment Facilities	390	Respiratory, Developmental, Rehabilitative and Restorative	2409	Respite Care Facility	667	Speech, Language and Hearing Service Providers	2118	Student, Health Care	3054	Suppliers	3801	Transportation Services	623
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<p>12.</p>	<p>Section I. B. Background, Page 1</p>	<p>Does the State anticipate the Contractor taking on any Background Screening or Criminal checking elements for the State, outside of the NCQA CVO credentialing requirements?</p>	<p>No.</p>																																																

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13.	Section I. B. Background, Page 1	What is the State's current credentialing process, and/or who is the current Contractor managing the credentialing process?	GDIT (upon acquisition of CSRA) is the State's current contractor for NCTracks pursuant to 42 CFR 455. The current enrollment process will not change. The Contractor shall provide additional credentialing data according to NCQA standards as required in the RFP.
14.	Section II. A. 1. p., Page 3	In your answer to Questions 4, you indicated that the average annual growth in providers is 74,734; however, the RFP states that NC has 90,000 active enrolled providers. Please clarify.	<p>The response to Question 4 in Addendum #3 reflected the number of actively billing providers in the Medicaid program for each of the past three years. That response was incorrect with respect to the amount of growth.</p> <p>The State has averaged 74,734 actively billing providers in its Medicaid program during the past three years (2016, 2017, and 2018).</p> <p>As of June 30, 2018, the State had 97,877 actively enrolled providers.</p> <p>The State does not anticipate significant increases or decreases in provider participation.</p>
15.	Section II. A. 1. p., Page 3	What is the State's anticipated annual growth rate of active enrolled providers?	See response to Question 2 and Question 14.
16.	Section II. A. 1. p., Page 3	How many of the active 90,000 providers does the State anticipate will require re-credentialing in year 1 of the contract, and year 2 of the contract?	See response to Question 2 and Question 4.
17.	Section II. A. 7., Contract Award, Page 6	Is the State anticipating to award multiple or a single offeror the RFP award?	While the Department reserves the right to award the contract(s) resulting from this RFP to a single or multiple Offerors, the Department anticipates awarding the contract to a single Offeror.

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18.	Section II. A. 9.a. i., Page 7	In order to reduce the use of paper, will the State allow the Offeror to include the title page of the RFP only behind the completed and signed EXECUTION PAGE, and signed receipt pages of any addenda released in conjunction with the RFP?	No. See Addendum #8 for clarifications to <i>Section II. General Procurement Information & Notice to Offerors A. General Procurement Information, 9. Required Proposal Documents and Files.</i>
19.	Section II. A. 9.a. i., Page 7	Do we include the attachments in with the entire body of the RFP as requested in section II.A.9.a.i or should the proposal include the Execution and Addenda pages, body of the RFP through Section IV and the Attachments – completed and signed, as required.	See Addendum #8 for clarifications to <i>Section II. General Procurement Information & Notice to Offerors, A. General Procurement Information, 9. Required Proposal Documents and Files.</i>
20.	Section II. A. 10., Proposal Submission Page 8	Can the Department please clarify whether the electronic copy of the Technical Proposal and the electronic copy of the Cost Proposal should be submitted on the same CD, DVD or Flash Drive or 2 separate CDs, DVDs or Flash Drives?	<p>The electronic copies of the Technical Proposal and Cost Proposal must be submitted on separate devices.</p> <p>The State requires one (1) electronic copy of the Offeror’s response to the Medicaid Provider File Analysis on a password protected flash drive. A paper copy of this response is not required.</p> <p>See Addendum #8 for clarifications to <i>Section II. General Procurement Information & Notice to Offerors, A. General Procurement Information, 10. Proposal Submission.</i></p>

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<p>21.</p>	<p>Section II. A. 10., Proposal Submission Page 8</p>	<p>Can the Department please clarify whether Offerors should submit a hard copy response to the Medicaid Provider File Analysis or should we only submit our response as an electronic copy on a CD, DVD or Flash Drive, password protected?</p>	<p>The State requires one (1) electronic copy of the Offeror’s response to the Medicaid Provider File Analysis on a password protected flash drive. A paper copy of this response is not required.</p> <p>This should be a separate device from the Offeror’s responses to the Technical and Cost Proposals.</p> <p>See Addendum #8 for clarifications to <i>Section II. General Procurement Information & Notice to Offerors, A. General Procurement Information, 10. Proposal Submission.</i></p>
<p>22.</p>	<p>Section II. B. RFP Evaluation Process (B.3.d – Minimum Requirements Table), Page 14</p>	<p>What constitutes qualifying experience integrating with existing payor/provider enrollment and customer service systems, as required in Section B. RFP Evaluation Process (B.3.d - Minimum Requirements Table)</p>	<p>The Offeror must complete Attachment A: Minimum Requirements Table and provide as much detailed information as the Offeror determines necessary to demonstrate meeting each Minimum Requirement.</p>
<p>23.</p>	<p>Section II. C. 5. a., Page 16</p>	<p>For the services requested, there are typical and expected pass-through fees for certain NCQA requirements. To ensure the proposal reflects the most advantageous price to the State, will the State allow pass-through fees to be passed on to the State at actual costs?</p>	<p>As stated in the RFP, the Offeror’s cost proposal must include all costs associated with the requirements and services of the RFP. Such costs should be accounted for and reflected in the proposed PPPLPM rate in Attachment D: Cost Proposal.</p> <p>Offerors may propose an alternate pricing approach; however, this must be provided in addition to all requirements of the RFP.</p> <p>See Addendum #8 for changes to for changes to <i>Section II. General Procurement Information & Notice to Offerors, C. Responding to the Scope of Work 4. Cost Proposal</i></p>

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<p>24.</p>	<p>Section II. C. 5. c. Page 16</p>	<p>Please give a current count of each provider by provider type and program.</p>	<p>Agencies: 4,827 Allopathic & Osteopathic Physicians: 32,636 Ambulatory Health Care Facilities: 1,564 Behavioral Health & Social Service Providers: 8,754 Chiropractic Providers: 501 Dental Providers: 3,138 Eye and Vision Services Providers: 1,026 Group: 11,255 Hospital Units: 67 Hospitals: 1,170 Laboratories: 420 Managed Care Organizations: 34 Nursing & Custodial Care Facilities: 2,572 Nursing Service Related Providers: 39 Other Service Providers: 105 Physician Assistants & Advanced Practice Nursing Providers: 17,436 Podiatric Medicine & Surgery Service Providers: 281 Residential Treatment Facilities: 381 Respiratory, Developmental, Rehabilitative and Restorative: 2,824 Respite Care Facility: 941 Speech, Language and Hearing Service Providers: 2,524 Student, Health Care: 338 Suppliers: 4,408 Transportation Services: 614 Taxonomy A1A100000X-N/A: 22 Grand Total: 97,877</p>
<p>25.</p>	<p>Section II. D. 5., Availability of Funds, Page 17</p>	<p>Has the Department allocated funding for the RFP? If so, through which source (budget, CIP, state/federal grant etc)? If no funding is secured, which sources will be sought and when? If utilizing a grant, would you be able to specify which one?</p>	<p>The General Assembly authorized funding in Session Law 2018-5 (SB 99, the Current Operations Appropriations Act of 2018).</p>

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26.	Section II. D. 5., Availability of Funds, Page 17	What is the State's anticipated budget for the RFP?	The Offeror should assess the scope of services and requirements of the RFP and respond accordingly through its cost proposal.
27.	Section II. D. 13., Cooperation with other State Vendors, Page 19	Will the State please provide examples of vendors that will require privileging to the Contractor's confidential information? As well as example use cases where able?	Examples are not available. Trade secret and proprietary information various and may only be determined by the vendor seeking to protect it. The extent to which confidential information may need to be made available to another Departmental vendor is dependent upon the nature of the proprietary information and the contractual requirements applicable to each vendor. All contracts contain terms and conditions governing the vendor's obligations relative to confidentiality.
28.	Page 20 Item 5. Cost Proposal	Is the contractor required to roll any changes in costs into the PPPLPM rates? OR Will the offeror have the ability to isolate those costs and bill separately?	See response to Question 23. As provided in Section II.C.5.c payment may be renegotiated due to certain changes.
29.	Section II. D. 32. k., Attestation of Compliance, Page 2766	Does the State require all of the certificates to be awarded the RFP and contract, or are these meant to be examples?	They are examples. The Offeror must provide at least one of the following: <ul style="list-style-type: none"> • Federal Risk and Authorization Management Program (FedRAMP) certification • SOC 2 Type 2 • SSAE 16/18 • ISO 27001.
30.	Section II. D. 37., STATE AND FEDERAL REQUIREMENTS FOR INFORMATION TECHNOLOGY SYSTEMS, Page 28	Can the State please provide examples of how they envision this section applying to Contractor Cloud-based platforms?	The requirements and related links are listed in Section II. General Procurement Information & Notice to Offerors, D. Contract Terms and Conditions, 37. State and Federal Requirements for Information Technology Systems (renumbered as 39.1 in Addendum #8). For example, under HIPAA, the Offeror (Business Associate) must perform a risk analysis on a periodic basis.

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31.	Section II. D. 43., Termination for Convenience, Page 30	Does the State anticipate any reason where it would not be able to fulfill the initial 2-year term?	No.
32.	Section II. D. 43., Termination for Convenience, Page 30	Can the State provide additional clarity and examples of situations that could cause the State to invoke the Termination for Convenience?	No.
33.	Section II. D. 43., Termination for Convenience, Page 30	Is the Termination for Convenience negotiable?	Only as provided in <i>Section II.A.3.c.</i> See <i>Attachment A: Minimum Requirements Table</i> for requirement related to acceptance of all terms and conditions of the RFP.
34.	Section II. D. 44., Time of the Essence, Page 30	Will the State please provide a few examples of deliverables where timeliness is critical or required?	Given the anticipated date for the award of the PHP contract in February 2019, the timeline for the PHPs to contract with providers to establish network adequacy, and the timeline for managed care launch in November 2019, it's important for the Contractor to meet all due dates, timelines and deliverables specified in the RFP. It is also critical that the Contractor work with the Department and its other vendor partners to address any issues, delays or unanticipated events. See Addendum #8 for revisions to <i>Attachment K: Anticipated Contract Requirements and Implementation Schedule</i> for key milestones/deliverables and anticipated due dates as well as milestones with broader applicability to managed care launch.
35.	Section II. D. 46., Transition Assistance, Pages 30-31	Who are the State's incumbents and what is the detailed transition plan in the event the State awards the RFP to a new Contractor?	See response to Question 13.

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<p>36.</p>	<p>Section III. SCOPE OF WORK AND REQUIREMENTS The Offeror must submit their Technical Response as Attachment C: Technical Response, Page 33</p>	<p>Provided all RFP text and formatting is preserved and all responses are readable, can Bidders use their own font types and sizes to provide our responses within our proposal responses (i.e., larger font size for paragraph headings or smaller font size for table text and graphic captions)?</p>	<p>Yes.</p>
<p>37.</p>	<p>Section III. SCOPE OF WORK AND REQUIREMENTS The Offeror must submit their Technical Response as Attachment C: Technical Response, Page 33</p>	<p>Are Bidders allowed to modify headers and footers of our proposal response to include project and bidders' information (i.e., title of RFP, RFP number, bidders' name, page number, recycled logo)?</p>	<p>Yes.</p>
<p>38.</p>	<p>Section III. A. 2., Page 33</p>	<p>Can the State please provide other examples of how they envision the Contractor supporting the State's provider enrollment system, other than by sharing primary source verification and credentialing?</p>	<p>Examples are not available. The Contractor will supplement the enrollment process.</p>

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<p>39.</p>	<p>Section III. C. 1., Page 34</p>	<p>Will the State please clarify the significance of January 15, 2019? Is this a budget deadline, CMS requirement, etc.</p>	<p>January 15, 2019 is the date the Contractor must be able to accept a daily file from NCTracks and begin credentialing currently-enrolled providers.</p> <p>Given the anticipated date for the award of the PHP contract in February 2019, the timeline for the PHPs to contract with providers to establish network adequacy, and the timeline for managed care launch in November 2019, it's important for the Contractor to meet this deadline.</p> <p>The State expects the Contractor to adhere to this date and others outlined in the RFP and the associated addenda.</p> <p>See Addendum #8 for revisions to <i>Attachment K: Anticipated Contract Requirements and Implementation Schedule</i> for key milestones/deliverables and anticipated due dates as well as milestones with broader applicability to managed care launch.</p>
<p>40.</p>	<p>Section III. C. 1., Page 34</p>	<p>Does the State anticipate any scenario in which the production date of January 15, 2019 is pushed to a later point in time?</p>	<p>See response to Question 39</p>
<p>41.</p>	<p>Section III. C. 1. b., Page 34</p>	<p>Will the State please provide their expected specifications for the Interface required? Or will the State be working mutually with the awarded contractor and the best interface delivery method?</p>	<p>The State will work with the Contractor on the interface delivery method.</p>

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42.	Section III. C. 1., Page 34	If a practitioner is not able to be credentialed in the requested period of time due to unavailability of credentialing confirmation information, what is the impact to the contract or contractor?	As provided in Section IV.A.2, the Department may waive any contract performance sanction or liquidated damage for any good cause as determined by the Department. The Department will consider any such circumstance if the Contractor can provide documentation or otherwise demonstrate a missed due date or performance standard is due to causes beyond Contractors control.
43.	Section III. C. 2. f. i. - For facilities without accrediting bodies, Page 36	Subsection i states "additional information may be required". How will it be determined this additional information is required?	To be determined, the Department will work with the Contractor and the PHPs to determine.
44.	Section III. C. 16. "toll-free telephonic contact", Page 38	Are the providers calling to update their information? As an example, if the NCTracks had the wrong license number, the Contractor marked the practitioner as not having a license number matching the license number provided, and as a result were terminated from the program – is it the State’s intention that the practitioner would call the Contractor for assistance?	NCTracks will handle questions related to provider enrollment. The telephonic contact in this RFP is for providers to inquire about the data the Contractor obtains.
45.	Section III. C. 17., Page 38	Where would the provider correct or otherwise supplement this data? NCTracks?	It depends on the data to be corrected. The Contractor will be responsible for assisting providers in correcting or supplementing NCQA related data.

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<p>46.</p>	<p>Section III. E. Key Personnel, Page 39</p>	<p>Does the State require an office or set number of personnel in the State?</p>	<p>Not specifically, but the Contractor will be expected to attend meetings and perform services on site as required by the State. The Department anticipates needing Contractor key personnel and other personnel on-site during the initial implementation, with the on-site presence declining as services move into on-going operations. Offerors should take this into account in proposing a staffing plan.</p> <p>See Addendum #8 for changes to <i>Section III. Scope of Work and Requirements, E. Staffing and Key Personnel.</i></p>
<p>47.</p>	<p>Section III. F. System Integration, Page 40</p>	<p>Will the Department please supply the vendors it expects the Contractor to integrate with, and in what capacity?</p>	<p>The Contractor is expected to interface directly with NCTracks to receive the Department’s information. The Contractor is not expected to interface directly with the PHPs systems. However, the Contractor must be able to generate the Medicaid Credentialed Provider File in a format that is available, accessible and readable by all PHPs.</p>
<p>48.</p>	<p>Section III. F. System Integration, Page 40</p>	<p>Who does the State currently use for its EA Contractor/Vendor?</p>	<p>See response to Question 13.</p>
<p>49.</p>	<p>Section III. J. Department Responsibilities, Page 43</p>	<p>Will the State be providing key point of contacts that mirror the Contractor's required key personnel for the duration of the contract?</p>	<p>Section II.A.14 of the RFP provides a list of the Department’s Contract Administrators. Other points of contact will be provided as needed during the term of the Contract.</p>

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<p>50.</p>	<p>Section IV. A. 5., Table 1 – Key Service Level Metrics – Item 6, Page 46</p>	<p>This was a clarification in response to questions #82. Please confirm that if a practitioner was credential on 11/1/18, they must be re-credentialed no later than 11/1/2021.</p>	<p>The State requires a centralized credentialing process for Medicaid-enrolled providers so that when a PHP wants to contract with a provider, or recredential a provider, that information is updated, available, and maintained according to NCQA standards. The PHPs will credential on their own schedule. The expectation is that the information will be current for them to access.</p>
<p>51.</p>	<p>Attachment B: Medicaid Provider File for Analysis Process Description and Layout, Page 49</p>	<p>Is the Analysis File a requirement for a Contractor to be awarded the RFP?</p>	<p>Yes. See <i>Section II. A. 9. Required Proposal Documents and Files. b</i> for the requirement to submit a response file for the Medicaid Provider File for Analysis Process Description and Layout, as modified in Addendum 3.</p> <p><i>Addendum 3 Attachment 3 – Attachment B: Modified Medical Provider File for Analysis Process Description and Layout.</i></p>
<p>52.</p>	<p>Attachment B: Medicaid Provider File for Analysis Process Description and Layout, Page 49</p>	<p>Can the offeror request that the results from their submitted Analysis File remain proprietary, confidential, and/or redacted? Will this impact the State's decision in any way?</p>	<p>Yes, as provided in Section II.A.11.a., Offeror may mark information that meets the definition of confidential under G.S. 132-1.2 as “confidential” and submit a redacted copy with the offer. As further provided in Section II.A.11.d., if the Department is compelled to release the information marked confidential, it is Offeror’s responsibility to intervene.</p> <p>See Addendum #8 for changes to for changes to <i>Section II. General Procurement Information & Notice to Offerors, A. General Procurement Information, 10. Proposal Submission.</i></p>

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<p>53.</p>	<p>Section IV. A. 5., Table 1 – Key Service Level Metrics – Item 6, Page 46</p>	<p>In Ref # 6 - Timeliness of Credentialing Process - There is a requirement the Contractor provides a provider’s primary- source verified information to PHPs 95% of the time in accordance with standards defined in alignment of PHP contracts after 30 days of receipt of the provider information from the NC Medicaid Enrollment File. How will the State account for non- compliance of providers in providing the Contractor with required information to complete the primary source verification when calculating performance?</p>	<p>This requirement applies for providers credentialed post-managed care launch. As provided in Section IV.A.2, the Department may waive any contract performance sanction or liquidated damage for any good cause as determined by the Department. The Department will consider any such circumstance if the Contractor can provide documentation or otherwise demonstrate a missed due date or performance standard is due to causes beyond Contractor’s control.</p> <p>Initial credentialing of 97,877 currently-enrolled providers and newly-enrolling providers will occur between January 15, 2019 and managed care launch.</p>
<p>54.</p>	<p>Attachment D, Page 59</p>	<p>Is it the expectation of the State that the contractor will bear the credential verification pass through cost risk in the event of early de- enrollment of practitioners (either by PHP or practitioner)?</p>	<p>See response to Question 23.</p>
<p>55.</p>	<p>Attachment D, Page 59</p>	<p>Is the State willing to consider an SLA component to account for correctly credentialed practitioners dropping out of network within a short period of time, thus leaving the Contractor with undercompensated initial data collection costs?</p>	<p>See response to Question 23.</p>
<p>56.</p>	<p>Attachment D, Page 59</p>	<p>Would the State permit a vendor to submit alternate pricing schemas for their consideration?</p>	<p>See response to Question 23.</p>
<p>57.</p>	<p>Attachment D, Page 59</p>	<p>Will the State please provide details surrounding the migration of the current process to the new contractor? Will the State be managing this migration, or is the Contractor expected to migrate all required information?</p>	<p>See response to Question 13.</p> <p>The Department will provide demographic and enrollment information from NCTracks to the Contractor, who will credential and provide additional NCAQ data to the PHPs.</p>

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<p>58.</p>	<p>Attachment D, Page 59</p>	<p>Would the State please provide additional guidance on the intent of the PPPLPM allocation?</p> <p>Is the contractor expected to take its total cost and allocate the cost evenly over the length of the contract or since the majority of the cost will be incurred in the first three months of the contract, does the contractor receive payment as costs are incurred?</p>	<p>The Offeror should assess the scope and timing of services and requirements of the RFP and its cost structure and respond accordingly through its cost proposal.</p>
<p>59.</p>	<p>Attachment K, Page 77</p>	<p>Will the State please provide all of the specific names of plans, departments, vendors, etc. they expect the Contractor to integrate with? What does integration mean to the State?</p>	<p>The Contractor must interface directly with NCTracks to receive the Department’s credentialing data. The Contractor is not expected to integrate directly with the PHPs’ systems; however, the Contractor must have the capacity to generate the Medicaid Credentialed Provider File in a format that is accessible, available, and readable by each of the PHPs.</p>
<p>60.</p>	<p>Section III. I. 1 and 2, Page 4 Attachment L, Page 78 Attachment M, Page 80</p>	<p>Is the expectation in our response to provide sample Business Continuity and Application Disaster Recovery Plans? Or do we just include a narrative discussion of the Plans under items 1 and 2 in Section 11. I Do we also include a discussion of the Plans in Attachments L and M?</p>	<p>In Attachment C, Technical Response, the Offeror should include whatever information is required to demonstrate its ability and approach and confirm its adherence to requirements of the RFP relative to business continuity and disaster recovery.</p> <p>Section III.I. requires the Contractor to submit a Business Continuity Plan within 30 days of the Contract effective date. Attachments L and M provide an example of the templates for business continuity and disaster recovery plans.</p>

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<p>61.</p>	<p>From Q&A Round 1 Pages 2 and 6 of Addendum 3</p>	<p>The Q&A timeline guidance for vendors specifies that 55,000 medical practitioners must be credentialed within a 3-month period. The receipt of permission by the medical professional necessary to conduct primary source verification must occur prior to beginning the credentialing process and obtaining permissions alone from this volume of providers will likely take several months to complete, assuming excellent compliance by medical professionals.</p> <p>Can the Department please clarify the reasoning behind the 11-01-2018 through 02-01-2019 timeframe? What are the factors driving this timeframe within which the Contractor must complete credentialing?</p>	<p>Offerors should disregard the dates referenced in the sentence, “The timeframe for the initial NCQA credentialing is from 11/01/18 to 02/01/19 for existing providers in anticipation of PHP Award” as included in Addendum #3 in response to Questions 23, 24, 39, 75, and 82 regarding initial provider credentialing.</p> <p>Initial credentialing of 97,877 currently-enrolled providers will occur between January 15, 2019 and managed care launch. Credentialing data continues to be required to be current and maintained according to NCQA standard.</p>
<p>62.</p>	<p>From Q&A Round 1 Pages 2 and 6 of Addendum 3</p>	<p>With the estimated practitioner volume and the timeframes for credentialing to occur specified in the Q&A, PHP credentialing committees would have to process thousands of applications per month, a capacity we have not seen in either the commercial or government marketplace. Does the Department expect that the PHPs will successfully process that volume of applications?</p>	<p>Yes.</p>

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<p>63.</p>	<p>Attachment 3 – Modified Medicaid Provider File for Analysis Process Description and Layout (Modified Attachment B),</p> <p>Page 22 of Addendum 3</p>	<p>A CVO must obtain written permission from a medical professional to conduct primary source verification of their credentials, and that permission typically allows the verification and distribution of that data only to specific entities. The RFP’s guidance for what is expected for the vendor analysis of the provider file appears to ask prospective bidders to conduct primary source verification of the provider data in the file, or to provide previously validated data where permission was presumably granted by the medical professional for another entity or purpose, not this RFP.</p> <p>Has the State already obtained permission from all of the medical professionals in the database to allow <i>prospective</i> vendors to verify their data for this RFP? Please clarify.</p>	<p>If the Contractor does not have permission from the medical professional to conduct primary source verification of that medical professional’s credentials, Contractor must obtain the required permission.</p>
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Questions 64 through 69 were received with the first round of Offeror questions but inadvertently omitted from Addendum #3.			
64.	Attachment C, Section III, C1 - 17, page 53 of 83	In the process flow, specifically what data fields are being exchanged between the Contractor and the Department?	<p>Specific data fields are not currently available; however, the Department will provide information such as provider identifiers, billing address, service location address, Medicaid enrollment indicators and status, taxonomy codes, and managed care indicators.</p> <p>The Offeror should present information that adequately displays data flows starting from each source of data, through the Offeror's processes, and resulting in the generation of the Medicaid Credentialed Provider File. The Offeror should also detail how the PHPs will access the Medicaid Credentialed Provider File.</p>
65.	Attachment C, Section III, C1 - 17, page 53 of 83	In the process flow, specifically what data fields are being exchanged between the Contractor and the PHPs?	The information provided by the Department and all of the credentialing data requested in this RFP.
66.	Attachment C Section III. F. 1-4 System Integration Page 40 of 83 RFP "F"	What are the details of the system we are required to integrate with?	See response to Question 59.
67.	Attachment C Section III. F. 1-4 System Integration Page 40 of 83 RFP "F"	How will the state deliver credentialing data to the contractor? What technical applications or file formats will be used?	See response to Question 59.
68.	Attachment C Section III. F. 1-4 System Integration Page 40 of 83 RFP "F"	Can you provide examples of documentation that would satisfy the requirements specified in Section F, item 4?	For Attachment C: Technical Response, the Department requests a sample plan on how the Contractor will remove access to the Medicaid Credentialed Provider File from PHPs who are terminated from the NC Medicaid Managed Care program.

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69.	Attachment C Section III. F. 1-4 System Integration Page 40 of 83 RFP "F"	Here does "onboarding" refer to the technical integration elements, or more generally any of the tasks involved with onboarding a new PHP?	As "onboarding" is used in Attachment C, Section A. Technical Response, System Integration Section III. F. 1-4, #3 (page 54 of 83), the Department requires a sample process flow detailing the Offeror's plan to establish the interfaces with the PHPs to ensure security and access protocols are met, as defined in this RFP.
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End of Agency Response to Offeror Questions

Addendum Execution Page Follows

Failure to acknowledge receipt of this addendum may result in rejection of Offeror's response.

Execute Addendum 7:

Offeror:

Authorized Signature:

Name and Title (Typed):

Date:
