



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: 8
Addendum Date: June 21, 2019
Addendum Description/Purpose: Revisions to the RFP
Contract Specialist: Melissa Pressley
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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 CHANGES TO THE RFP IN THIS ADDENDUM.**

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Revisions to the RFP:

1. Section V. Scope of Work and Requirements, E. Qualifications, Staffing Plan, and Personnel Requirements is revised and restated in its entirety as follows:

E. Qualifications, Staffing Plan, and Personnel Requirements

1. Contractor Qualifications

- a) The Contractor shall not use the services of, participate with, nor enter into any agreement with any individual or entity that has been excluded from participation in federal health care programs or has been debarred from doing business with the State of North Carolina. Contractor is responsible for screening all employees and subcontractors to ensure this Contract requirement is met.
- b) Contractor shall have and maintain a staffing plan with sufficient administrative personnel and an organizational structure to comply with all requirements described in this RFP. Contractor shall provide qualified persons in numbers appropriate to the requirements of this RFP, including any value-added services, if approved by the Department.
- c) Contractor's staff assigned to perform technical review functions must have NCQA CAHPS and NCQA HEDIS certification.
- d) Contractor shall maintain the following Key Personnel, which are subject to the Department's approval:
 - i. Project Director is responsible for all aspects of contract performance, including the operation of all aspects of the requirements of this RFP, including invoicing, data submission, and reporting to the Department. The Project Director:
 - a) Will have a minimum of five (5) years of project management experience. PMP certification is preferred.
 - b) Will remain available to communicate with the Department by telephone and e-mail as requested by the Department; and
 - c) Will have the authority to allocate and coordinate resources and engage additional resources as needed for the Offeror to meet all contractual requirements.
 - ii. Project Manager(s) is responsible for managing daily activities and working with the Project Director to ensure deliverables are on time and of high quality. The Project Manager will have a minimum of five (5) years of project management experience.
 - iii. A full-time Medical Director, responsible for overseeing the clinical aspects of the EQR activities and serving as a liaison between the Contractor and the Department's Business Intelligence Office (BIO) team. Additionally, the Medical Director:
 - a) Must have prior Medicaid experience;
 - b) Must have a current, valid license to practice medicine in the State of North Carolina and a minimum of 10 years' experience providing direct patient care;
 - c) Will allocate and coordinate clinical staff as needed to perform all activities under this RFP.
 - iv. At least one (1) Ph.D. level staff member who shall provide confirmation of all statistical analysis plans and results.

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- v. Key Personnel responsible for information systems, claims, and encounters.
- vi. Clinical staff, including physicians and nurses, with current, valid licenses in the State of North Carolina, to provide functions including but not limited to medical record reviews, analysis of clinical standards and guidelines, conducting focused clinical studies, clinical data Validation, and PIP Validation.
- e) In addition to Key Personnel, Contractor shall maintain the following staff, at minimum:
 - i. Medical Doctors, Doctors of Osteopathy, obstetricians, pediatricians, registered nurses, pharmacists, mental and behavioral health providers, social workers, and other health care professionals with the experience and training necessary to perform review activities. Clinical staff must have a valid and current license to practice in their profession in the State of North Carolina.
 - ii. Qualified staff for data collection, analysis, and reporting. Each activity requiring statistical analysis shall include the written support for methodology, data validation, and results.
 - iii. Qualified staff to review, edit, and design, as appropriate, all draft and final reports.
- f) Personnel must be in place within ninety (90) Calendar Days of Contract award.
- g) Contractor shall provide all training, education, and technical assistance to all designated Key Personnel and staff to ensure Key Personnel and staff can meet the requirements of this RFP and any resulting contract.
- h) Upon Department's request, Contractor shall provide the Department's Contract Administrator for day-to-day activities all of the individuals assigned to the Contract and their related resumes or biographies.
- i) Contractor shall not substitute Key Personnel assigned to the performance of this Contract without prior written approval by the Department. Contractor shall notify the Department's Contract Administrator for day to day activities of any desired substitution, including the name(s), resumes or biographies, and references of Contractor's recommended substitute personnel. The Department will approve or disapprove the requested substitution within thirty (30) Calendar Days.
- j) The Department may, at its sole discretion, reject a potential candidate or require the removal of any Key Personnel providing services under the Contract.
- k) Contractor shall notify the Department's Contract Administrator for day to day activities of any staff changes for assigned Contract resources within fifteen (15) days of Contractor's knowledge of such change.

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2. Attachment B. Technical Proposal, Question #11 is revised and restated in its entirety as follows:

11	<p>The Offeror shall describe its approach and detail how it will meet the Department’s requirements of <i>Section V.A.11. CMS Protocol 5: Provider Satisfaction Surveys</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">a. A detailed explanation of its proposed survey approach;b. Proposed sampling plan and size, including minimum percentage of surveyed network providers and minimum response rate, based on estimated enrollment provided in Attachment E. North Carolina Medicaid and Health Choice Historical Enrollment;c. Protections for confidentiality (HIPAA); andd. Description of staff, systems, procedures, or materials used to validate the PIPs, including at a minimum:<ul style="list-style-type: none">i. Human resources, including staff functions and roles; andii. Data collection methods and tools; andiii. Other systems and tools; andiv. Potential risks and proposed mitigation plan to timely administering and validating the provider satisfaction survey.

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3. Attachment B. Technical Proposal, Question #15 is revised and restated in its entirety as follows:

15	<p>The Offeror shall describe its approach and detail how it will meet the Department's requirements of <i>Section V.A.15: Evaluation of the Department's Quality Strategy</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">a. A detailed explanation of its proposed approach; andb. Description of staff, systems, procedures, or materials used to conduct survey activities, including at a minimum:<ul style="list-style-type: none">i. Human resources, including staff functions and roles; andii. Data collection methods and tools; andiii. Other systems and tools; andiv. Potential risks and proposed mitigation plan to evaluate the Department's quality strategy.c. Sample report formats.

Addendum Execution Page Follows

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Execute Addendum #8:

Offeror: _____

Authorized Signature: _____

Name and Title (Typed): _____

Date: _____