

**RFP # 2015-EB-01****Medicaid Regional Care Organization Program Enrollment Broker Services RFP****Vendor Questions and Medicaid Answers****11/19/15****Note:** Questions and/or Section References are posted as submitted.

<b>Question ID:</b>	1
<b>Date Question Asked:</b>	10/26/2015
<b>Question:</b>	I received notification earlier today that the “Medicaid Regional Care Organization Program Enrollment Broker Services RFP” had been released but I can’t find a copy of the specifications at the page references in the notice. Can you advise?
<b>Section Number:</b>	General
<b>RFP Page Number:</b>	N/A
<b>Medicaid Answer:</b>	The RFP was posted on the Medicaid Procurement website at <a href="http://www.medicaid.alabama.gov">www.medicaid.alabama.gov</a> on 10/26/2015.
<b>Question ID:</b>	2
<b>Date Question Asked:</b>	11/06/2015
<b>Question:</b>	What are the top challenges Medicaid would like to address with this procurement?
<b>Section Number:</b>	General
<b>RFP Page Number:</b>	N/A
<b>Medicaid Answer:</b>	Section II. Scope of Work identifies the areas of responsibilities the Enrollment Broker will conduct.
<b>Question ID:</b>	3
<b>Date Question Asked:</b>	11/06/2015
<b>Question:</b>	What other places outside of this procurement does the State have for marketing the transition to the RCO model?
<b>Section Number:</b>	General
<b>RFP Page Number:</b>	N/A
<b>Medicaid Answer:</b>	Section II. Scope of Work identifies the areas of responsibilities the Enrollment Broker will conduct.
<b>Question ID:</b>	4
<b>Date Question Asked:</b>	11/06/2015
<b>Question:</b>	Please confirm that the difference between the one million eligible on page 7 and the 660,000 anticipated enrollees on

	Table 1 is explained by the excluded populations identified in Section B.
<b>Section Number:</b>	IB RCO Program Eligibility
<b>RFP Page Number:</b>	Page 9
<b>Medicaid Answer:</b>	Population groups identified by Medicaid that are out of the RCO Program but can choose to opt in to the RCO Program are not included in the estimated count of 650,000 to 700,000.
<b>Question ID:</b>	5
<b>Date Question Asked:</b>	11/06/2015
<b>Question:</b>	What is the anticipated intent-to-award date?
<b>Section Number:</b>	II A Implementation
<b>RFP Page Number:</b>	12
<b>Medicaid Answer:</b>	As described in Section B. Schedule of Events, any contract must be reviewed by the Legislative Contract Review Oversight Committee. Medicaid anticipates a contract start date of 03/01/2016 as described in Section VIII. General Terms and Conditions, Subsection C. Term of Contract.
<b>Question ID:</b>	6
<b>Date Question Asked:</b>	11/06/2015
<b>Question:</b>	Are Contractors free to stagger initial enrollment activities (mail and phone outreach) on a weekly regional basis during July and August, provided all standards for mail and outreach timeliness are met?
<b>Section Number:</b>	II-A Implementation
<b>RFP Page Number:</b>	12
<b>Medicaid Answer:</b>	As identified in the chart on page 12 of Section II. Scope of Work, Subsection A. Implementation Project Plan and Readiness Reviews, the initial RCO enrollment process is to be conducted 7/2/16 through 8/31/16. Vendors are asked to describe their approach in response to Section II. Scope of Work.
<b>Question ID:</b>	7
<b>Date Question Asked:</b>	11/06/2015
<b>Question:</b>	Please confirm that the cost and pricing pages are part of the proposal and are not to be separately sealed.
<b>Section Number:</b>	III Pricing
<b>RFP Page Number:</b>	41
<b>Medicaid Answer:</b>	The cost and pricing pages are part of the proposal and not to be separately sealed.

<b>Question ID:</b>	8
<b>Date Question Asked:</b>	11/06/2015
<b>Question:</b>	Section III Pricing indicates that pass-through expenses should be included in the Pricing Table. Based on review of the pricing tables, please confirm that Section II is incorrect and that bidders are not to include pass-through expenses with their price submission.
<b>Section Number:</b>	III Pricing
<b>RFP Page Number:</b>	41
<b>Medicaid Answer:</b>	Refer to Amendment I posted on the Medicaid website on 11/19/2015. Pass-through expenses are not to be included with the pricing submission.
<b>Question ID:</b>	9
<b>Date Question Asked:</b>	11/06/2015
<b>Question:</b>	May bidders submit their electronic copies in a searchable PDF format instead of Word?
<b>Section Number:</b>	VI. O Copies Required
<b>RFP Page Number:</b>	44
<b>Medicaid Answer:</b>	No.
<b>Question ID:</b>	10
<b>Date Question Asked:</b>	11/06/2015
<b>Question:</b>	Please confirm that other than the original hard copy, there are no additional hard copies required.
<b>Section Number:</b>	VI O Copies Required
<b>RFP Page Number:</b>	44
<b>Medicaid Answer:</b>	That is correct.
<b>Question ID:</b>	11
<b>Date Question Asked:</b>	11/06/2015
<b>Question:</b>	May bidders place the "CONFIDENTIAL" label at the top of the page rather than the bottom?
<b>Section Number:</b>	IV. R Disclosure of Proprietary Contents
<b>RFP Page Number:</b>	45
<b>Medicaid Answer:</b>	No, the label must be on the bottom of the page as stated in Section VI. R. Disclosure of Proposal Contents.
<b>Question ID:</b>	12
<b>Date Question Asked:</b>	11/06/2015

<b>Question:</b>	Please assign start and end dates for each year to the pricing table.
<b>Section Number:</b>	Appendix C
<b>RFP Page Number:</b>	70
<b>Medicaid Answer:</b>	As described in Section VIII. General Terms and Conditions, Subsection C. Terms of Contract, the initial contract term shall be for two years effective March 1, 2016, through February 28, 2018.
<b>Question ID:</b>	13
<b>Date Question Asked:</b>	11/06/2015
<b>Question:</b>	What is the "Print Name of Witness"?
<b>Section Number:</b>	Appendix C
<b>RFP Page Number:</b>	70
<b>Medicaid Answer:</b>	"Print Name of Witness" goes with the previous page (Attachment G). It should not be included with the submission of the Pricing Table.
<b>Question ID:</b>	14
<b>Date Question Asked:</b>	11/9/2015
<b>Question:</b>	<p>It is important for vendors to understand what is included in their price submission and what costs they are responsible for. Item 8 states that the vendor is fully responsible for postage, printing, and all costs associated with enrollment materials. Section III for pricing indicates that the firm and fixed fee excludes pass through printing and postage costs, but the cost sheet does not accommodate providing anything but a fixed fee.</p> <p>Please explain:</p> <ul style="list-style-type: none"> <li>• If the cost sheets are supposed to include printing and postage.</li> <li>• If so, where?</li> </ul> <p>Please describe in detail whether the State or the vendor is responsible for the variance in these costs.</p>
<b>Section Number:</b>	Section III
<b>RFP Page Number:</b>	41
<b>Medicaid Answer:</b>	Refer to Amendment I posted on the Medicaid website on 11/19/2015. Printing and postage are not to be included on the cost sheet.
<b>Question ID:</b>	15
<b>Date Question Asked:</b>	11/09/2015

<b>Question:</b>	The daily 834-formatted eligibility file that is received from MMIS will need to include indicators for mandatory RCO enrollment, auto-assignment, pregnancy (SORBA), etc. Does the Department have a proposed schema for these extensions to the standard 834 format that the vendor must support?
<b>Section Number:</b>	Section II.F.5.a
<b>RFP Page Number:</b>	16
<b>Medicaid Answer:</b>	The 834 file will contain all information necessary to perform the Enrollment Broker functions. Medicaid will provide a comprehensive companion guide that will provide the necessary details.
<b>Question ID:</b>	16
<b>Date Question Asked:</b>	11/09/2015
<b>Question:</b>	The Provider Network database includes the maximum number of allowed enrollments in participating physicians' panels. Is the vendor system expected to manage the capacity of the panel and track enrollments to it, such that the provider is no longer available once the panel is full?
<b>Section Number:</b>	Section II.P.2
<b>RFP Page Number:</b>	25
<b>Medicaid Answer:</b>	No, the Vendor is not expected to manage the capacity of the panel.
<b>Question ID:</b>	17
<b>Date Question Asked:</b>	11/09/2015
<b>Question:</b>	Is Vendor expected to print and distribute entire provider directories for one or more networks if requested by a potential enrollee?
<b>Section Number:</b>	Section II.P.5
<b>RFP Page Number:</b>	25
<b>Medicaid Answer:</b>	Yes, refer to Section II. Scope of Work, Subsection P. Provider Network Database and Directory.
<b>Question ID:</b>	18
<b>Date Question Asked:</b>	11/09/2015
<b>Question:</b>	Please provide a list of the "appropriate foreign languages" that must be supported on the enrollment services website. Will the Department or the Vendor be responsible for all translation of content?
<b>Section Number:</b>	Section II.U.2
<b>RFP Page Number:</b>	33

<b>Medicaid Answer:</b>	As described in Section II. Scope of Work, Subsection U. Enrollment Services Website, the appropriate foreign languages comprise all languages in the Vendor's service area spoken by approximately five percent (5%) or more of the total covered population of the Region. The Vendor will provide all webpages and posted material in appropriate foreign languages. At this point, Alabama does not currently have a Region where a foreign language is spoken by 5% or more of the population.
<b>Question ID:</b>	19
<b>Date Question Asked:</b>	11/09/2015
<b>Question:</b>	Please provide further details or examples of RCO Comparison Charts?
<b>Section Number:</b>	Section II.U.4.c.4
<b>RFP Page Number:</b>	33
<b>Medicaid Answer:</b>	An RCO Comparison Chart gives a comprehensive look at the options available to the enrollee through different RCOs in a region.
<b>Question ID:</b>	20
<b>Date Question Asked:</b>	11/09/2015
<b>Question:</b>	Are there differences in the enrollment process for members who are outside of RCO but chose to opt in?
<b>Section Number:</b>	Section II.F.3
<b>RFP Page Number:</b>	16
<b>Medicaid Answer:</b>	No.
<b>Question ID:</b>	21
<b>Date Question Asked:</b>	11/09/2015
<b>Question:</b>	Can the state clarify whether it is the Enrollment Broker's responsibility to interface with RCOs, in transmitting 834 enrollment/disenrollment requests?
<b>Section Number:</b>	Section II.W
<b>RFP Page Number:</b>	35
<b>Medicaid Answer:</b>	As described in Section II. Scope of Work, Subsection W. Enrollment File Transmission Requirements, the Vendor will receive and transmit file transactions to Medicaid or its designee. This does not include RCOs but will include the MMIS.
<b>Question ID:</b>	22
<b>Date Question Asked:</b>	11/09/2015

<b>Question:</b>	<p>We have some advanced enrollment functionality that is not included within the scope of the RFP that we would like to include in our proposal. However, we do not want our cost or technical score adversely affected by the inclusion of additional functionality (and potentially cost).</p> <p>Is Medicaid interested in advanced functionality not currently included in the scope of the RFP?</p> <p>May a vendor include advanced functionality as an option that would be priced separately?</p> <p>Would the cost of such optional functionality be excluded from the cost scoring for proposal evaluation purposes?</p>
<b>Section Number:</b>	Section III
<b>RFP Page Number:</b>	41
<b>Medicaid Answer:</b>	Medicaid is only interested in functionality included in the RFP. Such an option must not be priced separately. The firm and fixed pricing must include all services proposed.
<b>Question ID:</b>	23
<b>Date Question Asked:</b>	11/09/2015
<b>Question:</b>	Does the RFP require the call center to be located in Alabama?
<b>Section Number:</b>	Q. Call Center Services
<b>RFP Page Number:</b>	26
<b>Medicaid Answer:</b>	No.
<b>Question ID:</b>	24
<b>Date Question Asked:</b>	11/09/2015
<b>Question:</b>	How many vendors are to be selected to fulfill the requirements of the RFP?
<b>Section Number:</b>	I. Background
<b>RFP Page Number:</b>	7
<b>Medicaid Answer:</b>	One Vendor will be selected to fulfill the requirements of this RFP.
<b>Question ID:</b>	25
<b>Date Question Asked:</b>	11/09/2015
<b>Question:</b>	The RFP mentions total initial volume of accounts and daily on-going volumes. If multiple vendors are selected, then what would be the expected split of the total volume?

<b>Section Number:</b>	I. Background
<b>RFP Page Number:</b>	7
<b>Medicaid Answer:</b>	One Vendor will be selected to fulfill the requirements of this RFP.
<b>Question ID:</b>	26
<b>Date Question Asked:</b>	11/09/2015
<b>Question:</b>	How will the vendor identify people who are optional for enrollment?  Will the daily file contain all Medicaid enrollees, or just those targeted for mandatory enrollment?
<b>Section Number:</b>	I.B, II.F.3
<b>RFP Page Number:</b>	9, 16
<b>Medicaid Answer:</b>	Members who may opt in will be communicated on the 834 file.  The daily file will only contain those targeted for mandatory enrollment.
<b>Question ID:</b>	27
<b>Date Question Asked:</b>	11/09/2015
<b>Question:</b>	The RFP states that individuals participating in the Plan First Program are excluded from participating in the RCO Program. The Plan First website states that "Most women who have children on SOBRA Medicaid are automatically enrolled in Plan First." Can you please clarify the eligibility/exclusion requirements?
<b>Section Number:</b>	I.B
<b>RFP Page Number:</b>	10
<b>Medicaid Answer:</b>	The Plan First Program is an 1115 Demonstration Waiver that extends family planning and birth control services to eligible women ages 19 through 55 and men age 21 or older (for only vasectomies) who would not otherwise qualify for full Medicaid coverage.
<b>Question ID:</b>	28
<b>Date Question Asked:</b>	11/09/2015
<b>Question:</b>	Will Medicaid MMIS transmit files 5, 6, or 7 days a week?
<b>Section Number:</b>	I.D
<b>RFP Page Number:</b>	11
<b>Medicaid Answer:</b>	Files will be transmitted Monday through Friday.
<b>Question ID:</b>	29

<b>Date Question Asked:</b>	11/09/2015														
<b>Question:</b>	The RFP requests that the vendor provide a staffing matrix identifying all staff assigned along with respective titles, emails addresses, and locations. While we intend to identify this information for our key personnel we will not know this information for the remainder of our project team at time of proposal submission. Will Medicaid consider limiting this requirement to include key personnel only?														
<b>Section Number:</b>	II.B.3														
<b>RFP Page Number:</b>	12														
<b>Medicaid Answer:</b>	Refer to Amendment 1 posted on the Medicaid website on 11/19/2015. This requirement has been limited to key personnel.														
<b>Question ID:</b>	30														
<b>Date Question Asked:</b>	11/09/2015														
<b>Question:</b>	What is the average potential enrollee household size?														
<b>Section Number:</b>	II.E														
<b>RFP Page Number:</b>	15														
<b>Medicaid Answer:</b>	The estimated average potential enrollee household size is as follows:  <table border="1"> <thead> <tr> <th><u>Medicaid Eligibility Group</u></th> <th><u>Average</u></th> </tr> </thead> <tbody> <tr> <td>CHIP</td> <td>1.3</td> </tr> <tr> <td>Disabled</td> <td>1.0</td> </tr> <tr> <td>Former Foster</td> <td>1.0</td> </tr> <tr> <td>MLIF</td> <td>2.1</td> </tr> <tr> <td>SOBRAKids</td> <td>1.7</td> </tr> <tr> <td>SOBRAWomen</td> <td>1.0</td> </tr> </tbody> </table>	<u>Medicaid Eligibility Group</u>	<u>Average</u>	CHIP	1.3	Disabled	1.0	Former Foster	1.0	MLIF	2.1	SOBRAKids	1.7	SOBRAWomen	1.0
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<b>Question ID:</b>	31														
<b>Date Question Asked:</b>	11/09/2015														
<b>Question:</b>	The Vendor will also be responsible for outreaching to population groups identified by Medicaid that are out of the RCO Program but can choose to opt in to the RCO Program. How will these populations be identified for the vendor?														
<b>Section Number:</b>	II.F														
<b>RFP Page Number:</b>	16														
<b>Medicaid Answer:</b>	Members who may opt in will be communicated in the 834 file.														
<b>Question ID:</b>	32														
<b>Date Question Asked:</b>	11/09/2015														

<b>Question:</b>	Would the state consider allowing the vendor to stagger the initial enrollment mailing throughout July and August?
<b>Section Number:</b>	General
<b>RFP Page Number:</b>	
<b>Medicaid Answer:</b>	As identified in the chart on page 12 of Section II. Scope of Work, A. Implementation Project Plan and Readiness Reviews, the initial RCO enrollment process is to be conducted 7/2/16 through 8/31/16. Vendors are asked to describe their approach in response to Section II. Scope of Work.
<b>Question ID:</b>	33
<b>Date Question Asked:</b>	11/09/2015
<b>Question:</b>	The RFP states: "The Vendor will also be responsible for outreaching to population groups identified by Medicaid that are out of the RCO Program but can choose to opt in to the RCO Program." Are these potential enrollees included in the estimated count of 650,000 to 700,000?  How large is this opt-in population and how will they be identified?
<b>Section Number:</b>	II.F.3
<b>RFP Page Number:</b>	16
<b>Medicaid Answer:</b>	Population groups identified by Medicaid that are out of the RCO Program but can choose to opt in to the RCO Program are not included in the estimated count of 650,000 to 700,000.  Medicaid is finalizing the count, but we expect the opt-in number to be around 10,000.
<b>Question ID:</b>	34
<b>Date Question Asked:</b>	11/09/2015
<b>Question:</b>	Will the vendor need to send 834 Enrollment Transactions to the RCOs and/or the MMIS?
<b>Section Number:</b>	II.F.5
<b>RFP Page Number:</b>	16
<b>Medicaid Answer:</b>	As described in Section II. Scope of Work, Subsection W. Enrollment File Transmission Requirements, the Vendor will receive and transmit file transactions to Medicaid or its designee. This does not include RCOs but will include the MMIS.
<b>Question ID:</b>	35
<b>Date Question Asked:</b>	11/09/2015

<b>Question:</b>	<p>The RFP states, “The Vendor will electronically receive a daily 834-formatted eligibility file from the Medicaid Management Information System (MMIS) which will provide information about enrollees that the Vendor will use to identify enrollees and potential enrollees for whom an RCO assignment is needed.”</p> <p>a. Has the State already defined a specific 834 Companion Guide for the ASC X12 Benefit Enrollment and Maintenance (834) transaction based on the 005010X220 Implementation Guide and its associated 005010X220A1 addenda?</p> <p>b. Or is the State expecting the Vendor to provide a recommendation for a Companion Guide to supplement ASC X12 definition for this type of EDI interchange?</p>
<b>Section Number:</b>	II.F.5.a
<b>RFP Page Number:</b>	16
<b>Medicaid Answer:</b>	Medicaid maintains a companion guide for the 5010 834 per the standards referenced in the question. The companion guide has been updated for the Enrollment Broker project and has been added to the Medicaid website.
<b>Question ID:</b>	36
<b>Date Question Asked:</b>	11/09/2015
<b>Question:</b>	When will the State provide the selected vendor with the auto-assignment algorithm?
<b>Section Number:</b>	F.5.b
<b>RFP Page Number:</b>	16
<b>Medicaid Answer:</b>	As described in Section II. Scope of Work, Subsection F. New Enrollment, Medicaid or its designee will use an algorithm to auto assign enrollees who do not voluntarily select an RCO. Medicaid’s fiscal agent will run the auto-assignment process, therefore, the algorithm will not be provided to the selected Vendor.
<b>Question ID:</b>	37
<b>Date Question Asked:</b>	11/09/2015
<b>Question:</b>	What is the auto assignment indicator in the eligibility file?
<b>Section Number:</b>	II.F.2
<b>RFP Page Number:</b>	17
<b>Medicaid Answer:</b>	When enrollees are auto-assigned, a new 834 file will be produced with the assignment and sent to the Enrollment Broker. Medicaid’s designee will run the auto-assignment

	process monthly for unassigned enrollees who are outside of their choice periods.
<b>Question ID:</b>	38
<b>Date Question Asked:</b>	11/09/2015
<b>Question:</b>	The RFP states: "Following the ninety (90) Calendar Day period, enrollees will be subject to a lock-in period of twelve (12) consecutive months, in which enrollees will only be able to disenrollment from the RCO for cause." Is the 12 consecutive month period inclusive of the first 90 days? Or is it a total of 15 months?
<b>Section Number:</b>	II.F.5.d
<b>RFP Page Number:</b>	17
<b>Medicaid Answer:</b>	Refer to Amendment I posted on the Medicaid website on 11/19/2015. The twelve (12) consecutive month period is inclusive of the ninety (90) Calendar Day period.
<b>Question ID:</b>	39
<b>Date Question Asked:</b>	11/09/2015
<b>Question:</b>	Will the State send the vendor an indication that the eligible consumer is also pregnant?
<b>Section Number:</b>	II.G
<b>RFP Page Number:</b>	17
<b>Medicaid Answer:</b>	All information will be included in the 834 file.
<b>Question ID:</b>	40
<b>Date Question Asked:</b>	11/09/2015
<b>Question:</b>	Will the State continue its outreach program(s) to pregnant women or will the enrollment broker be expected to provide all outreach to this population?
<b>Section Number:</b>	II.G.4
<b>RFP Page Number:</b>	17
<b>Medicaid Answer:</b>	As described in Section II. Scope of Work, Subsection G. Pregnant Women (formally known as SOBRA coverage), the Vendor will perform outreach to pregnant women.
<b>Question ID:</b>	41
<b>Date Question Asked:</b>	11/09/2015
<b>Question:</b>	The RFP suggests that the vendor will reach out to consumers 60 days prior to the end of their lock-in period. Because the state will be enrolling 700,000 consumers on October 1 <sup>st</sup> , would the state be open to capitalizing on efficiencies by staggering open enrollment periods by region?
<b>Section Number:</b>	II.I Annual Enrollment Change Period

<b>RFP Page Number:</b>	19
<b>Medicaid Answer:</b>	The requirements are defined within the RFP.
<b>Question ID:</b>	42
<b>Date Question Asked:</b>	11/09/2015
<b>Question:</b>	Will the State please identify the foreign languages spoken by approximately five percent (5%) or more of the total covered population of each Region and throughout the State?
<b>Section Number:</b>	II.L.9; II.U.2
<b>RFP Page Number:</b>	21
<b>Medicaid Answer:</b>	As described in Section II. Scope of Work, Subsection U. Enrollment Services Website, the appropriate foreign languages comprise all languages in the Vendor's service area spoken by approximately five percent (5%) or more of the total covered population of the Region. The Vendor will provide all webpages and posted material in appropriate foreign languages. At this point, Alabama does not currently have a Region where a foreign language is spoken by 5% or more of the population.
<b>Question ID:</b>	43
<b>Date Question Asked:</b>	11/09/2015
<b>Question:</b>	Please clarify if the State would like the vendor to identify the process it will use to identify the languages and formats the consumer needs or if the State would like the vendor to list the languages and formats it will provide.
<b>Section Number:</b>	II.L
<b>RFP Page Number:</b>	22
<b>Medicaid Answer:</b>	The Vendor must describe the process used.
<b>Question ID:</b>	44
<b>Date Question Asked:</b>	11/09/2015
<b>Question:</b>	How many times a year should vendors assume that they will update materials?
<b>Section Number:</b>	Section II M #5
<b>RFP Page Number:</b>	23
<b>Medicaid Answer:</b>	As described in Section II. Scope of Work, Subsection M. Enrollment Packets, information will be updated annually by Medicaid.
<b>Question ID:</b>	45
<b>Date Question Asked:</b>	11/09/2015

<b>Question:</b>	Would the State consider an alternative notification method such as phone call or email?
<b>Section Number:</b>	Section II N b
<b>RFP Page Number:</b>	23
<b>Medicaid Answer:</b>	As described in Section II. Scope of Work, Subsection N. Notices, at a minimum, the Vendor will mail these notices within one (1) Business Day of resolving the issue.
<b>Question ID:</b>	46
<b>Date Question Asked:</b>	11/09/2015
<b>Question:</b>	Can the vendor propose a uniform provider file format for all RCOs?
<b>Section Number:</b>	II.P
<b>RFP Page Number:</b>	25
<b>Medicaid Answer:</b>	As described in Section II. Scope of Work, Subsection P. Provider Network and Directory, the Vendor must describe the Vendor's approach and methodology to coordinate with the RCOs to collect and transmit Provider File/Directory data between all parties.
<b>Question ID:</b>	47
<b>Date Question Asked:</b>	11/09/2015
<b>Question:</b>	What is the deadline for the RCOs to provide their provider network file to the vendor prior to program roll-out?
<b>Section Number:</b>	II.P.2
<b>RFP Page Number:</b>	25
<b>Medicaid Answer:</b>	A deadline has not been established at this time. However, Medicaid estimates that this information will be provided to the Enrollment Broker in June 2016.
<b>Question ID:</b>	48
<b>Date Question Asked:</b>	11/09/2015
<b>Question:</b>	Does the State collect consumer's email addresses and can/will they be passed to the vendor on the daily eligible file?
<b>Section Number:</b>	II.T
<b>RFP Page Number:</b>	31
<b>Medicaid Answer:</b>	Medicaid does not collect email addresses.
<b>Question ID:</b>	49
<b>Date Question Asked:</b>	11/09/2015
<b>Question:</b>	Please confirm that the vendor should provide a website in English and Spanish.
<b>Section Number:</b>	II.U.2

<b>RFP Page Number:</b>	33
<b>Medicaid Answer:</b>	As described in Section II. Scope of Work, Subsection U. Enrollment Services Website, the appropriate foreign languages comprise all languages in the Vendor's service area spoken by approximately five percent (5%) or more of the total covered population of the Region. The Vendor will provide all webpages and posted material in appropriate foreign languages. At this point, Alabama does not currently have a Region where a foreign language is spoken by 5% or more of the population.
<b>Question ID:</b>	50
<b>Date Question Asked:</b>	11/09/2015
<b>Question:</b>	Will the monthly electronic 834 file ONLY contain confirmed and auto-assigned enrollments and Future month's eligibility and disenrollments? Or, will the monthly 834 file actually be a full "replacement" or "master" file that should be used to reconcile the vendor's entire Medicaid population?
<b>Section Number:</b>	II.V.3
<b>RFP Page Number:</b>	34
<b>Medicaid Answer:</b>	As described in Section II. Scope of Work, Subsection V. Enrollment Information System, the Vendor will accept from Medicaid or its designee a monthly electronic 834 file of: (1) confirmed and auto-assigned enrollments, (2) future month's eligibility and disenrollments.
<b>Question ID:</b>	51
<b>Date Question Asked:</b>	11/09/2015
<b>Question:</b>	Define what can be considered miscellaneous EB transactions?
<b>Section Number:</b>	II.V.4
<b>RFP Page Number:</b>	34
<b>Medicaid Answer:</b>	Miscellaneous transactions may include but are not limited to members manually assigned to an RCO by Medicaid or its designee and any error files.
<b>Question ID:</b>	52
<b>Date Question Asked:</b>	11/09/2015
<b>Question:</b>	Will the State provide the preferred method of contact? Or will the vendor develop this value based on past contact with the consumer?
<b>Section Number:</b>	II.Z Table 2
<b>RFP Page Number:</b>	40

<b>Medicaid Answer:</b>	Medicaid will not provide the preferred method of contact. It is Medicaid's intent that this information will be collected through the proposed website.
<b>Question ID:</b>	53
<b>Date Question Asked:</b>	11/09/2015
<b>Question:</b>	This section states that "all pass-through expenses must be documented in the pricing sheet table (Appendix C)." However, Appendix C does not have an obvious place to provide this information. Could the Agency clarify where to provide this information?
<b>Section Number:</b>	III
<b>RFP Page Number:</b>	41
<b>Medicaid Answer:</b>	Refer to Amendment I posted on the Medicaid website on 11/19/2015.
<b>Question ID:</b>	54
<b>Date Question Asked:</b>	11/09/2015
<b>Question:</b>	Please confirm that vendors are to base their firm and fixed fee on providing enrollments for up to 700,000 recipients.
<b>Section Number:</b>	III
<b>RFP Page Number:</b>	41
<b>Medicaid Answer:</b>	As described in Section III. Pricing, Vendors are to base their firm and fixed fee on providing enrollment to an average of 700,000 recipients.
<b>Question ID:</b>	55
<b>Date Question Asked:</b>	11/09/2015
<b>Question:</b>	If outreach and all mailing costs are pass-through expenses, is the vendor expected to allocate fringe, overhead and G&A for the outreach and notice development efforts as part of the fixed-fee price?
<b>Section Number:</b>	III
<b>RFP Page Number:</b>	41
<b>Medicaid Answer:</b>	Yes, the Vendor is expected to allocate fringe, overhead and G & A for the outreach and notice development efforts as part of the fixed-fee price.
<b>Question ID:</b>	56
<b>Date Question Asked:</b>	11/09/2015
<b>Question:</b>	Will the State reconsider its position on negotiating additional terms and conditions presented as part of the proposal, provided such terms and conditions do not directly conflict with the State's standard terms?

<b>Section Number:</b>	VI.E
<b>RFP Page Number:</b>	43
<b>Medicaid Answer:</b>	No.
<b>Question ID:</b>	57
<b>Date Question Asked:</b>	11/09/2015
<b>Question:</b>	Is it the intent for the State to receive the pricing sheet table (Appendix C) along with the Technical proposal, sealed and packaged together in the same binder?
<b>Section Number:</b>	VI.L and VI.N
<b>RFP Page Number:</b>	44
<b>Medicaid Answer:</b>	Yes, the cost and pricing pages are part of the proposal and not to be separately sealed.
<b>Question ID:</b>	58
<b>Date Question Asked:</b>	11/09/2015
<b>Question:</b>	Please confirm that pass through costs will not be part of the Price Evaluation.
<b>Section Number:</b>	VII.E
<b>RFP Page Number:</b>	46
<b>Medicaid Answer:</b>	Refer to Amendment I posted on the Medicaid website on 11/19/2015.
<b>Question ID:</b>	59
<b>Date Question Asked:</b>	11/09/2015
<b>Question:</b>	Is the State interested in optional value added innovations which are not priced and not a part of the core solution but included for the states consideration? If so, how would the State like these items to be distinguished in the response?
<b>Section Number:</b>	General
<b>RFP Page Number:</b>	
<b>Medicaid Answer:</b>	Medicaid is only interested in functionality included in the RFP. The firm and fixed pricing must include all services proposed.
<b>Question ID:</b>	60
<b>Date Question Asked:</b>	11/09/2015
<b>Question:</b>	Section II.E talks about giving initial enrollees 60 days to make their decision.  Section II.F talks about giving new enrollees 20 days to make their decision.  Can the State confirm that initial potential enrollees will be given 60 days to make their decision during program rollout

	and then any subsequent new potential enrollees will be given 20 days?.
<b>Section Number:</b>	Section II.E, Section II.F
<b>RFP Page Number:</b>	15,16
<b>Medicaid Answer:</b>	That is correct.
<b>Question ID:</b>	61
<b>Date Question Asked:</b>	11/09/2015
<b>Question:</b>	Will consumers who are not on the initial 7/1/16 eligibility file go down the roll-out enrollment path or the standard new consumer enrollment path (e.g. if they are received on the 7/15 enrollment file)?
<b>Section Number:</b>	General
<b>RFP Page Number:</b>	
<b>Medicaid Answer:</b>	<p>We interpret this as a question on the timing of the initial production member submission to the Enrollment Broker with respect to the Managed Care go-live date.</p> <p>Currently, Medicaid expects the initial 834 file to be submitted to the Enrollment Broker on or around 7/1/2016. This will contain all members eligible for assignment in the RCO at go-live (10/1/2016). The Enrollment Broker should begin outreach to these members as defined in this RFP. The next member file will be sent to the Enrollment Broker in late July or early August. From this point, Medicaid's fiscal agent will begin sending daily files to the Enrollment Broker. The Enrollment Broker should begin outreach to these members as defined in the RFP. Since there is a 20 day choice period, Medicaid expects members submitted to the Enrollment Broker before September 8<sup>th</sup> to be assigned at the go-live date of 10/1/16 as well.</p>