

RFP # (2016-MUPP-01)**Meaningful Use Incentive Payment Program State Level System RFP****Vendor Questions and Medicaid Answers****May 6, 2016**

Question ID:	1
Date Question Asked:	4/20/2016
Question:	The Schedule of Events lists the Deadline for Submission of Questions as 4/27/2016, and the Final Posting of Questions and Answers as 5/7/2016. Due to the brevity of the schedule, vendors would need answers very quickly to validate and finalize our solution and pricing. Will there only be one posting of answers to all vendor questions on 5/7/2016, or will the Agency be posting the answers to questions as they are submitted?
Section Number:	None Stated
RFP Page Number:	None Stated
MEDICAID Answer:	Medicaid will post the answers to all questions received by the Questions deadline with one posting.
Question ID:	2
Date Question Asked:	4/20/2016
Question:	The schedule for proposal submission is very aggressive. In addition to the brevity of the schedule, vendors will not receive final answers until 5/7/2016, only 6 days prior to the proposal submission deadline. Would the Agency consider extending the deadline for proposal responses so that we have adequate time to solution the MU system?
Section Number:	None Stated
RFP Page Number:	None Stated
MEDICAID Answer:	No. Medicaid will not extend the deadline date for RFP responses.
Question ID:	3
Date Question Asked:	4/20/2016
Question:	We would expect information such as call volumes, provider participation, etc. in order to properly solution the MU system for the Agency. Will a bidders library be made available to vendors containing all pertinent information about the current MU program?
Section Number:	None Stated

RFP Page Number:	None Stated
AGENCY Answer:	Medicaid does not intend to have a bidder's library available.
Question ID:	4
Date Question Asked:	4/21/2016
Question:	What is the annual budget for this RFP?
Section Number:	None Stated
RFP Page Number:	None Stated
MEDICAID Answer:	Medicaid requires the budget be the fixed price the winning Vendor submits with their response.
Question ID:	5
Date Question Asked:	4/21/2016
Question:	If it is there any incumbent on this RFP? if yes, please provide the incumbent details
Section Number:	None Stated
RFP Page Number:	None Stated
MEDICAID Answer:	The prior Vendor was Xerox State Healthcare. The contract expired on 1/31/2016 and is no longer applicable.
Question ID:	6
Date Question Asked:	4/21/2016
Question:	Please let us know the last year's spending on this RFP.
Section Number:	None Stated
RFP Page Number:	None Stated
MEDICAID Answer:	Medicaid's FY 2015 spending on this service is not applicable to this contract award.
Question ID:	7
Date Question Asked:	4/21/2016
Question:	Is it single award or multiple award ?
Section Number:	None Stated
RFP Page Number:	None Stated
MEDICAID Answer:	This will be a single contract award.
Question ID:	8
Date Question Asked:	4/27/2016
Question:	In Section I. Background, the RFP states "The system must have the capability to issues payments within 30 days of the contract effective date". This is not sufficient time to implement an SLR COTS solution, while meeting the Agency's expectation of a seamless transition with minimal disruption to Medicaid's and SLR participants' workflow. The following are examples of critical business and technical

	<p>prerequisites required to implement an SLR COTS solution in this manner:</p> <p>Business prerequisites:</p> <ul style="list-style-type: none"> • Rules definition to implement the Alabama specific policies. • Content definition for state configurable “splash pages”, guidance, and instructions in the application. • Customization and state approval of provider manuals. • Outreach activities to providers. <p>Technical prerequisites:</p> <ul style="list-style-type: none"> • Transition and transfer of data from the existing State Level Repository to provide a basis for determining current provider eligibility and progress. • Infrastructure configuration and validation. • Implementation of NLR data exchange interface and any necessary approvals or CMS testing. • System Testing and User Acceptance activities. <p>Due to the level of effort required to seamlessly transition to a new system, will the Agency consider increasing the timeframe to issue payments from 30 days to a minimum of 90 days from contract effective date, with the Agency and vendor agreeing upon the final schedule for all tasks during contract negotiations?</p>
Section Number:	I. Background
RFP Page Number:	5
MEDICAID Answer:	The system availability for MU registration and attestation submissions must be live within 30 days of contract effective date.
Question ID:	9
Date Question Asked:	4/27/2016
Question:	Please provide the current file transfer method used by the Agency for transfers to and from CMS. Can this capability be leveraged by the MIP system or does the transfer mechanism need to be part of the solution? If an existing file transfer mechanism is in place, is it the Agency’s or the Vendor’s responsibility for configuring and testing transfers to and from CMS?
Section Number:	II. Scope of Work, A
RFP Page Number:	6
MEDICAID Answer:	The file transfer method(s) must be in accordance with CMS accepted protocols, specifications and standards of the MU program. It is also understood to be part of the solution. It will be the Vendor’s responsibility to work with CMS for configuration and testing of all required file transfer

	capabilities necessary for the proper and timely file receipts and submissions.
Question ID:	10
Date Question Asked:	4/27/2016
Question:	Please clarify the expected dependencies on ICD-10 for the Alabama Medicaid EHR Incentive Program. Please provide a copy of the ICD-10 file referenced in the RFP.
Section Number:	II. Scope of Work, B.1.d and B.2.c
RFP Page Number:	8 and 9
MEDICAID Answer:	While there are not any known expected ICD-10 dependencies that focus on any provider enrollment information used for the pre-verification and payment, there would be ICD-10 dependencies for MU measures comparisons and integration against certain claims data elements such as diagnosis codes. Please refer to the Alabama Medicaid website or the appropriate CMS website for file specifications.
Question ID:	11
Date Question Asked:	4/27/2016
Question:	Please provide the anticipated daily call and email volume and length of calls to be handled by the call center.
Section Number:	II. Scope of Work, B.5.c
RFP Page Number:	10
MEDICAID Answer:	At the peak volume time, the minimum e-mails received daily average 100; daily phone call average 50. The length of the calls vary depending on the complexity of the question.
Question ID:	12
Date Question Asked:	4/27/2016
Question:	Please define the Vendor pre-verification responsibilities for 2015/2016 EP attestations. Please confirm the required timeframes to complete the verification of the attestations.
Section Number:	II. Scope of Work, B.5
RFP Page Number:	11
MEDICAID Answer:	The Pre-verification responsibilities include the review of all the required, appropriate eligibility and attestation information necessary for rendering an EHR incentive payment approval. Medicaid expects to make a payment decision within 90 days of the date the vendor attestation is submitted for review.
Question ID:	13
Date Question Asked:	4/27/2016
Question:	The Agency desires that all future CMS modifications to the MU Incentive Payment Program be included in the firm

	pricing. Since the extent of such future modifications are unknown, will the Agency please provide parameters or boundaries around what level of change should be accommodated, before a Change Order process will be permitted?
Section Number:	II. Scope of Work, C
RFP Page Number:	11
MEDICAID Answer:	System modifications due to any CMS MU program rule changes are dependent on the complexity of the rule changes itself. Medicaid will work with the Vendor and CMS to allow a reasonable time for system change orders to be analyzed, completed, and tested. CMS will provide a notification of expected rules changes which include a minimum 60-day comment period before any changes are deemed final.
Question ID:	14
Date Question Asked:	4/27/16
Question:	<p>Please provide additional information regarding the “relevant data” that will be required for transition and transfer to the new solution? For example:</p> <ol style="list-style-type: none"> 1) Volume of data stored in the current solution by MU Program Year and program provider type (i.e. “Eligible Professional”, “Eligible Hospital”). 2) Volume of currently participating “Medicaid only” hospitals. 3) Type of data and attestation support data in the current solution – please provide all file formats. 4) Volume of attestation data by status in the current solution – Finalized/Completed and In Review/Pending.
Section Number:	II. Scope of Work, E
RFP Page Number:	11
MEDICAID Answer:	The Total volume of data is unknown at this time, but Medicaid expects to retain and transfer all data in the current SLR system since the program began since April 2011. This is due to program requirements. Medicaid has 1900+ participants including 2 “Medicaid only” Eligible Hospitals in the program. Presently there are 47 program year 2014 attestations currently in the system. All standard data file formats apply, including EHR system formats of XML & JSON.
Question ID:	15
Date Question Asked:	4/27/2016
Question:	Section IX. General Terms and Conditions is silent on Limitation of Liability. What is the Limitation of Liability on

	the current MU contract? If none, will the Agency agree to limit liability to the total contract value or agree to negotiate this contract term upon reward?
Section Number:	IX. General Terms and Conditions
RFP Page Number:	20
MEDICAID Answer:	Additions or exceptions to the standard terms and conditions are not allowed. See Section VII. Submission Requirements, E. Acceptance of Standard Terms and Conditions.
Question ID:	16
Date Question Asked:	4/27/2016
Question:	Will the Agency please clarify what types of Year 1 expenses are being included in the "Implementation Fee and Deliverables" line vs. the "Project Support" line, within the Appendix C: Pricing Form?
Section Number:	Appendix C: Pricing Form
RFP Page Number:	49
MEDICAID Answer:	Implementation / Fee a Deliverables Fee is for the system implementation, operation, & maintenance/updates for years 1-5. Project Support is the pricing for personnel that will be used for handling pre-verification responsibilities for Year 1 only.
Question ID:	17
Date Question Asked:	4/27/2016
Question:	Please confirm that the RFP Cover Sheet, which includes pricing information and the actual Appendix C Pricing Form, should be included in the same binder with the rest of the proposal and that these documents do not have to be separately bound and packaged.
Section Number:	RFP Coversheet, III. Pricing, Appendix C: Pricing Form
RFP Page Number:	1, 12, 49
MEDICAID Answer:	These may be included in the same binder, but in separate sections for easy removal.
Question ID:	18
Date Question Asked:	4/27/2016
Question:	Will the State provide confirmation that they will enter into good faith negotiations upon award of contract.
Section Number:	VII.K State's Rights Reserved
RFP Page Number:	17
MEDICAID Answer:	Medicaid provides no confirmation except those that are in the RFP.

Question ID:	19
Date Question Asked:	4/27/2016
Question:	<p>a. Please confirm that the electronic copy containing the complete version of the Vendor response should be on a separate jumpdrive from the redacted electronic copy where the confidential or proprietary information has been removed.</p> <p>b. Will the State permit Vendors to provide the redacted electronic copy in PDF format only, as Word format does not readily lend itself to the redaction process, whereas the PDF format does?</p>
Section Number:	VII.N. Copies Required
RFP Page Number:	18
MEDICAID Answer:	<p>A. Confirmed.</p> <p>B. Yes.</p>
Question ID:	20
Date Question Asked:	4/27/2016
Question:	Is it the State's intent to extend the contract through mutual written agreement after the Legislative Contract Review Oversight Committee provides approval?
Section Number:	IX.C Term of Contract
RFP Page Number:	20
MEDICAID Answer:	Medicaid will submit the signed contract to the Contract Review Oversight Committee for review as required under state law.
Question ID:	21
Date Question Asked:	4/27/2016
Question:	<p>a. Will the State please confirm that, in the event Medicaid terminates the contract for default, the Contractor shall receive payment for all work satisfactorily completed at time of notice as well as for reasonable, documented costs incurred in good faith for work in progress?</p> <p>b. Will the State please modify the Termination for Default Notice Period to 30 days?</p>
Section Number:	IX.J Termination for Default
RFP Page Number:	22-23
MEDICAID Answer:	a. Additions or exceptions to the standard terms and conditions are not allowed. See Section VII.

	Submission Requirements, E. Acceptance of Standard Terms and Conditions. b. Additions or exceptions to the standard terms and conditions are not allowed. See Section VII. Submission Requirements, E. Acceptance of Standard Terms and Conditions.
Question ID:	22
Date Question Asked:	4/27/2016
Question:	a. Due to the need for the Contractor to wind-down operations in the event of unavailability of funds, will the State confirm it will provide 180 days advance notice to the Contractor of the termination due to unavailability of funds? b. Will the State confirm that termination due to unavailability of funds shall not be used to insource the work designated under the contract or use a third party?
Section Number:	IX.K Termination for Unavailability of Funds
RFP Page Number:	23
MEDICAID Answer:	a. Additions or exceptions to the standard terms and conditions are not allowed. See Section VII. Submission Requirements, E. Acceptance of Standard Terms and Conditions. b. Additions or exceptions to the standard terms and conditions are not allowed. See Section VII. Submission Requirements, E. Acceptance of Standard Terms and Conditions.
Question ID:	23
Date Question Asked:	4/27/2016
Question:	Will the State please clarify the meaning and intent of this section?
Section Number:	IX.L Proration of Funds
RFP Page Number:	23
MEDICAID Answer:	Refer to Section IX.L – Proration of Funds.
Question ID:	24
Date Question Asked:	4/27/2016

Question:	<p>a. Will Medicaid confirm that, in the event it terminates the Contract for convenience, in whole or in part, it shall provide the Contractor advance written notice?</p> <p>b. The Contractor respectfully requests Medicaid provide 180 days advance written notice in the event of termination for convenience in order to ensure all aspects of the Contract are terminated efficiently.</p>
Section Number:	IX.M Termination for Convenience
RFP Page Number:	23
MEDICAID Answer:	<p>a. Additions or exceptions to the standard terms and conditions are not allowed. See Section VII. Submission Requirements, E. Acceptance of Standard Terms and Conditions.</p> <p>b. Additions or exceptions to the standard terms and conditions are not allowed. See Section VII. Submission Requirements, E. Acceptance of Standard Terms and Conditions.</p>
Question ID:	25
Date Question Asked:	4/27/2016
Question:	<p>a. Will the State please modify the section as follows: Contractor agrees that representatives of the Comptroller General, HHS, the General Accounting Office, the Alabama Department of Examiners of Public Accounts, and Medicaid and their authorized representatives shall have the right during business hours to inspect and copy Contractor's books and records directly pertaining to contract performance and costs financial information that is publicly available thereof. Contractor shall cooperate fully with requests from any of the agencies listed above and shall furnish free of charge copies of all requested records. Contractor may require that a receipt be given for any original record removed from Contractor's premises</p> <p>b. Will the State confirm that it shall provide no less than ten (10) business days' prior notice in the event that access to the contractor's records is necessary under the provisions of this Contract.</p>
Section Number:	IX.AA Inspection of Records
RFP Page Number:	26
MEDICAID Answer:	<p>a. Additions or exceptions to the standard terms and conditions are not allowed. See Section VII. Submission Requirements, E. Acceptance of Standard Terms and Conditions.</p>

	b. No. Medicaid provides no confirmation except those that are in the RFP.
Question ID:	26
Date Question Asked:	4/27/2016
Question:	The Contractor respectfully requests the following language be included in this section in order to streamline the invoicing and acceptance procedure: “Acceptance shall not apply to any recurring services provided under the Contract. Acceptance shall be deemed given for any deliverable that has not been explicitly accepted or rejected in writing.”
Section Number:	IX.CC Payment
RFP Page Number:	27
MEDICAID Answer:	Additions or exceptions to the standard terms and conditions are not allowed. See Section VII. Submission Requirements, E. Acceptance of Standard Terms and Conditions.
Question ID:	27
Date Question Asked:	4/27/2016
Question:	a. Will the State please confirm the Contractor’s liability for damages arising under the Contract shall be limited in the aggregate to 100% of the annual value of the contract? b. Will the State please confirm the Contractor shall not be liable for special, consequential, incidental, compensatory, exemplary, or punitive damages?
Section Number:	General
RFP Page Number:	N/A
MEDICAID Answer:	a. No. Medicaid provides no confirmation except those that are in the RFP. b. No. Medicaid provides no confirmation except those that are in the RFP.