State of Arkansas Department of Human Services
Attachment B1
RFP #710-22-0034
Clarification Questions Template

Instructions

This Response Template must be used for submission of written questions. All questions should provide the requested information. Those that do not, may not be answered by DHS. The Vendor may add as many lines as needed. DHS would strongly prefer the Vendor to ask multi-part questions as individual questions on separate lines.

Instructions: Complete all cells of each question asked in the Table below. Clearly identify the referenced section or text.

Question ID	Reference (page number, section number, paragraph)	Specific Language	Question	Answers
Example	*Page 7, section 1.15, C*	J. Vendors may submit multiple bid	*May vendors submit more than one bid?*	*yes See section 1.15, J*
1			Whether companies from Outside USA can apply for this? (like, from India or Canada)	*No, See section 1.31 Data Location*
2			Whether we need to come over there for meetings?	*See Section 2.6.N.1 of the solicitation.*
3			Can we perform the tasks (related to RFP) outside USA? (like, from India or Canada)	*No, See section 1.31 Data Location of the solicitation.*
4			Can we submit the proposals via email?	*No, see Page 1 of the solicitation.*
5	Page 17, section 2.5, A.	DHS is contracting for a service, off the shelf (not custom build) solution to host and operate the metrics tracking and analytic portal to support Arkansas's Patient Centered Medical Home (PCMH) Portal.	If a company has designed a PCMH portal, is that considered "off the shelf"?	*Yes, if the PCMH portal system can be implemented without major customization. include proposed maintenance schedule for release of the proposed solution. See Sections 2.5 A and 2.6 M.1.f*
6	Page 12, section 2.1, Introduction, third paragraph	Due to the 7-year contract limitation under Ark. Code Ann. § 19-11-238, the Arkansas Department of Human Services (DHS) is on a short timeline to establish a new contract no later than May 1, 2023. A failure to obtain a replacement system would jeopardize the continuity of the Patient Centered Medical Homes (PCMH) program and would interrupt exchange of information related but not limited to performance and clinical metrics between program participating providers and DHS, possibly jeopardizing timely payment to providers and patient care.	Who is DHS currently contracted with to perform/provide these functions?	*General Dynamics Information Technology, Inc (GDIT)*

7	Page 12, section 2.1, Introduction, third paragraph	Due to the 7-year contract limitation under Ark. Code Ann. § 19-11-238, the Arkansas Department of Human Services (DHS) is on a short timeline to establish a new contract no later than May 1, 2023. A failure to obtain a replacement system would jeopardize the continuity of the Patient Centered Medical Homes (PCMH) program and would interrupt exchange of information related but not limited to performance and clinical metrics between program participating providers and DHS, possibly jeopardizing timely payment to providers and patient care.	What is the current annual contract amount for providing this service?	*Not applicable.*
8	Page 12, section 2.1, Introduction, third paragraph	Due to the 7-year contract limitation under Ark. Code Ann. § 19-11-238, the Arkansas Department of Human Services (DHS) is on a short timeline to establish a new contract no later than May 1, 2023. A failure to obtain a replacement system would jeopardize the continuity of the Patient Centered Medical Homes (PCMH) program and would interrupt exchange of information related but not limited to performance and clinical metrics between program participating providers and DHS, possibly jeopardizing timely payment to providers and patient care.	From which contract is this system currently paid?	*Not applicable.*
9	General question - pages 17-37, sections 2.5-2.7	General Question - Scope of Work, Contractor Responsibilities/ Project Requirements, Deliverables and Milestones	Who is the current incumbent providing these functions?	*See answer in question 6*
10	Page 9, section 1.26, B.	ACCORDINGLY, THE CONTRACTOR EXPRESSLY REPRESENTS AND WARRANTS to the State of Arkansas through the procurement process by submission of a Voluntary Product Accessibility Template (VPAT)	Please confirm what version of VPAT is required to be submitted with proposal.	*Latest required by CMS (2.4 or any newer) Refer also to Section 2.26.B of the solicitation.*
11	Page 33, section L. Service/Support, 1.	Contractor shall provide help desk support Monday through Friday, 8:00am through 6:00pm CST (via online services and a call center)	Are there any reporting requirements for the help desk?	*See section 2.6,L.7*
12	Page 33, section L. Service/Support, 1.	Contractor shall provide help desk support Monday through Friday, 8:00am through 6:00pm CST (via online services and a call center)	What are historical call volumes?	*Low during post go live, high during go live/ implementation/new releases*
13	Page 33, section L. Service/Support, 1.	Contractor shall provide help desk support Monday through Friday, 8:00am through 6:00pm CST (via online services and a call center)	What is the average call handling time?	*See Attachment C SC18*

14	RFP Doc name: "710-22-0034 RFP" page 1, section "Delivery of Response Documents"	Delivery providers, USPS, UPS, and FedEx deliver mail to OP's street address on a schedule determined by each individual provider. These providers will deliver to OP based solely on the street address. Prospective Contractors assume all risk for timely, properly submitted deliveries.	Is the State open to accept responses (for both the ORIGINAL and COPY of both the Technical Proposal and Cost Proposal) to this solicitation by electronic mail rather than via postal delivery?	*No, see Page 1*
15	Attachment_I Requirements Tab, Column F	All 'must have' requirements are included in Phase I (Immediately)	Could the state provide more information on the preferred implementation timeframe; for example, all 'must have' functionality is 'immediately' however, even COTS functionality requires some implementation time. Can the state clarify the timeline between contract award and phase 1 go live?	*See section 2.6 (Note) Go live date must be as proposed in the bidder submission and must be no later than September 30, 2023. Refer to Addendum 2 - Revised Attachment I*
16	Attachment_I Column F	General	Can the state indicate which requirements are met by the existing solution and which are new. Understanding existing systems and processes vs. incremental functionality will help vendors to plan implementation activities. Or is it the case that all 146 'must have' requirements exist as part of the portal today?	*All "must have" requirements are currently in place and vendor will be expected to implement at Go-Live*
17	General	General	Can the state provide additional documentation on the system that exists today including Design Specifications Documents, Release Notes, Training	*See Appendix 1-7*
18	General	General	Can the state share historical and/or future budget for this project?	*Not applicable.*
19	Attachment I Requirements Tab, R5, R14, R30 for example	General	The term Patient Pathways is referenced in the context of 'metrics'. Are Patient Pathways solely a collection of metrics/KPIs, terms, quality measures, etc., or is there a larger context here that relates to actual care pathways, such as codified in Milliman Care Guidelines and InterQual Criteria? If so, does this RFP have any requirements for serving up, disseminating, or interfacing with clinical care guidelines/criteria tools or vendors?	*Patient Pathways are a collection of metrics/KPI's. See Section 2.2 for definition of Patient Pathway. See Appendix 1 PCMH Metric Agg Q3 2018-2016 Configuration*
20	Attachment I Requirements Tab, R18	enter data related to quality metrics, providers, payments, etc.	Is there a definitive list of data types that are expected to be manually entered into the system (e.g., quality scores, survey responses, provider eligibility, provider participation, etc.)? Are these full data files? Simple overrides of calculations? Both? By payment data, is it expected that the proposed system will become a source of truth for payments? Or would this be for tracking adjustments to, or balancing, performance, settlement calculations? Other?	*See Appendix 1-6*
21	Attachment I Requirements Tab, R23	metrics	Are these KPIs, or are these official standard measures such as HEDIS?	*Some measures are homegrown, majority are HEDIS measures. See Appendix 1 for some examples.*
22	Attachment I Requirements Tab, R29	Any existing software applications owned by the Contractor and used in the performance of the services under this contract must be granted to the State of Arkansas at no additional cost.	Clarifying that this simply means that all "out of the box" software licensing costs, including vendor-created tools and bundled 3rd party applications, must be included as part of the final contracted rate for this project?	*Yes. Vendor to include all software licensing cost in cost proposal. Refer also to Section 1.14.A of the solicitation.*
23	Attachment I Requirements Tab, R31, R32	PAP assignment, trigger codes	There are a number of episode of care (EOC) specific terms used in the RFP. Are there EOC programs that are included in the PCMH umbrella? If so, how many EOC types/categories are included (e.g., hips/knees, perinatal, oncology)?	*"Episodes of Care" are not referenced in this solicitation.*

24	Attachment I Requirements Tab, R 32	trigger events	Similar to question 11, what are the end results/goals of these triggers? Episodes of care, any given KPI/metric, other?	*See Section 2.5, G and 2.6,B-D*
25	Attachment I Requirements Tab, R49	assign each metric to at least 25 patients	Is this a minimum attributed member setting? A minimum members counted in denominator setting? Other?	*Yes, this is a minimum attributed setting*
26	Page 20, section 2.6, A.1	Portal shall have at least 6 types of users segregated into frontend and backend users: "Attachment_B2 Response Packet Section E.4.A. states "Illustrate the five (5) user role requirements and the segregation into frontend and backend users (RFP Section 2.6.A.1).	Will DHS please clarify if the response excludes user type "Provider" or includes role requirements for all six types of users?	*Refer to Addendum 2 - Revised Attachment B2 (E.4.A) and Revised Solicitation (E.4.A).*
27	Page 33, section 2.6 L.1 and section 2.6 L.5	Contractor shall provide help desk support Monday through Friday, 8:00am through 6:00pm CST (via online services and a call center) to address issues related...Help Desk hours of operation must be Monday through Friday, 7:00am through 7:00pm CST.	Pleased clarify the required hours for help desk operations	*Refer to Addendum 2 - Revised Attachment C Performance Standards*
28	Page 28, Section 3.b.1	DHS employees SSO and MFA: contractor shall implement SSO and Multi-factor authentication (MFA) method to grant portal access to DHS users only after successfully presenting two or more pieces of evidence to an authentication mechanism. This shall be implemented at go live (Phase 1).	Please clarify if DHS will provide licenses for SSO and MFA tools for this contract?	*Vendor to include software cost in cost proposal. Refer also to Question 22.*
29	Page 28, Section 3.b.1	DHS employees SSO and MFA: contractor shall implement SSO and Multi-factor authentication (MFA) method to grant portal access to DHS users only after successfully presenting two or more pieces of evidence to an authentication mechanism. This shall be implemented at go live (Phase 1).	Does DHS have any preference on which SSO and MFA tool shall be deployed for this contract?	*For internal users- MS Azure* *For external users – IBM Security Verify*
30	Page 28, Section 3.b	Single Sign On (SSO) authentication scheme to allow users to log in with a single ID to any of the several DHS related, yet independent, software systems as follows:	Please confirm if IBM Cloud Identity platform is used for external or internal user	*IBM Cloud Identity platform is used for external user*
31	Page 28, Section 3.b	Single Sign On (SSO) authentication scheme to allow users to log in with a single ID to any of the several DHS related, yet independent, software systems as follows:	Will DHS clarify how new users will request access to the PCMH portal?	*Provider or enrolled practices will request by email to the portal vendor and vendor will obtain DHS approval for access. DHS users are granted access by DHS approved Administrator.*
32	Page 35, Section M.4.p	Use of JAMA for all requirements gathering so the State can map UAT testing to the requirements.	Does DHS use JAMA software for all requirements gathering?	*Yes, for all requirements in this project*
33	Page 35, Section M.4.p	Use of JAMA for all requirements gathering so the State can map UAT testing to the requirements.	Will DHS provide licensing for JAMA or any other requirement gathering tool that it uses?	*DHS may leverage current software licenses, however vendor must include software cost in cost proposal.*

34	Attachment I, R84	Portal shall be able to collect/consume analytic data, for reports and dashboards, from a range of different DHS designated sources, such as websites, mobile applications and customer relationship management systems (CRMs). The data shall be collected via application programming interfaces (APIs), event trackers (e.g. JavaScript tags and SDKs), server-to-server integrations and manual file imports.	Will DHS provide a list of DHS designated sources?	*See Appendix 6*
35	Attachment I, R101	Portal shall allow users to download reports to their own system, work on it offline, and if needed then upload a new report version back to the portal using a version controlled library (list).	Will DHS please provide use cases on who will use this feature?	*State users will be playing as admin roles, and users will have features to submit attestations, execute reports, upload files etc. See Section 2.6 A2e; 2.6 D6i*
36	Attachment I, R128 RFP Section 2.6.F.1	R128 - Portal shall allow for weekly secure backup of all hosted metrics (Patient Pathway) and claim data, including static reports, metric data extracts, metric configurations, and parameter settings. The contractor shall manage the solution to provide a recovery time objective (RTO) of 24 hours and a recover point objective (RPO) of 1 hour. RFP - 1.The Contractor shall manage the solution to provide a Recovery Time Objective (RTO) of 24 hours and a Recovery Point Objective (RPO) of 12 hours.	Will DHS please clarify if the RPO is 12 hours instead of 1 hour?	*Refer to Addendum 2 - Revised Attachment I Requirements-Deliverables Worksheet; also refer to Section 2.6.F1 and Section 2.6.G6 of the solicitation.*
37	Page 29, section 2.6, F.1	The Contractor shall manage the solution to provide a Recovery Time Objective (RTO) of 24 hours and a Recovery Point Objective (RPO) of 12 hours.	Will DHS please verify if this only applies to the Production environment?	*Yes, production only*
38	Page 23 out of 48, section 2.Patient attribution module, paragraph a)	Portal shall allow for attribution of individual patients to a PAP for the purpose of calculating best practice metrics (clinical, quality, utilization, etc.) that will assist client referrals for the PCMH program at a practice and individual provider level. Attributions shall be done at a "program" (metric group/subgroup) level and not at a provider level.	Will DHS please clarify attribution at the PAP or program level?	*See Section 2.2 PROJECT ACRONYMS AND DEFINITIONS*

39	RFP Page 27, Section 2.6, 6. Reports Module, P	In addition, as part of Phase 2, Contractor shall design and implement within the portal an interactive data visualization dashboard to allow DHS users to view performance metrics and drill down to (but not limited to) claims-level data. In addition, as part of the interactive dashboard, portal shall allow users to customize and save dynamic reports on a personalized report library (e.g., customized PDF reports with fields chosen by the Provider).	Will DHS please provide information on how many users will require access to update/edit reports and how many users will require access to view reports?	*DHS users shall be three (3) at the minimum, vendor users are TBD and shall be approved by DHS.*
40	RFP Page 39, Section E2 D and E	Point values are assigned for subcontractor work.	If no subcontractor is proposed and that is clearly stated, does respondent receive full points in these sections?	*Yes*
41	RFP Page 22, B 3. Infrastructure and IT Support Requirements	Prospective Contractor shall ensure that portal can handle (track) a minimum of 35 metrics (individually or in groups) at any given time, for a minimum of 2,000 enrolled providers at the time.	The current portal has 387 number of providers. Please confirm that DHS wants to increase to 2000 providers and they are all required by phase 1.	*Yes*
42	RFP Page 22, B 3. Infrastructure and IT Support Requirements	Prospective Contractor shall ensure that portal can handle (track) a minimum of 35 metrics (individually or in groups) at any given time, for a minimum of 2,000 enrolled providers at the time.	For budget purposes (license fees, workloads), how many users per provider should be budgeted?	*Max 5 users per provider*
43	Response Packet, Page 9, E.5 - RFP Section 2.7 – Deliverables and Milestones	C. Conversion Plan	Will DHS please clarify if the Conversion Plan referenced in the Response Packet is the same as the Data Conversion Plan referenced on page 33 and 36 of the RFP?	*Yes*
44	Attachment I, R14	7. Compare metric performance with other registered users in his practice/clinic participating in the PCMH program (or other programs as they are added to the portal).	Will DHS please provide examples of the types of information/data a provider would select to compare against other provider's?	*Providers don't select their metrics for comparison. DHS uses all the metrics to compare performance of individual providers against other providers in the program. See Section 2.6 D6c-d*
45	p,25 5.b and f. Provider Enrollment Modu	B) Even though Medicaid provider enrollment will not be happening directly on the PCMH portal, the PCMH portal described in this RFP shall be able to consume provider enrollment data from other designated DHS vendors, with information regarding provider profiles, eligibility to participate in metrics programs, and provider "pool" status. F). Also, during phase 3 of the project, portal shall allow providers to enroll in the PCMH program (and/or other DHS managed program(s)) during a specific (limited) enrollment period on an annual basis.	Will DHS please clarify if the contractor is responsible for the PCMH enrollment process or just ingesting PCMH provider enrollment data?	*Vendor will ingest the provider enrollment data. Vendor is not responsible for enrollment process.*

46	p.33, section 7	Contractor shall ensure that every support call with ring-answer contact (i.e., not receiving a busy signal) must be in the control of an authorized and trained specialist or technical services representative within an average of thirty (30) seconds after caller makes selection in Interactive Voice Response (IVR) and call is placed in queue is made.	Will DHS please provide the anticipated weekly call volume and average duration of the call?	*See answers in questions 12 and 13*
47	page 29, section F.5 and Attachment C, SC13	The contractor must notify the State of all remote site infrastructure downtime. Notice of planned downtime will be provided in writing to the State five (5) business days in advance. In Attachment C, No downtime will be scheduled during normal State business hours without written prior approval (minimum 10-day notice) by the State Contract Administrator.	Will DHS please confirm if a 5 day or 10 day notice required for pre-approval for planned downtime?	*See Section 2.6 F5; Notice of planned downtime will be provided in writing to the State five (5) business days in advance. Refer to Addendum 1 - Revised Attachment C Performance Standards SC13*
48	Attachment C, page 9, SC 18	The State will allow calls to roll to Shared Services when the call volume escalates. Contractor and the State will mutually determine when calls should roll to Shared Service. Contractor can also renegotiate the average ASA if the membership increases or benefit changes result in a significant increase in call volume.	Will DHS please confirm who is Shared Services and is this applicable to a provider call center and not a member call center?	*This is a provider program. A member call center is not needed.*
49	Attachment C, SC5: Standards - Reporting Management Ad-hoc and scheduled reports requested by the State shall be provided in an acceptable timeframe and format as determined by the State.	Ad Hoc Reporting: Any/all reports determined to be "ad hoc" are due to the State within seven business days of State "ad hoc" request or an agreed-upon time frame depending unacceptable timeframe and format as the complexity of the request. Timelines other than 5 days must be agreed to in writing determined by the State.	Because ad hoc analysis can range from straight forward to very complex, will DHS please provide an estimate of the number of straight forward and the number of complex ad hoc analysis expected per month?	*There are 9 category/utilization/vaccination/metric and PCMH reports. There are another 3-4 straightforward reports. For report information See Appendix 5*
50	Attachment C, SC13. **Performance Management - System Compliance and Security. T**he PCMH portal must be available 24 hours per day, seven days per week, except for scheduled downtime as agreed to by the State. No downtime will be scheduled during normal State business hours without written prior approval (minimum 10-day notice) by the State Contract Administrator. The specific hours of scheduled down time will be	Production Environment must be available 99.9% of the time, 24 hours a day, 7 days a week. Measured per hour, per day, per week reported monthly.	Would an exception be made for the 10 day rule if a security vulnerability was identified? An example recently was the security vulnerability from log4j.	*Refer to Addendum 2 - Revised Attachment C Performance Standards SC13*

51	Attachment C, **A Mandated reporting.** pursuant to Ark. Code Ann. §12-18-402 (b)(10) and Ark. Code Ann. §§ 12-12-1708(a)(1)(AA), Contractor and all of its employees, agents, and all Subcontractors and Subcontractor's employees and agents shall immediately make a report to the Child Abuse Hotline or the Adult Maltreatment Hotline (based on type of maltreatment) if Contractor or any of its employees, agents, or Subcontractors' employees and agents, while performing duties under this contract, have reasonable cause to suspect that:	a. A child has been subjected to child maltreatment; b. A child died as a result of child maltreatment; c. A child died suddenly and unexpectedly; or d. Observe a child being subjected to conditions or circumstances that would reasonably result in child maltreatment. or e. An endangered person or an impaired person has been subjected to conditions or circumstances that constitute adult maltreatment or long-term care facility resident maltreatment	Will DHS please confirm if this SC is usually associated with provider contracts? We will not be providing any services to children. Will DHS clarify if this service criteria requirement relates to incoming calls, referring to child abuse in any form - if it is discussed it is to be referred to the appropriate parties or anytime our employees are working on this contract hear of abuse they are to report it?	*Based upon the business DHS conducts agency wide, this SC is a requirement in all of its contracts.Correct, any time contract employees hear of abuse, they are required to report it.*
52	Attachment I, R18	• assign new metrics and metric groups to a provider	Is it expected that metrics and metric groups will be manually assigned to providers? If so, will DHS please provide examples of use cases on how and when this feature will be used?	*Metrics are reviewed and adjusted annually. See Appendix 1 for examples of metrics.*
53	Attachment I, R37	Portal shall have the following modules: 1) Metrics Module: a module for managing metrics (quality, reporting, performance metrics, etc.) 2) Patient Attribution Module 3) Calculations Module: a module for payment calculations, risk adjustment, and utilization metrics 4) Payments Module: a module for managing, adding and changing of payments 5) Provider Enrollment Module 6) Reports Module Procedural codes need to be linked to all modules.	The last part of this requirement states that procedural codes needs to be linked to all modules. Will DHS provide examples of use cases that help describe the purpose of linking procedural codes to a "module"?	*Procedural codes are based on HEDIS measures. See Appendix 1-3*
54	Attachment I, R49	Portal shall allow users to assign each metric to at least 25 beneficiaries (patients). Metric groups (Patient Pathways) can be assigned based upon a population (e.g., pediatric vs adult).	Typically, patients are "assigned" to a metric if they meet the metric denominator criteria rather than being manually assigned to a metric by a user. Can you please provide examples of use cases of a user assigning metrics to patients?	*As long as the patient meets the definition of what is counted in the denominator the patient is counted.*
55	Attachment I, R78	Portal shall allow provider users to choose to participate/enroll in a metric/metric group, as an individual provider, or as part of a provider pool.	Currently, providers enroll in the PCMH program and the metrics and metric groups are predefined for all providers enrolled in the program. Is it expected that providers will manually select individual metrics and metrics groups that they want to be held accountable rather than just enrolling in the PCMH program with the predefined metrics?	*Provider does not select individual metrics. If enrolled in the program they are assigned to the metrics.*

56	Attachment I, R79	Portal shall allow provider users to choose between a "voluntary pool" or a "default pool" in the enrollment module during the provider enrollment period. Providers must have a minimum of 1000 participant beneficiaries (patients) they are seeing in order to be eligible to enroll in a metrics performance program.	What data source is used during provider enrollment to determine whether a provider meets the minimum of 1,000 patients?	*Point in time patient attribution of those Medicaid clients assigned to the provider(s) enrolling for that program year*
57	Attachment I, R82	Portal shall allow DHS user to create/edit/activate/archive attestation assessment(s) to solicit information from providers related to the PCMH program or any other DHS implemented program as needed.	Will DHS please provide examples of the types of questions that may be asked during provider enrollment?	*See Appendix 7 (PCMH User Manual 2019-2020)*
58	Section 2.5.F.2 page 18 of 48	1. Metric execution – Running of the metrics and metric group algorithms for the relevant period to generate reports and calculate payment.	The current Arkansas PCMH provider manual outlines 12 Quality, 5 low performance, 2 utilization and 6 informational metrics. Is it expected for the contractor to update code sheets, complete clinical reviews of updated codes and calculate these metrics for the monthly, quarterly and yearly report releases?	*Yes, the vendor will be required to update and calculate to populate these metrics. Most of these metrics are claim based, and for those that are not, they are eCQMs.*
59	Section 2.5.F.2 page 18 of 48	Metric execution – Running of the metrics and metric group algorithms for the relevant period to generate reports and calculate payment.	With the PCMH program reporting on multiple years, is the contractor expected to maintain multiple algorithm configurations when calculating these metrics across years	*Yes the vendor will use historical data to calculate trends and metrics across years.*
60	Section 2.5.F.3 page 18 of 48	Metric Report Generation and Distribution: Creation of automated (batch-processed) standard reports (e.g., PDFs, .xlsx, CVS, etc.) that define performance and payment for providers and follow the DHS-defined format, and that can be filtered as needed to drill down information about the provider, the claim, and the payments.	With the PCMH program covering multiple years will the contractor be expected to generate the same report (i.e. quarterly reports) in the different report formats?	*See Appendix 5*
61	Section 2.5.F.4 page 18 of 48	Payment Calculation and Reports Management: Provider payment reports based on metric outcomes and performance shall be generated and transmitted to the enterprise-level MMIS systems to administer and process payments to providers. This includes the ability to keep a running ledger of anticipated payments and completed payments over time for providers enrolled/participating in the PCMH (and any newly designated DHS program run within the portal). The system will provide a file with the detailed debit/credit information to MMIS at the end of each performance period.	Is it the expectation that the contractor complete the payment calculation based upon multiple factor (passing PSA, metrics and the performance based methodology) and produce files sent to process payments? And retain that information within a ledger system?	*Yes*
62	Section 2.6 B.4 (page 22 of 48)	Contractor shall include as part of the portal an AI (artificial intelligence) algorithm to identify and predict members (patients) that will be using the ED (emergency department) services within the following 2 months, based on prior ED utilization and other triggers and criteria.	Is it the expectation that the contractor develop AI/ML models to predict ED utilization and those results be available to providers on a monthly or quarterly basis?	*Yes, shall develop AI/ML models to predict ED utilization and those results must be available to providers on a monthly or quarterly basis.. It would need to be based on a concurrent risk model to take into account current conditions and diagnosis.*
63	2.6.L (page 33 of 48)	Service/Support	Can state provide number of users currently supported by the PCMH portal?	*800+*

64	Attachment I, R3	Portal shall perform as an analytic engine for configuring, implementing and tracking a metric based performance system (Patient Pathway), to track provider's performance in the (but not limited to) PCMH program.	Will DHS please provide examples of how the patient pathway performance results will be incorporated as part of the PCMH program?	*See Appendix 1 and Appendix 3*
65	Attachment I, R3	Portal shall perform as an analytic engine for configuring, implementing and tracking a metric based performance system (Patient Pathway), to track provider's performance in the (but not limited to) PCMH program.	How many unique patient pathways are expected to be implemented immediately, within 6 months, and within 12 months of the contract start?	*All patient pathways that are currently in use will need to be implemented immediately.*
66	Attachment I, R27	Portal shall support staggered execution of metric (Patient Pathway) logic routines with different retrospective performance periods (i.e., Individual metrics must be able to run independently and as a batch). Contractor shall be available at all times to run ad hoc queries at DHS's request, when reports are not readily available in the Admin portal.	How often are the patient pathways expected to be executed?	*See Appendix 6 - Data Sources.*
67	Attachment I, R27	Portal shall support staggered execution of metric (Patient Pathway) logic routines with different retrospective performance periods (i.e., Individual metrics must be able to run independently and as a batch). Contractor shall be available at all times to run ad hoc queries at DHS's request, when reports are not readily available in the Admin portal.	Is the contractor responsible for maintenance and updates to the patient pathways?	*Yes, contractor is responsible for maintenance and updates to the patient pathways.*
68	Attachment I, R105	Portal shall allow DHS users to share static reports (e.g., PDFs) with participating PAPs. These reports include, but are not limited to, quality metrics, benchmarks, and PAP Patient Pathway costs.	The requirements state that there are ~2,000 providers. Is it expected that there will be 2,000 providers/PAPs that will need access to patient pathway reporting? If so, how many users per provider is expected to have access to the system?	*See answer in question 42*

69	RFP Section 2.4.C (p. 17) / Section 2.6.N.1 (p. 35)	2.4.C: Specific positions shall require prior approval by the State, including: 1. Contract Project Manager; 2. Lead Data Analyst; and 3. Any other position identified by the State during the course of bid or renewal negotiations. 2.6.N.1: The contractor project manager is normally on-site and manages the project from the contractor perspective and is the chief liaison for the State Project Director. The Project Manager has authority to make the day-to-day project decisions from the contractor firm perspective. This contractor project manager is expected to host meetings with Division Subject Matter Experts (SME) to review Division business organization and functions along with the organization, functions, and data of existing information systems relevant to this project. The contractor project manager is expected to host other important meetings and to assign contractor staff to those meetings as appropriate and provide an agenda for each meeting. Weekly on-site status meetings are required, as are monthly milestone meetings. Meeting minutes will be recorded by the contractor and distributed by noon the day prior to the next	Will DHS please confirm that "Contract Project Manager" and "Contractor Project Manager" refer to the same position?	*Yes, they are the same position*
70	RFP 2.6.E, Att B2 E.4.G and E.4.I	RFP 2.6.E: As such it is required that the Prospective Contractor shall include in the response to this section proposed architectural diagram(s) in Visio format demonstrating how DHS data is being secured. Att B2 E.4.G: Provide a proposed architectural diagram(s), in Visio format, demonstrating how DHS data is being secured with reference to RFP Section 2.6.E. Att B2 E.4.I: Include proposed data aggregation architectural diagram(s), in Visio format, demonstrating how portal will consume and exchange information with reference to RFP Section 2.6.H.	Do these Visio format requirements indicate the diagrams must be created in Visio or submitted as a separate Visio files?	*Created in Visio files. Include cost of software in the cost proposal*
71	Section 2.5.F page 18 of 48	The Prospective Contractor will be responsible for all metric program execution (e.g., running the algorithm), report generation (e.g., static PDFs, XML-based outputs) and delivery, as well as metrics and payment calculation and interface with the financial system of record (e.g., MMIS). The Prospective Contractor will manage all execution activities as a service	Does this contract include the research of metrics, development of all materials and provide consultation for setting of the quality metric thresholds?	*Yes*

72	Section 3.1, page 40 of 48	J. Demonstrate a commitment and provide an architectural diagram of environments with reference to RFP Section 2.6.I.2.	Will DHS please provide examples of how the contractor can "Demonstrate a Commitment" ?	*See revised solicitation correction to J, Section 3.1,page 40.*
73	Section 3. Calculations Module, page 24 of 48	Calculations Module: a.Portal shall be able to run automated calculation for reports base on formulas provided and approved by DHS. b.The portal shall calculate and display (on a dashboard and/or a report) the average annual care costs per patient for all providers filing claims. c.DHS users shall be allowed to set up in the portal exclusions and adjustments criteria, or rules to the performance metric groups/subgroups (Patient Pathway) for performance and or payments at the patient and provider levels. d.Provider users shall be allowed to exclude a certain number of patients that will not be calculated in the providers measures, this excluded number of patients will be based on the number of beneficiaries they have in their practices and shall be limited to one beneficiary for every 1,000 beneficiaries and can only be selected at the beginning of the year. e.The calculation module of the portal shall allow DHS users to set up exclusions based on, but not limited to, diagnosis (diagnostic code at the metric level); however, exclusions will not be set up at the patient level. f.A risk score algorithm(s) (in house or via a third-	Can the state help clarify expectations/requirements regarding risk scores, risk sources, and risk calculations? It is both stated that calculations in portal would 'have risk score algorithm(s) (in house or via a third party vendor) to facilitate risk adjustment calculations', and simultaneously 'support existing patient risk assessment and stratification routines via interface with 3rd party code (e.g., Johns Hopkins Adjusted Clinical Groups (ACG®) System for measuring morbidity burden of patient populations). Note that the licensing costs for this type of 3rd party system should not be included in the total cost.' Therefore, does the portal need to include winning vendor-provided risk groupers and risk scoring to apply within the portal risk adjustment calculations, or does the portal need to entirely receive externally generated risk data provided by the state, or some combination of both scenarios? How do you see this impacting any portal-delivered risk predictions, risk profiles, risk conditions, etc., that might otherwise be available for provider portal users?	*The vendor shall be able to include provided risk groupers and risk scoring to apply within the portal risk adjustment calculations AND shall be able to receive externally generated risk data provided by the state.*
74			Does the State anticipate to also extend the RFP Submission date given the QA Log is delayed?	*Refer to Addendum 3*
75			Is the State open to allowing vendors to include subcontractors PCMH experience in the Attachment H – Client History Form?	*Refer to the instructions provided on Attachment H - Client History Form.*