



**March 25, 2005**

**Medicaid Management Information System/Decision Support System/Fiscal Agent  
Services Procurement Request for Proposal  
AHCA RFP 0514  
Issued March 3, 2005**

**Addendum 1**

This addendum updates sections of the original RFP as posted on March 3, 2005, and provides answers to vendor questions. The Addendum Acknowledgement Form is also included.

1. Section 30.8

This section is amended to strike the language that reads: "The State will not renew the resulting contract."

2. Section 30.27.6.2

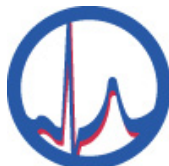
This section is amended to read in the first sentence: In the case of any interruption in critical functions of FMMIS/DSS operation, caused by the contractor, including eligibility verification, claims processing and claims payment, the Contractor must, at its own expense, dedicate all resources necessary to immediately fix FMMIS/DSS and restore full operation.

3. Section 30.27.6.3

This section is amended to read: "The Contractor must maintain a staff of managers, ~~business~~ analysts, database administrators, programmers and system operators as described in Section 50.2 for the purpose of modernizing FMMIS/DSS to improve operation efficiency."

4. Section 30.52

The RFP states: "The Vendor shall submit as part of its response to this RFP, the Vendor's plan to support the procurement of products and materials with recycled content and the intent of Section 287.045, Florida Statutes." The Vendor should include the plan under Tab 9-Technical Approach to Operations.



5. Section 40.2.4.6.2.k  
This section is amended to read: “The Vendor must provide a written confirmation within three (3) workdays to recipients who use the telephone to enroll, disenroll or change their managed care plan or MediPass PCP.”
6. Section 40.3.4.5  
This section is amended to add the following State responsibility:
  6. Direct the Contractor in the creation and execution of Customer Service Satisfaction Surveys (provider surveys) on a regular schedule. The State will receive and analyze the results of the surveys for appropriate actions.
7. Section 40.3.4.6.7  
This section is amended to add the following sentence to Item 7:  
Customer Satisfaction Surveys (provider surveys) are to be conducted at least quarterly, at the direction of the State.
8. Section 40.5.3.6.9  
This section is renumbered so that the second #9, 10, and 11 will become 10, 11, and 12.
9. Section 40.5.4.6.1.d  
This section is amended to remove the requirement for the Contractor to distribute PDAs and to read: Make the PDL, 90 days of pharmacy history, e-prescribing and the DUR pharmacology database available to a segment of users via Personal Digital Assistant (PDA) distributed by the Contractor; and
10. Section 50.1.2.10  
This section is amended to read: “Produce all deliverables listed below and required under section 50.4 for Large Projects for the ~~design and development of the FMMIS/DSS~~ Implementation Planning Phase.”
11. Section 50.4.3.13  
This section is amended to reword the table on page 50-52, the Work Breakdown Structure (WBS) cell, to say: “Decompose so no task has estimated work effort more than ~~460 hours~~ 80 hours.”
12. Section 60.2  
The table in Section 60.2 is amended to read that the title for Tab 5 should be “Overall Technical Approach.”

13. Section 60.4.4 and 40.1.3.2

The State does not intend to change this provision, however additional data on historical and projected caseloads that shows average monthly caseloads and the projected caseload through 2012 will be provided in a Procurement Library update. The update will be available upon request.

14. Section 70.5.5 #15

This section is amended to read that the correct reference for Project Staffing is 70.5.4. This correction applies to 70.5.5 #15, 70.5.6 #10, 70.5.7 #9, 70.5.8 #7, 70.5.9 # 6, 70.5.10 #9, 70.5.11, #6, and 70.5.12 #9.

**ADDENDUM ACKNOWLEDGMENT FORM**

This is to acknowledge receipt of Addendum 1 to AHCA RFP 0514.

FIRM: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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Vendor	Date Submitted	Question #	Section #	Page #	Question	Answer
EDS	03/15/2005	5	20.1	20-1	To assist the vendor in providing accurate and complete responses, will the State consider providing written answers as they are available, rather than holding all answers until the RFP-specified date of May 2, 2005, for questions submitted before the April 15, 2005, deadline?	The State will make the questions and answers available as soon as possible. The answers will not be held until the May 2 date.
EDS	03/15/2005	6	20.13	20-4	Are vendors required to submit one electronic version of the proposal on CD with the original printed technical and cost proposals <b>and</b> one additional CD with <b>each</b> of the copies of the technical and cost proposals?	Vendors should submit one CD of the Technical Proposal with the printed original Technical Proposal and one CD of the Cost Proposal with the printed original Cost Proposal. No additional CDs are required.
ACS	03/21/2005	16	30	2	RFP states: "The contract shall begin on the date shown in the RFP Timetable Section 20.1 or the date executed by both parties, whichever is later." The Timetable in Section 20.1 ends with the Intent to Award on 9/2/05. Please confirm whether bidders should use September 2, 2005 for planning purposes.	The anticipated date for the signing of the contract is October 1, 2005 however, that date is an approximation. Vendors should use that date for planning purposes with the understanding that the dates are anticipated not actual.
EDS	03/15/2005	7	30.27.2; 50.1.1; 50.1.2; 50.1.3	30-12; 50-2; 2; 50-2; 50-2	Section 30.27.2 indicates the Design and Development and Implementation Planning Phases are to be completed by June 2007, and the Implementation Phase is to be completed by September 2007. Sections 50.1.1 Design and Development, 50.1.2 Implementation Planning, and 50.1.3 Implementation state: "The scheduled end of this phase will be on or about October 1, 2007." Please clarify which phases end on this date, in addition to providing the required end dates of the other phases.	The actual end of the Design and Development Phase will be determined by the completion of the Milestones and Deliverables defined in 50.1.1.12. However, the system must be ready to test on February 1, 2007 and fully tested and operational on July 1, 2007. The actual end of the Implementation Phase will be determined by the completion of the Milestones and Deliverables defined in 50.1.3.6.

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Vendor	Date Submitted	Question #	Section #	Page #	Question	Answer
EDS	03/15/2005	8	30.27.6.2	30-14	Will the State amend this requirement to reflect only "...interruptions in critical functions of FMMIS/DSS operation <b>caused by the Contractor</b> "?	Yes, this text is amended with this addendum.
ACS	03/21/2005	18	30.27.6.3	15	This section states " The Contractor must maintain a staff of managers business analysts, ...as described in Section 50.2...." Should this sentence read "Managers and Business Analysts?" If so, please clarify whether Section 50.2 should be updated to read "Business Analysts."	Section 30.27.6.3 will be modified to state: "The Contractor must maintain a staff of managers, analysts, database administrators, programmers and system operators as described in Section 50.2 for the purpose of modernizing FMMIS/DSS to improve operation efficiency."
EDS	03/15/2005	9	30.31.14	30-22	Will the first EDP audit be required on October 1, 2008 (after the first full year of Operations)?	The audit will be required on October 1, 2008 and will cover operations from July 1, 2007-June 30, 2008 .
ACS	03/21/2005	17	30.52	32	RFP states: "The Vendor shall submit as part of its response to this RFP, the Vendor's plan to support the procurement of products and materials with recycled content and the intent of Section 287.045, Florida Statutes." In which section of the technical proposal should vendors include this plan?	The Vendor should include the plan under Tab 9-Technical Approach to Operations.

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ACS	03/11/2005	6	40	1 - 144	There are requirements for COTS systems throughout this section. For example, 40.1.5.2 – Rules Engine Requirements (page 25) indicates that it must be a COTS product. Please confirm that vendor developed products are acceptable to the State.	The State will allow Contractor-developed COTS products to be used, that is, products that are made publicly available and continually licensed and supported by the Contractor after the fiscal agent contract period is over at rates similar to those applicable to similar COTS products. The State will also allow the Contractor to develop specific programs for use to meet COTS requirements, however, the Contractor must place all source code and documentation for such programs in the public domain. The Contractor must document the capabilities, properties and ongoing costs associated with Contractor-developed COTS products or Contractor-developed programs designed to meet COTS requirement in their proposals.
EDS	03/15/2005	10	40.1.2	40-3	Please confirm that changes to the current system will be suspended at an agreed upon time to support a stable transition to the new system.	The State will make every effort to work with the Contractor to ensure a stable transition, but it may be impossible to suspend all changes, due to legislative and other mandates.
Medstat	03/21/2005	2	40.1.3.1	4	Item 7 states that the solution should “provide the ability to seamlessly integrate with <i>installed</i> COTS product components and maintain the most current updated version of the product(s).” Does AHCA want to preserve any of the COTS solutions that it is currently using? If so, what are they?	The State does not have a preference to retain or replace any current COTS product. The integration referred to here is with any COTS products that will be installed by the Contractor as part of an overall, seamless solution.

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Medstat	03/21/2005	3	40.1.3.1 and 40.1.3.3	4 and 6	40.1.3.1 item 8 states that the solution should "provide version update(s) at no additional cost to the State <i>including expanding system capacity.</i> " 40.1.3.3 item 1.c states that hardware expansions must be absorbed by the contractor until 90% capacity is reached. It would be reasonable to expect the contractor to propose equipment and software that is scalable to accommodate growth. However, it is not reasonable to expect the Contractor to pay for the cost of additional capacity on speculation. Moreover, if the Contractor is required to bid capacity to match the worst possible scenario in terms of growth, it will simply increase the price to the State, because the Contractor will have to provide resources that may go unused. Would the State clarify that it does not intend to require the bidders to absorb all the cost of any future expansion?	The Contractor must expand system capacity at its own expense. The Contractor must do so before any component reaches 90% of its capacity. The Contractor must plan for growth, and no price adjustments will be made in the contract price based purely on growth except as provided in Section 60.4.4.
ACS	03/11/2005	2	40.1.3.10 – c.	15	Item 'c' requires automatic redialing from the central EDP facility for remote, dial-in access to the FMMIS/DSS. This is to ensure that only authorized users gain access to the system. Would the State accept alternate means of securing access to the system via dial-in connections utilizing proven industry standard security technologies?	The answer to this question is yes, however, the site of the RFP that this question comes from appears to be 40.1.3.11, Data Security, 9. - c.



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ACS	03/21/2005	19	40.1.3.10 #7	13	Regarding #7, is it the State's requirement to implement all seven levels of HIPAA transaction testing that were recommended by SNIP and activate those levels for the receipt and acceptance of all electronic transactions?	Yes.
EDS	03/20/2005	37	40.1.3.11	40-13	Section 40.1.3.11, page 13, includes a reference to the "AHCA IT Security Manual." Please provide this manual to the vendors to assure contractor compliance, as requested in the referenced section.	The AHCA IT Security Manual referenced in the RFP is called the AHCA IT Security Plan in the Procurement Library.
EDS	03/15/2005	11	40.1.3.15	40-22	Does the State have a distance learning facility available that could be used for remote training? If yes, please provide the locations and type of equipment available in each facility.	No, there are no facilities available for the Contractor's use for training.
ACS	03/11/2005	3	40.1.3.4	6	Item #9 states, "Provide a single point of sign-on for all FMMIS/DSS activities." Please confirm that this requirement means authentication only?	To the degree it is technologically practical, State users want to be able to sign on once to FMMIS/DSS, be properly authenticated, and then have access to all FMMIS/DSS components for which they are authorized without going through an additional login and password entry process. Users must be re-authenticated as necessary to comply with security requirements, such as after a timeout for inactivity.

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ACS	03/21/2005	20	40.2.2.2	34	The Eligibility Determination External Interfaces list does not include HMOs. Currently HMOs can activate an Unborn case. Will this process continue under the new contract?	The Contractor must be able to process records for unborn and newborn cases, and must work with the State to make this process as efficient as possible. This will include processing information from MCOs, whether through a continuation of existing methods or creation of new interfaces.
ACS	03/21/2005	21	40.2.4.2 (1)	42	The RFP indicates that the contractor will receive MediKids eligibility and enrollment files. Currently, the MediKids choice counselors not only counsel those eligible for the MediKids program, but those who have applied for the program. Several functions in addition to choice counseling are performed for those individuals that have applied – Notification Letters, Choice Letters as well as performing a Mandatory Assignment function for those not making a choice. Under the new contract, will this function be redefined?	The Contractor will be responsible for counseling applicants to the MediKids program, including notices, letters, and mandatory assignments using rules approved by the State. The rules and workflow will be refined during the Design and Development Phase.
ACS	03/21/2005	22	40.2.4.2(2) and 40.2.4.4(3)	42 and 43	Is it the State's intent to no longer receive or transmit non-standard or proprietary formats and receive/transmit only HIPAA compliant transactions?	The State fully expects that only HIPAA standard transactions will be accepted by July 1, 2007.

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AHS	03/22/2005	17	40.2.4.6	46	What method is currently used to verify recipient identity before discussing PHI?	<p>According to the Medicaid Privacy Procedures Handbook, the procedures are: Verify identity of the recipient by obtaining enough identifiers for a positive cross-match in FMMIS, using the following list in priority order:</p> <ol style="list-style-type: none"> <li>1. Name - full name, spelling, related recipient</li> <li>2. Medicaid number - or card control number to search FMMIS for number</li> <li>3. Social Security number</li> <li>4. Date of Birth - of recipient, other related recipient such as siblings</li> <li>5. Address - current or previous</li> </ol>

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AHS	03/22/2005	19	40.2.4.6	48	Would the State please elaborate on the "system-automated solution for capturing medical expenses...?"	In any month, Florida Medicaid does not pay for services for participants in the Medically Needy program until they have incurred eligible expenses in excess of a "share of cost" calculated for each person. In the current system, these eligible expenses are tracked manually, and when the share of cost is met, all additional eligible expenses are paid by Medicaid. This is inefficient for providers, recipients, and State staff that process the manual paperwork. In response to this RFP, we ask Vendors to propose an automated solution to process Medically Needy claims and eligibility more efficiently. This will include receipt of claims from providers before the share of cost is met, automatic establishment of eligibility once the share of cost is met, and proper denial and payment of claims based on Medically Needy status.
ACS	03/21/2005	23	40.2.4.6 #3	46	The RFP reads "Operate a recipient web portal to allow recipients to make choice selections online". Is it the state's intention for selections made online by recipients to be made directly into the MMIS, or will the recipient's request require manual review and intervention by contractor staff?	Some changes may be made directly online by the recipient or a representative, while others may require Contractor intervention for confirmation or guidance, depending on rules to be implemented during the Design and Development Phase.
EDS	03/15/2005	12	40.2.4.6.2.k	40-45	This requirement appears incomplete. What does the State intend for the vendor to provide to recipients who enroll, disenroll, or change their managed care plan or MediPass PCP?	Provide a written confirmation within three (3) workdays to recipients who use the telephone to enroll, disenroll or change their managed care plan or MediPass PCP.

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ACS	03/11/2005	7	40.2.7.1, 1 <sup>st</sup> paragraph	57	The RFP states, “..Eligibility inquiries may be made by HIPAA electronic transaction, by pharmacy POS networks, via the Web portal that the Contractor must establish, through Medicaid Eligibility Verification System (MEVS) switch vendors, by an automated telephone system, to operators in telephone toll-free call centers operated by the Contractor, by fax and by other means approved by the State.” With the expansion of the Internet, will the State consider replacing fax requests with web-based requests?	Not at this time. Vendors must provide the capabilities for eligibility verification as described in the RFP.
AHS	03/22/2005	29	40.2.8	60	Other than mailed Explanation of Medicaid Benefits, what other means have been/are used to sample recipients for fraud and abuse control?	No other means for sampling recipients are in place at this time. Medicaid Program Integrity uses statistical sampling and data algorithms to detect fraud and abuse as described in Section 40.5.5.
AHS	03/22/2005	30	40.2.8	60	Does the State foresee the development of any new materials and, if so, what are they?	Substantial changes in the program are likely as a result of Medicaid Reform, in addition to the incremental changes that occur regularly in the Medicaid program. New materials must be developed to explain recipient options for care, especially in the area of self-directed care. New materials must explain to recipients and their representatives how to use Web portal options, and how to exercise rights and options through the telephone call center. Other new materials will certainly be needed, but are unknown at this time.

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ACS	03/11/2005	8	40.2.8.1	60	Please clarify the statements on page 60 that the "Contractor must translate notices..." and on page 61, section 40.2.8.5 1c, it lists under State Responsibilities that notices will be written in Spanish and Creole and delivered to the contractor. Please confirm which entity – either contractor or State - is responsible for the translation of these documents.	The Contractor must translate English notices into Spanish and Creole. The intent in Section 40.2.8.5, Item 1c, is for the State to supply an English language version of such notices to the Contractor for translation and production within seven (7) working days.
EDS	03/20/2005	40	40.3.1.2	40-69	Please clarify who performs this function. Also, please provide more information on the number of site visits performed each month and the average length of time required to perform each site visit, excluding travel time.	The Contractor must create a system to manage the workflow and record the results of all enrollment activities, regardless of the person or entity that actually performs the work. The State will be responsible for licensure, performing and returning the results of background checks, and site visits. The Contractor will be responsible for the following: processing and recording bonds, processing and recording documents from providers, maintaining interfaces and processing data from credentialing entities such as the Department of Health and Medicare, receiving and processing data from FDLE, receiving and processing data from Agency staff, receiving and processing data related to site visits. Additional, similar responsibilities may be specified during the Design and Development Phase.

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EDS	03/20/2005	41	40.3.2.6.3.c	40-71	Please clarify the Vendor's requirement for credentialing beyond the items listed for provider enrollment processing in 40.3.2.6.3 (e.g., licensure verification, fingerprints, background checks, site visits, appropriate forms, and so forth).	The Contractor is responsible for verifying credentials according to rules established by the State during the Design and Development Phase and during the Operations Phase. When possible, the Contractor should use or create automated interfaces to verify credentials. Otherwise, the Contractor must create, staff and use manual processes. For specific responsibilities, see the response to EDS Question 40.

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EDS	03/15/2005	13	40.3.3.6.5	40-76	Based on Section 40.3.3.6, there are periodic, scheduled re-enrollment requirements for providers. Is there a detailed schedule that can be provided for the contract period? For example, which providers are scheduled to be re-enrolled and the planned time frame? Also, does full re-enrollment include completion of all initial enrollment requirements or a subset, such as application/contract and copy of current license or certification?	The schedule for re-enrollment has not been determined. The State will work with the Contractor to schedule sufficient enrollment activities for all providers to support use of the National Provider Identifier when operations begin. The State will work with the Contractor to fully re-enroll all providers on a rotating schedule over three to five years.
EDS	03/20/2005	42	40.3.3.6.8.c.4	40-77	Please clarify how often this information is required to be reported to the State. Please also clarify what "other items" are possible as referred to in this requirement.	All reports on quality control will be processed through the Performance Reporting System described in Section 30.29 and Section 40.5.3 on a schedule to be determined by the State during the Design and Development Phase. Provider enrollment statistics must be updated at least weekly. Other items may include average time for each step in enrollment, filing backlog, numbers of providers failing any step in the workflow, level of provider enrollment staffing, provider enrollment call center activity, and other items that the State determines that may be affecting the enrollment process.
ACS	03/11/2005	9	40.3.4.6 #3g.	80	Will the State consider replacing print publications with electronic versions that can be emailed and/or downloaded via the Web, while still offering Providers the option to request a hard copy?	Requirements for provider publications include electronic media and print media. Vendors must provide support for both media, as stated in the RFP.



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EDS	03/20/2005	45	40.3.4.6.7	40-82	Please clarify how often provider surveys are required and the average number of surveys conducted on an annual basis.	Customer Satisfaction Surveys (provider surveys) are to be conducted at least quarterly, at the direction of the State. The RFP is amended with this addendum to clarify the Contractor Responsibility and the State's responsibility for this requirement.
Medstat	03/21/2005	4	40.4.1.2	87	Item 16 states that one of the State's objectives of the Payment Management function is to "establish and maintain the capability to track and compare encounter data from MCOs and other service networks to each other, to fee-for-service providers and to national norms to set policy and rates, to analyze and budget costs, and to better determine the quality of care." This is a function of the DSS. Should this requirement be moved to Section 40.5.1.2?	This is a general objective applicable to the Payment Management Business Function. The State does not have a preference for the means of achieving this objective, whether done as part of the FMMIS or the DSS, but views FMMIS/DSS as an integrated system.
ACS	03/11/2005	10	40.4.2.6 #2	90	Does this requirement replace the services currently provided by the PRO contractors?	No. FMMIS/DSS must be able to record and process Service Authorization information supplied or entered into FMMIS/DSS by PRO contractors.
Medstat	03/21/2005	5	40.4.4.6	103	This section outlines the responsibilities of the claims processing administration function. Item 5 speaks to the calculation of rates for HMOs, other Benefit Plans, and for each category of service within the Benefit Plan using State-approved and actuarially sound methods. This is not a traditional claims processing function, but it is a major function of the DSS. Should this requirement be moved to Section 40.5.1.2?	This is a Contractor requirement applicable to Claims Processing Administration. The State does not have a preference for the means of achieving this requirement, whether done as part of the FMMIS or the DSS, but views FMMIS/DSS as an integrated system.

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Medstat	03/21/2005	9	40.5.2.5	126	The RFP says that with respect to DSS growth, the Contractor is to "provide all necessary licenses for the possible growth of 25% over the life of the contract." Does this refer to an increase of 25% in the number of total authorized users?	Yes. The Contractor must also plan for growth in the number of recipients, quantity of data, and data processing capability.
EDS	03/15/2005	15	40.5.3.6.9	40-130	Section 40.5.3.6 includes two items number 9, please advise how the state would like the vendors to address this duplication of numbers to ensure no confusion in numbering schemes of the response.	This section will be re-numbered so that the second #9, 10, and 11 will become 10, 11, and 12.
EDS	03/15/2005	16	40.5.4.6.1.d	40-133	What volume of Personal Digital Assistant (PDA) devices does the State anticipate will be distributed per year?	The contractor will not be responsible for distributing PDAs. This section will be amended.
ACS	03/11/2005	11	50.1	1	Are those business functions identified for early deployment subjected to the five-month readiness testing requirements?	Business functions scheduled for early deployment must be fully tested before they are deployed. Less complex functions may not require five months of testing. The State must approve the Contractor's Comprehensive Testing Plan in advance as described in Sections 50.1.1.4 and 50.1.2.5 and scheduled in Sections 50.1.1.12 and 50.1.2.11. The State must approve test results and give specific approval before components are deployed. The Readiness Testing Period is a formal requirement beginning no later than February 1, 2007. FMMIS/DSS must be fully designed, developed, tested and prepared for State acceptance testing before that date.

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EDS	03/15/2005	18	50.1.2.10	50-10	Please confirm that this requirement should refer to "...project for the Implementation Planning Phase."	Reword to say: Produce all deliverables listed below and required under section 50.4 for Large Projects for the Implementation Planning Phase.
EDS	03/20/2005	49	50.1.2.11	50-11	Please clarify which payment milestone item 5, "Completion of Implementation Planning, Start of Readiness Testing Period" in section 50.1.2.11, is associated? It does not by name, directly align with any of the payment milestones listed in Pricing Schedule B-1.	Item 5, "Completion of Implementation Planning, Start of Readiness Testing Period" is not directly tied to any of the payment milestones in Pricing Schedule B-1. However, the state expects this milestone to be completed by February 1, 2007.
EDS	03/15/2005	19	50.1.5	50-13	To minimize development, implementation, and certification risk, will the State require the vendor to transfer an MMIS previously certified by CMS?	No. The vendor must supply a certifiable MMIS, and is at risk to assure that the system transferred or developed meets MMIS certification within the timeframes necessary to assure maximum continued Federal Financial Participation.

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EDS	03/15/2005	17	50.1; 50.2	50-1; 50-23	Section 50.1 indicates three phases to the development and implementation of the new system and processes: Design and Development, Implementation Planning, and Implementation. Each of these phases is defined in sections 50.1.1, 50.1.2, and 50.1.3 respectively. The staffing requirements outlined in Section 50.2 call for specific named and categorized staff for Design and Development and Implementation Planning Phases. The RFP does not specify named or categorized staff for the Implementation Phase. Is the vendor to assume the same staff are required for the Implementation Phase as are required in the Design and Development and Implementation Planning Phases?	The Implementation Phase represents a transition from Design and Development and Implementation Planning into Operations. Staff from the Design and Development Phase and the Implementation Planning Phase are expected to overlap the Operations staff during the transition period. Each vendor must address its plan for staffing the transition as required under section 60.2.9, Item 7.
Medstat	03/21/2005	6	50.2	23	The graphic here shows a requirement for two DSS Trainers, one Senior Reporting Analyst, four Reporting Analysts, and five Data Analysts. Is this the level of staffing that is required of the current DSS Contractor? Are all the required positions filled at present?	The current DSS staffing is similar but not exactly the same as requested in this RFP. Of the current staff, one position is vacant. Current DSS contract staff include a staff of 12: 1 Project Manager, 3 Technical Staff, 2 Trainers/Business Analyst, 1 Sr. Analyst, 5 Data Analyst.
EDS	03/15/2005	22	50.2.1	50-24	Please confirm that only resumes for Named Staff designated in the 50.2.1.1 table are required to be submitted with the proposal and that resumes are not required for Categorized Staff listed in this section.	Resumes must be submitted with the proposal for Named Staff identified in Section 50.2.3.1 (3 individuals), Section 50.2.4.1 (6 individuals), Section 50.2.5.1 (10 individuals), and Section 50.2.6.1 (3 individuals).

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EDS	03/15/2005	20	50.2.1.1	50-25	Please clarify the unique responsibilities of the Systems Development Manager for Design and Development and the Implementation Planning Manager.	The Systems Development Manager for Design and Development is responsible for all aspects of the design and development of FMMIS/DSS to meet all State requirements, and to meet all requirements associated with the Design and Development Phase (Section 50.1.1). The Implementation Planning Manager is responsible to plan, organize and manage the transition and assumption of fiscal agent functions and processes, including manual processes, and to meet all requirements associated with the Implementation Planning Phase (Section 50.1.2).
EDS	03/15/2005	21	50.2.1.1	50-25	Will the State accept the same individual to fill the roles of the Systems Development Manager for Design and Development and the Implementation Planning Manager?	No.
EDS	03/15/2005	23	50.2.1.1	50-24 through 50-33	Will the State allow equivalent work experience in lieu of a bachelor's degree?	The State will allow equivalent work experience, non-degree training and alternate certification in lieu of a required bachelors degree, provided the Vendor clearly identifies and explains the equivalence. Qualifications of proposed staff are an important consideration in the scoring of the proposals.

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EDS	03/15/2005	26	50.4.3.13	50-53	<p>The workflow functionality will be a unique application provided/integrated to support efficient processing in the MMIS environment. Our experience suggests that the implementation of workflow functionality also presents unique challenges, including a development approach that does not fully align with a typical MMIS development methodology. While not desiring any shortcuts in design or documentation steps, is the State open to considering a modified implementation methodology?</p> <p>For example:</p> <ol style="list-style-type: none"> <li>1. A design period followed by iterative cycles of development, testing, client review of prototypes that closely involves the users to assure user acceptance</li> <li>2. Moving some portions of documentation deliverables, such as elements of the Technical Design Document, toward the end of the development cycle</li> </ol>	Yes.

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EDS	03/15/2005	25	50.4.3.4	50-49	This requirement states that "Any task that requires more than 80 hours or 10 workdays to complete must be further decomposed." We agree that the Work Breakdown Structure (WBS) to be delivered to the state after contract award should reflect this level of detail. We recommend that the proposal work plan be structured at a less granular level. We are concerned that reflecting tasks in less than 80-hour increments would generate a work plan that would be difficult for the state to review/validate because of large number of tasks and subtasks. Will the state consider waiving the 80-hour requirement as long as the proposal work plan reflects a sufficient level of detail for each phase to be evaluated?	The State will allow some latitude in the level of decomposition required to be submitted with the proposal. For each phase, the work plan submitted with the proposal must be decomposed to a sufficient level of detail for the phase to be evaluated and to serve as firm contract requirements. If the vendor does not fully decompose tasks in the work plan submitted with the proposal, the vendor must provide an explanation and a comparative example showing how the tasks will be decomposed before work on the phase proceeds.
EDS	03/15/2005	24	50.4.3.4; 50.4.3.13	50-49; 50 51	Section 50.4.3.4 indicates: "Any task that requires more than <b>80</b> hours or 10 days work days to complete must be further decomposed." In Section 50.4.3.13, the table entry for Work Breakdown Structure (WBS) states: "Decompose so no task has estimated work effort more than <b>160</b> hours." Please clarify.	The RFP will be amended to reword the table of Section 50.43.13, on page 50-52 to say: "Decompose so no task has estimated work effort more than 80 hours."
ACS	03/11/2005	12	60.2 and 60.2.5	1 and 6	The table in Section 60.2 identifies the title for Tab 5 as "Project Management," however Section 60.2.5 identifies Tab 5 as "Overall Technical Approach." Please confirm which title bidders should use in their proposals for Tab 5.	"Overall Technical Approach" should be the title used in proposals.

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EDS	03/20/2005	50	60.2.4.2	60-4	Audited financial statements are required in this section. However, many subcontracting firms may not be publicly held with the required forms available. What will the Agency accept for these financial requirements for non-public firms?	If audited financial statements exist they are to be submitted. If audited financial statements do not exist, unaudited statements or financial information of the type that is contained in financial statements may be submitted with an appropriate explanation.
ACS	03/11/2005	13	60.2.5 #3d and #3 h(4) and Section 50	7	There are detailed requirements in Section 50 associated with each of the items listed in Section 60.2.5 #3, except "Authority of Project Manager" and 3h(4) – "Named Staff Acquisition, Termination, Transfer." Will the State please provide the detailed requirements for each of these items?	The Vendor should state the level of authority project managers will be given to assure successful project completion without impeding operational performance, and the approach the Vendor will take to resolving conflicts in resource allocation if the project manager does not have sufficient authority to command resources. General requirements for Named Staff acquisition are found in Section 50.2.3, 50.2.4, 50.2.5, and 50.2.6. Termination and transfer requirements are found in Section 30.22.2 and 30.31.1.
ACS	03/11/2005	14	60.2.6 #2 and 60.2.10	8 and 14	Section 60.2.6 states that bidders must include a Work Plan in for each phase of the project in their proposals. However, Section 60.2.10 (Operations Phase) does not ask for a Work Plan. Please confirm whether bidders should include a Work Plan for this Phase.	A work plan for the Operations Phase is not required in the Vendor's response, as it is not a project. However, Vendors must prepare Work Plans for projects during the Operations Phase, as described in Section 50.4. Work plans are required for the future projects of MMIS Certification, Electronic Health Records, MITA Gap Analysis and Turnover, subject to the latitude allowed in response to EDS Question 25.



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EDS	03/15/2005	28	60.2.6.2	60-8	This requirement states: "The Vendor shall include a work plan and a schedule for the performance of each phase in Tabs 6 through 13." Is the Vendor required to submit work plans and schedules at the level of detail specified for the entire Operations Phase (5 years) as well as future, undefined projects like the MITA Gap Analysis and Electronic Health Records?"	A work plan for the Operations Phase is not required in the Vendor's response, as it is not a project. However, Vendors must prepare Work Plans for projects during the Operations Phase, as described in Section 50.4. Work plans are required for the future projects of MMIS Certification, Electronic Health Records, MITA Gap Analysis and Turnover, subject to the latitude allowed in response to EDS Question 25.
EDS	03/15/2005	29	60.2.6.5	60-10	Please clarify whether the requirement for "All deliverables and correspondence produced in the execution of this RFP must be clearly labeled..." is referring to the deliverables delivered after contract signing or deliverable examples included with this proposal.	Deliverable prototypes must be submitted in the proposal as required in the RFP. The requirements in 60.2.6.5 refer to deliverables provided after contract signing.
EDS	03/15/2005	30	60.2.7.11; 60.2.8.10; 60.2.8.11; 60.2.9.6; 60.2.11.4; 60.2.12.7; 60.2.13.4	60-11; 60-13; 60-14; 60-15; 60-16	Please clarify the State's expectations of what the vendor should provide in response to the "deliverable prototypes" requirements.	The vendor should provide deliverable prototypes for each milestone identified in the RFP that contain sufficient detail to provide the State with a clear and comprehensive understanding of what is proposed for the actual deliverable.
EDS	03/15/2005	27	60.2; 60.2.5	60-1; 60-6	Section 60.2 refers to Tab 5 as "Project Management," however, Section 60.2.5 shows Tab 5 to be labeled as "Overall Technical Approach." Please clarify the appropriate label for the vendor's response for Tab 5.	"Overall Technical Approach" is the title to be used.

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Medstat	03/21/2005	7	60.4.4 and 40.1.3.2	20 and 5	Section 60.4.4 states that “the Cost Proposal shall be calculated assuming a monthly caseload of 2.2 to 3.0 million members per month.” This is quite a wide range of fluctuation; contractor costs would vary dramatically between the low and high end of this range. Would AHCA agree to pick a single benchmark membership volume on which all bids can be based and then allow the bidders to provide a per-member-per-month rate for growth beyond that level? (This question is closely related to the requirement in 40.1.3.2 that the DSS start with 2.5 Terabytes and increase each year at an indefinite rate. It is also related to the requirement in 40.1.3.3 that the Contractor implement needed expansions at the Contractor’s own expense until 90% capacity is reached.)	The State does not intend to change this provision, however additional data on historical and projected caseloads is provided in this addendum that shows average monthly caseloads and the projected caseload through 2012.
EDS	03/15/2005	31	70.5.1	70-2	Please clarify which proposal sections will be considered in the evaluation of “Project Management” as shown on the table in Section 70-2.	For evaluation purposes, the tabs will be “Overall Technical Approach” (Tab 5), and the phases of the contract (Tab 6-13).
ACS	03/11/2005	15	70.5.5 #15	6	Section 70.5.5, #15 states to “see Section 70.4.4 Project Staffing” for the evaluation criteria for “Approach to Staffing for Design and Development;” however, the RFP does not include Section 70.4.4. Will the State please provide the evaluation criteria for staffing - Section 70.4.4 Project Staffing?	The correct reference for Project Staffing is 70.5.4. This correction applies to 70.5.5 #15, 70.5.6 #10, 70.5.7 #9, 70.5.8 #7, 70.5.9 # 6, 70.5.10 #9, 70.5.11, #6, and 70.5.12 #9.
EDS	03/15/2005	32	Appendix L	L-1	To save program dollars, will the State consider alternative specifications for the Medicaid ID cards?	The State will consider alternative card specifications provided the quality is not compromised.

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EDS	03/15/2005	33	Appendix L, Item 1.a	L-1	Appendix L specifications indicate that information is printed on both the front and back of the plastic identification card. Please confirm that variable information is only printed on the card front and that the back of the card contains only pre-printed static information.	The printed information on the back of the card is the same for every card. The information on the front of the card contains the recipient's name and the card control number and therefore, is unique for each card that is produced.
EDS	03/15/2005	34	Appendix L, Item 4.c.(1)	L-2	Appendix L specifications require the use of 17"x11" paper. To maximize the full capabilities of today's technology, will the state accept the use of 8 ½ " x 11" paper and affixing tape which provide equivalent results at potentially reduced costs.	The state will accept the use of alternative size paper provided that it does not increase the mailing cost, does not affect the quality of the information nor cause the information to be unreadable due to font size.
EDS	03/15/2005	1	General – Claims Processing	--	Are there business requirements that force claims to be submitted via paper (hard copy)? If yes, please provide some examples of those business requirements.	Yes. The following are examples of the types of claims that may be required to be submitted on paper. This is not an exhaustive list: multi-surgical claims, alien emergencies, TPL denials, partial month dialysis for Medically Needy recipients, edit overrides such as the 12 month filing limit, procedure code modifiers that require documentation, procedures that are by report, and miscellaneous codes that require documentation of the service for review and pricing, certain specialized surgeries ie. hysterectomies, sterilizations, abortions etc. that have required forms that must be attached to the claim in order to be reimbursed. Once the HIPAA 275 claims attachment transaction is available, it may take the place of certain paper forms.

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EDS	03/15/2005	2	General – EDI	--	Does the State currently have a deadline for transition to exclusive processing of HIPAA standard transactions? (according to the AHCA Web site, Florida currently accepts/outputs old and HIPAA formats)	At this time, a date for ending the HIPAA contingency plan has not been set.
EDS	03/15/2005	3	General – EDI	--	Will the vendor be expected to process multiple EDI formats, or will the State exclusively accept HIPAA standard transactions for claim submission and remittance advice (output)?	The State fully expects that only HIPAA standard transactions will be accepted by July 1, 2007.

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EDS	03/15/2005	4	General – User statistics	--	How many staff/users will require access to: cold reports and workflow application.	All Agency staff members and some contractors and users from other entities, about 1,500 staff in total, will require access to any online reports related to the performance of their job. Need for fiscal agent access must be calculated by the Vendor. Access will be frequent and daily for at least 200 state-authorized users, two to five times per week for at least 200 users, and occasionally for the remaining staff. Usage is expected to increase over the life of the contract. The same staff will need access to data in archived reports, such as COLD reports, for the first year of operations. Access needs to the workflow application will depend in part on the solution offered by the Vendor. Each participant in every workflow process engineered by the Vendor must have access to the application as necessary to perform his or her function in the workflow. This may involve all Agency staff, fiscal agent staff, state contractors, fiscal agent subcontractors, and staff from other entities.
AHS	03/22/2005	1	None	None	Does the current contractor have any staff outreaching or enrolling consumers in the field?	No outreach takes place in the field.
AHS	03/22/2005	2	None	None	If staff are conducting outreach and education in the field, how many people are responsible for doing this?	No outreach takes place in the field.

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AHS	03/22/2005	3	None	None	If staff are conducting outreach and education in the field, do they do home visits, or work only with consumers at community-based organizations? And, which agencies are involved (for example, only DCF offices)?	No outreach takes place in the field.
AHS	03/22/2005	4	None	None	If staff are conducting outreach and education in the field, does this differ by geographic region? And, if so, how?	No outreach takes place in the field.
AHS	03/22/2005	5	None	None	If outreach and enrollment are conducted in the field, how many enrollments are completed in these settings?	No outreach takes place in the field.
Medstat	03/21/2005	1	PUR 1000 Sec. 27 and 30.8	10 (PUR) & 2 (Section 30)	These two sections appear to be in conflict. PUR 1000 states that the contract can be renewed for 3 years or the contract term, whichever is longer. The RFP states that there will be no renewal of the contract but may be an extension of 6 months. Please clarify if there is a renewal option and if so, its length.	The language that states "The State will not renew the resulting contract" has been deleted in this addendum.



April 1, 2005

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**Addendum Two**

This addendum updates sections of the original RFP as posted on March 3, 2005, and provides answers to additional vendor questions. An addendum for the Procurement Library is planned for next week. The Addendum Acknowledgement Form is also included.

1. 20.1 RFP Timetable

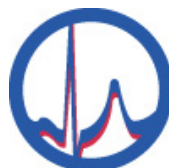
This section is amended to change the location for submitting the Written Inquiries (paper only) and the Proposals:

ACTIVITY	DATE and TIME	LOCATION
Deadline for Receipt of Written Inquiries	4/15/2005	Agency for Health Care Administration 2727 Mahan Drive, MS #56 <del>Building 2, Room 203</del> Tallahassee, FL 32308-5403
Deadline for Receipt of Proposals	6/2/2005 5:00 p. m.	Agency for Health Care Administration 2308 Killearn Center Blvd., Suite 200 Tallahassee, Florida 32309 <del>2727 Mahan Dr., MS #56</del> <del>Building 2, Room 203</del> Tallahassee, FL 32308-5403

2. Section 30.24 Performance Bond

This section is amended to add the following paragraph after the first paragraph of the section:

The bond may be written as a five-year bond or a one-year initial bond with annual renewals however; the bond must be written for 15% of the average five-year annual operational cost regardless of the length of the bond. Additionally, the bond must be in effect for the full term of the contract without any gaps in coverage. Gaps in coverage will be considered a breach of contract.



3. Section 30.31.3 Staffing Levels and Staffing Rate of Pay  
This section is amended to strike the text as marked below:

30.31.3.1 Requirements

The Contractor will maintain the minimum number and levels of qualified staff specified in its proposal and, in all other respects meet the staffing requirements of Section 50.2 and the personnel requirements of Section 50. ~~The Contractor will reimburse its employees according to the rate of pay in the appropriate Schedule C.~~

30.31.3.2 Liquidated Damages

Staffing levels and rate of pay are subject to State audit at any time during the Operations Phase of the contract. If the audit reveals staffing more than five percent (5%) below the requirement of the contract actual damages will be assessed according to the cost in the appropriate Schedule C for each FTE below the standard.

~~30.31.3.3 Actual Damages~~

~~The Contractor will be assessed the difference between the rate of pay for an employee and the appropriate Schedule C as determined by a payroll audit.~~

4. Section 40.2.8.6 Recipient Communications Contractor Responsibilities

This section is amended to adjust the time of operations of the toll-free call center to receive recipient calls, as follows:

6. Operate a toll-free call center to receive recipient calls:
- Equip the toll-free call center with telephonic devices for the deaf (TDD), automatic call distribution (ACD) capable of handling the expected volume of calls, and recording capabilities;
  - Operate the toll-free call center from 8:00 a.m. to ~~6:00~~ 7:00 p.m. Eastern time, Monday through Friday (except holidays recognized for State of Florida employees);

5. Section 40.4.5.6 Adjudication of Claims and Encounters Contractor Responsibilities  
This section is amended to add item #11 to the list of Contractor Responsibilities:

11. Maintain the ability to receive and process all HIPAA-mandated electronic transactions in all versions approved for use by the State:

- When the State notifies the Contractor that any new version of a required HIPAA transaction has been or is likely to be promulgated by the federal government, the Contractor must prepare a formal gap analysis, plan and proposed schedule for implementing the new version;
- Prepare business design and technical design documents to implement the new version, subject to State approval;
- Implement the new version as directed by the State; and
- Continue to receive and process previously authorized versions unless and until the State authorizes them to be discontinued.



6. In Section 70.5.3, Project Management (150 points), of the RFP:  
Add # 13 to the list of evaluation criteria for Project Management:

13. Information Technology Iterative Project Management.

7. Appendix B Glossary of Terms

This section is amended to add the following term and definition:

CREDENTIALING – For the purposes of this RFP, credentialing is validation by the fiscal agent that providers or applicants meet the Medicaid requirements for enrollment either through data exchange or document review.

**ADDENDUM ACKNOWLEDGMENT FORM**

This is to acknowledge receipt of Addendum Two to AHCA RFP 0514.

FIRM: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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Unisys	03/21/2005	1	30.19	8	<p>While the RFP encourages the use of Commercial Off the Shelf (COTS) Software, the State's ownership requirements are in conflict with a company's ability to protect its proprietary products.</p> <p>The RFP requires that title to the complete system will be transferred to the State, (e.g., documentation) as they are created during the Design, Development and Implementation Phases or as they are used in the operation of the system, including any and all performance-enhancing software and operational plans whether developed or obtained by the contract or before it. This obligation to transfer all ownership rights and/or license on the part of the Contractor is not subject to limitation in any respect.</p> <p>If a portion of the proposed solution, including required source or object code, is proprietary and/or third party Software, the rights to use such Software can only be licensed to Florida because in such cases the Offeror will not have the authority to transfer unrestricted ownership rights of third party Software or Contractor proprietary Software or products to</p> <p>With this understanding will the State consider the use of Software Licenses, which preclude the ability to pass on unrestricted ownership rights to third party or Contractor proprietary software or products that are not purchased, designed or developed utilizing federal and/or state funds?</p>	<p>The State understands the ownership limitations to COTS software and does not require title or source code for commercially available software purchased by the Contractor for use in FMMIS/DSS. Such software must be appropriately licensed, and all costs for licensing during the term of the contract must be borne by the Contractor.</p> <p>The State assumes that all COTS software proposed will be supported by its vendor and available for continued licensed use by the State after the end of the contract term at reasonable maintenance rates. See the State's response to ACS Question 6 regarding Contractor-developed COTS products and Contractor-developed programs to meet the requirements of COTS products.</p>

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ACS	03/11/2005	1	30.31.3.1	18	Please explain the intent of this requirement as this is a fix-price contract.	This section is amended with this addendum. The following sentence and the Actual Damages section (Section 30.31.3.3) is removed: <del>The Contractor will reimburse its employees according to the rate of pay in the appropriate Schedule C.</del>
EDS	03/29/2005	51	40.1.5.6.8	40-30	Will the state consider alternatives to double-jack monitoring if it provides the same functionality?	Yes.
AHS	03/22/2005	8	40.2.3.1	37	Who determines the premiums?	There are no premiums at this time. In the event premiums are collected the State will determine the premium.
AHS	03/22/2005	9	40.2.3.1	37	Who collects the premiums?	If required by the State, the Contractor must receive and process monthly fees and premiums for no more than two to three percent (2-3%) of the Medicaid population at no additional charge to the State.
AHS	03/22/2005	10	40.2.3.1	37	What are the premiums for? Are they for Healthy Kids, MediKids, Medicare Buy-In, and/or something else? Please clarify and explain.	Medicaid does not currently collect premiums. There is a possibility of premium or fee collection as a result of Medicaid Reform or other changes in the program, and FMMIS/DSS must be able to process and account for such collections if required.
AHS	03/22/2005	11	40.2.4.1	41	What are the "rules" or determining factors with respect to recipients joining HMO or Medipass or PSN?	Enrollment in a plan is based on eligibility in certain assistance categories and whether a person is ineligible due to other factors as specified in federal regulations, Florida Statutes, Florida Medicaid State Plan, managed care organization (MCO) contracts and Florida's section 1915(b) waiver.

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AHS	03/22/2005	12	40.2.4.1	41	Are there areas where only MediPass exists?	Yes. There are 33 counties with at least one HMO, 34 with MediPass only. This will change as HMO's are added to the managed care network. MediPass caseload statistics are posted on the AHCA Internet site:  <a href="http://www.fdhc.state.fl.us/Medicaid/MediPass/reports.shtml">http://www.fdhc.state.fl.us/Medicaid/MediPass/reports.shtml</a>
AHS	03/22/2005	13	40.2.4.1	42	Does Choice Counseling Unit help only those required to enroll in HMO or PCCM or PSN? If yes, is there a separate Medicaid Hotline and, if so, who is the contractor?	Currently, the enrollment broker (ACS SHS, LLC, manages the enrollments into HMOs, PCCMs and PSNs. Other managed care options are managed by: ACS for Medikids, Department of Health for Healthy Start and CMS, and Department of Elder Affairs for the Nursing Home Diversion Waiver. Each of these entities uses a separate mechanism/hotline to receive enrollments that are then submitted to the fiscal agent for processing. Under this new contract, the enrollment broker would be required to manage Medikids and HMOs, PCCMs and PSNs and potentially others based on Medicaid Reform.
AHS	03/22/2005	14	40.2.4.6	44	When enrolling recipients over the phone, is a consumer signature needed?	No. However, the enrollment broker is required to notify the recipient in writing of any change to the recipient's enrollment that is made during the phone conversation.
AHS	03/22/2005	15	40.2.4.6	44	When enrolling recipients via the web portal, is a consumer signature needed?	The State will work with the Contractor during the Design and Development Phase to determine security and other rules that will apply to Web portal access by recipients. HIPAA Security Rule standards will certainly apply.

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AHS	03/22/2005	16	40.2.4.6	45	If a child is screened and found to be potentially eligible for CMS, is the enrollment frozen for that child until a decision is reached by DOH?	Currently, the enrollment broker is required to screen and refer the child to Children's Medical Services (CMS) as appropriate. If the child is determined eligible for CMS, DOH completes the enrollment into the CMS managed care option in coordination with the area office(s).
AHS	03/22/2005	18	40.2.4.6	47	May we have a copy of the beneficiary satisfaction questionnaire? How is it currently conducted (phone, mail, etc.)?	The beneficiary satisfaction questionnaire will be added to the Procurement Library.
AHS	03/22/2005	20	40.2.5	50	What is the number of buy-in recipients?	The State buys in Medicare beneficiaries who are also eligible for Medicaid. The total number of buy in recipients for Part A is 49,778 and for Part B is 432,173.
AHS	03/22/2005	21	40.2.6	53	How is participation in CHCUP defined?	The number of Medicaid eligibles under the age of 21 who had at least one checkup.
AHS	03/22/2005	22	40.2.6	53	May we have copies of the program awareness promotional materials?	You can view the current materials at <a href="http://www.medicaidoptions.net">www.medicaidoptions.net</a>
AHS	03/22/2005	23	40.2.6	53	What is Florida's participation rate for CHCUP?	Based on the latest CMS 416 report, Florida's participation rate is 55%.
AHS	03/22/2005	24	40.2.6	53	May we have copies of the program awareness promotional materials?	You can view the current materials at <a href="http://www.medicaidoptions.net">www.medicaidoptions.net</a>

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AHS	03/22/2005	26	40.2.6	55-56	Area Office staff is mentioned as doing follow up on CHCUP eligibles. Are these DOH staff? Please elaborate on this process and explain the interface between Contractor's staff and these Area Office staff (for example, page 56 notes that part of the Contractor's responsibilities are to "follow-up on recipients...").	No, they are not DOH staff. They are AHCA area office staff. For CHCUP, the fiscal agent will need to have a system that will: 1. Track when a check-up is due, produce/send an informing letter; 2. Track dates of Child Health Check-Ups and any medical referrals based on the referral code/diagnosis code on CHCUP claims; 3. Send follow-up letters to determine if medical referrals were completed. 4. Track/report and send reminder letters at intervals to families of children who were sent an informing letter, but no indication of a Child Health Check-Up claim. 5. Provide availability of the system and reports to AHCA area office staff/managed care provider staff for their follow-up of recipients, as needed.
AHS	03/22/2005	25	40.2.6.1	54	How many 2-1-1- centers operate in FL?	As of December 2003, the Florida Alliance of Information and Referral Services reported eleven comprehensive Information and Referral centers serving approximately 75% of the state's population in 33 of 67 counties. The 2-1-1 Centers are mentioned in the RFP as one possible avenue to improve the efficiency (or MITA maturity level) in the way the Medicaid program interacts with recipients and potential Medicaid eligibles.

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AHS	03/22/2005	27	40.2.7.6	59	According to the RFP, the call center eligibility verification is operational from 7AM to 7PM, yet the phone center for consumers is operational from 8AM to 6PM. Please verify this is correct.	Section 40.2.8.6, number 6 addresses the recipient call center. This section is amended with this addendum to require operations from 8:00 A.M. to 7:00 P.M.
AHS	03/22/2005	28	40.2.8	60	May we please have copies of the ID card and notices currently used?	Copies of the card and materials will be added to the Procurement Library.
EDS	03/20/2005	44	40.3.4.6.2.d	40-79	Section 50.2.5.2.2 requires a minimum of 17 Provider Field Representatives. Section 40.3.4.6.2.d indicates that the field representatives are to be assigned to locations designated by the State. Please provide the city or location to be assigned to each of the 17 field representatives.	A map showing the location of field representatives is available on the fiscal agent Web site at the link below. (Click on the option "Field Representative Map.")  <a href="http://floridamedicaid.consultec-inc.com/index.jsp">http://floridamedicaid.consultec-inc.com/index.jsp</a>
EDS	03/29/2005	52	50.1.2.11	50-11	There seems to be a conflict between section 30.27.2 "Pricing Schedule B-1" and 30.27.2 "Pricing Schedule B-1." Please clarify to which payment milestone item 5 in section 50.1.2.11 is associated.	Item 5 "Completion of Implementation Planning, Start of Readiness Testing Period" is not directly tied to any of the payment milestones in Pricing Schedule B-1. However, the state expects this milestone to be completed by February 2007.
EDS	03/29/2005	53	50.3.2.1	50-41	Tallahassee has very limited available A and B lease space to meet the RFP requirements within the required 5-mile radius. Will AHCA extend the radius to 10 miles?	The State considered the request to extend the requirement to a 10 mile radius. However, the State has determined that it is not in the best interest of the State to change the requirement.



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Unisys	03/21/2005	2	50.3.2.1	41	<p>Over the last decade, many companies have consolidated like functions across multiple contracts in order to realize significant cost savings. These savings have in turn been passed along to their customers through lower prices and increased efficiencies. The State's requirement to locate so many functions, many of which are ideal for large centralized shared service centers, in Tallahassee could preclude Florida from such benefits.</p> <p>Would the state consider a proposal that offers the benefits of lower prices and increased efficiencies to be responsive even if such service centers were not located in Tallahassee?</p> <p>Would the State consider an offer that proposes to locate one or more functional service centers, but not all, in Tallahassee to be responsive?</p>	The State requires that the functions specified in Section 50.3.2.1 be performed at the Contractor's local facility in Tallahassee.
EDS	03/29/2005	56	60.2.15.4 40.1.3	60-17 40-3	<p>Items a through o of Section 60.2.15.4 appear to be duplications of requirements addressed in Section 40.1.3. Please provide additional instructions and/or clarification on what the state is looking for in the vendor's response to section 60.2.15.4.</p>	<p>In Tab 14, "Data Processing", Section 60.2.15.4 the vendors should describe their approach to the data processing standards listed there in the RFP. Vendors do not need to duplicate that information in Tab 9, "Technical Approach to Operations", Section 60.2.10.1. In Tab 9 vendors should address all items in 40.1 except 40.1.3.</p>

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EDS	03/20/2005	35	60.2.16	60-18	Given the current state of the surety market for performance bonds it is unlikely that performance bonds can be obtained for periods greater than one year. Will the State accept a performance bond written for an initial one year term with annual renewals thereafter?	Yes. The State will accept a performance bond with annual renewals however, the Contractor would be required to furnish an annual performance bond for 15% of the average five-year annual operational cost in each year's renewal. There could be no gaps in the bond's coverage period. Gaps in coverage would be considered a breach of contract. Section 30.24 is changed with this addendum.
EDS	03/29/2005	54	60.2.4.4	60-5	Please clarify what the State is looking for in response to RFP Section 60.2.4.4.b.	"Reference" identified in 60.2.4.4.b. refers to the individual whom will provide the reference about the specified project. It may be the same as "Contact Person" identified in 60.2.4.4.e.

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EDS	03/29/2005	55	60.2.9.5	60-14	Are the components mentioned in RFP section 60.2.9.5 the components listed in Appendix N? If not, please provide a list of the additional components.	No. In Section 50.1, the State briefly discusses functions, activities and responsibilities of the fiscal agent that must be assumed or continued by the Contractor. This includes everything created in the Design and Development Phase and every activity of fiscal agent operations that must be assumed or continued. In Sections 50.1.3 and 50.1.3.1, the State asks the Vendor to organize all such functions into components and propose a schedule for implementation of these components that addresses the State's desire for a phased implementation. Therefore, the components in Section 60.2.9.5 are those identified and proposed by the Vendor for phased implementation of the newly developed FMMIS/DSS and assumption of all fiscal agent activities required in the Operations Phase of the contract.
AHS	03/22/2005	6	None	None	Under this RFP, does the State desire the contractor to have field based staff performing field based activities as part of its enrollment broker efforts?	No.
AHS	03/22/2005	7	None	None	Does the current enrollment broker contractor sit on or participate in any advisory type committees (such as the Florida KidCare Coordinating Council)? If yes, what are these entities and what functions do these committees have with respect to Medicaid managed care?	The current enrollment broker participates on the AHCA Managed Care Advocacy Workgroup. The enrollment broker is not required by the State to participate on other committees.

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Unisys	03/21/2005	3	PUR 100 Sections 20 & 21, RFP Section 30.45	PUR pages 7 & 8 of 13; Sec. 30, page 31	While the State's standard terms recognize the business need to reasonably limit the Contractor's liability, the provisions of the RFP impose upon the Contractor unlimited liability for any and all claims or losses in connection with the performance of services under the contract. Collectively, these provisions are extremely broad with respect to unlimited liability for any and all claims. Will the State be willing to negotiate with the successful bidder, a reasonable limitation on liability for damages that is consistent with the risk, complexity and size of the final contract?	The indemnification clause of Section 30 serves to protect the State from erroneous, negligent, and willful acts by the Contractor; from claims or losses related to performance by subcontractors and similar service providers related to the contract; and from injuries and losses sustained by persons and firms as a result of unauthorized actions of the Contractor. These are reasonable requirements in addition to the standard terms on PUR pages 7 and 8.



April 8, 2005

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**Addendum Three**

This addendum updates sections of the original RFP as posted on March 3, 2005, and provides answers to additional vendor questions. The Addendum Acknowledgement Form is also included.

1. Section 30.20, Contract Amendments

This section is amended to read as follows, starting with the second paragraph of the section. The old language is struck through and the new language is underlined:

The Contractor must expeditiously estimate and substantiate any price changes to the system that require a contract amendment. Prices for any amendment must be based on actual work effort, cost of materials and cost of subcontractors. ~~Work p~~Prices must conform to the amount recorded on the appropriate Schedule C1 through ~~C6~~ C5 (Section 60) for each class of employee for the corresponding year of the amendment. The rates will be calculated as follows:

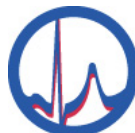
1. Incremental labor for future amendments will be based on the rates listed in the annual C-Schedules. The average rate/hour for the appropriate employee classification will be used under Line #1 of the Pricing Components for Salaries and Benefits.
2. Additional costs for overhead (including travel, materials, and subcontractors as found in items in Lines #2 through #9 of the pricing schedules) shall not be allowed except for changes that result in actual incremental costs incurred by the vendor. Detailed calculations of these costs must be submitted by the vendor and approved by the state. Payment shall be for actual costs only and shall be allocated by the state using an appropriate methodology allocation such as FTE or time period.

The CMS Regional Office must approve all amendments to the contract before they are executed by the State and the Contractor.

2. Section 40.1.3.1, FMMIS System Architecture Requirements, Item 2

This section is amended to read as follows:

2. Provide ancillary functions necessary for the operation of a Medicaid fiscal agent, including banking, enrollment brokering, Fraud and Abuse Detection, ~~actuarial rate setting~~ setting actuarially sound rates as defined by the State, program quality monitoring and



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review, third party liability/coordination of benefits, estate recovery, Managed Care Organization (MCO) support, Pharmacy Benefits Management (PBM), Primary Care Case Management (PCCM), various alternative service networks, and other such services as the Contractor or State may determine necessary to manage the Medicaid program;

3. Section 40.2.4.6, Recipient Enrollment Contractor Responsibilities

This section is amended to change the bullet numbers starting at Item 5. b. The text remains the same.

6. Send a Choice Letter (in English, Spanish or Creole as appropriate) to those who select a new provider or change their existing provider. For MediPass, the client brochure should also be sent.
7. Produce reports on choice outreach, choice selections, Medikids, enrollment broker functions, and toll-free call center activity. The following reports are examples of the kind of report that must be produced. Report formats must be approved by the State, and must be modified upon State request:
  - a. Choice Letters Report: Lists those children identified as potentially MediKids eligible;
  - b. Call Center Daily Activity Report: This report includes the number of calls to the toll-free call center, the number of calls answered in each category, the length of time to answer calls, and the number of calls abandoned;
  - c. Enrollment Activity Reports, including plan enrollments, disenrollments, changes;
  - d. Follow-up Reports, including data on the status of those who have not made choices or selections within State-prescribed timeframes;
  - e. Reports on required mailings and plan confirmation notices.
  - f. Enrollment Error Rate Reports, including the number of enrollments that processed without any errors;
  - g. Enrollment by Plan Reports, including the number and percentage of enrollees by plan and area;
  - h. Plan Changes by Plan, including the number and percentages of plan changes by plan and area;
  - i. Lock-in Reports, including the number of enrollees in Lock-in;
  - j. Good Cause Changes and Pending Changes Reports, including the number of good cause changes approved, denied or cancelled by reason code and the number of good cause change requests pending by reason code; and
  - k. Any other reports deemed necessary by the State.
8. Propose a system-automated solution for capturing medical expenses for the Medically Needy, those individuals who must reach a level of medical expenditure or share of cost, before they become Medicaid eligible for the month. Use FMMIS/DSS to track this spenddown amount, establish eligibility and appropriately pay or deny claims.
9. Monitor quality and work toward continued quality improvement:

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4. Section 40.2.6.6, CHCUP Contractor Responsibilities  
This section is amended to change the text struck through to the text that is underlined in Item 5. d.
  5. Use the workflow management engine to provide and log notices, track services provided, and enter case notes for each CHCUP-eligible recipient:
    - a. Automatically generate letters from the CHCUP workflow management system, according to specifications set by the State;
    - b. Mail program awareness promotional materials specified by the State;
    - c. Prepare English, Spanish and Creole versions of informing notices for State approval prior to mailing;
    - d. Identify the ~~family head of house~~ authorized representative payee and generate Child Health Check-Up screenings letters to this individual even if the child resides at a different address;
  
5. Section 40.3.4.6, Provider Communications Contractor Responsibilities, Item 1i  
This section is amended to add the following underscored text:
  - i. Respond to all verbal provider inquiries on recipient eligibility, provider status, claim status, billing procedures, and remittance vouchers immediately, if possible. If immediate verbal responses are not possible, written responses to verbal inquiries will be made within five (5) workdays of the date of the call. The State will approve all form letters in writing before they are put in use. If immediate verbal responses are not possible, written responses to verbal inquiries will be made within three (3) workdays of the date of the call;
  
6. Section 40.4.8.6, Provider Communications Regarding Payments Contractor Responsibilities, Item 4j  
This section is amended to change the text struck through to the text that is underlined:
  - j. Provide telephone call message mailbox capability. The Contractor staff shall review and respond to all phone messages within ~~one (1)~~ two (2) workdays. Phone messages will be logged with the date of the message and date the call is returned, including the provider number, provider name, telephone number and contact person
  
7. Section 50.2  
This section is amended to change the diagram containing required staff so that Instructional Design ~~Supervisor~~ is changed to Instructional Design Specialist.

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8. In Section 70.5.3, Project Management (150 points):  
In Addendum 2 Item # 13 was added to the list of evaluation criteria for Project Management. This Item number should have been #14:

14. Information Technology Iterative Project Management.

This section is renamed to Overall Technical Approach.

9. Section 70.5.13, Data Processing (150 points)  
This section is amended to change the text struck through to the text that is underlined in first paragraph:

This area includes assessment of the Vendor's technical data processing approach, the extent to which the data processing standards are met (as referenced in Section 40), and the operational computer requirements of ~~FMMIS~~ FMMIS/DSS. Evaluators will evaluate the extent to which the Vendor's proposed equipment support and processing methodology indicate that the RFP performance standards will be met, including consideration of the Vendor's previous success with similar performance requirements. Reference checks may be used to assess Vendor's performance in this area. The evaluation criteria for data processing are:

10. APPENDIX N COMPONENTS CROSS REFERENCE

This section is amended to remove the text that is struck through and add the text that is underlined on the chart, as indicated below.

Pharmacy Benefits Management

<b>Requirement</b>	<b>Reference</b>
<del>Establish Preferred Drug List (PDL)</del>	<del>40.4.3 Cost Avoidance</del>
Maintain <u>the a Preferred Drug List (PDL)</u>	<del>40.4.3 Cost Avoidance</del> <del>40.4.4 Claims Processing Administration</del> <del>40.5.4.6 Health Outcome Measurement Contractor Responsibilities</del>
<del>Negotiate rates with drug companies</del>	<del>40.4.3 Cost Avoidance</del>



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11. In order to clarify the required call center hours of operation, please see the chart below. The underlined times are amended in the referenced RFP sections with this addendum.

<b>RFP Section</b>	<b>Page Number</b>	<b>Call Center</b>	<b>Eastern Time</b>
40.2.4.6	See 40.2.8.6.6 pg. 63 for time requirement	Choice Counseling	8:00 a.m. to 7:00 p.m.
40.2.8.6.6	63	Recipient	8:00 a.m. to 7:00 p.m.
40.2.8.6.7	64	Recipient (Pharmacy Ombudsman)	<u>7:00 a.m. to 7:00 p.m.</u>
40.2.7.1	57	Provider	<u>7:00 a.m. to 6:00 p.m.</u>
40.2.7.6.4	59	Eligibility Verification	<u>7:00 a.m. to 6:00 p.m.</u>
40.3.4.6.1.a	78	Provider	7:00 a.m. to 6:00 p.m.
40.5.4.6.3.b	134	Therapeutic Consultation	8:00 a.m. to 8:00 p.m., Monday through Friday 10:00 a.m. to 2:00 p.m., Saturday

**ADDENDUM ACKNOWLEDGMENT FORM**

This is to acknowledge receipt of Addendum Three to AHCA RFP 0514.

FIRM: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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WebMD Business Services	04/01/2005	1	40		The current contract allows the contractor to collect and retain up to three cents for pharmacy POS transaction and three cents for MEVS verification transactions including Fax Back. Will this restriction apply to the new contract or will the contractor be allowed to increase the fee to providers and MEVS vendors?	The contractor shall not charge or collect any fees related to MEVS verification or POS transactions. Phone line connection costs shall be the responsibility of the MEVS or POS vendor.
ACS	04/04/2005	51	50.2	23	The illustration on this page indicating the required staffing for the operations phase indicates an Instructional Design <b>Supervisor</b> , however on Section 50 page 36 item 50.2.5.2 item 4 indicates Instructional Design <b>Specialist</b> is required. Please confirm if this position is a supervisor or specialist.	This position is Instructional Design Specialist. The diagram is amended with this addendum.
ACS	03/11/2005	5	40.1.3.11	14	To ensure that bidders allocate the appropriate size space for offsite storage, please provide the volume of medical records to be stored.	The medical records that will be stored are those that would accompany a claim or request for service authorization for documentation purposes. The numbers associated with the records are listed in ACS #4.

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ACS	03/11/2005	4	40.1.3.9 #5	12	The RFP states, "...In most cases, image source documents may be archived after thirty (30) calendar days and destroyed after ninety (90) calendar days." What quantity of documents will the successful bidder be required to take from the incumbent contractor?	The total number of boxes is 29,745. The State anticipates that this number will be reduced significantly before the end of the current contract. The number listed below represents boxes. <ul style="list-style-type: none"> <li>· Financial Documents - 1,648</li> <li>· FL Medicaid claims documents - 21,100</li> <li>· Previous Vendor Claims Documents - 4,500</li> <li>· Provider Enrollment Documents - 2,000</li> <li>· SLMB/PBDM Documents - 32</li> <li>· Drug Exception Request Documents - 193</li> <li>· Unborn Documents - 64</li> <li>· Buy-In documents - 20</li> <li>· PDD and UP documents - 23</li> <li>· Consumer Directed Care &amp; PAP documents - 1</li> <li>· Prior Authorization documents - 99</li> <li>· Medi-Kids Documents - 6</li> <li>· 2014 Documents - 51</li> <li>· Eligibility Documents for newborns without assigned IDs - 8</li> </ul>
ACS	03/30/2005	29	40.2.4.6 5b	47	This requirement indicates that a Choice letter will be sent to Family Planning Recipients who make a provider change and send a brochure to recipients enrolled in MediPass. Currently FP recipients are not assigned a PCP and are not eligible for MediPass. Is it the State's intent that Family Planning recipients receive a Choice letter?	This section was mis-numbered in the RFP and is amended with this addendum. Item 5.b. does not apply to Family Planning Waiver and should be a separate contractor responsibility. Item 5.b. will be renumbered to 40.2.4.6.6, thus changing the numbering of the items that follow. The text of these items remains the same.
ACS	03/30/2005	25	40.2.4.6, Para. 2.c	45	Please confirm that updates to the counseling and outreach materials will be required to be revised quarterly.	The updates to the materials will be revised at the direction of the State as stated in the RFP.

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ACS	03/30/2005	28	40.2.4.6, Para. 3	46	This section requires bidders to "allow recipients to make choice selections online." Please confirm that this means that the recipient should use the web portal to indicate a choice of plan, with contractor staff using the client's choice to process the actual enrollment.	Some changes may be made directly online, using the Web portal, by the recipient or a representative. Such changes must be subject to the validation rules approved by the State, but will be otherwise automatic. Other changes or selections may require Contractor intervention for confirmation or guidance, depending on rules to be implemented during the Design and Development Phase.
ACS	03/30/2005	27	40.2.4.6, Para. 4.h(5)	46	What support is required for callers who wish to register a grievance? Should the contractor simply refer the caller to the appropriate organization or agency?	Details such as this will be determined during the design phase.
ACS	03/30/2005	26	40.2.4.6, Paras. 4 and 4.d	46	This section requires "secure and HIPAA compliant email." We have examined HIPAA regulations and are unable to find any reference to HIPAA-compliance for email. Please clarify the requirements for HIPAA compliant email.	The HIPAA Security Rule requires covered entities to implement physical, administrative and technical safeguards to protect the security of Electronic Protected Health Information (ePHI). In the "HIPAA Security 101" briefing provided by the US Department of Health and Human Services on their Web site, technical safeguards are "primarily the automated processes used to protect data and control access to data. They include ... encrypting and decrypting data as it is being stored and/or transmitted." (45 CFR 164.312) Any email sent by the Contractor or the State that contains ePHI will require encryption or other technical controls that will meet HIPAA requirements. For further reference, please consult the HIPAA Security Rule and educational materials, including <a href="http://www.cms.hhs.gov/hipaa/hipaa2/education/Security%20101_Cleared.pdf">http://www.cms.hhs.gov/hipaa/hipaa2/education/Security%20101_Cleared.pdf</a>

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ACS	04/04/2005	40	40.2.4.6.7	48	Please clarify what non-covered expenses need to be accumulated as part of the spenddown amount? How does the Contractor receive the data?	The State is articulating a business problem and seeking vendor-proposed solutions. The vendor must propose methods to identify the data that would need to be received and to receive the data. Most likely, the data will come from providers in the form of claims that will not be paid until the spenddown amount is reached, but the State is open to creative vendor solutions.
ACS	03/30/2005	30	40.2.6.6.5.d	56	Under what circumstances would a child reside at an address that is different from the family head of household? Will the eligibility system send the MMIS an identifier for this head of household and the separate address for the child?	Regardless of the circumstances that affect a child's residence, the Vendor is required to capture, from the eligibility system, the name of the authorized representative payee and the address to which the letter will be mailed. The authorized representative payee information is available from the eligibility system. The section is amended with this addendum to state: Identify the authorized representative payee and generate Child Health Check-Up screenings letters to this individual even if the child resides at a different address.
ACS	03/30/2005	31	40.2.7.1; 40.3.4.6; 40.2.8.6 – 6b	57 and 78	Last paragraph of section 40.2.7.1 indicates "call center services must be available to all Medicaid providers from 7:00am to <b>7:00pm</b> Eastern time", however, this differs from section 40.3.4.6 item 1a which indicates "staff operators must be available to answer calls from 7:00am – <b>6:00pm</b> Eastern Time". Additionally, section 40.2.8.6-6b requires operators to be available from 8:00am – <b>6:00pm</b> . Please clarify the desired end time for operating hours for each of the call centers.	Please see this addendum for clarification of call center times.

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ACS	04/04/2005	44	40.2.7.6 – 2.c	59	DHACS and schools currently submit Eligibility Verification transactions (both proprietary and X12N 270) that are processed in the MMIS (not part of MEVS). Should DHACS and schools be considered part of MEVS under 2.c of 40.2.7.6?	No, the DHACS and school transactions are not part of MEVS.
ACS	03/30/2005	32	40.2.7.6 Item 4b	59	This section indicates "Provide and operate a toll free call center to respond to telephone <b>eligibility</b> inquiries." Please confirm whether the requirement in item 4b, "Answer all calls within 30 seconds" applies to provider calls regarding eligibility only, or for all incoming provider calls.	Call center operations for all types of calls must be handled by a call center management system meeting the requirements of Section 40.1.5.6 and should integrate with an automated telephone menu system and/or Automated Voice Response System (AVRS). The State will allow and encourage the use of straightforward menus to allow callers to quickly choose the right path to an efficient answer to their questions, including interfaces to the automated telephone menu and response system or AVRS, when appropriate. The standard for answering calls begins from the time the caller selects an option from the State-approved script that begins routing the call to a live operator until the time when that operator answers the call, ready to attend to the caller's question. For eligibility calls, this must be within thirty (30) seconds. For other calls, the caller may be on hold for no more than one (1) minute. Within the automated telephone menu system and/or AVRS, the next script should be presented immediately upon selection.

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ACS	04/04/2005	41	40.3.4.6-1i and 40.4.8.6-4g	79 and 119	Requirement 40.3.4.6-1i says that these transactions must be processed within 5 days, yet 40.4.8.6-4g says 3 days. Will the State please confirm the number of days in which these transactions must be processed?	Requirement 40.3.4.6, Item 1i is amended with this addendum to say, "If immediate verbal responses are not possible, written responses to verbal inquiries will be made within three (3) workdays of the date of the call."
ACS	04/04/2005	42	40.3.4.6-1k and 40.4.8.6-4j	79 and 119	Requirement 40.3.4.6-1k says that these transactions must be processed within 2 days, yet 40.4.8.6-4j says 1 day. Will the State please confirm the number of days in which these transactions must be processed?	Requirement 40.4.8.6, Item 4j is amended with this addendum to say "The Contractor staff shall review and respond to all phone messages within two (2) workdays."
ACS	03/30/2005	34	40.4.3.6 (3) and Appendix N	97 and Appendix N pg 1	Appendix N: Components Cross Reference (Pharmacy Benefits Management), states the following as requirements: <ul style="list-style-type: none"> <li>· Establish Preferred Drug List (PDL)</li> <li>· Maintain the PDL</li> <li>· Negotiate rates with drug companies</li> </ul> However, in RFP section 40.4.3.6, only management of the rebate collection process is defined. Please clarify the scope of work.	The rows in the table of Appendix N – Page 1 that include "Establish Preferred Drug List (PDL)" and "Negotiate rates with drug companies" are deleted from the RFP with this addendum. The table row requirement "Maintain the PDL" is changed to say "Maintain a Preferred Drug List (PDL)" and the reference is changed to say only "40.5.4.6 Health Outcome Measurement Contractor Responsibilities."
EDS	03/15/2005	14	40.4.3.6.3	40-97	Please clarify the Contractor responsibilities for drug rebate in light of a separate RFQ and submitted responses in December 2004.	The Contractor will be required to perform the functions outlined in the RFP.
ACS	04/04/2005	43	40.4.4.5 #1.e	101	Does the requirement for actuarial services in the RFP replace the actuarial services AHCA currently contracts for separately? If not, how do they differ?	The Contractor is not responsible for actuarial services. This section defines the State's responsibility for validating rates set by the Contractor. The vendor only needs to acknowledge it as a State requirement. Section 40.1.3.1 is amended to clarify the Contractor's responsibility regarding actuarial services.



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McK	04/05/2005	1	40.4.4.6	101 -104	Does the State require the COTS bundling and unbundling solution to support both Dental Editing and Group Health Editing?	While the bundling requirements are not specifically enumerated, the quality of the Vendor's solution will be a factor in evaluating the proposals.
ACS	03/30/2005	35	40.4.5.6 item 4	107	Please clarify the State's expectations regarding encounter claim submission methods. Will the State require MCOs to submit encounters in an electronic media only?	The state will require the MCOs to submit HIPAA compliant electronic transactions for encounter data. Paper claims will not be accepted for encounter data.
ACS	03/30/2005	36	40.4.8.6 #4a	119	"Provide a Web portal that will allow providers to view or download remittance vouchers with the ability to sort the RV so that they can receive information in a way meaningful to them" Please confirm if the State will mandate providers to use the web portal to access their weekly vouchers.	No, the state will not mandate providers to use the web portal.
ACS	03/30/2005	37	40.5.5.6.12 and 13	142-143	Is the State looking to replace the current FACTS system for fraud and abuse case tracking?	Yes.
ACS	04/04/2005	45	50 – General		Should bidders respond to all of the requirements within Section 50 or does the State want bidders to respond to Section 50 in the same format as Section 40.2 – 40.5 (e.g., responding to Contractor Responsibilities in detail and acknowledging all other requirements)?	The Vendor's general approach to the Contract Phases described in Section 50.1 must be addressed in TAB 5, including any Contractor responsibilities not covered in the Vendor's response to each phase in TABS 6 through 13. The Vendor's general approach to the requirements in Section 50.4, Project Management must be addressed point-by-point in TAB 5. The Vendor must respond in detail to Contractor requirements in Section 50.3 "Facility Requirements," in TAB 9. All staffing requirements for each Phase must be addressed in TABS 6 through 13. Note specifically the need to address the transition of staff during the Implementation Phase in TAB 8.

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ACS	04/04/2005	46	50.1.6	50-15	Are there any transaction costs associated with EHR that can be passed on to providers?	No.
ACS	04/04/2005	47	50.1.6	50-15	Is EHR information subject to the same retention requirements as all other documents?	Yes.
ACS	04/04/2005	48	50.1.6	50-15	Will the Agency facilitate the collection of EHR by adopting additional requirements for electronic attachments to claims?	Yes. The requirements for EHR have not been refined at this time, and will depend in part on the Vendor's proposed solution, the status of national standards for EHR when this phase is reached, the availability of data, and legislative or Agency actions to set requirements for data submission by providers.
ACS	04/04/2005	49	50.1.6	50-15	Is the Agency contemplating any requirements for collecting diagnostic attachments along with HMO encounter data? If HMOs are not required to submit encounter data to Medicaid, will they also be exempt from any EHR requirements?	Yes. The RFP assumes the HMOs will be required to submit encounter data to Medicaid, including records necessary to support the EHR Development Phase.
ACS	04/04/2005	50	50.1.6	50-15	Will the Agency allow the EHR system to be used to support third party contractors, such as TPL Subrogation, Prior Authorization and Disease Management Organizations? If so, are there any plans for third party vendors to share the costs of operating the system (especially if their use multiplies the load on the system)?	Uses of the EHR system have not been determined. For purposes of estimating resources and load on FMMIS/DSS, the Vendor should assume that EHR will be available for Medicaid purposes only. Thus, to the degree that EHR may be useful in Service Authorizations, Disease Management, or TPL activities, assume that Medicaid providers and contractors will need access for these purposes. There are no plans at this time to share costs of operating the system.

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Vendor	Date Submitted	Question #	Section #	Page #	Question	Answer
ACS	03/30/2005	38	Addendum #1	AHS Question #19, Page 8 of 26.	Please clarify the requirements to "process....eligibility more efficiently" and to "include ..... automatic establishment of eligibility...". Is "automatic establishment of eligibility" limited to recognition that the recipient's spend down (share of cost) limit has been reached, or are there additional requirements related to eligibility?	Assume the automatic establishment of eligibility to include the determination that the spend down limit (share of cost) has been reached and verification that the recipient qualifies under any other rules for the Medically Needy Benefit Plan recorded in the rules engine, as determined during the Design and Development Phase or during Operations.
EDS	03/29/2005	57	App. F	F-3	Can the following software licenses used by the current DSS solution be used by the winning Contractor for the FMMIS/DSS implementation? 1 Citrix – Metaframe XPE 20 User License 1 Citrix - Metaframe XPE 20 User Upgrade 1 Citrix - Metaframe XPE Starter system w/20 User Licenses 1 Citrix - Metaframe XPE Upgrade Starter 10 Business Objects – BO Reporter/Explorer 5.0 1 Business Objects – BO Supervisor 5.0 5 Citrix – Winframe / Metaframe Licenses 1 Citrix – Winframe / Metaframe License 10U 1 Citrix – Winframe / Metaframe License 20U 1 Business Objects – BO Supervisor 5.0 1 Business Objects – Develop Suite 5.0 40 Business Objects – BO Infoview 5.0  If yes, please provide terms of the current maintenance agreement for this license.	DSS has been upgraded from BO 5.0 to 6.5 licenses and modified the configuration as follows:  BO 6.5 - 200 BO 6.5 Infoview - 200 BO 6.5 Supervisor - 2 BO 6.5 Designer - 4 Citrix Presentation Server - 50  The maintenance agreement is renewed annually by the vendor on behalf of the State as part of the contract.

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EDS	03/29/2005	58	App. F	F-5	Please provide the current number of users by category (Executive, Intermediate, and Power) for the following software: Business Objects – Develop Suite 5.0 Business Objects – BO Supervisor 5.0 Business Objects – Infoview 5.0 Business Objects – BO Reporter/ Explorer 5.0	We do not categorize the users according to the classifications in your question however, the current number of authorized users is as follows:  BO 6.5 - 110 BO 6.5 Infoview - 110 BO 6.5 Supervisor - 12 BO 6.5 Designer - 12
ACS	03/30/2005	24	General Contract Conditions – Item 15	5	My Florida Marketplace requires respondents to include a “transaction fee” equal to 1% of their total bid price. Does the transaction fee apply to the total bid price, including pass through expenses and expense categories eligible for FFP funding/match?	For clarification, the MyFlorida Marketplace requirement applies to contractors not respondents. This contract is exempt from the transaction fee requirement because it is funded with state and federal dollars.



**April 15, 2005**

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**Addendum Four**

This addendum updates sections of the original RFP as posted on March 3, 2005, and provides answers to additional vendor questions. The Addendum Acknowledgement Form is also included.

1. Section 30.11, Federal Certification  
This section is amended as follows:

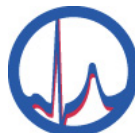
The Contractor is responsible for creating a MMIS that meets all requirements for federal certification and qualifies for the maximum Federal Financial Participation (FFP) ~~within six (6) months of the beginning of the Operations Phase, retroactive to the first day of operations.~~ Formal certification activities shall begin no later than six (6) months from the beginning of the Operations Phase and shall be completed no later than twelve (12) months from the beginning of the Operations Phase. During the certification process, the Contractor will make any changes required by the federal government for certification expeditiously and without additional charge to the State.

2. Section 60.2.4.4, Tab 4 – Corporate Background and Experience  
This section is amended to renumber the items. The text has not been changed:

4. Corporate References:

For each referenced project, the Vendor and subcontractors shall provide the following items, one project per page (Attachment I should be included in proposal Tab 1.):

- a. Name of Vendor
    - b. Reference:
      - (1) Firm/Agency Name
      - (2) Address



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(3) Contact Person:

(a) Name/Title

(b) Phone Number

- c. Project Dates
- d. Title of the Project
- e. Start and End Dates of the Original Contract
- f. Total Contract Value
- g. Average Staff Hours in FTEs During Operations
- h. Transaction Processing Volume
- i. Brief Description of Scope of Work

3. Section 60.4.3, Signature Block

This section is amended as follows:

~~Where a signature block is indicated,~~ All pricing schedules must be signed and dated by an authorized corporate official.

4. Section 60, Pricing Schedule D-1 and E-1

This section is amended with the enclosed replacement pages for these pricing schedules. The only change to the schedules is to add a signature line to each of these pricing schedules.

5. Appendix M, Checklist of Mandatory Items

This section is amended with following changes:

- 9. Are all other required forms related to corporate contact or corporate reference is included in the proposal (Attachments H, I, J, ~~and K,~~ and L)?

6. Medicaid Procurement Library Addendum

The following files have been added to the electronic Medicaid Procurement Library. The files are available to vendors upon request.

- Projected Recipient Caseload Estimates – Caseload Estimates - library addendum.xls
- Samples of Choice Counseling mailout – ChoiceCounseling Samples.pdf
- Number of active providers by provider types – PROV TYPE ACTIVE.xls
- Florida Medicaid Operational Workload Statistics – workload statistic.xls

There was an error in producing the Medicaid Program Statistics in the original library. The replacement file is also available upon request.

- Medicaid Program Statistics – 0503elig.XLS

**ADDENDUM ACKNOWLEDGMENT FORM**

This is to acknowledge receipt of Addendum Four to AHCA RFP 0514.

FIRM: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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**PRICING SCHEDULE D-1**

NET PRESENT VALUE MITA GAP ANALYSIS PRICE

Net Present Value Discount Rate supplied by Department of Management Services (DMS) = 3.24%.

A	B	C	D
Month/Year	Total Proposal Price	NPV Factor	Total Net Present Value Price $D = (B * C)$
December 2009	\$	0.86917499	\$

Column D is Total Net Present Value MITA Gap Analysis Price. Post this total to Pricing Schedule A, Line 3.

AN AUTHORIZED CORPORATE OFFICIAL OF THE VENDOR MUST SIGN THIS FORM. THE OFFICIAL'S TITLE AND THE DATE THIS FORM WAS SIGNED MUST BE ENTERED.

Signature of Corporate Official

Title

Date

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**PRICING SCHEDULE E-1**

NET PRESENT VALUE ELECTRONIC HEALTH RECORD (EHR) PRICE

Net Present Value Discount Rate supplied by Department of Management Services (DMS) = 3.24%.

A	B	C	D	E
Month/Year	Phase Payment	Total Proposal Price	NPV Factor	Total Net Present Value Price E= (C * D)
January 2009	Planning Phase (30%)	\$	0.89534082	\$
June 2009	Implementation Phase (70%)	\$	0.88335102	\$
Total		\$		\$

Column E, Line 3, is Total Net Present Value Operational Price. Post this total to Pricing Schedule A, Line 4.

AN AUTHORIZED CORPORATE OFFICIAL OF THE VENDOR MUST SIGN THIS FORM. THE OFFICIAL'S TITLE AND THE DATE THIS FORM WAS SIGNED MUST BE ENTERED.

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Signature of Corporate Official    Title    Date

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EDS	04/09/2005	65	30.11	30-6	<p>“The Contractor is responsible for creating a MMIS that meets all requirements for federal certification and qualifies for the maximum FFP within <b>six months</b> of the beginning of the Operations Phase.”</p> <p>During the bidders' conference, reference was made to achieving certification within 12 months of the beginning of the Operations Phase. Could the State please clarify their expectations for the certification phase timeline.</p>	<p>This section is amended with this addendum. Section 30.11 is amended as follows:</p> <p>The Contractor is responsible for creating a MMIS that meets all requirements for federal certification and qualifies for the maximum Federal Financial Participation (FFP) <u>retroactive to the first day of operations.</u> <u>Formal certification activities shall begin no later than six (6) months from the beginning of the Operations Phase and shall be completed no later than twelve (12) months from the beginning of the Operations Phase.</u></p>
ACS	04/04/2005	39	40 and 50	123 and 36	<p>In section 40.5.2.4, the RFP implies that there will be 12 Contractor staff located at the Agency for DSS Operations. In section 50.2.5.3, there is explicit mention of 5 Data Analysts and 2 DSS Trainers, only.</p> <p>Under the current contract, there are 12 DSS operations staff. Please clarify whether the number of contractor staff required to support Operation of the DSS is 12 or 7. Are all of these staff required to work at the Agency?</p>	<p>Please refer to Section 50.2.5.2: Item 8 requires one (1) Senior Programmer/Analyst for data analysis; Item 9 requires four (4) Programmer/Analysts for data analysis; Item 10 requires five (5) Professional Data Analysts; and Item 13 requires two (2) Trainers for the DSS. This staffing requirement is over and above any that the Contractor may need to support general DSS operations (a component of Section 50.2.5.3), such as database administration, data conversion, data loading, file maintenance, or quality assurance. The Agency will provide space for at least seven (7) of these staff members (Items 10 and 13). The location of the remaining five (5) will be at the State's option (Items 8 and 9), and will be determined during the Design and Development Phase.</p>

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ACS	04/08/2005	54	40.2.4.6, 5b	47	The RFP indicates that a Choice letter will be sent to Family Planning Recipients who make a provider change and send a brochure to recipients enrolled in MediPass. We want to verify that 5b is part of Family Planning. Currently FP recipients are not assigned a PCP and are not eligible for MediPass. It appears that 5b is in the wrong place in the RFP.	This section was mis-numbered in the RFP and was amended with Addendum Three (see ACS Question 29 in Addendum Three).
AHS	04/07/2005	37	40.2.4.6.2.k	45	Would the State please clarify what the contractor is to provide to recipients within three workdays?	This section was amended with Addendum One. Section 40.2.4.6.2k has been rewritten to say "The Vendor must provide a written confirmation within three (3) workdays to recipients who use the telephone to enroll, disenroll or change their managed care plan or MediPass PCP."
AHS	04/07/2005	38	40.2.4.64.b	46	Would the State please clarify which entity MediPass recipients will call to change their PCP? Will they call the contractor or the local area MediPass office?	Recipients may call either the Contractor's call center or the Medicaid Area Office. FMMIS/DSS must be accessible to State and Contractor staff in all locations to record the information.
AHS	04/07/2005	39	40.2.6	53	Would the State please clarify which children are eligible to receive CHCUP services (i.e., children in MediKids, Medicaid, and/or HealthyKids)?	MediKids and Medicaid eligibles under the age of 21 are eligible to receive CHCUP services.
EDS	03/20/2005	38	40.3.1.2	40-69	Please provide the average monthly number of enrollment applications received electronically compared to those submitted on paper.	Provider applications are not received electronically. Please see the Procurement Library Addendum for provider enrollment statistics for calendar year 2004.

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EDS	03/20/2005	39	40.3.1.2	40-69	Please provide the number of enrollment applications received on a monthly basis for calendar year 2004.	Please see the Procurement Library Addendum.
EDS	04/09/2005	72	40.3.2.5.2	40-70	Please provide bidders with a list of valid Provider Classes and clarify how they are divided.	The Provider Classes have not been defined yet. The State now has about eighty (80) "provider types" in familiar categories, such as physician, dentist, pharmacy, and hospital. The concept of Provider Class will allow these to be further subdivided according to service location, network participation, pricing methodology or other similar factors. The State will work toward defining initial Provider Classes before the Design and Development Phase begins.
EDS	03/20/2005	43	40.3.4.3	40-77	Please provide a breakdown of the types of written inquiries received and the monthly volumes for each of the 12 months of 2004.	Please see the Procurement Library Addendum.
EDS	03/20/2005	46	40.3.5.6	40-83	Please clarify how many provider enrollment modifications, such as address changes, are received on a weekly basis.	Please see the Procurement Library Addendum for provider file maintenance for calendar year 2004.
ACS	03/30/2005	33	40.4.3.6	96	Is it the State's intent to include the functions currently performed by Health Management Systems in this procurement? If so, what is the scope of work?	No, only the functions enumerated in the RFP are to be included in the Vendor's proposal. However, the RFP describes FMMIS/DSS capabilities and requirements to record and process TPL and other COB information, regardless of whether the activities are performed by State staff or other contractors.
EDS	03/20/2005	47	40.4.6.6.2.i	40-113	Please clarify the volume of special delivery for provider checks on a monthly basis.	Please see the Procurement Library Addendum.

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EDS	03/20/2005	48	40.4.6.6.2.n	40-114	Please clarify how often "special check pulls" are requested. How many have been requested, regardless of if it is the same provider ID, within the past year? Please also clarify how the contractor is notified of "special check pulls."	All special check pulls are requested in writing by the State. The written correspondence is the contractor's notification. Please see the Procurement Library Addendum for volume.
EDS	04/09/2005	74	50.2.5.2.10	50-37	<p>This requirement states that the five Professional Data Analysts are to work at the Agency facilities.</p> <p>Is it AHCA's expectation that these staff are in addition to and will be located with the 56 AHCA contract monitoring staff housed with the Contractor or located at the State offices located at 2727 Mahan Drive?</p> <p>If the Professional Data Analysts are to be located at 2727 Mahan Drive, are their desktops included in the RFP-specified number of desktops the Contractor is to provide to the Agency?</p>	The five (5) Professional Data Analysts will be located at the 2727 Mahan Drive office and are not part of the 56 Contract Management staff described in Section 50, page 43. The Contractor must provide computers for all of its staff, regardless of where they are located. The Contractor's obligation to provide desktop computers for State staff is limited to the requirements of Section 30.39, with quantities to be specified later and treated as a pass-through expense.

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AHS	04/07/2005	41	60.2.4.1.i	4	Would the State please clarify what items/information a vendor might include under "computer resources?" Please explain.	The State is interested in the full spectrum of computer resources a Vendor and its primary subcontractors may bring to bear on the successful fulfillment of the requirements of this project, including their ownership and operation of data centers, data processing networks, computer-integrated call centers, training centers or claims processing facilities, programming or systems development operations centers, imaging operations, benefit plan administration centers, health facility operation centers, and any other relevant computer resources.
AHS	04/07/2005	42	60.2.4.4	5--6	Would the State please explain the difference between "Reference", "Firm/Agency Name", "Contact Person", "Name/Title" as it seems there may be some overlap/duplication among these? Please clarify.	This section is amended to renumber the items with this addendum. "Reference" is a heading on the form; "Firm" is an item to be completed and refers to the company supplying corporate reference information; "Contact Person and Name/Title" is an item to be completed and refers to the individual supplying the information.
AHS	04/07/2005	43	60.2.4.4	5--6	Would the State please clarify or further define what should be included under "Project Dates" and "Start and End Dates of the Original Contract" as these seem to be quite similar? Would the State not want the Start and End Dates of the current/most recent contract?	There is an entry for Project Started and Completed Dates on the form as well as the start and end dates of the original contract. The start and end dates of the original contract may be the same dates as the project start and end dates. Different dates would indicate contract renewals or extensions to the original contract.

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AHS	04/07/2005	44	60.2.4.4.k	5--6	Does the State want the total value of the current/most recent contract to be included under "Total Contract Value", or does the State want the value of the original contract?	Please provide the total for the contract including the original amounts and any amendments to the contract that affected the contract value.
ACS	04/08/2005	58	60.4.4	20	It appears that recipients in the MediKids, Family Planning, Aliens, and Buy In Only eligibility categories have been left out of the recipient count. Please verify that the current recipient statistics include these recipients.	The per member per month count currently includes recipients in the MediKids, Family Planning, Aliens, and Buy-In Only categories. The eligibility groups may change as directed by the State Legislature. Please reference the eligibility statistics in the Procurement Library Addendum, included with this addendum.
EDS	03/29/2005	60	App. L, Item 1.a	L-1	What is the approximate monthly volume for each type of ID card – Medicaid, Medicaid, and SilverSaver?	Please see the Procurement Library Addendum.
EDS	03/20/2005	36	General	--	Please provide the last 12 months of data on the volume of providers, by category of service? If available, please indicate whether all providers are "active" (defined as eligible to provide services and receive reimbursement from the State).	A file of the active provider records has been added to the Procurement Library Addendum. It reflects the number of provider records that are active at the time the file was created. Provider records do not necessarily represent a single entity or individual since providers may have multiple locations or service centers. The file is sorted by provider type rather than category of service as it is a more meaningful way to define Florida providers.

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EDS	04/09/2005	62	General	--	We do not find a specified HIPAA-related staff position for an individual to interface with AHCA and oversee this critical area. Please clarify if vendors should plan for this role. If yes, please provide vendors with the expected responsibilities and qualifications of this role.	As part of the Terms and Conditions (Section 30.58) of the resulting contract, the Contractor must supply all staff necessary to operate in full compliance with all HIPAA rules. There are no separate staff requirements included to meet the HIPAA compliance requirement. The Vendors will be scored on their approach to HIPAA compliance.
AHS	04/07/2005	31	None	None	Would the State please provide a breakdown of the cost of mailing any Choice Counseling-related mailings, by type of mailing? (For example, what is the cost of mailing an <i>Note: The remainder of this question was missing as received. If the remainder of the question affects the answer, a clarification will be issued in a later addendum.</i>	All printing and mailing costs are pass through therefore, there is no cost for the contractor for these items.





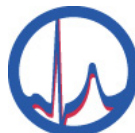
April 22, 2005

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**Addendum Five**

This addendum updates sections of the original RFP as posted on March 3, 2005, and provides answers to additional vendor questions. The Addendum Acknowledgement Form is also included.

1. Section 30.30, Record Retention Requirements  
This section is amended as follows.
  3. All original canceled checks copies of cancelled checks on CD Rom that are provided by the banking services contractor will be retained for a minimum of seven (7) years from the date of issue unless otherwise notified by the State; storage will be in the State of Florida, Leon County, throughout this period. Upon expiration or termination of this contract, all retained CD ROMs of canceled checks will be transferred to the State;
2. Section 40.2.4.6, Item 3, Recipient Enrollment Contractor Responsibilities  
This section is amended as follows:  
  
Operate a recipient Web portal to allow recipients to make choice selections online.  
Operate all recipient functions of the Web portal in both English and Spanish.
3. Section 40.2.6.6, Item 6, CHCUP Contractor Responsibilities  
This section is amended as follows:
  - d. Allow recipients to enter questions about their case; and
  - e. Route questions by email according to the workflow rules approved by the State; and
  - f. Operate the Web portal CHCUP functions in both English and Spanish.



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4. Section 40.2.8.6, Item 5, Recipient Communications Contractor Responsibilities  
This section is amended as follows:
  - e. Allow recipient to make choice selections (See Recipient Enrollment); ~~and~~
  - f. Allow recipients to respond to State surveys; and
  - g. Operate the Web portal and provide the required information to recipients in both English and Spanish.
  
5. Section 40.4.2.6, Item 4c, Service Authorization Contractor Responsibilities  
This section is amended as follows.
  - c. Return to or notify providers of Service Authorization requests missing key data or not received according to policy;
  
6. Section 50.3.2.1, Location of Operations Facilities This section is amended with the following inserted after Item #13.  
  
Medicaid Contract Management Facility Space  
  
The Agency will sublease ~~the~~ space from the Contractor at fair market price.
  
7. Section 60.2.5.1, This section is amended to remove Item I and renumber the Items after.
  - ~~I—Telecommunication Requirements and State Owned Equipment;~~
  - I. Access to Libraries;
  - m. Accounting;
  - n. Minority Participation Reporting;
  - o. Force Majeure;
  - p. Environmental Considerations; and
  - q. HIPAA Compliance;
  
8. Section 60.2.14.6, TAB 13 – Technical Approach to Turnover  
This section is amended as follows:
  6. Approach to Contractor Responsibilities, including:
    - ~~a.—Contractor staffing;~~
    - a. Contractor facilities;
    - b. Contractor resources;
    - c. Turnover of FMMIS/DSS;
    - d. Turnover of system documentation;
    - e. Turnover training;
    - f. Facilitation of successor acceptance testing; and
    - g. Final turnover of up-to-date system, data, paper files, and documentation; and

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9. Section 60.2.15, Tab 14 – Data Processing This section is amended to remove Items 6, 8, and 9 and renumber the Items after #6.

- ~~6. Approach to imaging and data entry;~~
- ~~6. Telecommunication network description; and~~
- ~~8. Approach to security and confidentiality;~~
- ~~9. Approach to documentation; and~~
- 7. Approach to procurement of State hardware.

10. APPENDIX K, NETWORK COMMUNICATION REQUIREMENTS AND IMAGING WORKSTATIONS

The title of this appendix is changed as follows:

APPENDIX K, CURRENT NETWORK COMMUNICATION REQUIREMENTS AND IMAGING WORKSTATIONS

11. Medicaid Procurement Library Addendum

The following files have been added to the electronic Medicaid Procurement Library. The files are available to vendors upon request.

- a. Call Center Mailing Statistics Medikids.xls
- b. Call Center Mailing Statistics without Medikids.xls
- c. FMMIS forms.pdf
- d. ID Card Stats for # in Carrier.xls
- e. MediKids Initial Enrollment Letter.pdf
- f. MediKids Q and A 09aug04.pdf

**ADDENDUM ACKNOWLEDGMENT FORM**

This is to acknowledge receipt of Addendum Five to AHCA RFP 0514.

FIRM: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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Unisys	04/13/2005	4	30.16	7	<p>The State has reserved the right to act as binding arbiter in any dispute between the Prime Contractor and Subcontractor. Subcontracts between the Prime Contractor and Subcontractor typically include provisions that require that disputes be settled by arbitration conducted in accordance with the U.S Arbitration Act and the Commercial Arbitration Rules of the American Arbitration Association conducted by an independent arbitrator.</p> <p>With the understanding that this arbitration provision will be included in all subcontracts, will the State delete this requirement?</p>	No
Unisys	04/13/2005	5	30.16	7	<p>The State has reserved the right to allocate the percentage of actual and liquidated damages that apply to the Prime Contractor and the Subcontractor. Typically, under the subcontract between the Prime contractor and the Subcontractor, actual or liquidated damages that flow-down to the subcontractor are those damages that are directly related to subcontractor non-performance.</p> <p>With this understanding, will the State delete the provision that will allow the State to determine the allocation of actual and liquidated damages?</p>	No

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Unisys	04/13/2005	7	30.27.2	12	This section references pricing schedule B-1 – Net Present Value FMMIS/DSS Planning, Design, Development, Testing and Implementation Price and states that “Payment will be made for the total price of this schedule upon completion of milestones...”. This schedule contains columns for both the Total Phase Price and the Net Present Value of that price. Please confirm that the Agency will pay the Total Phase Price, not the Total Net Present Value Price.	Actual payments will be based on the amounts in the “Total Phase Price” column; the Net Present Value is used for evaluation purposes only. Note that payments made are subject to warranty withhold as stated in Section 30.27.2.

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Unisys	04/13/2005	8	30.27.2	13	<p>We highly endorse an iterative requirements, design, development and test planning approach, where MMIS/DSS system functionality is delivered in successive iterations, with each iteration adding increased functionality. This allows the implementation team and the State to initially validate certain core functionality, and then with successive iterations incrementally validate increasing levels of functionality until the entire system is complete.</p> <p>(1) Please confirm that with this RFP statement the State endorses and will accept the requirements verification, design, development and unit/system testing of the FMMIS/DSS solution in multiple, successive iterations rather than delivery of the entire solution in "waterfall" phases.</p> <p>(2) Will the State negotiate the payment schedule to support an iterative approach?</p>	<p>The State will accept the requirements verification, design, development and unit/system testing of the FMMIS/DSS solution in multiple, successive iterations rather than the delivery of the entire solution in "waterfall" phases. Payments may only be made based on acceptable delivery of the milestones and deliverables identified in Schedule B-1 and Sections 50.1.1.12 and 50.1.2.11 and meeting the content and standards requirements of Sections 40.1.4 and 50.4.</p>
Unisys	04/13/2005	10	30.27.3(3)	13	<p>Please clearly define the communication lines pass-through cost item. For example, does this only cover data and voice lines to the co-located Agency facility?</p>	<p>Please see Section 50.3.2.1 for details on the communication lines for the co-located Agency facility.</p>

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Unisys	04/13/2005	11	30.27.3(3)	13	Please further define the printing pass-through cost item. This can cover a wide variety of internal and external costs for the printing of handbooks, policies, system documentation, training materials and checks. Will printing pass-through costs be limited to third party printing of provider handbooks and training materials? If not, please provide a detailed listing of printing pass through costs.	Printing includes items printed by a third party vendor or printed by the contractor/subcontractor. A detailed list of pass through items does not exist but items that are currently passed through are provider handbooks, provider enrollment materials, recipient and provider notices, Medicaid Summary of Services, Provider Enrollment Guide and the Medicaid Bulletin.
EDS	04/09/2005	66	30.27.3.3	30-13	The state has indicated that printing is considered a pass-through cost. Does this include the cost associated with the printing of identification cards?	No. The specifications for the plastic ID cards, carrier, envelope and inserts are found in Appendix L. Costs associated with the production of ID cards will be part of the fixed contract price.
EDS	04/09/2005	67	30.27.3.3	30-13	Is the labor and hardware cost associated with in-house production print considered pass through to AHCA?	The cost of paper and supplies to complete mailings in-house are allowed as pass-through expenses, when in-house printing is requested. Labor and hardware costs are not allowed in these pass-throughs.
EDS	04/09/2005	68	30.27.3.3	30-13	If the printing of identification cards is considered pass through, please detail which components of the card process (envelope, card, card stock, etc.) should be considered pass through and which should be included in the firm fixed fee.	All components of ID card production should be include in the fixed contract price.
EDS	04/09/2005	69	30.29.8 50.1.8.9.1.f	30-16 50-20	If the annual SAS-70 audit includes a review of audit reports, will it meet these requirements?	If the annual SAS-70 audit includes a review of audit reports that will satisfy the requirements of 30.29.8. Section 50.1.8.9.1.f will require a separate, distinct audit of the bank account by an independent auditor, during the contract closeout period.



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EDS	04/09/2005	70	30.30.3	30-17	What is the requirement for retention of hardcopy canceled checks? Section 30.30.3 states hard copy checks must be retained for 7 years. Item 8 on page 23 of the FMMIS Banking Operations Procedure Manual states Images on CD ROM supplied by the financial institution are an acceptable form of check retention.	The contractor will be required to retain copies of the checks on CD ROM. Under a separate contract, the bank is required to maintain the hardcopies of the check.
Unisys	04/13/2005	13	40.1.3.11	17	The RFP states "The Contractor must provide ... A smoke free environment following the State's no-smoking guidelines".  Can the State identify where bidders can find the State's current no-smoking guidelines?	Please follow <a href="#">this link</a> to State statutes regarding no-smoking policies for public buildings. <a href="http://www.flsenate.gov/Statutes/index.cfm?App_mode=Display_Statute&amp;URL=Ch0386/part02.htm&amp;StatuteYear=2002&amp;Title=%2D%3E2002%2D%3EChapter%20386%2D%3EPart%2011">http://www.flsenate.gov/Statutes/index.cfm?App_mode=Display_Statute&amp;URL=Ch0386/part02.htm&amp;StatuteYear=2002&amp;Title=%2D%3E2002%2D%3EChapter%20386%2D%3EPart%2011</a>
ACS	04/08/2005	60	40.1.5.8	29-30	Please confirm that the only documents that the Contractor must translate into Spanish and Creole are recipient notifications.	In addition to recipient notices and form letters associated with recipient enrollment, choice counseling, follow-up letters and Child Health Check-Up (CHCUP), the Contractor must also translate letters and email as necessary to comply with the requirements of Section 40.2.4.6, Item 4d.  RFP Sections 40.2.4.6, 40.2.6.6 and 40.2.8.6 are amended with this addendum to require that all recipient Web portal functions be available to recipients in both English and Spanish.

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AHS	04/14/2005	51	40.2.4.6.1 and 40.2.4.6.2	44	We would like clarification about the distinction between items 1. "Enroll Recipients in the correct Benefit Plan..." and 2. "Operate a Choice Counseling and enrollment broker telephone..." Several of the items under 1. seem to address Choice Counseling activities. For example, 1.c. focuses on assigning Recipients to a PCP, which is a Choice Counseling task; 1.e. speaks about education about CMS, and yet that is also the focus of 2.f. We assume that the intent of 1. should be Medicaid enrollment and that 2. should be choice counseling. Is this assumption correct and would you provide further specific clarification about items 1 and 2?	Section 40.2.4.6, Item 1 addresses the general requirement to enroll recipients in the appropriate benefit plan(s) based on eligibility factors, source file information and rules established by the State. Item 2 addresses more specific requirements that apply to the choice counseling and enrollment broker function. There may be some overlap between Items 1 and 2, but the State does not see conflicting requirements in the two items.
AHS	04/14/2005	52	40.2.4.6.1.g	44	Is the enrollment activity mentioned in this item Medicaid enrollment or enrollment into an HMO, PCCM, PSN, etc.?	This will include enrolling the unborn recipient based on criteria established by the State, including both a pending enrollment into Medicaid and pending enrollment with a Primary Care Provider (MCO, PCCM, PSN, etc.).
AHS	04/14/2005	53	40.2.4.6.1.g	44	Would the State please provide a copy of the unborn activation form?	The instructions and a link to the unborn activation form are found on the AHCA Web site: <a href="http://ahca.myflorida.com/Medicaid/Newborn/index.shtml">http://ahca.myflorida.com/Medicaid/Newborn/index.shtml</a>
AHS	04/14/2005	59	40.2.4.6.2.o	45	Would the State please define "telephone call handling error rate" including how this should be measured/calculated?	The State will determine sampling methods to determine the percentage of calls that were answered accurately. The number of calls not properly answered will be divided by the total number of calls sampled to determine the error rate.

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AHS	04/14/2005	60	40.2.4.6.2.p	46	Would the State please define "enrollment error rate" including how this should be measured/calculated?	The State will determine sampling methods to determine the percentage of calls in which requests from recipients were posted accurately to the recipient record. The number of calls not properly posted will be divided by the total number of calls sampled to determine the error rate.
ACS	04/08/2005	59	40.2.7.2 - 1	57	Please clarify why the NCPDP transaction is included as part of the eligibility verification transaction.	The reference was included only to indicate the practice of some pharmacies to submit an NCPDP transaction to determine if a pharmacy claim will pay, including verification of eligibility, in lieu of any MEVS or other transaction.
Unisys	04/13/2005	18	40.2.8.1	60	Please state whether or not an initial mass issue of ID Cards will be required as part of the contract.	No. At this time the State does not anticipate a mass reissue of Medicaid cards.
ACS	04/08/2005	53	40.3.4.6-1K.	79	Please clarify if the expectation of this standard is that the Fiscal Agent will be required to produce individual telephone voicemail boxes for call center staff or will a common mailbox to leave messages for individual call center staff suffice?	Phone message boxes must be appropriate to the function of the staff member. A single voice mailbox may be appropriate for general after-hours calls, provided its capacity is sufficient. However, if the function of staff members calls for them to receive individually-directed calls, they should each have their own voice mailbox.
Unisys	04/13/2005	14	40.4.2.1	88	Should the first sentence read as follows: "Florida allows consumer-directed care for some recipients, limiting certain medical expenses to a maximum expenditure as authorized <b>for</b> the recipient." instead of "...by the recipient."?	The wording in the RFP is correct. The concept of consumer-directed care, especially under Medicaid reform, allows the recipient some direct control over his or her expenditures. A dollar limit is set for the recipient and other limitations are imposed, but the recipients (or recipient representatives) would actually authorize the expenditures themselves.

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Unisys	04/13/2005	15	40.4.2.6 Item 4c	91	Should this requirement read "Return to or notify providers of Service Authorization requests missing key data or <b>not</b> received according to policy;" rather than "...or received according to policy;"?	Yes. Section 40.4.2.6 Item 4c is amended with this addendum.
HMS	04/12/2005	1	40.4.3.5	94-95	The list of COB State Responsibilities includes tasks that are presently outsourced to a vendor under AHCA's Medicaid TPL contract (e.g., items 1, 2, 4, 5 and 8). Is it AHCA's intent to bring this work back in-house, or to perform this work in addition to the TPL vendor?	These State responsibilities will be not be assumed by the Contractor as a part of this procurement. The State will perform these functions in-house or through contracts not directly tied to this RFP. FMMIS/DSS TPL and COB functions specified in Section 40.4.3.6 must be available for use by either State or contractor personnel.
HMS	04/12/2005	2	40.4.3.5(10)	95	This item indicates that the State will have responsibility for approving HIPP. However, section 40.4.3 does not provide an explicit requirement for HIPP identification tasks. Is it AHCA's intent that the MMIS contractor perform these tasks?	The Contractor must apply rules set by the State to automatically generate Health Insurance Premium Payment (HIPP) as required under Section 40.4.3.6, Item 2f. During the Design and Development Phase, the State will work with the Contractor to develop effective rules and methods to identify recipients eligible for HIPP.
HMS	04/12/2005	3	40.4.3.6(1)(d)	95	Please advise how many contingency fee contracts with TPAs are expected and how many TPAs may be involved.	The State does not anticipate more than one (1) such contract at this time.

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HMS	04/12/2005	4	40.4.3.6(4)(b)	98	Please clarify this requirement. Is the contractor expected to identify payments made by third parties to providers on claims paid by Medicaid but not billed to the third party?	When and if the HIPAA X12 269 Health Care Benefit Coordination Verification Request and Response transaction makes it possible to verify amounts paid by other carriers, even if TPL amounts are wrong or missing from the claim submitted to Medicaid, the Contractor must have and use an automated process to verify the TPL amount whenever the State-determined rules require it. The rules most likely will require such verification if the claim shows third party coverage, if the recipient has known third party coverage not identified on the claim or if similar claims for the recipient have been processed with third party coverage.
McK	04/12/2005	1	40.4.4.6	101 -104	As a point of clarification, is the State's intent to require bidders to provide Dental bundling and unbundling edits within the MMIS?	No. The State will not require Vendor responses to include Dental bundling and unbundling edits as part of the Vendor's solution.
EDS	04/09/2005	73	40.4.5.3.2	40-105	Will electronic versions of all state-specific form types be available to the contractor?	Yes.

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ACS	04/08/2005	56	50.1 and 50.4.3.13	2-22 and 51-53	<p>Each of the Phases represented in the RFP contains a unique set of deliverables. However, the requirements for each Phase in Section 50 also state that the contractor must "conduct all of the planning activities...as defined in Section 50.4."</p> <p>Please confirm that the list of deliverables in Section 50.4.3.13 is a comprehensive, and that the contractor will provide only the deliverables listed for each phase of Section 50.1. For example, for Turnover the contractor would submit only the deliverables identified in Section 50.1.8.13.</p>	<p>The Contractor must complete all planning activities marked for Large Projects in the chart at Section 50.4.3.13 for the Design and Development Phase (Section 50.1.1.1), the Implementation Planning Phase (Section 50.1.2.2), the MMIS Certification Phase (Section 50.1.5.1), the Electronic Health Records Phase (Section 50.1.6.1), the MITA Gap Analysis Phase (Section 50.1.7.1) and the Turnover Phase (Section 50.1.8.1) While the list in Section 50.4.3.13 gives a summary of project management deliverable requirements, the Contractor must meet all of the requirements of Section 50.4 in the management of these activities, and should articulate their approach to doing so under TAB 5 (Section 60.2.5). There are additional deliverables requirements for each phase, which are clearly identified in the RFP. In the example cited, the Contractor must meet all project management objectives identified in Section 50.4 and produce the deliverables required for Large Projects in the table at Section 50.4.3.13, as well as the deliverables required under Section 50.1.8.13.</p>

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Unisys	04/13/2005	19	50.3.2.1	42	<p>This section seems to imply that the Agency will sublease the Contractor's entire facility, not just the 12,519 co-located State space. Please clarify.</p> <p>Should the subleased space (whether the Contractor + State or State only) be treated as a pass-through cost and not part of the firm fixed price since that is how it is described?</p>	<p>The State will sublease only the space identified for State personnel (approximately 12,519 square feet). The Contractor is responsible to provide all space needed for its personnel and operations without additional charge to the State.</p> <p>The heading, Medicaid Contract Management Facility Space, is added to this section with this addendum for clarification.</p>
Unisys	04/13/2005	20	50.3.2.1	42	<p>The RFP states "The Contractor will include build out costs for space that will accommodate approximately fifty-six (56) personnel with associated spaces...".</p> <p>Will the Contractor be reimbursed for the build out costs as part of the firm fixed price, or is it expected that build out costs will be covered by the fair market lease rate?</p>	Build out costs must be covered by the fair market lease rate.
AHS	04/14/2005	57	60.2.2.2.d	2	This section notes that the contractor must provide a corporate charter number. Is this the same as the vendor ID number provided upon registration with myflorida.com? If not, where and how does a vendor obtain a corporate charter number?	Contractors must register with the Department of State to do business in the State of Florida. For more information, please see the Department of State Web site: <a href="http://www.dos.state.fl.us/doc/index.html">http://www.dos.state.fl.us/doc/index.html</a>
Unisys	04/13/2005	21	60.2.4.4	5	Is the requested corporate reference information to appear in both Tab 4 and Tab 1?	Attachment I should be included in proposal Tab 1 rather than Tab 4, in keeping with the instructions in both 60.2.4.4 and 60.2.1.

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ACS	04/08/2005	57	60.2.14.6.a and 60.2.14.7	16 & 17	It appears that the State has requested duplicative staffing to be assigned for the Turnover Phase of the Project. The RFP requirements <i>60.2.14.6.a Contractor staffing</i> and <i>60.2.14.7 Staffing for Turnover</i> require the same staff. Please clarify which requirement bidders should reference in their proposals with regard to Turnover staffing requirements?	This section is amended with this addendum to remove item a. Contractor Staffing and re-letter the remaining items.
Unisys	04/13/2005	23	60.2.15, #6	18	Please confirm that the corresponding detail for this instruction is provided in RFP Section 40.1.3.9 Data Imaging and Data Entry Requirements.  If Yes, this will duplicate the response to be provided in Tab 14 in response to 60.2.15.4.i. Will the State delete the instruction provided in 60.2.15.6?	Section 60.2.15 is amended to remove Item #6 so that there is no duplication in the instructions.
Unisys	04/13/2005	24	60.2.15, #8	18	Please confirm that the corresponding detail for this instruction is provided in RFP Section 40.1.3.11 Security and Confidentiality Requirements.  If Yes, this will duplicate the response to be provided in Tab 14 in response to 60.2.15.4.k. Will the State delete the instruction provided in 60.2.15.8?	Section 60.2.15 is amended to remove Item #8 so that there is no duplication in the instructions.



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Unisys	04/13/2005	25	60.2.15, #9	18	<p>Please confirm that the corresponding detail for this instruction is provided in RFP Section 40.1.3.12 Documentation.</p> <p>If Yes, this will duplicate the response to be provided in Tab 14 in response to 60.2.15.4.L. Will the State delete the instruction provided in 60.2.15.9?.</p>	Section 60.2.15 is amended to remove Item #9 so that there is no duplication in the instructions.
Unisys	04/13/2005	26	60.2.15, #10	18	<p>Please confirm that the corresponding detail for this instruction is provided in RFP Section 30.39 Telecommunication Requirements and State Owned Equipment.</p> <p>If Yes, this will duplicate the response to be provided in Tab 5 in response to Item L. Will the State delete the instruction provided in 60.2.15.10?.</p>	Section 60.2.5.1 is amended to remove Item #1 so that there is no duplication in the instructions.

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Unisys	04/13/2005	22	60.2.15 # 11, 2, 3, 5, and 7	17 and 18	<p>The instructions for Tabs 5 through 13 correlate to detail provided in RFP sections 30, 40, or 50.</p> <p>For Tab 14, if there is corresponding detail for items 1, 2, 3, 5, and 7 provided in other sections of the RFP that the State desires bidders to respond to, please identify where the detail is located.</p>	<p>For Item 1, detail is in Section 40.1, 50.3 (generally) and specifically 50.3.5.1. The Vendor must list major hardware and software items that will be used to meet the requirements of the contract, both locally and at any other corporate site. For Item 2, detail is in Section 40.1 and Section 50.3.5.1 through 50.3.5.4. Vendors do not need to duplicate answers from Item 1 to Item 2. For Item 3, Detail is found in Section 30.31.18, Section 40.1.3.1 (especially item 8), Section 40.1.3.3, and Section 40.1.3.11 (Item 1 at the bottom of Page 40-16 (UPS capacity)). For Item 5, detail is found in Section 40.1.3. For Item 7, detail is found in Section 30.31.13, Section 40.1.3.11, Section 50.3, and Appendix K (a description of the current environment).</p> <p>The title of Appendix K is amended with this addendum to read: APPENDIX K CURRENT NETWORK COMMUNICATION REQUIREMENTS AND IMAGING WORKSTATIONS</p>

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EDS	04/09/2005	78	70.5	70-2	Can AHCA provide more details on vendor oral presentations? How much time will be allotted? Is there a specific agenda that all vendors will follow?	Vendors can expect the oral presentations to last up to three to four hours. There will be 30 minutes allowed for vendors to introduce their company capabilities and staff. Vendors will be asked to answer a series of general questions that will be asked of all vendors participating in the presentations, as well as a set of vendor-specific questions that have arisen from the evaluators' review of the proposal. Specific questions that will be asked are not known at this time. The oral presentation will seek to clarify details of the technical proposal only, and will not include any discussions of the cost proposal. These presentations will be recorded by a transcriber and the transcription will be incorporated in the resulting contract.
EDS	04/09/2005	76	App. A.4.1	A-9	In this section, AHCA indicated that the "Fiscal agent provider relations staff support an estimated 90,000 telephone calls monthly."  What is the average monthly volume of calls received from recipients?  Also, please clarify whether this number is exclusive of the 90,000 telephone calls referenced for "provider relations staff."	Processing recipient calls under the fiscal agent contract is a new requirement of this RFP; call statistics from the choice counseling contract are available in the Procurement Library Addendum as part of Addendum Three and the Procurement Library Addendum include with this addendum (Addendum 5).

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Unisys	04/13/2005	29	Appendix A.4.1	9	Please provide the volumes of the non-call interactions (i.e. fax, email, web chat) per month for the current system.	The fiscal agent receives emails or faxes only in regard to an initial communication that came either by phone or mail. Email or fax numbers are not captured separately. However, the state anticipates that the contractor will provide more robust electronic communication methodologies.
EDS	03/29/2005	59	App. H	H-2	The listing of Optical Disk storage does not specify type and size per unit of storage, please clarify by defining each type of Optical media used and the storage capacity for said media.	Claim images for the last 15 months are stored on RAID-5 devices (not optical). In addition, all provider images and all COLD reports are permanently stored on RAID-5 devices. Listed below are the storage amounts:  Capacity----Used 89.6 GB-----85.9 GB 409 GB-----303 GB 469 GB-----52 GB  For claim images older than 15 months, archival quality CD-ROMs are used, averaging around 600 to 650 MB of data on each CD. There are 4,019 CDs containing claim images from the previous vendor; and there are 1,287 CDs containing offline ACS images (since 1999).
EDS	04/09/2005	77	App. H	H-2	What is the current total storage for all cold reports and claim images?  Please categorize by magnetic and optical separately, excluding backup data.	See response to EDS question #59 in this addendum.
EDS	04/09/2005	63	General	--	Please provide the average monthly volume of enrollment applications received?	Please see the Procurement Library addendum included in Addendum Three.

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EDS	04/09/2005	64	General	--	Please provide the average monthly volume of change requests received from providers to their enrollment data maintained in the FMMIS (e.g., change of address notification).	Please see the Procurement Library addendum included in Addendum Three.
AHS	04/07/2005	31	None	None	Would the State please provide the number of inbound calls to the Choice Counseling call center by month for the past 12 months?	Enrollment broker call volumes were included in the Procurement Library Addendum as part of Addendum Three and the Procurement Library Addendum include with this addendum (Addendum 5).
AHS	04/07/2005	32	None	None	Would the State please provide the number of outbound calls made by the Choice Counseling call center by month for the past 12 months?	Please see the Procurement Library addendum included with Addendum Five.
AHS	04/07/2005	33	None	None	Would the State please provide the number of Choice Counseling-related mailings to consumers, by type of mailing?	Please see the Procurement Library addendum included with Addendum Five.
AHS	04/07/2005	35	None	None	How many different notices/enrollment packets are used for the purposes/activities of Choice Counseling? Would the State please provide an average, by month breakdown of the volume of each of these documents and also the per piece postage costs associated with each one?	Please see the Procurement Library addendum included with Addendum Five.

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Unisys	04/13/2005	6	PUR 1000-Section 27 & RFP Section 30.8	PUR 10	<p>PUR 1000-Section 27 states that upon mutual agreement, the Customer and the Contractor may renew the Contract, in whole or in part, for a period that may not exceed 3 years or the term of the contract, whichever period is longer.</p> <p>RFP Section 30.8 states that at its sole option, the state of Florida may extend the contract for a six (6) month period, or any portion thereof, under the same terms and condition as the original contract.</p> <p>Please clarify whether the maximum period the contract may be renewed is three (3) years or six (6) months.</p>	<p>According to the terms of the PUR 1000 form, a contract may not be renewed if the renewal price is not included as part of the original solicitation. This solicitation does not ask for pricing for renewal years and thus, may not be renewed. However, the contract may be extended for a six month period.</p>



May 2, 2005

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**Addendum Six**

This addendum updates sections of the original RFP as posted on March 3, 2005, and provides final answers to all vendor questions. The Addendum Acknowledgement Form is also included.

1. 20.1, RFP Timetable

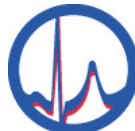
This section is amended to change the date and time of the Cost Proposal Opening:

ACTIVITY	DATE and TIME	LOCATION
Public Opening of Cost Proposals	<u>8/22/2005</u> <u>9:00 a.m.</u>	Agency for Health Care Administration 2727 Mahan Drive, Building 3 Conference Center Tallahassee, FL 32308-5403

2. Section 30.20, Contract Amendments

This section was amended in Addendum Three. The added Item #1 is further amended to read in total as follows:

1. Incremental labor for future amendments will be based on the rates listed in the annual C-Schedules. The average rate/hour for the appropriate employee classification will be used under Line #1 of the Pricing Components for Salaries and Benefits. **Supplemental C-schedules submitted for subcontracts that exceed 10% of the annual costs shown on the annual C-schedule shall be used if the contract is amended for subcontractor services.**



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3. Section 30.27.3, Item (3), Operations Phase

This section is amended to delete the language as indicated by the strikethrough below and to add clarification regarding the definition of allowed pass-through printing costs.

3. Payment for “Pass Through” items.

Actual expenditures for pass-through items made on the State’s behalf will be reimbursed without profit or overhead. The cost of pass-through items is not included in the fixed price per month. Items designated as pass-through items are included in the chart that follows, ~~but are not limited to:~~ Printing costs are defined as follows: printing costs associated with normal production, that is, system generated, such as, reports, notices, remittance vouchers, provider checks, and the production of ID cards, will be part of the fixed contract price. All other printing costs are pass-through items. These items include provider handbooks, provider enrollment materials, non-production recipient and provider notices, Medicaid Summary of Services, Provider Enrollment Guide, and the Medicaid Bulletin. Any other items that are not identified in this list must be authorized by the State in order for the printing costs to be passed through.

4. Section 30.29, Performance Monitoring

This section is amended to change item #2 as indicated with the strikethrough and underline below:

2. ~~During contract implementation~~ the Implementation Planning Phase, the State will reach agreement with the Contractor concerning the levels of quality that are desirable, acceptable and substandard for each area. The State and Contractor will develop means to measure those quality levels on a monthly basis, using the Performance Reporting System.

5. Section 40.1.3.7, System Modification and Change Control Requirements

This section is amended as follows:

The Contractor must provide a Change Management System to support all system modification and change control activities. Additionally, the Contractor must implement and use proven promotion and version control procedures for the implementation of modified system modules and files. The Change Management System must also serve to track research issues identified by the State or the Contractor in which the system does not appear to be functioning as expected. The following requirements must be met:

1. Provide the State with online access to a Change Management System:
  - a. Allow online entry of new Customer Service Requests (CSRs) and research issues;



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6. Section 40.2.2.2, Eligibility Determination External Interfaces  
This section is amended by adding new Items 7 and 8 and renumbering the rest of the items in this section as follows:
  7. State Eligibility Verification System (SVES, SSA nightly batch eligibility files);
  8. State Online Query (SOLQ, individual eligibility online, real-time inquiry transactions).
  
7. Section 40.2.2.3, Eligibility Determination Inputs  
This section is amended by adding new Items 15 and 16 as follows:
  15. State Eligibility Verification System (SVES, SSA nightly batch eligibility files);
  16. State Online Query (SOLQ, individual eligibility online, real-time inquiry transactions).
  
8. 40.2.2.6, Eligibility Determination Contractor Responsibilities  
This section is amended by adding Item q to the list of contractor responsibilities:
  - q. Use alternate demographic information obtained from SVES, SOLQ, or FMMIS/DSS input when allowed by State rules.
  
9. Section 40.2.4.6, Recipient Enrollment Contractor Responsibilities  
At Item #2 of this section add the following items at the end of the list:
  - r. Answer all calls within 30 seconds; and
  - s. Assure a ninety percent (90%) answer rate.
  
10. Section 40.2.5.6, Buy-in Contractor Responsibilities  
At Item #2 of this section add the following items at the end of the list:
  5. Inform SSA and DCF of discrepancies that need to be posted to the FLORIDA System or the SSA system based on information received in the Medicare Premium Files:
    - a. Produce reports and report files on all discrepancies reported;
    - b. Report discrepancies in the Medicare number to DCF or SSA for correction in the FLORIDA or SSA system on a daily basis;
    - c. Work with the State to create automated files or transactions that can be sent to DCF or SSA on at least a daily basis to inform DCF or SSA of discrepancies;
  6. Report other discrepancies by secure and HIPAA-compliant email, fax, or telephone, using procedures approved by the State;
  7. Receive and work calls, secure emails, documents and faxes from DCF, State and federal staff to resolve buy-in issues within five (5) workdays; ~~and~~

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8. Image all faxes and written documents and attach to FMMIS/DSS record for viewing by buy-in processing staff;
  9. Provide training to State and Contractor staff on the buy-in automated and manual processes:
    - a. Include training in use of the FLORIDA System to view buy-in-related information, data exchange, CMS Medicare buy-in rules, and the operational procedures for file corrections; and
    - b. Provide an online training manual and operational guide and Computer Based Training (CBT) for reconciling discrepancies in FMMIS/DSS and the source files, as approved by the State.
  10. Track and audit all transactions related to buy-in including Medicare entitlement:
    - a. Indicate the source and date of key identifiers from source files;
    - b. Indicate the author, date and reason for all manual changes;
    - c. Maintain a complete transaction history;
    - d. Maintain the complete State buy-in history for each recipient; and
    - e. Provide on-demand reports of all buy-in transactions, including a list of all buy-in actions taken by Contractor and State staff;
  11. Monitor quality and work toward continued quality improvement:
11. Section 40.2.8.6, Item 6, Recipient Communications Contractor Responsibilities  
This section is amended as follows:
- i. Answer all calls within 30 seconds; and
  - j. Assure a 90% answer rate.
12. Section 40.4.2.6, Service Authorization Contractor Responsibilities  
At Item #4. b. of this section add the following underlined text:
- b. Operate a toll-free call center function to handle provider and recipient inquiries regarding Service Authorizations, including an Automated Voice Response System (AVRS). Assure that the toll-free call center meets the same standards as those required under Section 40.3.4.6 for the Provider Call Center;
13. Section 40.3.2.6, Provider Enrollment Administration Contractor Responsibilities  
This section is amended in Item #4 as follows:
4. Analyze, develop and implement a cohesive method to process and use the National Provider Identifier (NPI) in adherence to the HIPAA NPI rule:
    - a. Receive direction from the State and the incumbent fiscal agent during the Design and Development Phase to understand the State’s strategy of utilizing the NPI;
    - b. Prepare a detailed plan for State approval for implementing NPI in FMMIS/DSS. Take into consideration and discuss in the detailed plan:
      - (1) Providers that are not eligible for NPI enumeration;

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- (2) Possible use of HIPAA taxonomy for claims and encounter adjudication and fraud and abuse control;

14. Section 40.3.4.6, Provider Communications Contractor Responsibilities  
At Item #1. e. of this section add the following underlined text:

- e. Add and maintain a sufficient number of telephone lines and staff so that at least 90 percent (90%) of incoming calls per day are answered and handled within 30 seconds;

15. Section 40.4.3.6, COB Contractor Responsibilities

This section is amended for Items 1d and 1e, add numbered underlined items as shown below:

- d. Provide all necessary support as required or requested by the State in connection with its contingency fee contracts with Third Party Administrators (TPAs) for the detection and collection of third party resources, including:
- (1) Create and operate functions within FMMIS/DSS to record rules for identifying and processing information on recipients and claims that may be subject to TPL/COB activities, including the creation of case files for casualty incidents and estate recoveries;
  - (2) Create and operate functions within FMMIS/DSS to manage the workflow of COB cases, including routing case files to appropriate State or TPA staff for follow-up within rule-established timeframes;
  - (3) Create and operate functions within FMMIS/DSS to allow TPA personnel to remotely image COB documents, averaging as many as 1,000 documents per day, and associate them with COB cases;
  - (4) Create and operate functions within FMMIS/DSS to allow manual generation of form letters and automated generation of form letters as required by rules or workflow steps approved by the State during the Design and Development and Operations Phases;
  - (5) Create and operate accounting functions within FMMIS/DSS to post collected amounts or proportioned amounts to claims for any COB case; and
  - (6) Create and operate functions within FMMIS/DSS to allow for the maintenance of COB functions described above;
- e. Provide all necessary support as required or requested by the State in connection with matching FMMIS/DSS recipient files with insurance companies, governmental agencies, or other entities as determined by the State, including update of FMMIS/DSS Insurance Resource file and Paid Claims History file, including:
- (1) Receive financial adjustments submitted on tape by TPAs in formats to be established during the Design and Development Phase and post the adjustments to FMMIS/DSS files in timeframes and under rules approved by the State; and
  - (2) Receive cost avoidance files from TPAs in formats to be established during the Design and Development Phase and post the information to recipient files to be used as a reference in future claims processing;

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16. Section 40.5.5.6, Fraud and Abuse Detection Contractor Responsibilities  
This section is amended to delete the contractor responsibility to develop and use a COTS for the Fraud and Abuse Case Tracking System (FACTS) and adding the responsibility to interface with the Agency's FACTS, as indicated below:

12. Provide an interface with the Agency's Fraud and Abuse Case Tracking System (FACTS). ~~Develop or use a COTS Fraud and Abuse Case Tracking System with the capability to:~~
- ~~a. Allow the State to define all the work steps for different kinds of cases;~~
  - ~~b. Automatically assign a unique identification number for each case and allow for manual assignment of unique identification numbers;~~
  - ~~c. Automatically assign and/or re-assign cases to a unit and an analyst based on user-defined criteria, including workload balancing;~~
  - ~~d. Manually reassign cases;~~
  - ~~e. Route and record all work done on a case, whether by State, Contractor staff or consultants;~~
  - ~~f. Schedule events related to the case, such as hearings and legal proceedings, and provide notices to State staff in various agencies;~~
  - ~~g. Provide the capability to image all case-related documents, including responses received from providers, recipients and other entities involved in the case and attach these imaged documents to the case to which they pertain;~~
  - ~~h. Request information from the provider under review, or from a sample of recipients for whom Medicaid claims were paid to the provider, and/or from external entities who can supply information needed to complete the review;~~
  - ~~i. Link all documentation (imaged documents, reports, letter, and spreadsheets) to the case using the unique identifier, and retain all pertinent electronic and imaged documentary evidence for referral and recovery when criminal or administrative sanctions appear warranted;~~
  - ~~j. Allow upload and download of case tracking information and documents by an authorized user;~~
  - ~~k. Find, view, and update review and recovery case records;~~
  - ~~l. Add or delete claims that are included in any case created;~~
  - ~~m. Maintain free form notes regarding the case;~~
  - ~~n. Record appeals, including the date an appeal was filed, the type of appeal, filer, date of appeals notification, and the decision;~~
  - ~~o. Record settlement agreements on the case and the status and status dates of progress in the settlement;~~
  - ~~p. Allow State users or automated rules set by the State to lock-in a recipient to a certain pharmacy or other provider for certain services, and deny all claims in a category for that recipient from other providers; and~~
  - ~~q. Analyze staff workload and performance, such as:~~

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- ~~(1) Number of cases reviewed;~~
  - ~~(2) Number of claims included in the universe;~~
  - ~~(3) The number of actual claims reviewed in the sample;~~
  - ~~(4) Total dollars reimbursed for cases included in the universe;~~
  - ~~(5) Total dollars reimbursed for actual claims reviewed in the sample;~~
  - ~~(6) Total dollars identified as overpayments for claims reviewed included in sample size; and~~
  - ~~(7) Reports by quarter, calendar year or fiscal year by individual reviewer or collectively for the entire unit.~~
- ~~13. Assist the State in a transition from its existing case tracking system to FMMIS/DSS Fraud and Abuse Case Tracking System;~~
13. Attend annual fraud and abuse conferences, at the Contractor's expense, and bring back information on the most current methods and technologies to the State. The Contractor must produce a white paper of the conference highlights and provide this paper to the State within fourteen (14) calendar days of the conference;
14. Recommend all additional fraud and abuse methods, algorithms, actions, activities, theories, tools, and techniques of which the Contractor becomes aware; and
15. Monitor quality and work toward continued quality improvement:
- a. Provide information from reviewers independent of the staff performing the Health Outcome Management function;
  - b. Report on quality compared to previous periods through the Performance Reporting System;
  - c. Initiate, document and implement at the Contractor's own initiative, plans for improvement for any function when quality deteriorates for two (2) consecutive months; and
  - d. Document and implement corrective action plans when requested by the State.
17. Section 60.9, Pricing Schedules C-1 through C-5  
This section is amended to add Item #6 as follows:
6. If the total price for any subcontractor exceeds 10% of the price shown on line 10 for schedules C-1 through C-5 attach a supplemental C schedule for the applicable years in the same format that details and equals the subcontractor price shown on schedules C-1 through C-5. These supplemental schedules C schedules shall be used, if applicable, if the contract is ever amended for the services provided by the subcontractor, in accordance with Section 30.20.

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18. Section 70.5.14, Technical Proposal Scoring  
This section is amended as follows:

Scoring of Technical Proposals shall be done using pre-established criteria and predefined scoring values. Evaluators will independently score each criterion within an area. Individual raw scores from the evaluators, for each criterion for each Vendor's proposal, will be averaged. The resulting average will be multiplied by a weighting factor to assure that each criterion reflects the State's priorities and to ensure that each section does not exceed its total allocation of points. Values for all criteria in a Vendor's proposal will then be totaled. The final technical score for each proposal will then be calculated using the following methodology:

19. Appendix M, Checklist of Mandatory Items  
This appendix is amended to add the supplemental C schedules at Item # 4 of the mandatory checklist for the Cost Proposal, as follows:

4. Is there a signed and completed Pricing Schedule for each schedule required by Section 60?		
• Pricing Schedule A		
• Pricing Schedule B		
• Pricing Schedule B-1		
• Pricing Schedule C		
• Pricing Schedule C-1		
• Pricing Schedule C-2		
• Pricing Schedule C-3		
• Pricing Schedule C-4		
• Pricing Schedule C-5		
• <u>Supplemental Pricing C Schedule(s) for subcontractors costs that exceed 10% of line 10 on the corresponding C schedule (C-1 through C-5)</u>		

20. Medicaid Procurement Library Addendum

The following files have been added to the electronic Medicaid Procurement Library. The files are available to vendors upon request.

- a. Contingency Fee Contract Files
- b. Choice Letters.pdf
- c. eomb.pdf
- d. PA Percentages.xls
- e. PA Report.pdf

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- f. Paper Claims-Peak Volume.xls
- g. Privacy Notice.pdf
- h. Q&A Pharm Claim Count.xls
- i. TCP Final Proposal.doc

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**ADDENDUM ACKNOWLEDGMENT FORM**

This is to acknowledge receipt of Addendum Six to AHCA RFP 0514.

FIRM: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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AHS	04/14/2005	45	30.27.3	13	Item three indicates that the items listed as passed through costs includes, but is not limited to, the listed items. Since the bidder is not to include any pass through costs in their fixed price per month, would the State please identify any other costs that should not be included in this price?	This section is amended with this addendum.
AHS	04/14/2005	47	30.27.3	13	Would the State please indicate whether all printing and postage costs are pass through items or if general and administrative printing and postage should be incorporated into the bid price?	Printing costs associated with normal production, that is, system generated, such as, reports, notices, remittance vouchers, provider checks, and the production of ID cards, will be part of the fixed contract price. All other printing costs are pass through items. Items that are allowable pass-through are provider handbooks, provider enrollment materials, non-production recipient and provider notices, Medicaid Summary of Services, Provider Enrollment Guide, and the Medicaid Bulletin. Any other items that are not identified in this list must be authorized by the State in order for the printing costs to be passed through.  All postage costs are pass through items.
AHS	04/14/2005	46	30.27.3	13	Please clarify whether the bidder is to propose a cost for the pass through items. If so, please indicate where in the cost sheets this information should be provided.	Estimated costs for the pass through items are not to be submitted.
Unisys	04/13/2005	9	30.27.3(3)	13	This section designates pass-through cost items but states that pass-through items are not limited to the list shown. Please list all costs that should be considered pass-through.	This section is amended with this addendum.

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ACS	04/15/2005	61	30.31	17-26	The current FL MMIS contract has no limit of liability for direct/actual damages. Nor does it exclude consequential/indirect damages. However, there is reference to exclusion of consequential/indirect damages in the General Contract Conditions document included in the RFP. Please clarify AHCA's intent with regard to the assignment of consequential/indirect damages.	See Section 20.2 which states "In the event of a conflict in language between the PUR documents referenced above and the provisions set forth in the RFP, the provisions in the RFP will supercede the PUR form provisions." Damages will be assessed according to Section 30.
ACS	04/15/2005	62	30.31	17-26	In this and certain other subsections within section 30.31, the determination of actual damages to be assessed to the contractor is not expressly limited to such damages arising from the contractor's performance or non-performance. In other sub-sections within section 30.31, there is such an express limitation. Is it the state's intent to limit the assessment of actual damages in all cases under section 30.31 to those directly attributable to the contractor's performance or non-performance?	The State's intent is to assess and collect or deduct actual damages under section 30.31 incurred for performance or non-performance attributable to the Contractor.
HMS	04/15/2005	5	30.34	26-28	Will payments and remittance documentation sent by third parties as a result of TPL billings be received through the banking process described in Section 30.34 (Banking Services) or will the vendor be required to establish, maintain, and pay for a bank lock box account?	The Contractor will not be responsible to receive COB/TPL amounts billed by Third Party Administrator(s) (TPA), and will not be required to maintain a lock-box account for third party payments. Payment and remittance documentation will be scanned by the TPA into FMMIS/DSS under the requirements of Section 40.4.3.6, Item 1d(3), which is added to the RFP with this addendum.

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Unisys	04/13/2005	12	30.39	29	Section 30.27.3 lists "Communication lines to Medicaid Contract Management" as a pass-through cost. Section 30-29 states that the Contractor will be responsible for maintaining telecommunication circuits between the State offices and the Contractor's facility. Please confirm that the costs associated with maintaining telecommunication circuits will be pass-through.	The telecommunication lines/circuits between the Agency headquarters and Medicaid Contract Management offices at the co-located facilities are pass-through costs. Costs for other telecommunication lines should be included in the fixed fee price. Please see Section 30.39.
WebMD Business Services	04/01/2005	1	40		The current contract allows the contractor to collect and retain up to three cents for pharmacy POS transaction and three cents for MEVS verification transactions including Fax Back. Will this restriction apply to the new contract or will the contractor be allowed to increase the fee to providers and MEVS vendors?	The contractor shall not charge or collect any fees related to MEVS verification or POS transactions. Phone line connection costs shall be the responsibility of the MEVS or POS vendor.  This question was originally answered in Addendum Three as stated above. Further clarification is added in Addendum Six. Any fees assessed by the Contractor for MEVS or POS vendors must be approved in advance by the State.
Medstat	03/21/2005	8	40.1.3.5	7	The RFP states that response time for queries relating to two or more files or on non-indexed fields must be comparable to the performance of the State's existing system. What is the response time for such queries on the current data warehouse?	Most queries return in 30 seconds up to 10 minutes. Very complex queries may take longer and require overnight scheduling.
EDS	04/15/2005	83	40.1.3.5	7	To what extent may the Contractor install DSS COTS applications (statistical, GIS, reporting and analysis tools) on the users' desktops for DSS power users?	Vendors are free to propose the most effective solution for DSS power-users, including installation of Contractor-supplied software for statistical, reporting and analysis on power-users' desktops.

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AHS	04/14/2005	48	40.2.4	N/A	The workload statistics provide Enrollment Broker call volume of about 105,000 calls per month. What percentage of these calls is answered by a live agent as opposed to only using automated services?	75% of the calls are answered by a live agent.
AHS	04/14/2005	49	40.2.4	N/A	The workload statistics provide Enrollment Broker mail volume (outbound) of about 129,000 pieces per month. Would the State please provide a breakdown of these mailings (i.e., how many are enrollment packets, reminder notices, etc.)?	See the Procurement Library Addendum 5.
ACS	04/08/2005	52	40.2.4.1, paragraph 3	42	This section requires the Choice Counseling Unit to be responsible for outreach. Please confirm that outreach is limited to the scope of services described in Section 40.2.4.6 of the RFP.	Section 40.2.4.6 defines the contractor's responsibilities regarding recipient enrollment outreach activities.

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ACS	04/15/2005	63	40.2.4.1	130	This section of the RFP describes choice counseling and enrollment broker services as a "major activity under this contract" and directs vendors to consult the Medicaid Procurement Library to assure that in addition to the specific RFP requirements, vendors are prepared to fulfill the scope of work included in the current Managed Care/MediPass Enrollment Services contract. The original Managed Care/MediPass contract terms allowed the contractor 90 days to perform all voluntary enrollment activities and also stipulated a 50% voluntary enrollment rate. Recent legislation reduced the voluntary enrollment period from 90 days to 30 days and the contract management staff waived the requirement to maintain a 50% voluntary enrollment rate. Please confirm if AHCA intends this requirement will continue to be waived under the terms of the new contract. If not, please specify the performance standards associated with the voluntary enrollment rate.	The state will not confirm that agreements made under existing contracts will be granted under the next FMMIS/DSS contractor. The performance standards for this contract will be determined as stated in Section 30.29.

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ACS	04/15/2005	64	40.2.4.1, 40.2.4.5 Item 4 (c), 40.2.4.6 Item 2 a(1), 50.2.5.3 Item 2.a.1	Section 40 pages 41, 43, 44, and Section 50, page 37	These sections of the RFP address specific choice counseling and enrollment broker call center requirements. The RFP requirement # 40.2.4.1 requires contractors to operate toll-free telephone service to respond to recipient inquiries about their choices and RFP requirements 40.2.4.5 and 40.2.4.6 stipulate that contractors must monitor the performance of the Choice Counseling and enrollment broker call center, as well as report different types of call center operational activities. Within Section 50.2.5.3, Bullet item # 2, sub-bullet a(1) requires the contractor to provide sufficient staff to support the Choice Counseling/Enrollment Brokering Call Center; however, neither the RFP nor the current Managed Care/Medi-Pass Enrollment Services contract specify the performance standards or service level requirements associated with the Enrollment Broker call center. To ensure all vendors propose sufficient staffing levels, please specify the performance standards/measurements associated with the Enrollment Broker call center.	Call-handling requirements have been added to the RFP for the enrollment broker call center. Standards for error rates are already included in Section 40.2.4.6, Items 2o and 2p. Processing time requirements are stated in Section 40.2.4.6, Items 2d and 2k and other parts of Section 40.2.4.6. The Contractor must develop and implement State-approved policies and procedures (Section 40.2.4.6, Item 2a) that will meet the Recipient Management Objectives stated in Section 40.2.1.2. Quality levels will be determined and measured as stipulated in Section 30.29 during the Implementation Planning Phase.
AHS	04/14/2005	50	40.2.4.6	44	Would the State please indicate the percentage of enrollments currently processed by telephone, by mail, and electronically?	No enrollments are processed electronically. Ninety-eight percent (98%) of the enrollments are done by telephone; two percent (2%) are done by mail.
AHS	04/14/2005	54	40.2.4.6	45	What is the average cost per unit of mailing an enrollment packet?	See the Procurement Library Addendum 5.
AHS	04/14/2005	55	40.2.4.6	46	Does the current Enrollment Broker contractor process enrollments online? If so, please indicate the number of enrollments processed per month using this option.	No, the contractor does not process online enrollments.

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ACS	04/15/2005	65.	40.2.5.6	52	<p>1. Is it the state's intent to transfer all Buy In activities currently performed by AHCA staff to the new contractor?</p> <p>2. Under the current contract, all Buy In activities are performed on a monthly cycle. Historically, discrepancies have been resolved prior to the run of the next monthly cycle. Is it the state's intent for the contractor to increase staffing levels in order to resolve all discrepancies in five (5) days versus on a monthly basis?</p> <p>3. Additionally, what is the current or anticipated volume of inquiries (calls, emails, documents, and faxes) from DCF, State, and federal staff?</p>	<p>1. No. The state does not intend for the contractor to assume responsibilities currently performed by AHCA staff. See State Responsibilities in Section 40.2.5.</p> <p>2. The state does not anticipate a need for a larger buy-in staff to handle the change in time standards as the workload should be daily instead of monthly and the volume of work should decrease based on enhanced system efficiencies. The intent is to have the system work optimally to reduce the incidence of errors as well as go from monthly CMS input to daily CMS input and response files.</p> <p>3. The current contractor does not receive calls. The volume of calls will depend upon the design of the system, the extent of automation for updating data, data exchange capabilities, and automation of notification to other entities of entitlement errors.</p>
AHS	04/14/2005	56	40.2.6	53	<p>Please provide the following information on the CHCUP program:</p> <p>Size of population serviced</p> <p>Number of screens processed (i.e., per month)</p> <p>Staff (by number and position) currently dedicated to this program</p>	<p>There were 1.6 million CHCUP eligibles in March 2005.</p> <p>Screening claims are processed by the contractor. The number of screening claims processed for March 2005 - 68,126.</p> <p>The number of screenings letters sent in March 2005</p> <p>Initial Letters - 20,423</p> <p>Annual Letters - 27,035</p> <p>Periodic Letters - 100,306</p> <p>There are no contractor staff dedicated solely to the CHCUP program.</p>

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ACS	04/15/2005	66	40.2.6.6 (4a)	55	Currently, the CHCUP is systematic and require minimal staff to support system maintenance activities. To ensure that all bidders allocate appropriate staffing levels to support CHCUP activities, please provide details related to responsibilities for new requirements, such as logging notices and case notes.	It is anticipated that the items listed in this section would be captured and posted by the system, not key-entered by contractor staff. The case notes would be entered by state staff.
AHS	04/07/2005	40	40.2.8	60	Would the State please provide copies of hard copy recipient communications including the following: 1. Marketing materials; 2. Explanation of Medicaid Benefits (EOMBs); 3. Recipient notices (e.g., enrollment notices, choice selection notices, notice of Benefit Plan changes, confirmation notices, reminder notices, disenrollment notices, HIPAA Notice of Privacy Practices, etc.); 4. Any other recipient notices/letters/materials?	The state will provide electronic copies of recipient communications. Please note that these are the materials currently being used. The design and content of the recipient communications used in the next contract will be decided during the Design and Development Phase. 1. The state does not distribute marketing materials to recipients. 2. See Procurement Library Addendum 6. 3. See Procurement Library Addendum 6. 4. See Procurement Library Addendum 5. (FMMIS Forms)
EDS	04/09/2005	71	40.2.8.6.1	40-62	To accurately determine the cost of ID card production, please provide each vendor a physical sample of the identification card, carrier, and any other inserts required to be included with the identification card.	The samples will be mailed to the vendors who submitted an intent to bid.
ACS	04/08/2005	55	40.2.8.6., 6.c.	63	Legislation that became effective July 1, 2004 (after current Choice Counseling contract negotiations) changed the recipient choice period from 90 days to 30 days. This resulted in a high blockage rate. What is the current contractor's blockage rate? Is there a blockage rate allowed under this RFP?	The current contractor does not have an contractually allowed blockage rate. The Contractor must measure blocked call and abandon rates as required in Section 40.2.8.6, Item 6c. Requirements for percentage of answered calls are added to Section 40.2.8.6 Item 6 with this addendum.



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HMS	04/15/2005	7	40.4.3.2(11)	94	Is it the Agency's intent that the selected MMIS contractor will interface with an external (i.e., outside of the MMIS) TPL contractor?	The Contractor is responsible to meet MITA standards for interoperability across components and with external applications and data sources (See Section 40.1.5). The Contractor will be expected to interface with at least one external Third Party Administrator (TPA) responsible for casualty, estate and other COB recoveries and to provide such TPAs with access to FMMIS/DSS COB functions. These requirements have been clarified with this addendum (see Section 40.4.3.6, Items 1d and 1e).
HMS	04/12/2005	1	40.4.3.5	94-95	The list of COB State Responsibilities includes tasks that are presently outsourced to a vendor under AHCA's Medicaid TPL contract (e.g., items 1, 2, 4, 5 and 8). Is it AHCA's intent to bring this work back in-house, or to perform this work in addition to the TPL vendor?	<p>This question was answered in Addendum 5, however, there was a typographical error in the answer. The corrected answer is provided in Addendum 6 for clarification.</p> <p>These State responsibilities will not be assumed by the Contractor as a part of this procurement. The State will perform these functions in-house or through contracts not directly tied to this RFP. FMMIS/DSS TPL and COB functions specified in Section 40.4.3.6 must be available for use by either State or contractor personnel.</p>

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ACS	04/15/2005	67	40.4.3.6 #1d	95	“Provide all necessary support as required or requested by the State in connection with its contingency fee contracts with Third Party Administrators (TPAs) for the detection and collection of third party resources.” Please provide the contingency contracts referenced in this requirement and the level of support required to comply with this RFP requirement. please clarify the State’s anticipated staff resources necessary to support this function.	The State’s one contingency fee contract with Health Management Services, (HMS) is added to the Procurement Library Addendum 6. The responsibilities of the Contractor have been clarified with this addendum (see Section 40.4.3.6, Items 1d and 1e). The Contractor is responsible to determine staffing levels necessary to meet the requirements of this section, both for the Design and Development Phase and for the Operations Phase.

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ACS	04/15/2005	72	40.4.3.6	97	<p>Please confirm the following regarding drug rebate:</p> <p>1 - Please delineate the manual versus electronic processes</p> <p>2 - Amount of history that will be transferred to the contractor</p> <p>3 - Format of the files (e.g., paper versus electronic)</p> <p>4 - Type of information that will be transmitted (i.e., claims, rebates invoices, payments, disputes, dispute resolutions)</p> <p>Additionally, please confirm that the rebate scope of work is limited to the OBRA90 program only.</p>	<p>1. Currently, paper invoices are generated and mailed with a corresponding letter and sent by mail to each manufacturer. The new process should generate invoices electronically and the manufacturers should be able to log on to a secure website and download the invoices.</p> <p>2. History records go back to 1991 at the NDC level. Invoice records also go back to 1991. Claims data are functionally complete back to 1997. There is also a very small Public Health Services-entity file.</p> <p>The records will include OBRA (federal program), Seniors/Silver Saver program, supplemental, and multi-source J-code programs.</p> <p>3. The NDC history, the invoices, the PHS file and the claims data are in electronic format.</p> <p>4. All data described above including adjustments, prior quarter adjustments, and interest.</p> <p>5. The scope of work is not limited to the OBRA 90 program. The State expects the contractor to prepare invoices for supplemental rebates based on information supplied by the State.</p>
ACS	04/15/2005	73	40.4.3.6	97	<p>What types of tapes are received from manufacturers? Please list all information received on these tapes. How are these tapes currently used?</p>	<p>No tapes are received from manufacturers.</p>
ACS	04/15/2005	68	40.4.4.6 (1b)	101	<p>Is the Agency planning to implement diagnostic related groups (DRGs) and will they be used for pricing of claims? Will the contractor be responsible for paying for the group software?</p>	<p>The Agency is not planning to implement diagnostic related groups (DRGs) for the purpose of pricing claims at this time. The Vendor will be responsible for paying for the grouper software.</p>

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First Health	04/15/2005	12	40.4.4.6	102	Is the contractor required to develop or provide a MAC file for drug claim pricing? If not, would the State consider the contractor proposing a more cost effective MAC solution?	The contractor will not be required to develop or provide a MAC file, but should possess the capability of maintaining a field in the drug file program to accommodate MAC pricing as set forth by the State. An alternate MAC solution is not a part of this solicitation.
First Health	04/15/2005	2	40.4.5.6	107	In the Pharmacy claims processing system there are typically no suspense claims — they are either paid or denied. Does the State require that a suspense function exist for pharmacy claims or only medical claims?	Yes. Pharmacy claims must be able to suspend under rules set by the State, including suspense for manual review.
Unisys	04/13/2005	16	40.4.5.6.8a	110	The State is requiring that POS claims be adjudicated in 2.5 seconds or less.  To enable accurate system sizing, please provide peak claim volumes for the peak day, peak hour and peak minute.	See the Procurement Library Addendum 6.
Unisys	04/13/2005	17	40.4.5.6.8c	110	The State is requiring that electronically submitted non-POS claims be adjudicated in 30 minutes or less.  To enable accurate system sizing, please provide peak claim volumes for the peak day and peak hour.	See the Procurement Library Addendum 6.

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Medstat	04/15/2005	11	40.5	124-135	How many named as well as average weekly on-line users (State staff) does AHCA expect of the following reporting tools: - MARS (40.5.2.5.4.d), p. 125? - EIS (40.5.2.5.1.b), p. 124? - Risk-adjustment analytic tool (40.5.2.5.4.e), p. 125? - Managed Care Reporting (40.5.4.1), p. 131? - Health Outcome Measurement (40.5.4.1), p. 131? - RetroDUR (40.5.4.1), p. 131? - Performance Reporting System (40.5.3.1), p. 127? - Report Distribution System (40.5.3.1), p. 127?	The number of users will depend in part on the quality of the tools and usefulness of the data produced by the Contractor. The RFP requires the Contractor to support at least 600 named users and an average of 200 weekly users at the outset of the Contract, and to plan for growth. The State does not have a breakdown or forecast of the number of users by reporting tool.
EDS	04/15/2005	82	40.5.2.5.3.c	40-125	To enable vendors to properly estimate resources, please provide the number of queries to be migrated from the current DSS to the new DSS.	The contractor will be asked to migrate 300 queries.
Medstat	04/15/2005	16	40.5.2.5.4.g	125	Approximately how many providers and what kind of providers would AHCA want to have access to profiling reports (all hospitals, all PCPs, etc.)? Would all of these providers and all types of providers have access by July 1, 2007 or earlier? Would the contractor have the option to suggest a reasonable phase-in approach?	Such reports should be available to all providers. Phasing will be considered as encouraged in Section 50.1.
Medstat	04/15/2005	15	40.5.4.2	132	Does AHCA currently have an on-line system for capturing MDS data? If so, what database structure does it use?	Nursing homes currently submit MDS data in a text file to the Centers for Medicare and Medicaid Services (CMS) in the format prescribed by CMS. Selected AHCA personnel have access to the data. There is no separate MDS system that is currently maintained by AHCA.

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Vendor	Date Submitted	Question #	Section #	Page #	Question	Answer
First Health	04/15/2005	7	40.5.4.6	134	How many incumbent contractor staff currently provides services for TCCC functions? Please breakdown the staffing by: - Pharmacists (R.Ph. And Pharm. D.) - Pharmacy Technicians - Management - Supervisory - Clerical	The Therapeutic Consultation Call Center has 68 contractor staff. The following is a breakdown of the staff: Pharmacists (R.Ph. and Pharm.D.) - 26 Pharmacy Technicians - 30 Managers - 3 Supervisors - 6 Clerical - 3 The Pharmacy Helpdesk has 16 Call Center staff. The following is a breakdown of the staff. Supervisor - 1 Call Center Associates - 12 Ombudsman Associates - 3
First Health	04/15/2005	8	40.5.4.6	134	Clarify if the Drug Profile Review process is prospective or retrospective in nature.	If the question is regarding 40.5.4.6.3.c. then the contractor is required to review the entire drug profile as it exists at the point in time of the review. However, please keep in mind that Florida operates both prospective and retrospective drug reviews.
First Health	04/15/2005	9	40.5.4.6	134	How many contractor staff is required for the Drug Profile Reviews?	The state does not have a minimum staff requirement except as stated in 40.5.4.6.3.a.
First Health	04/15/2005	10	40.5.4.6	134	Does the state require these Drug Profile Reviews be performed by a licensed pharmacist?	Yes.
First Health	04/15/2005	11	40.5.4.6	134	How many contractor staff is required to perform 325 provider visits per month?	The Contractor must employ sufficient staff to meet the requirement of performing 325 on-site visits.

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Medstat	4/15/05	12	40.5.5	135-143	How many named as well as average weekly on-line users (State staff) does AHCA expect of the following reporting tools: - SURS (40.5.2.5.4.d) p. 125 and (40.5.5.1), p. 135? - Fraud and Abuse Detection System (40.5.5.6.1), p. 137? - Fraud and Abuse Case Tracking System (40.5.5.6.12), p. 142?	About 100 named users will work in SURS, and about 50 users will work in Fraud and Abuse Detection each week.  The requirement for the Fraud and Abuse Case Tracking System has been deleted with this addendum (Addendum 6).
EDS	04/15/2005	80	40.5.5	40-135	Please provide the following information related to the Case Tracking System: - What is the average number of cases opened each year? - How many cases are in the current Case Tracking System? - What is the average number of cases and images associated with each of these case categories: small, medium, and large? - What types of images/documents are typically maintained with a case, for example, .tif, .xls, .doc? - What type of technology is used for the current Case Tracking System? - How many tables comprise the current Case Tracking System? - How many elements are in the current Case Tracking System?	This requirement has been deleted with Addendum 6.
Medstat	04/15/2005	13	40.5.5.3.7 and 40.5.5.6.12.g	136 and 142	Regarding the new Case Tracking system, can AHCA provide an estimate of approximately how many documents per year would have to be imaged?	The requirements for a case tracking system have been deleted with Addendum 6.

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Medstat	04/15/2005	14	40.5.5.6.13	143	Regarding the conversion of data from the existing case tracking system to the new case tracking system, is the existing case tracking system able to produce an extract in a flat file format for which documentation is available? Does the existing system contain any document images, and if so, approximately how many are there and what is their format?	The requirements for a case tracking system have been deleted with Addendum 6.
ACS	04/15/2005	69	50	10	The deliverables under Completion of Planning Activities for Implementation Planning seem to be the same as for Design and Development. Please confirm that these deliverables apply to the project as a whole and will not be created separately for these two phases.	The deliverables are separate and distinct for the two phases. Deliverables for the Design and Development Phase are related to all the tasks necessary to design and develop FMMIS/DSS, including transfer of systems or functionalities, any necessary new systems development, and thoroughly testing FMMIS/DSS to meet all State requirements. Deliverables for the Implementation Planning Phase are related to all the tasks necessary to assume or continue fiscal agent operations, including conversion of data, development of processes and workflows, determining staffing and facility requirements for operations, planning for contingencies in the transition of operations, and testing the Contractor's readiness to assume or continue all operations, including non-system based functions.
First Health	04/15/2005	3	50.3.2.1	41	Will the State allow a vendor to have their Tallahassee-based office outside of the five-mile radius?	No.
ACS	04/15/2005	70	60	8	Please confirm that a standard Gantt chart, filtered for critical path tasks, is acceptable to fulfill the requirement for a critical path method diagram indicating the interrelationships between sub-tasks.	Yes, as long as the critical path relationships are clear to the evaluators.



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AHS	04/07/2005	42	60.2.4.4	5--6	Would the State please explain the difference between "Reference", "Firm/Agency Name", "Contact Person", "Name/Title" as it seems there may be some overlap/duplication among these? Please clarify.	<p>This question was answered in Addendum 4. The answer to HMS Question 1 provided below supercedes the answer provided to EDS Question 54 in Addendum 2.</p> <p>This section is amended to renumber the items with this addendum. "Reference" is a heading on the form; "Firm" is an item to be completed and refers to the company supplying corporate reference information; "Contact Person and Name/Title" is an item to be completed and refers to the individual supplying the information.</p>
First Health	04/15/2005	16	60.3	19	Payment for the Operations Phase of the contract is all inclusive on a Firm Fixed Price (FFP) basis. Many factors are outside the control of the contractor which could significantly influence volumes of claims, PA's, phone calls, staffing etc. CMS regulations, legislative mandates, Florida Medicaid Reform, and medical policy changes are all examples where the contractor has no control over the scope of work required. The state even "disclaims" all statistical estimates and volumes in the RFP. Additionally, the incumbent contractor has a significant unfair advantage over non-incumbent competitors due to knowledge gained over the term of their contract.	In 30.27.3 and 60.4.4 the State establishes a corridor based upon the number of members per month that have their claims processed by the contractor. If the number of members exceeds 3.0 million members for any given month the contractor shall be paid an additional \$1.25 for each member that exceeds 3.0 million. Section 30.20 contains provisions for making modifications to the contract for services not specifically covered in the RFP.

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First Health	04/15/2005	18	60.3	19	If the State will not consider this suggestion or some alternate means to protect both the vendor and the state, would a significant change due to one of the examples provided above (CMS, legislative) be grounds for negotiating a Equitable Adjustment to the contract pricing?	In 30.27.3 and 60.4.4 the State establishes a corridor based upon the number of members per month that have their claims processed by the contractor. If the number of members exceeds 3.0 million members for any given month the contractor shall be paid an additional \$1.25 for each member that exceeds 3.0 million. Section 30.20 contains provisions for making modifications to the contract for services not specifically covered in the RFP.
First Health	04/15/2005	19	60.3	19	In Task 1, this amendment references and incorporates into the amendment, the Consultec (ACS) Therapeutic Consultation Program (TCP) proposal dated July 13, 2000. Please supply a copy of subject referenced proposal.	See the Procurement Library Addendum 6.
First Health	04/15/2005	17	60.4.4	19	In an effort to level the playing field and provide a baseline for the FFP bid, the state should provide volume thresholds or corridors where the vendors would be at risk for estimating the scope of work under the FFP bid. Outside of these thresholds or corridors, the state would request unit pricing based on specific volumes to be provided.	In 30.27.3 and 60.4.4 the State establishes a corridor based upon the number of members per month that have their claims processed by the contractor. If the number of members exceeds 3.0 million members for any given month the contractor shall be paid an additional \$1.25 for each member that exceeds 3.0 million. Section 30.20 contains provisions for making modifications to the contract for services not specifically covered in the RFP.
Unisys	04/13/2005	27	60.6	20-21	These sections state "Vendors are required to furnish detailed price information..." Please confirm that no additional backup beyond the pricing schedules is required to be submitted.	No additional backup for the pricing schedules is to be submitted for Pricing Schedule B-1.

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AHS	04/14/2005	58	60.9	22	Item 5 indicates that subcontractor amounts should be shown separately on line 9 of the price schedules. If a significant portion of the project is to be subcontracted, warranting the provision of detail for these costs, would the State prefer that these costs be provided on the various lines of the price schedules or should the detail be provided in supplementary schedules?	The RFP will be amended with this addendum to reflect the following changes regarding pricing schedules. The total price for each subcontractor should be shown separately on line 9 of the pricing schedules. If the total price for any subcontractor exceeds 10% of the price shown on line 10 for schedules C-1 through C-5 attach a supplemental schedule C schedule for each applicable year in the same format that details and equals the subcontractor price shown on schedules C-1 through C-5. These supplemental C schedules shall be used, if applicable, if the contract is ever amended for the services provided by the subcontractor, in accordance with Section 30.20.

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EDS	04/09/2005	75	App. A.3.4	A-8	<p>Appendix A.3.4 indicates the following paper claims are processed:</p> <ul style="list-style-type: none"> <li>- Inpatient/Outpatient Hospital (UB-92)</li> <li>- Monthly Institutional (021)</li> <li>- Practitioner (CMS-1500)</li> <li>- Non Institutional/Other (081)</li> <li>- Dental (111)</li> <li>- Emergency Transportation (131)</li> <li>- Non-Emergency Transportation (131A)</li> <li>- Public Transportation (141)</li> <li>- NCPDP Universal Pharmacy Claim Form</li> <li>- Crossovers for Part A and Part B</li> </ul> <p>Please provide monthly volume of receipts for each category of paper claim. This is critical to appropriately plan for staffing to support processing each claim type. Also, for clarification– is the “Dental (111)” a single, unique form or does it represent a category of several ADA standard dental claim-form types. This information is critical to accurately plan for staffing.</p>	<p>See the Procurement Library Addendum 6. The Dental 111 is a single page state form that is based on the ADA standard claim form. Please note that the state plans to use standard claims forms for all claims except the transportation 141 during the next contract.</p>

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Unisys	04/13/2005	28	App. A.3.4	8	<p>The RFP states "The Agency receives approximately one hundred forty (140) million claims annually".</p> <p>Is the specified total number of claims actual claims or claim lines? For example, is a claim with 50 lines counted as one claim or 50 claims when computing the total of 140 million?</p> <p>If the total 140 million is claim lines, what is the average number of claim lines per claim?</p> <p>This information will enable accurate system sizing.</p>	The number of claims represent claim lines. See the Procurement Library Addendum 6.
EDS	04/15/2005	79	App. G	G-3	<p>Which, if any, of the following software does the State or the current vendor own:</p> <ul style="list-style-type: none"> <li>- SPSS</li> <li>- ArcView</li> </ul>	The current vendor purchases and relicenses both of them.
First Health	04/15/2005	4	Appendix H		<p>How many pharmacy versus non-pharmacy claims should the vendor expect monthly?</p> <p>How many of the pharmacy claims come in on paper versus electronic media?</p>	See the Procurement Library Addendum 6 amounts for pharmacy claims vs. non pharmacy claims. See Library Addendum 5 for paper claim volumes.
First Health	04/15/2005	13	Appendix H		Please provide a breakdown of PA volumes by claim types.	See Library Addendum 6.
First Health	04/15/2005	14	Appendix H		What percentage of claims, by claim type, require PA?	See Library Addendum 6.
First Health	04/15/2005	15	Appendix H		What percentage of Pharmacy PA's are approved? What percentage of Pharmacy PA's are denied?	91% are approved, 8% are denied and 1% are in pending status.
Medstat	03/21/2005	10	Appendix I	1	The ACS table of organization appears to show a vacancy in the position of DSS Support Manager. Is this position currently vacant?	No.

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EDS	03/29/2005	61	App. L, Item 2	1	What is the approximate monthly volume for each of the following categories of ID card mailings: 1 card, 2 card, 3 card, and 4 card?	See the Procurement Library Addendum 5.
ACS	04/15/2005	71	General		For COTS software included as part of the overall solution, would AHCA consider a perpetual license in lieu of outright ownership of the software at the end of the contract period?	For COTS software purchased from third party vendors not related to the Contractor, the answer is yes. The state will allow Vendor developed COTS products to be used, that is, products that are made publicly available and continually licensed and supported by the Vendor after the fiscal agent contract period is over at rates similar to those applicable to similar COTS products. The State will also allow the vendor to develop specific programs for use to meet COTS requirements, provided the Vendor places all source code and documentation for such programs in the public domain. The Vendor must document the capabilities, properties and ongoing costs associated with Vendor-developed COTS products or Vendor-developed programs designed to meet COTS requirements in their proposal.

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Vendor	Date Submitted	Question #	Section #	Page #	Question	Answer
EDS	04/15/2005	81	General	--	<p>In several places in the RFP ( for example, "40.2.3.6, item 6: Study and analyze all relevant programs and operating procedures in the current FMMIS as it is being operated during the Design and Development Phase, including all relevant Customer Service Requests and contract amendments: a. Formulate the initial business rules for this business process based on the current MMIS operations;"), the State requests that the vendor "Study and analyze all relevant programs and operating procedures in the current FMMIS.." and "...Formulate the initial business rules for this business process based on the current MMIS operations." This requirement implies that the vendor will be responsible, through independent activity of FMMIS analysis (to include program source code review), for documenting current system processing and business rules.</p> <p>Are these processing requirements/ business rules currently documented? If so, is that documentation sufficient to serve as the resource for the analysis requested in the RFP? If not, is it possible that documentation to serve as that resource can be prepared prior to kickoff of the implementation to support a more efficient and accurate design phase?</p>	<p>The processing rules are currently well documented. However, in a system with more than 3 million lines of code there is always the possibility that the implemented code differs in some degree from the documentation. The State is having a Gap Analysis done on several processes by an independent contractor to identify some problem areas before the fiscal agent contract is awarded. The State does not want the Vendors to underestimate the task of studying and analyzing the existing FMMIS, including program source code review, which may be necessary to assure that FMMIS/DSS meets all State requirements.</p>
First Health	04/15/2005	1	General		<p>May vendors use existing processing facilities within the state of Florida for the following functions: mailroom, claims receipt and pre-screening, imaging, and data entry?</p>	<p>Only if the vendor's existing facilities are within a five (5) mile radius of the State offices located at 2727 Mahan Drive, Tallahassee, Florida.</p>

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First Health	04/15/2005	5	General		We request a data file be provided of all Medical and Pharmacy claims for the most recent six month period to perform appropriate data analysis. (See attached data layouts)	Data files will be provided to vendors who have submitted a notice of intent to bid and who have requested the data.
Unisys	04/13/2005	30	NA	NA	Please provide a copy of all forms and documents used in the Choice Counseling Process, both those used by AHCA and those used by the current Choice Counseling contractor.	There are no Choice Counseling documents distributed by AHCA. See the Procurement Library Addendum 5 and 6 for the choice counseling materials.
First Health	04/15/2005	6	NA	NA	Would the State consider the placement of the Therapeutic Consultation Call Center in a location outside of Tallahassee and Florida if this could provide economies of scale and allow vendors to propose a more cost effective overall solution and price to Florida?	All call center operations must be performed at the Contractor's local Tallahassee facility.
AHS	04/07/2005	36	Addendum 1	None	The State indicated in its responses to questions submitted that no consumer outreach takes place in the field. Yet, the current Choice Counseling contractor has three field sites. What occurs in these field sites?	There are no Choice Counseling field offices.
HMS	04/15/2005	6	RFP Addendum 4	Question 33 from ACS	<p>According to the Agency's answer to this question, the MMIS procurement does not include the functions performed under Health Management Systems, Inc.'s present TPL contract.</p> <p>Please confirm that the scope of the present MMIS solicitation excludes such operational (i.e., non-systems) activities as carrier data matches, health insurance verification with third parties, billing third parties, estate recovery, and casualty recovery.</p>	The requirements of Section 40.4.3.6 have been clarified in this addendum. This RFP does not include or require the Contractor to perform the non-systems activities of carrier data matches, manual health insurance verification with third parties, manual billing of third parties, estate recovery or casualty recovery. The Contractor must provide the systems capabilities and must process data files from the Third Party Administrator(s) defined in Section 40.4.3.6 as amended (See Items 1d and 1e).





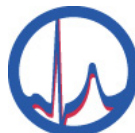
May 6, 2005

**Medicaid Management Information System/Decision Support System/  
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**Addendum Six – Clarification Notice**

Item 5 in Addendum 6 requires clarification to correct the instructions included in the item. The changes in the text and the renumbering of Section 40.2.5.6, Buy-in Contractor Responsibilities remains the same, as presented in Addendum Six. The entire item is repeated below, with new instructions. An Addendum Acknowledgement Form is included for this clarification.

1. Section 40.2.5.6, Buy-in Contractor Responsibilities  
This section is amended with the text additions underlined and the bullets renumbered so that the former 5.d. and 5.e. became 6 and 7, with the subsequent items renumbered accordingly. The stated requirements have not changed, except for the additional underlined text. The items have been realigned.
  
5. Inform SSA and DCF of discrepancies that need to be posted to the FLORIDA System or the SSA system based on information received in the Medicare Premium Files:
  - a. Produce reports and report files on all discrepancies reported;
  - b. Report discrepancies in the Medicare number to DCF or SSA for correction in the FLORIDA or SSA system on a daily basis;
  - c. Work with the State to create automated files or transactions that can be sent to DCF or SSA on at least a daily basis to inform DCF or SSA of discrepancies;
6. Report other discrepancies by secure and HIPAA-compliant email, fax, or telephone, using procedures approved by the State;
7. Receive and work calls, secure emails, documents and faxes from DCF, State and federal staff to resolve buy-in issues within five (5) workdays; ~~and~~
8. Image all faxes and written documents and attach to FMMIS/DSS record for viewing by buy-in processing staff;



FLORIDA MEDICAID FISCAL AGENT PROCUREMENT  
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9. Provide training to State and Contractor staff on the buy-in automated and manual processes:

  - a. Include training in use of the FLORIDA System to view buy-in-related information, data exchange, CMS Medicare buy-in rules, and the operational procedures for file corrections; and
  - b. Provide an online training manual and operational guide and Computer Based Training (CBT) for reconciling discrepancies in FMMIS/DSS and the source files, as approved by the State.
10. Track and audit all transactions related to buy-in including Medicare entitlement:

  - a. Indicate the source and date of key identifiers from source files;
  - b. Indicate the author, date and reason for all manual changes;
  - c. Maintain a complete transaction history;
  - d. Maintain the complete State buy-in history for each recipient; and
  - e. Provide on-demand reports of all buy-in transactions, including a list of all buy-in actions taken by Contractor and State staff;
11. Monitor quality and work toward continued quality improvement:

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**ADDENDUM ACKNOWLEDGMENT FORM**

This is to acknowledge receipt of Addendum Six Clarification to AHCA RFP 0514.

FIRM: \_\_\_\_\_

NAME: \_\_\_\_\_

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**May 13, 2005**

**Medicaid Management Information System/Decision Support System/  
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**Addendum Seven**

The purpose of this addendum is to clarify Section 60.2.2, Item 2, d and Section 60.2.4, Item 1, d. This requirement in the RFP is stated as follows. An Addendum Acknowledgement Form is included for this clarification.

Section 60.2.2, Item 2

- d. A statement confirming that the Prime Contractor is registered to do business in Florida and providing the corporate charter number and assurances that any subcontractor proposed is also licensed to work in Florida;

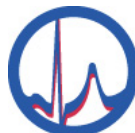
and

Section 60.2.4, Item 1 (*This section specifies that the Vendor is to include the corporate background and experience for the Vendor and each subcontractor*)

- d. Corporation's Federal Employer's Identification Number (FEIN) and Florida Corporate Charter Number;

Both the prime contractor and any subcontractors are required by this RFP, as stated in these two sections, to be registered to do business in the State of Florida. Subcontractors proposed with the prime contractor do not need to have completed the registration with the Department of State at the time of the proposal submission in June.

The proposal must contain assurances that subcontractors will be licensed and an acknowledgement that the successful Vendor will submit documentation of the subcontractor registrations by the time a contract is signed with the Agency, if the subcontractor registrations are not included in the proposal.



**ADDENDUM ACKNOWLEDGMENT FORM**

This is to acknowledge receipt of Addendum Seven to AHCA RFP 0514.

FIRM: \_\_\_\_\_

NAME: \_\_\_\_\_

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