

**EQRO Questions and Answers
Addendum #7**

Num.	RFP Ref. Section	Question	Answer
1.	Section II C. Deliverables, 1.d Pg 16	The CCNs will report multiple adult and pediatric performance measures. Will all PMs require validation by the EQRO? If not, which PMs will require validation?	<p>All performance measures will not require validation by the EQRO. The EQRO will validate seven (7) performance measures per CNN annually which shall include the five (5) incentive-based measures and two (2) additional measures to be determined by DHH at a later date. The two (2) additional measures will include one (1) hybrid measure and one (1) administrative measure.</p> <p>See Addendum #6 Revisions to EQRO RFP Language See CCN-P Performance Measures and CCN-S Performance Measures in the Procurement Library.</p>
2.	Section II C. Deliverables, 1.i. Pg. 18	Will the CCNs use a standardized survey tool/process for the provider survey?	The contractor will assist DHH with selection and/or development of a standardized provider satisfaction survey tool.
3	Section II, C. Deliverables, Pg. 18 F. Technical Requirements, #3 Pg. 26	<p>On page 18 there are requirements for encounter data validation.</p> <p>Page 26 indicates a planned implementation of a new MMIS. What is the time frame for encounter data submission requirements for the CCNs?</p>	<p>DHH is removing the requirement for validation of encounter data.</p> <p>See Addendum #6 Revisions to EQRO RFP Language</p>
4	Section II, C. Deliverables, 1.j. Pg . 19	The technical assistance task includes development of a Quality Companion Guide that includes written instructions for performance measure specifications. Is the intent of this instruction to educate CCNs on how to construct performance measures or will the EQRO be developing new performance measures and providing the specifications to the CCNs?	DHH has pre-selected performance measures on which the CCNs will report and those specifications are HEDIS, non-HEDIS, CHIPRA, or AHRQ PQIs. Therefore the Quality Companion Guide will not contain the actual specifications for the measures. The Companion Guide content will include but not limited to instructions and timeframes for submission of quality data by the CCNs, information regarding Performance Improvement Projects, and the role of the EQRO.

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5	Section II, F. Technical Requirements Pg. 26	Please clarify the degree to which “compliance with industry-standard physical and procedural safeguards for confidential information” is expected. Does the State have a particular standard they wish us to comply with?	The EQRO shall comply with 45 CFR Parts 160 and 164.
6	Section II, C. Deliverables, 5.f. Pg. 23	Will the EQRO prepare one aggregated detailed technical report, or individual reports for each CCN, or both individual and aggregate reports?	The EQRO shall prepare and submit individual technical reports for each entity and one aggregate technical report for all CCN’s. An entity is corporate level and may cover multiple GSAs. Entities with common corporate structure will be reviewed and evaluated statewide, not by GSA.
7	Section III, O. Proposal Content, 4.d Pg 34	Please clarify what documentation should be submitted for items iv, v and vi (MLR Quality Activities Report, Readiness Review Tracking Report and Annual Review Tracking Report).	<p>iv. The requirement for the MLR Quality Activities Report has been amended to: Upon DHH request, the Contractor shall provide written recommendations for MLR Quality Activities. There is no submission requirement for item iv.</p> <p>See Addendum #6 Revisions to EQRO RFP Language</p> <p>v. The Readiness Review tracking report should include review progress of each CCN and areas of concern in the form of a brief summary with dates and expectations for completing specified activities. The proposer shall submit a sample Readiness Review Tracking Report or proposed Readiness Review Tracking Report.</p> <p>vi. The Annual Review tracking report requirement has been removed from the RFP.</p> <p>See Addendum #6 Revisions to EQRO RFP Language</p>
8	Section III, O. Proposal	The RFP states See section II, F, #5 and #6	The language should state “(See Section II, F, #4 and #5)”

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	Content, 4.d, iii, Pg. 34	in regard to the BR/BCP. There is no #6 in Section II, F. Please clarify.	See Addendum #6 Revisions to EQRO RFP Language
9	Section III, O. Proposal Content Pg. 36	The RFP states the transition/takeover plan must include procedures that shall, at a minimum, comply with the stipulations listed on the Scope of Work Section B (Deliverables) Part 6 (Transition Plan). On page 14, Section B is the Project Outline, while Section C is entitled Deliverables. Please clarify.	The language should state "Scope of Work Section C (Deliverables) Part 6 (Transition Plan)". See Addendum #6 Revisions to EQRO RFP Language
10	Section III, P. Evaluation Criteria, 4.c Pg. 38	Please clarify whether the five points for the cost criteria based on evaluation of reasonableness is in addition to 20 points allocated to the cost proposal or within the 20 point allocation	There are two parts to the twenty-five (25) cost points available. The five (5) points allocated for reasonableness of cost is in addition to the twenty (20) points designated for the application of the formula to the cost proposed.
11	General Question	The pricing is for costs and activities related to one CCN-P and one CCN-S. However, it is unclear what the number could be over the three years. Page 12 indicates two to three CCN-Ss and two to three CCN-Ps in each of three Geographic Service Areas (GSAs). Does this mean up to a total of six CCNs in the state or up to a total of 18 CCNs (six per GSA)?	DHH anticipants a range of 6 – 8 CCNs; however, DHH reserves the right to increase this number based on the number of contracts approved.
12	I.B.1 Pg. 12	Does DHH anticipate that each CCN-S and CCN-P will be reviewed as independent entities in each region (even if there is a common corporate structure among entities from region to region)?	Entities with common corporate structure will be reviewed and evaluated statewide, not by GSA.
13	I. G. Pg. 13	The current due date is April 25, indicating that proposals will need to be	Proposals are due May 19, 2011 by 4:00 pm CDT.

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		shipped on April 21 to avoid shipping over a holiday weekend. Would DHH consider moving the due date to Wednesday, April 27, allowing proposals to be shipped on Monday or Tuesday of the same week?	See EQRO RFP Addendum #5 Schedule of Events.
14	II.A.7 Pg. 13	Please provide additional detail concerning facilitation of collaboration. Does DHH anticipate common Quality Improvement Projects among certain CCNs, inter-CCN committees, or some other approach, for example?	The Contractor shall coordinate, host and participate in regularly scheduled quarterly meetings provided to CCNs to disseminate information pertaining to quality measures, quality improvement, and other topics specific to quality issues. The Contractor should propose and disseminate innovative quality improvement processes or best practices among all CCNs. CCNs will implement one common required PIP with the possibility of additional common PIPs (depending on PIPs chosen by the CCNs).
15	II.B.1.b.i-ii and v Pg. 15	Does DHH see the Annual Review referenced in items i and ii as part of the Compliance Review referenced in v or as distinct activities?	DHH recognizes the Annual Review referenced in items i and ii as part of the Compliance Review referenced in v.
16	III.O.4.iv-vi Pg. 34	Please clarify DHH's expectations for inclusion of these reports in the proposal.	See answer to #7.
17	III.O.10.a Pg. 38	Will the costs proposed for one CCN-S and one CCN-P be combined for purposes of scoring?	Yes, the costs for CCN-S and one CCN-P will be combined for purposes of scoring.
18	General	Please clarify DHH's expectations for CMS's protocols. EQR activities are to be conducted in a manner <i>consistent with or identical to</i> the protocols?	EQR activities should be conducted in a manner consistent with the most current applicable CMS's protocols.
19	General	What is the approximate value of this contract?	The State has not had a previous EQRO contract; therefore, DHH is unable to give an approximate value of the contract.

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20	General	Does the State require the winning bidder to have an office in Louisiana?	The winning proposer is not required to have an office in Louisiana.
21	Section II.A. Pg. 14	Are the CCN-S/CCN-Ps conducting a collaborative PIP? If so, how many collaborative PIPs will be submitted to the EQRO for validation each year?	The CCN-S/CCN-Ps will not be conducting a collaborative PIP at this time.
22	Section II.A. Question Pg. 14	Does the DHH anticipate that the quality improvement activities to be included in the medical loss ratio (MLR) calculation will be the same as those measured via EQR activities and validated by the EQRO, such as the performance measures selected for validation?	DHH does not anticipate that the quality improvement activities included in the MLR calculation will be exclusive to EQR activities. The requirement for the MLR Quality Activities Report has been amended to: Upon DHH request, the Contractor shall provide written recommendations for MLR Quality Activities. See Addendum #6 Revisions to EQRO RFP Language
23	Page 15, Section II.C.1. Item a.	Is there any expectation that the winning contractor would need to perform the readiness review for one CCN at multiple locations (e.g., the information technology staff is in one state and the administrative/operational staff is located in another state)?	The contractor will be required to perform on-site readiness reviews for one CCN at their Louisiana location. There is no expectation for multiple site visits for one CCN.
24	Page 15, Section II.B. 1. Item b. iii.	How many PIPs per CCN-s/CCN-P will be submitted to the contractor for validation each year?	The CCN shall perform a minimum of two (2) DHH approved PIPs in the first Contract year. The DHH required PIP during the first Contract year is the Ambulatory Care Measure – ED Visit category. The CCN shall choose the second PIP from a list provided by DHH. DHH may require an additional PIP each successive year to reach a maximum of four (4) PIPs. All PIPs performed by the CCNs shall be validated.

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25	Page 15, Section II.B.1. Item b. iii.	For the PIP deliverable, is it DHH's request to receive a CCN-specific PIP Validation Report that details the validation status and scores for all PIPs for that given CCN? Or is it DHH's request to receive a separate PIP Validation Report for each PIP submitted by the CNN-S/CNN-P?	The Contractor shall submit one PIP Validation report for each CCN.
26	Page 15, Section II.B.1. Item b. iii.	Will DHH allow the use of the contractor's established PIP validation tools to validate the CNN PIPs as long as the contractor's worksheets and tools meet the intended requirements for PIP validation that are detailed in the CMS protocol, "Validation of Performance Improvement Projects?"	Yes, the contractor may use established PIP validation tools as long as the contractor's worksheets and tools meet the intended requirements for PIP validation that are detailed in the CMS protocol, "Validation of Performance Improvement Projects. All validation tools shall be approved by DHH.
27	Page 15, Section II.B.1. Item b. ix.	For PIP validation, is it DHHs request that there be an Annual PIP Summary Report comparing CCN-S/CNN-Ps PIP outcomes?	There is no expectation for a PIP Summary Report. See answer to #56.
28	Page 16, Section II.C.1. Item b.i-ii and II.C.1. e.	The RFP specifies the Contractor will perform annual desk reviews and on-site visits with record audits (II.C.1.b.) for all CNNs annually, and that the Contractor shall review each CCN's compliance with DHH's standards for access to care, structure and operations, and quality measurement and improvement (II.C.1.). Can those functions be performed simultaneously?	See answer to #15.
29	Page 16, Section II.C.1. Item d.	Please provide a list of the required CCN performance measures to be validated.	See the CCN-P Performance Measures and CCN-S Performance Measures in the Procurement Library.

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30	Page 16, Section II.C.1. Item d.	Do the CCNs calculate the performance measures?	Yes
31	Page 16, Section II.C.1. Item d.	Are the measures reported using the administrative method or the hybrid method?	The measures reported will require both administrative and hybrid methods.
32	Page 16, Section II.C.1. Item d.	What is the measurement period and due date for the performance measures?	The first measurement period will be calendar year 2013. The due date for the performance measures reporting will be July 31 following the measurement year.
33	Page 16, Section II.C.1. Item d.	Can the vendor assume that each CCN in each GSA are different organizations or do some CCNs cover multiple GSAs?	CCNs may cover multiple GSAs if they are awarded a Contract in more than one GSA.
34	Page 16, Section II.C.1. Item d.	Please provide a copy of the most recent annual EQR technical report.	DHH does not have an annual EQR technical report. CCN implementation is anticipated to be January 1, 2012.
35	Page 16, Section II.C.1. Item e.	What interval does DHH anticipate between awarding CNN contracts and the EQRO's review of CNNs' compliance with DHH's standards for access to care, structure and operations, and quality measurement and improvement? Will the CNNs have an interval of time to operate under the new contract and demonstrate compliance before the compliance audit?	DHH anticipates the EQRO's review of CNNs' compliance with DHH's standards 18 months after beginning dates of operation. The CCNs will have an interval of time to operate under the new contract and demonstrate compliance before the compliance audit.
36	Page 16,	Can the conference call discussion with	The conference call/discussions with CCNs can be

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	Section II.C.1. Item e. iv.	the CCNs regarding the desk audit and site visit process be conducted with all participating CCNs simultaneously (e.g., a WebEx conference call) so that all participants receive the same information and benefit from obtaining answers to questions they did not ask?	conducted with all CCNs simultaneously.
37	Page 17, Section II.C.1. Item f.	Does the State have a CMS-approved quality strategy that allows “deemed” compliance for the CCNs under 438.360? If not, what is the anticipated timeframe for obtaining this approval?	The Louisiana Quality Strategy is currently being developed and written. The Quality Strategy will be approved and executed at the time of CCN implementation.
38	Page 17, Section II.C.1. Item f.	The CMS-approved accrediting bodies for deeming are URAC, NCQA and JCAHO; which accrediting bodies are allowable by the State for the CCNs?	The CCN must attain health plan accreditation by NCQA or URAC.
39	Page 18, Section II.C.1 Item i.	Can BHSF confirm that the contract awardee will not be administering the surveys (i.e., will not be mailing or sending surveys to members or providers) relating to consumer and provider quality of care?	The EQRO will not be administering member or provider surveys.
40	Page 18, Section II.C.1 Item i.	Although the CCN model is new to Louisiana, does BHSF currently have standardized surveys that will be considered for consumer and provider surveys?	DHH does not currently have a standardized survey for consumer or provider surveys.
41	Page 18, Section II.C.1 Item i.	Will all of the CCN-S models and CCN-P models use unique survey instruments for consumer and provider surveys or will	The Contractor will assist DHH in selecting a standardized provider satisfaction survey. The consumer survey will be CAHPS.

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		the surveys be standardized across all models?	
42	Page 18, Section II.C.1 Item i.	Will both the consumer and provider surveys be validated on an annual basis?	Yes, the consumer and provider surveys will be validated on an annual basis.
43	Page 18, Section II.C.1 Item i.	When does BHSF anticipate the first CCN consumer or provider survey(s) being validated?	DHH anticipates the first CCN provider surveys being validated beginning 120 days after the first full calendar year and the first CCN consumer survey being validated beginning July, 2013.
44	Page 18, Section II.C.1 Item i.	During the review of survey data analysis and findings/conclusions, is it BHSF's expectation that the contract awardee will independently calculate and verify the results? If so, please confirm whether or not the contract awardee will have access to the respondent-level survey data.	Survey validation should be conducted in a manner consistent with the CMS Survey Validation protocol. Survey validation will be limited to review of survey procedures. The contractor should review how the survey sponsor analyzed the survey data. The contractor will have access to data necessary to meet the requirement of this deliverable.
45	Page 19, Section II.C.1 Item j. i.	For the technical assistance provided, are there requirements that the contractor conduct technical assistance on-site with the individual CNN-s/CNN-Ps?	DHH reserves the right to require on-site technical assistance for CCNs if a CCN demonstrates the need for this level of assistance.
46	Page 19, Section II.C.1. Item j. ii	The requirement at II.C.1.j, (to provide technical assistance to all CCN's), includes the sub-requirement to conduct a comparison study of all CCN's performance measures annually. Does the comparison study pertain to technical assistance?	DHH views the comparison study findings as a tool that can be used to improve quality amongst the CCNs. The results will be reported and shared.
47	Page 19, Section II. C.2.	"The Contractor shall electronically submit all internal procedures, written	This section is referring to documents relative to this contract.

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	Item a. i.	material, including all manuals, policies, and procedures related to the contract.” Does this refer to the EQRO’s polices, manuals, etc.?	
48	Page 20, Section II.C.2. Item a. iv.	For the annual quarterly meetings to be conducted, how many are required to be on-site?	DHH may require up to two in-person meetings per year.
49	Page 20, Section II.2. Item a. iv.	The quarterly meetings with the State and the CCNs can be in-person, teleconference, or webinar. Does the state expect a certain number of meetings per year to be in-person?	DHH may require up to two in-person meetings per year.
50	Page 20, Section II.C.2. Item a. v.	For the CCN’s quarterly QAPI committee meetings, will the contractor be allowed to participate via teleconference or by some other remote method?	Yes, the contractor will be allowed to participate via teleconference or other remote method unless DHH requests in-person attendance.
51	Page 20, Section II.C.2. Item a. v.	Please describe the type of participation that would be required by the EQRO at the CCN quarterly QAPI meetings so that the EQRO may remain independent and external to the quality improvement activities conducted at the CCN level.	The contractor will facilitate collaboration among CCNs and between CCNs and their common provider networks on shared, focused quality improvement goals.
52	General	According to the information in the RFP, the contract will start July 1, 2011. What is the current timeline for PIP validation (i.e., PIP submission to the contractor, PIP validation by the contractor, and results submitted to DHH and the CCNs)?	The contractor will assist DHH in establishing the timeline for PIP validation.
53	General	After the initial PIP validation is complete, are the plans allowed to resubmit their PIPs to improve any	Yes, the plans will be allowed to resubmit their PIPs to improve any deficient scores.

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		deficient scores prior to receiving a final validation status?	
54	Page 22, Section II.C.5. Item a.	The RFP states, "Upon request by DHH, the Contractor shall also produce a minimum of twelve ad-hoc reports in cooperation with other Federal and/or State agencies." Are the twelve ad hoc reports required annually? Or, are the twelve reports required during the course of the entire contract?	The twelve (12) <i>ad-hoc</i> reports in cooperation with other Federal and/or State agencies will be over the life of the contract.
55	Page 22, Section II.C.5. Item a.	The RFP states, "Upon request by DHH, the Contractor shall also produce a minimum of twelve ad-hoc reports in cooperation with other Federal and/or State agencies." Please provide more information about the expectation in terms of size, scope, data volume, expertise/discipline of team required, to produce 12 ad hoc reports.	Focus studies is an example of an ad hoc report. DHH is unable to provide further detail on ad hoc reports at this time.
56	Page 23, Section II.C.5. Item f. i.	The RFP states that the contractor must submit a detailed technical report within 30 days after the completion of the annual review of each CCN. The details of the technical report requested by the RFP are very similar to the requirements listed for a technical report in 42 CFR 438.364, External Quality Review Results. The report format described in 42 CFR 438.364 is for the EQRO to report on all mandatory EQR activities, such as validation of performance improvement projects, validation of MCO performance	The technical report for each entity must be submitted 30 days after the completion of the annual review. The technical reports shall provide a summary of the activities conducted and must meet or exceed federal requirements. The reports should include findings and recommendations to improve the quality of healthcare and service provided to CCN enrollees. The contractor must also submit an aggregated technical report after all CCN site visits have been performed. The report must meet or exceed federal requirements and shall include summaries and comparisons of the CCNs relative to the quality, timeliness, and access to care furnished.

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		measures, and a review of a MCO's compliance with standards. Typically all three mandatory activities, and at the state's discretion optional activities, are included in the technical report. Is it the DHH's intention for the contractor to submit a technical report that contains the results of the annual review only?	
57	Page 23, Section II.C.5. Item f. i.	If the technical report is to report the results of the annual review only, what is the mechanism the EQRO should use to describe the manner in which the data from all activities conducted in accordance with 42 CFR 438.358 were aggregated and analyzed, and conclusions were drawn as to the quality, timeliness, and access to the care furnished by the MCO or PIHP?	See answer to question #56.
58	Pages 23 and 24, Section II.C.5. Items f. i-v.	The Contractor must electronically submit the following information to DHH within 30 days after the completion of the annual review <u>of each CCN.</u> Is this requirement referencing <u>one</u> aggregated technical report due after all CNN site visits have been performed, or are technical reports required to be produced for each CNN?	The contractor must submit a technical report for each entity. An entity is corporate level and may cover multiple GSAs. The contractor must also submit an aggregated technical report after all CCN site visits have been performed.
59	Pages 23 and 24, Section f. i. and f. iv.	Is it the DHH's assertion that a technical report must be submitted for each CCN after the completion of each CCN's annual review? If the reviews are staggered, how would the DHH like the	See answer to question #56.

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		contractor to incorporate comparative information about all CCNs operating within Louisiana?	
60	Page 24, Section II.C.5. Item f. v.	If this requirement pertains to <u>one</u> technical report which contains comparative information about all operating CNNS, what are the reporting requirements/expectations for each CNN's annual desk review, on-site visits with record audits (II.C.1.b.) and annual compliance audits of access to care, structure and operations, and quality measurement and improvement? Will there be reports required for each CNN as well as one aggregated technical report?	See answer to question #56.
61	Page 24, Section II.B.5. Item h.	What is DHH's requested format of the MLR Quality Activities Report to be submitted annually by June 30?	<p>The RFP language for the requirement for a MLR Quality Activities Report has been amended to:</p> <p>Upon DHH request, the Contractor shall provide written recommendations for MLR Quality Activities.</p> <p>See Addendum #6 Revisions to EQRO RFP Language</p>
62	Page 34 Section III.O.4. Item d	For bidders that currently provide EQR activities for states where the State's actuary calculates the MLR and evaluates the quality improvement activities that are appropriate to be included in a MLR calculation, is it possible for the bidder to submit a proposed MLR Quality Activities Report in lieu of a sample report?	<p>The RFP language for the requirement for a MLR Quality Activities Report has been amended to:</p> <p>Upon DHH request, the Contractor shall provide written recommendations for MLR Quality Activities.</p> <p>There is no submission requirement for this item.</p>

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63	Page 34, Section III.O. 5. Items a.-o.	Should the proposer provide separate responses for each item listed in 5.a. through 5.o.? Or, should the proposer include the requirements in 5.a. through 5.o. in its response to the activities identified in Section II. Scope of Work? For example, in 5.l., "Identify all assumptions or constraints on tasks" the assumptions and constraints would be different for an IS review than they would for the Validation of Performance Improvement Projects.	The proposer should include the requirements in Section III.O.5. (a-o) in its response to the activities identified in Section II Scope of Work.
64	Page 37, Section III.O. Item 9	Is the Corporate Financial Condition, including the financial statements, a standalone document or part of the Cost Proposal?	The Corporate Financial Condition is a standalone document separate from the technical proposal.
65	Page 38, Section III.P. Item 4.c	Is there a preferred format to provide adequate budget detail and justification of costs?	See Addendum #8 Revised EQRO Cost Template and Addendum #8 Cost Template Instructions
66	Page 38, Section III.O. Item 10	Should the Cost Proposal include any other information, in addition to Attachment IV, Cost and Pricing Template?	See Addendum #8 Revised EQRO Cost Template and Addendum #8 Cost Template Instructions
67	Page 38, Section III.O. Item 10	Does Attachment IV, Cost and Pricing Template, need to be signed?	No
68	Page 15, Section II.B.1. Item b. vi.	Please define the deliverables for the assessment of systems information capabilities for CCN-Ps.	The requirement for assessing systems information capabilities for the CCN-Ps has been removed from the RFP.

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			See Addendum #6 Revisions to EQRO RFP Language
69	Page 15, Section II.B.1. Item vi.	Does this audit require an on-site component?	The requirement for assessing systems information capabilities for the CCN-Ps has been removed from the RFP. See Addendum #6 Revisions to EQRO RFP Language
70	Page 18, Section II.C.1. Item h	Please confirm whether the State anticipates conducting a full Encounter Data Validation study in the first year of contract given the start of the CCN-P program in August 2011.	The requirement for encounter data validation has been removed from the RFP. See Addendum #6 Revisions to EQRO RFP Language
71	Page 18, Section II.C.1. Item h.iv	For the medical record review component of the EDV activity, please describe any contract requirements that impact the procurement of records. a) Is there a minimum required timeframe for providers/CCN-Ps to submit medical records? b) Is there a preferred source for procuring identified medical records—i.e., directly from the providers' offices, or from the CCN-P? c) Is there a preferred method for procuring the identified medical records—i.e., direct submission electronically or hard copy, or by scanning onsite?	The requirement for encounter data validation has been removed from the RFP. See Addendum #6 Revisions to EQRO RFP Language
72	Page 18, Section II.C.1. Item h	Please define the encounter data validation outcomes DHH expects to	The requirement for encounter data validation has been

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		evaluate (e.g., date of service, diagnosis code, procedure code, revenue code)?	removed from the RFP. See Addendum #6 Revisions to EQRO RFP Language
73	Page 18, Section II.C.1. Item h	Does DHH have a specific expectation regarding the final sample size for the medical record component of the EDV activity? Are there specific sub-groups that DHH is expecting to be included in this review—e.g., stratified by age groups, etc.?	The requirement for encounter data validation has been removed from the RFP. See Addendum #6 Revisions to EQRO RFP Language
74	Page 18, Section II.C.1. Item h	Please define whether specific encounter types should be evaluated as part of the EDV administrative- and medical record-based reviews—e.g., outpatient, inpatient, pharmacy, etc.?	The requirement for encounter data validation has been removed from the RFP. See Addendum #6 Revisions to EQRO RFP Language
75	Page 18, Section II.C.1. Item h. iv	What data systems will be evaluated as part of the EDV study? Will the vendor be validating the DHH encounter data system, or the CCN-P encounter data system?	The requirement for encounter data validation has been removed from the RFP. See Addendum #6 Revisions to EQRO RFP Language
76	Page 18, Section II.C.1. Item h	Given that the CCN-P program will start in August 2011, when will DHH provide background information on its data systems and those of the CCN-P vendor?	The current projected “go live” date for the CCN-P Program is 1/1/12. The requirement for encounter data validation has been removed from the RFP. See Addendum #6 Revisions to EQRO RFP Language
77	Page 26, Section II.F.3.	Is the vendor expected interface with existing data systems (i.e., MMIS, DSS,	DHH will require that the EQRO contractor establish a secure FTP capability by which DHH and/or its FI contractor

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		<p>etc.) to facilitate the secure transfer of data? If so, please describe process and mechanisms (hardware and software) needed to establish connectivity.</p>	<p>and/or ULM may push quality and other data (as defined and authorized by DHH) to the contractor. DHH requests that this FTP capability utilize s-FTP (port 22, 256-bit encryption), and that the FI contractor and ULM be provided access, since they will be the entities that transmit data to the contractor.</p> <p>Transmission frequencies will be determined at the start of the contract, but it is anticipated that they will be conducted weekly.</p> <p>DHH requests that the EQRO contractor's FTP capability be made available on scheduled business days and nights, due to the fact that most of the FI contractor file transmissions will be conducted at night or early morning.</p>
78	Page 26, Section II.F.3.	<p>With regard to the secure transfer of files:</p> <ul style="list-style-type: none"> a) Does <i>securely transfer</i> imply placing files on an FTP site maintained by the State? b) Does the State maintain a secure FTP site, https transfer site, or are other mechanisms used to currently transmit files securely. If others, what process is being used? c) Who provides access to the State's current process for transferring files? How long does it take to receive access? What is the process to receive access? Are there limitations to the 	<p>Please see answer to question #77.</p>

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		<p>number of registrants?</p> <p>d) For the current process, are there connection restrictions—times of day, hours per day, number of connections?</p> <p>e) Are additional mechanisms (e.g., PGP) of encryption also in use and required? Are there requirements for additional software specific to the transfer required (e.g., third party vendor supplied or are there purchase and lease times required)?</p>	
79	Page 26, Section II.F.3.	Is there a requirement for HSAG to maintain an internal system capable of accepting secure transfers, and are there specifics to the type of protocols used?	Please see answer to question #77.
80	Page 26, Section II.F.3.	Please define the expected size of the data files to be exchanged between the state and vendors? Are there limits within the systems associated with file size? Are there any file transfers expected to exceed these limits?	File sizes will be determined at the start of the contract, but it is expected that they should not exceed 50 mega-bytes (50 MB).
81	Page 26, Section II.F.3.	What are the expected formats for the data files being exchanged? Does the State anticipate transferring HIPAA compliant and/or ANSI-based data files?	DHH does not anticipate transferring HIPAA-compliant files, because the EQRO contractor will be required to execute a BAA – Business Associate Agreement with DHH. DHH conducts file transfers using standard ANSI text files that may or may not be delimited.
82	Page 26, Section II.F.3.	What are the anticipated timelines for file submission?	Timelines for file transmission from the FI contractor to the EQRO contractor will be determined at the start of the

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			contract, but it is expected that they will occur weekly each Wednesday evening, if it is a business day; otherwise, the first business day following Wednesday.
83		Who is the current contractor for this work? If applicable, what is the value of the current contract?	There is no current contractor for this work.
84		What is the budget established by DHH for this scope of work?	The State has not had a previous EQRO contract; therefore, DHH is unable to give an approximate value of the contract.
85	Page 16, d	Validate Performance Measures Please clarify if the Contractor will be expected to validate all incentive-based measures, Level I and Level II measures or just some subset? If so, please specify the measures included within the subset for validation.	See answer to question #1.
86	Page 16, e	Monitor CCN Compliance Please confirm that the difference between the onsite and desk reviews listed in item b and those listed for this compliance activity (item e) is the topics for the standards being reviewed. To clarify, is the compliance review limited to the issue of access, structure, operations, and quality; whereas, does the onsite and desk review (item b) only include those non-overlapping items from the subjects listed in sections 17.2 and 19.7 of the CCN-S and CCN-P contracts (RPFs) respectively?	DHH recognizes the Annual Review referenced in item b. as part of the Compliance Review referenced in item e.
87	Page 22, 5a	Reporting Requirements	An example of an ad hoc report would be focus studies.

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Num.	RFP Ref. Section	Question	Answer
		Please provide an example of the types of ad hoc reports DHH may request.	
88	Page 26, F2	<p>Technical Requirements</p> <p>a. Please define DHH system(s)</p> <p>b. Do any of these systems require the contractor to pay for user license fees? If yes, how are the licenses priced?</p> <p>c. What connection methods are used for collaborating with DHH and the Fiscal Intermediaries?</p>	Please see answers to questions 77-82 above.
89	Page 29, L	<p>Payment Terms</p> <p>Are there any exceptions in the contract terms that would prevent the Contractor from submitting monthly billings for work in progress?</p>	There are no exceptions in the contract terms that would prevent the contractor from submitting monthly billings for work in progress.
90	Page 31, K-2	<p>Proposal Submission</p> <p>Since the Cost/Pricing proposal and audited financials must be submitted separately, is DHH requiring the proposer/bidder to submit the same number of copies as the technical proposal (1 original and 10 copies) or just 1 copy the Cost/Pricing proposal and 1 copy of the audited financials?</p>	The proposer shall submit 1 original hard copy, and should submit 1 electronic copy and 10 hard copies of the cost and pricing proposal. Only one (1) copy of audited financials shall be submitted.
91	Page 34, c-viii	<p>State tax id number</p> <p>Is it acceptable to the State for the Contractor to register for a State tax identification number following award of the contract?</p>	Yes, it is acceptable for the contractor to register for a State tax identification number following the award of the contract.

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Num.	RFP Ref. Section	Question	Answer
92	Page 34, d-iv, v, and vi	<p>Items that must be included with proposal:</p> <p>a. Can you please confirm what specifically is requested for inclusion with the proposal? Are samples or templates of these three reports (MLR Activities, Readiness Review Tracking, and Annual Review) requested?</p> <p>b. Please clarify which activity(ies) comprise the Annual Review for the tracking report?</p>	<p>a. The proposer must submit samples or templates for the Readiness Review Tracking Report. The MLR Activities Report requirement has been amended. There is no submission requirement for this report.</p> <p>b. DHH has removed the requirement for the Annual Review Tracking report. There is no submission requirement for this report.</p> <p>See Addendum #6 Revisions to EQRO RFP Language</p>
93	Page 37, 8.	<p>Additional Information</p> <p>Please provide an example of the type of policies and procedures manual you'd like presented with this proposal?</p>	<p>The proposer should include policies and procedure manuals that include organizational standards or ethical standards and any other standards relative to this contract.</p>
94	Page 38, 4c	<p>Cost Evaluation</p> <p>a. The Cost and Pricing Template does not provide a section for the budget detail. Please provide an example of the format and type of detail requested.</p> <p>b. A factor being used to evaluate cost is "reasonableness of cost based on economies of scale."</p> <p>The instructions state to provide pricing for one (1) CCN-P and one (1) CCN-S so how should the contractor demonstrate economies of scale?</p>	<p>Cost must be consistent with purpose and objectives. Budget breakdown is limited to expenses directly related to the scope of work.</p> <p>See Addendum #8 Revised EQRO Cost and Pricing Template and Addendum #8 Cost Template Instructions</p>

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Num.	RFP Ref. Section	Question	Answer
95	Page 41,8b	Certificate of Authority for foreign corporations: Is it acceptable to obtain the Certificate of Authority following the award of the contract?	Yes

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96		<p>Section II.C.k.i on page 19 briefly describes requirements for reviewing quality activities to be incorporated within the CCN-P's Medical Loss Ratio (MLR). Could DHH please provide additional discussion of this element of the Scope of Work? For example, is DHH expecting the results of an audit that examines the financial attribution of activities within the MLR, or an operational review of activities that the CCN-P considers quality activities to determine if they should be included within the MLR?</p> <p>The level of effort and complexity of these two approaches are quite different, and it would be most helpful if DHH could provide additional detail.</p>	<p>The CCN Medicaid Loss Ratio policy specifies activities that are clearly quality related. Others may be considered quality related if they meet certain criteria. The role of the EQRO will be to review initiatives that CCNs assert are quality related and make a written recommendation as to whether the criteria for classification of the expenditure as quality –related is met.</p> <p>Pages 5 and 6 of the MLR policy contain a listing of expenditures and activities that must not be classified as quality improving activities. # o states “Any function or activity not expressly included in paragraph (c) of this section, unless otherwise approved by and within the discretion of DHH, upon adequate showing by the CCN that the activity's costs support the definitions and purposes described above or otherwise support monitoring, measuring or reporting health care quality improvement.</p> <p>The role of the EQRO contractor will be to review such expenditures and activities along with the evidence presented by the CCN that the activity’s costs support the definitions and purposes described in the policy or otherwise support monitoring, measuring, or reporting health care quality improvement and making a written recommendation to DHH.</p> <p>The volume of such requests is not known.</p>

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