

Addendum #1

Questions and Answers

Third Party Liability (TPL) Services

Bureau of Health Services Financing

RFP # 3000015540

Proposal Due Date/Time: October 15, 2020, 11:59 p.m. CT

Question #	Document Reference	Section Number	Section Heading	Page Number in Referenced Document	Question	Response
1	RFP #3000015540	1.1.	Administrative and General Information	1	<i>Confirm that Vendor should provide other health insurance coverage on the entire Medicaid population regardless if it's FFS or MCO?</i>	Confirmed, Vendor should identify other health insurance coverage for the entire Medicaid population, including FFS and MCO.
2	RFP #3000015540	1.1.	Purpose	1	“Proposers are required to submit a single proposal containing an approach to support each component in Section 2. Scope of Work/Services.” <i>Section 1.8.2 does not include a proposal section for which the bidder is to include its responses to Scope of Work components in subsections 2.3 through 2.10. Will LDH please indicate in which section of the proposal the bidder is to provide its responses to the requirements included in these subsections?</i>	An Addendum will be published to revise Section 1.8.2 to reference the appropriate Proposal Table of Contents section for responding to Scope of Work Sections 2.3 through 2.10. Sections 2.7 and 2.8 do not require a response.

3	RFP #3000015540	1.1.;1.5; 2.3.1.	Purpose; Payment Definitions; Work Plan	1;4;43	<p>Section 1.1 Purpose, page 1 states that: “Proposers are required to submit a single proposal containing an approach to support each component in Section 2. Scope of Work/Services. The Proposer should address how they will execute all activities and provide all resources necessary to assist the State with integration of a complete TPL solution, using Agile implementation methodologies”</p> <p>Section 1.5 Payment Definitions, page 4 provides the following: “Agile - An umbrella term for a set of project management methodologies that helps teams provide quick responses to the unpredictable feedback they receive during a project. It creates opportunities to assess a project’s direction during the implementation and make necessary changes to support priority and value outcomes. Agile methodologies share an emphasis on small teams delivering incremental value with great frequency while working in close collaboration with the customer to adapt to changing requirements.”</p> <p>Section 2.3.1. Work Plan, page 43 states: “The Contractor shall develop a Work Plan for all deliverables noted herein within 30 calendar days from the date of execution of the contract. The Work Plan shall employ an iteration-based construct in support of the Agile implementation methodology. At a minimum the final work plan shall include:</p> <ul style="list-style-type: none">☑ Tasks associated with the Contractor’s establishment of a “project office” or similar organization with which the vendor shall manage TPL activities;☑ Itemization of activities that the Contractor shall undertake during the period between contract award and the implementation date. These activities shall have established deadlines and timeframes and as needed conform to the timelines established in this RFP;☑ Identification of staff that shall be responsible for each activity;☑ Identification of interdependencies between activities in the plan; and	
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				<p>☒ Identification of the defined roles and responsibilities for project stakeholders including Contractor staff, LDH staff, and OTS.”</p> <p>QUESTION: The context of these requirements all describe a project management approach/type/methodology that can support/emphasize Agile development principals. Is it correct to assume that if a vendor has an approach based on small teams which uses an incremental deliverable process, such as a ‘Waterfall Model’ (illustrated below), which is not technically called an Agile approach, will that approach model satisfy the requirements of this RFP? If not, is it the State’s intent to eliminate qualified vendors from bidding on this RFP due to the prescription of a single development methodology? This is particularly germane when a bidder is proposing the use of a COTS product where the development activity is more closely aligned with establishing the parameters of an application and has several clients using their product with different sets of requirements when version control is a high priority.</p>  <p>Waterfall Model</p> <p>(The waterfall model is a breakdown of project activities into linear sequential phases, where each phase depends on the deliverables of the previous one and corresponds to a specialization of tasks)</p>	<p>The State will only consider proposals which support an Agile implementation methodology.</p>
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4	RFP #3000015540	1.2.1.	Louisiana Department of Health	2	<i>Please specify how many Medicaid members currently have private health insurance for both MCO and FFS.</i>	As of 9/17 - 207,817 members have an active TPL policy on file. 57,015 of those members are in FFS and 150,802 are in managed care.
5	RFP #3000015540	1.6.	Schedule of Events	7	<i>When does LDH plan for this Contract to go live?</i>	Anticipated contract start date is 7/1/21
6	RFP #3000015540	1.7.	Electronic Submittal - Technical and Cost Proposals	7	<i>Are there any limits associated with the proposal submission upload process that the vendor needs to be aware of such as file type, number of files that can be uploaded, size of each file to be uploaded, character counts allowed in fields, etc.?</i>	There are no limits to the file type, number of files, or character counts allowed in fields. However, a single file can't be over 32 gigabytes and no more than 500 files can be uploaded at a time.
7	RFP #3000015540	1.7.	Electronic Submittal - Technical and Cost Proposals	8	<p>Section 1.7 Electronic Submittal - Technical and Cost Proposals, page 8, 4th bullet, states: “Proposer shall submit:</p> <ul style="list-style-type: none"> • One (1) electronic copy of the most recent two (2) years’ audited financial statements..” <p>Section 1.8.4 Company Background, Experience, and Staffing First paragraph states:</p> <p>“The Proposers should give a brief description of their company including brief history, corporate or organization structure, number of years in business, and copies of the most recent two (2) years’ financial statements, preferably audited.”</p> <p>Section 1.7 states that 2 years of audited financial statements are a required deliverable as a part of the vendor’s proposal submission based on the use of the term ‘shall’ taken in the context of Section 1.5 Payment Definitions. However, the language in Section 1.8.4 clearly states that audited financial statements are a preference rather than a requirement.</p> <p><i>Will the State accept 2 years of financial statements including tax filings that are functional equivalents to audited financial statements?</i></p>	The RFP request for the most recent two (2) years’ audited financial statements is a “mandatory requirement” as provided on page 8, in Section 1.7, Electronic Submittal – Technical and Cost Proposals, 4th bullet. An Addendum will be published to make the provisions regarding financial statements in Section 1.8.4 consistent with Section 1.7.

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8	RFP #3000015540	1.8.3.	Executive Summary	10	<p>“If the Proposer cannot comply with any of the contract terms, an explanation of each exception should be supplied. The Proposer should address the specific language in the Attachment C. Sample Contract and submit whatever exceptions or exact contract modifications that its firm may seek.” Will LDH accept a redlined version of the Attachment C Sample Contract document that includes an explanation for each suggested edit via the Comment function?</p>	<p>Yes. LDH will consider a redlined version of the sample contract, but will not be obligated to accept any of the modifications or revisions as part of the final contract negotiated between the parties.</p>
9	RFP #3000015540	1.8.3.1.	Overall Qualifications and Timeliness	10	<p>“The [Executive Summary] should describe the background and capabilities of the Proposer, give details on how the services will be provided, and shall include a breakdown of proposed costs.” Section 1.7 states that the cost proposal and financial statements shall be submitted separately from the technical proposal. Will LDH please specify the amount of detail regarding breakdown of proposed costs that it requires bidders to include in its Executive Summary section of the Technical proposal? Does LDH require a detailed description of proposed costs or will a high-level description of the bidder’s pricing methodology suffice?</p>	<p>An Addendum will be published to revise Section 1.7, removing the requirement to include a breakdown of proposed costs in the Executive Summary.</p>
10	RFP #3000015540	1.8.5.	Technical Approach	13	<p>How has LDH managed their MES Modernization project to this point (tools, software, etc.)?</p>	<p>Each module is managed separately in the manner most appropriate for that body of work. The Enrollment & Eligibility module, LaMEDS, is the only MES modernization project to date. Specific tools used for the LaMEDS implementation were: JIRA, JAMA, Bamboo, Github, and SharePoint. However, these same tools are not required for and may not necessarily be applicable for use in the implementation resulting from this procurement..</p>

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11	RFP #3000015540	1.8.5.	Technical Approach	13	<i>What is LDH's timing for CMS Certification?</i>	The state expects CMS certification to begin six months after implementation and should be completed within twelve months.
12	RFP #3000015540	1.8.5.	Technical Approach	13	<i>Is Pharmacy other health insurance coverage in the TPL master file as a type of coverage under the medical policy or it is a separate policy?</i>	We do accept scope of coverage 19 for drugs only in the event a member has pharmacy coverage not included in their medical coverage.
13	RFP #3000015540	1.8.5.	Technical Approach	13	<i>Are Pharmacy claims maintained in a separate Pharmacy system?</i>	Pharmacy claims are processed in a Point of Sale system, but are then submitted to the state's fiscal intermediary and stored in the same data warehouse as all other claims.

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14	RFP #3000015540	1.8.5.	Technical Approach	13	<p><i>Our understanding of the Enterprise Architecture (EA) is that while certain components are mandatory—Identity and Access Management (IAM) and Enterprise Service Bus (ESB)—other components are meant to be used as applicable to the solution, scope, and type of solution (custom versus COTS/SaaS).</i></p> <p><i>To allow all bidders the same understanding, please indicate which components require integration of services and solutions, such as IAM and ESB (including Managed File Transfer (MFT)) versus not applicable—Consumer Communications (CC), Business Rules Engine (BRE), Electronic Document Management System (EDMS), and Master Data Management (MDM). If LDH believes an EA component is required, please provide additional guidance on how the component is expected to be used and the role of the EA vendor in supporting the state side of integration.</i></p>	<p>Use of the API gateway, IAM, and ESB components are mandatory.</p> <ul style="list-style-type: none">• Application Programming Interface (API) - All applications or systems integrating into the EA must integrate into these components using only standard SOAP/REST APIs or connectors.• Identity Access Management (IAM) - All users, both internal and external, will be validated through a common security portal.• Enterprise Service Bus (ESB) - Applications will communicate through the ESB to access the other components using standardized SOAP or REST API calls. <p>Additional EA components should be used as applicable to services proposed by the responder. The EA vendor will support the EA platform and provide for standardization of other areas of the software development lifecycle (SDLC). The State provides tools for project management, requirements definition, risks, issues, and other project documentation and artifacts. Contractors must use these State provided tools as part of the project management lifecycle.</p>

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15	RFP #3000015540	1.8.5.	Technical Approach	13	<p>Section 1.8.5 Technical Approach, page 13, First bullet, <u>7th sub-bullet</u>, on page states the vendor needs to:</p> <p>“Provide any relevant information deemed appropriate for any proposed solution to include, at a minimum, the following components:</p> <ul style="list-style-type: none">o Description of how software meets the federal and State requirements for TPL and LaHIPP;o Discussion of functionality of the software;o Define approach to system and data security;o Identify areas of project risk and strategies to mitigate these risks;o Define the methodology to be used for system configuration;o Description of how the software converts and maintains base data from the current TPL Master Resource File and supports required reporting; ando Define strategy for application knowledge transfer to position the State to be self-sufficient after contract termination, if applicable.” <i>The language in this RFP is asking for a system and service solution during the term of the contract. Contract pricing is based on the provision of these items for a defined period of time. QUESTION: Please provide more information about the intent and likelihood of the State becoming self-sufficient after contract termination highlighting the contractual vehicle and pricing mechanism to be used should such action take place.</i>	<p>An addendum will be published to remove the following from the RFP:</p> <ul style="list-style-type: none">o Define strategy for application knowledge transfer to position the State to be self-sufficient after contract termination, if applicable.

16	RFP #3000015540	1.8.6.	Innovative Concepts	14	<p>“1.8.6 Innovative Concepts, page 14 states: “Proposer should include in their proposal innovative methods for providing the services as outlined in Section 2. Scope of Work/Services. Describe innovative approaches the Proposer uses to deliver projects and include examples of prior successes. Proposers are encouraged to include any additional deliverables that they consider a competitive advantage or innovation, including descriptions of the value these will bring to LDH. Deliverables above and beyond the minimum required will be considered by the scoring committee, with 5 points allocated in the technical scoring...” <i>Vendors often have a multitude of innovative approaches with deliverables not asked for in this RFP. However, these innovations often involve additional costs. The wording of this section implies that the only ‘benefit’ to the vendor for offering these innovations is a potential consideration by the scoring committee of an additional 5 points in the technical scoring. A vendor may have an innovative solution that increases the vendor’s price but provides a clear overall positive cost/benefit to the State. The RFP is asking the vendor to take the risk of including the solution with the associated higher cost with the hope that 5 potential technical points will offset the risk of submitting a higher price. With this type of risk attribute, it is likely that minimal noteworthy innovations or additional deliverables will be proposed by the vendor community. A potential way to balance this risk is to have the vendor propose the solution with a separate non-evaluated price. That way, the vendor is willing to present the innovation and the State can assess whether the cost/benefit of the solution merits the additional technical evaluation points. This approach does not penalize the vendor for presenting the innovation nor does it obligate the State into paying a higher price for something that they don’t see as providing substantive value.</i></p>	<p>The RFP language in Section 1.8.6 will not be modified by addendum. The RFP does not require that the cost of innovative concepts be included in the evaluated cost, only that the proposer describe innovative methods of which the State may want to take advantage.</p>
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					<i>QUESTION: Will the State consider modifying this RFP section to balance the risk profile to the vendor with an innovative solution so that there is not a price evaluation penalty to providing what could be a solution that is advantageous and useful to the State?</i>	
17	RFP #3000015540	1.8.10	Cost Proposal	17	<p>“Proposal shall include all anticipated costs of successful implementation and operations of all requirements in Section 2. Scope of Work/ Services. Proposers shall submit the cost proposal breakdown in the format provided in Attachment F. Cost Worksheet for each year of the contract to demonstrate how cost was determined.”</p> <p><i>In order to further demonstrate how proposed cost was determined, may the bidder include a narrative description of its cost structure in its Cost submission?</i></p>	Yes. Proposer may include a narrative description of its cost structure within its cost proposal. The narrative description will not replace, but rather support Proposer’s costs, as detailed in the Cost Worksheet of the RFP, identified as Attachment F.
18	RFP #3000015540	1.8.12.	Outsourcing of Key Internal Controls	17	<p><i>For Security Audit reports, we usually provide clients with a SOC 2 Type 2 report, which is similar to SSAE18. Will the State please allow the SOC2 Type 2 report to meet this requirement?</i></p>	Yes, the State will accept a SOC2 (or SOC2 type 2) report as long as the assessment performed was within the previous 14 months.

19	RFP #3000015540	1.10.3.	Procurement Library/Resources Available to Proposer	19	<p>1.10.3. Procurement Library/Resources Available to Proposer, page 19, states: “Relevant material related to this RFP will be posted at the following web address: http://new.dhh.louisiana.gov/index.cfm/newsroom/category/47” An attempt to view these support materials results in a link back to the list of published Louisiana RFP documents. Request: Please populate this link with operational statistics that will assist the vendor in preparing their response. Items to be included are, but are not limited to, detailed Call Center statistics, sample monthly management reports on all operational metrics, number of policies added per month for the past three years, etc. Also, in the interest of fair play, since the question deadline will likely pass before relevant content can be adequately absorbed by non-incumbent vendors, please provide an opportunity for vendors to ask more questions about (and ONLY about) the content for anything added to this library after 9/8/2020. QUESTION: As a result of the information provided above will the State provide an opportunity for vendors to ask more questions about (and ONLY about) the content for anything added to this library after 9/8/2020?</p>	<p>An additional question and answer period will not be provided.</p> <p>Operational statistics are provided below:</p> <p>This information is not available broken down further by LDH, Provider, and MCOs. The table below states the volume of requests received on a monthly basis for LDH, Providers, and MCOs.</p> <table><tr><th>FY19 Month</th><th>Updates/Additions</th></tr><tr><td>July</td><td>108,771</td></tr><tr><td>August</td><td>49,246</td></tr><tr><td>September</td><td>12,138</td></tr><tr><td>October</td><td>57,824</td></tr><tr><td>November</td><td>14,379</td></tr><tr><td>December</td><td>11,530</td></tr><tr><td>January</td><td>106,227</td></tr><tr><td>February</td><td>14,851</td></tr><tr><td>March</td><td>26,357</td></tr><tr><td>April</td><td>47,775</td></tr><tr><td>May</td><td>95,940</td></tr><tr><td>June</td><td>29,621</td></tr><tr><td>TOTALS:</td><td>574,659</td></tr></table> <p>The average file size (in MB) for Medicaid, Other Health Insurance, and HIPP are listed below.</p> <p>Medicaid (from HMS): 1203 KB LaHIPP: 27 KB Other Health Ins (ACLA): 206 KB Other Health Ins (UHC): 825 KB,</p> <p>The recovery information for the past five years is not available by claim type for Medical, Dental, and Pharmacy billings. The information below is recovery dollars for all claim types.</p> <p>SFY 16: \$9,647,516.52 SFY 17: \$10,013,911.64 SFY 18: \$4,381,272.95 SFY 19: \$10,976,584.24</p>	FY19 Month	Updates/Additions	July	108,771	August	49,246	September	12,138	October	57,824	November	14,379	December	11,530	January	106,227	February	14,851	March	26,357	April	47,775	May	95,940	June	29,621	TOTALS:	574,659
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						<p>SFY 20: \$112, 000,000.00, The average number of paid claims adjudicated per month for FFS through MMIS is listed as follows: Original, paid FFS claims only - average calculated across August 2018 to January 2020: 10.9m claims and encounters per month, The top 10 health insurance carriers that LDH’s current vendor is billing for in Louisiana along with the number of reclamation claims and the dollars recovered from each carrier is listed below.</p> <table><tr><th>Commercial Carrier</th><th>Number of Reclamation Claims Billed per Carrier</th><th>Amount Paid</th></tr><tr><td>UNITED HEALTHCARE</td><td>114K</td><td>\$1.7M</td></tr><tr><td>BCBS LOUISIANA</td><td>283K</td><td>\$1.7M</td></tr><tr><td>BCBS TEXAS</td><td>61K</td><td>\$1.4M</td></tr><tr><td>MEDCO HEALTH</td><td>83K</td><td>\$800K</td></tr><tr><td>ARGUS</td><td>39K</td><td>\$800K</td></tr><tr><td>PRESCRIPTION SOLUTIONS</td><td>124K</td><td>\$600K</td></tr><tr><td>MEDIMPACT</td><td>30K</td><td>\$500K</td></tr><tr><td>CAREMARK/APM</td><td>70K</td><td>\$500K</td></tr><tr><td>BCBS ILLINOIS</td><td>20K</td><td>\$400K</td></tr></table> <p>All carriers above accept electronic claims.</p>	Commercial Carrier	Number of Reclamation Claims Billed per Carrier	Amount Paid	UNITED HEALTHCARE	114K	\$1.7M	BCBS LOUISIANA	283K	\$1.7M	BCBS TEXAS	61K	\$1.4M	MEDCO HEALTH	83K	\$800K	ARGUS	39K	\$800K	PRESCRIPTION SOLUTIONS	124K	\$600K	MEDIMPACT	30K	\$500K	CAREMARK/APM	70K	\$500K	BCBS ILLINOIS	20K	\$400K
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						<p>The current vendor’s top five denial reasons in Louisiana for reclamation claims are listed below.</p> <p>Note: There are only four denial reasons received on adjustments/voids:</p> <p>714 HMA ADJ DEN NEG AMT</p> <p>797 DUP ADJ. RECORD</p> <p>798 HIST ALREADY ADJUSTED</p> <p>799 NO ADJ HISTORY,</p> <p>The average number of reclamation claims billed per month are listed below.</p> <p>Avg. Claims Billed by Month for SFY20 Medical = 130K, RX = 50K,</p> <p>The current users that are anticipated to access the Coordination of Benefit Portal (COB) is listed below.</p> <p>The current COB portal interfaces with the eligibility portal; therefore, all LDH Medicaid Analysts have access. The anticipated number of access to the COB portal is approximately 1,000.</p> <p>The recovery dollars for the last five years for credit balance is listed below.</p>
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						<p>Total Recoveries for CBA from SFY 2016 to SFY 2020 = \$1M</p> <p>The top five reasons for credit balance audit findings found by LDH's current vendor are as follows:</p> <p>There are four reasons for credit balance audit findings.</p> <ul style="list-style-type: none">1. Adjusted Bill Amounts;2. Commercial Other Payments;3. Duplicate payments; and4. Other. <p>The LaHIPP premium reimbursement method and percentage are listed below.</p> <p>LaHIPP premium reimbursement utilized both EFT and paper check. As of 4/1/20, 58.5% EFT payments and 41.5% paper checks were disbursed.</p> <p>The designated type of payments and number are listed below.</p> <p>As of 4/1/20, 245 EFT payments and 174 paper checks were disbursed.</p> <p>The average number of call from the Call Center is listed below.</p>
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						Call center data is not separated by call type. Average monthly calls to the call center for SFY19: 2,016.
20	RFP #3000015540	1.25.	Contract Award and Execution	24	<i>Does LDH intend to award the scope of work to more than one vendor?</i>	No. The contract will be awarded to a single vendor.
21	RFP #3000015540	1.28.2.4.	Automobile Liability	27	"Such insurance shall cover the use of any non-licensed motor vehicles engaged in operations within the terms of the contract on the site of the work to be performed thereunder, unless such coverage is included in insurance elsewhere specified." <i>Will LDH please provide more detailed information to clarify this provision? If this requirement is not applicable, will LDH please remove this requirement from the RFP?</i>	This requirement will be removed by addendum.
22	RFP #3000015540	1.28.4.1	Insurance Covering Special Hazards	27	"Special hazards as determined by the Department shall be covered by rider or riders in the Commercial General Liability Insurance Policy or policies herein elsewhere required to be furnished by the Contractor, or by separate policies of insurance in the amounts as defined in any Special Conditions of the contract included therewith." <i>Il LDH please provide more detailed information to either clarify this requirement and, if not applicable, remove the requirement from the RFP? There are no Special Conditions in the contract provided.</i>	This requirement will be removed by addendum.

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23	RFP #3000015540	1.30.	Payment	31	Section 1.30 Payment, page 31, First paragraph states: “A retainage fee of ten percent (10%) shall be withheld from each approved invoice pending successful completion of the contract. Upon satisfactory completion of all tasks contained in the Scope of Work/ Services, retained funds will be paid.” <i>QUESTIONS: Is it safe to assume that the retainage fee is only applicable during the system implementation phase of the contract? If not, please explain how this will work during the operational phase of the contract. Specifically, how or when will the retainage fee be paid to the contractor after a given monthly invoice for operational services?</i>	Retainage will be withheld from each invoice during the entire duration of the contract. Retainage is paid to the contractor annually. An Addendum will be published to revise Section 1.30.																												
24	RFP #3000015540	2.1.1.	Cost Avoidance	37	“Include as a part of their TPL Master Resource File submission any verified TPL information submitted to the Contractor by LDH, Providers, MCOs, or other LDH-approved sources within five (5) business days. Contractor shall be required to verify the validity of all data submitted directly to the Contractor by LDH, Providers, MCOs or other LDH approved sources.” <i>What is the volume of requests received on a monthly basis for LDH, Providers, and MCOs?</i>	<div>This information is not available broken down further by LDH, Provider, and MCOs. This information is only available at a cumulative level only, not broken out as submitted to Contractor by LDH, Providers, and MCOs.</div> <table><tr><th>FY19 Month</th><th>Updates/Additions</th></tr><tr><td>July</td><td>108,771</td></tr><tr><td>August</td><td>49,246</td></tr><tr><td>September</td><td>12,138</td></tr><tr><td>October</td><td>57,824</td></tr><tr><td>November</td><td>14,379</td></tr><tr><td>December</td><td>11,530</td></tr><tr><td>January</td><td>106,227</td></tr><tr><td>February</td><td>14,851</td></tr><tr><td>March</td><td>26,357</td></tr><tr><td>April</td><td>47,775</td></tr><tr><td>May</td><td>95,940</td></tr><tr><td>June</td><td>29,621</td></tr><tr><td>TOTALS:</td><td>574,659</td></tr></table>	FY19 Month	Updates/Additions	July	108,771	August	49,246	September	12,138	October	57,824	November	14,379	December	11,530	January	106,227	February	14,851	March	26,357	April	47,775	May	95,940	June	29,621	TOTALS:	574,659
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25	RFP #3000015540	2.1.1.	Cost Avoidance	37	<i>Please specify what LDH has reported as cost savings (avoidance) in dollars for the past five years.</i>	LDH does not report on cost savings (avoidance).																												

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26	RFP #3000015540	2.1.1.	Cost Avoidance	37	<p><i>First bullet states that the vendor needs to establish a link to: “Defense Enrollment Eligibility Reporting System (DEERS) – The Contractor will conduct an annual electronic data match with the Defense Enrollment Eligibility Reporting System (DEERS) in accordance with the date and file formatting required by DEERS. The DEERS online data system shall be used in conjunction with the annual file.” Our experience has been that the Department of Defense (DoD) no longer provides this interface to State Medicaid agencies. Does the State of Louisiana have an ability to continue to have access to the DEERS file? If so, please describe the nature of the access. If not, please explain what the State’s expectations are regarding this requirement since the DoD no longer participates in this process.</i></p>	<p>There is currently an ongoing discussion with TriCare, CMS and the States to re-establish this link. DoD has expressed some concerns. Some states are participating in a monthly call with CMS and our peers in other states. This has been an agenda item and will continue to be an agenda item until the issue is resolved with DoD and the States can receive the information needed to process TPL recoveries through DoD’s carrier.</p>
27	RFP #3000015540	2.1.1.	RFP #3000015540	38	<p>“Identify and verify third party insurance coverage for the Medicaid enrollees on the TPL Master Resource File within five (5) business days of receipt of the file delivered from LDH or its authorized representative.” <i>Will LDH please confirm whether the 5-business day turn-around time is specific to the work completed in the TPR unit or for all new Medicaid enrollees sent on the resource file?</i></p>	<p>The requirement applies to all Medicaid enrollees on the TPL Master Resource File. The proposer should describe how they will perform the work and identify the process, including any distinction between existing and new Medicaid enrollees, if applicable.</p>
28	RFP #3000015540	2.1.1.	Cost Avoidance	38	<p>“Successfully submit a nightly file to the LDH fiscal intermediary (FI) and any identified LDH partners containing any updates, changes or additions to the TPL Master Resource file utilizing SFTP.” <i>Will the State please further clarify “any identified LDH partners” and provide examples that may be considered?</i></p>	<p>Current TPL contractor sends work-night updates/additions to DXC, the LDH fiscal intermediary. DXC updates MMIS files with the information, and distributes updates/additions to LDH partners, namely the five HLA MCO plans and the DBPM plan. DXC sends TPL data on a monthly basis to the following LDH partners: LLA, Myers & Stauffer, Mercer, Qlarant.</p>

Question #	Document Reference	Section Number	Section Heading	Page Number in Referenced Document	Question	Response
29	RFP #3000015540	2.1.1.	Cost Avoidance	38	<i>Please clarify at what point the five business days begin for verifying all other health insurance information submitted to the contractor by LDH providers, MCOs, or other LDH-approved sources.</i>	The day of receipt is Day 0. The first business day following receipt is Day 1.
30	RFP #3000015540	2.1.1.	Cost Avoidance	38	<i>Please specify the average file size (in MB) for Medicaid, Other Health Insurance, and HIPA.</i>	Medicaid (from HMS): 1203 KB LaHIPA: 27 KB Other Health Ins (ACLA): 206 KB Other Health Ins (UHC): 825 KB
31	RFP #3000015540	2.1.2.	Post Payment Recovery/Health Insurance Billing and Recovery	39	<i>Please provide recovery dollars for the last five years for each claim type: Medical, Dental, and Pharmacy billing.</i>	Recovery information is not available by claim type. Information below is recovery dollars for all claim types. SFY 16: \$9,647,516.52 SFY 17: \$10,013,911.64 SFY 18: \$4,381,272.95 SFY 19: \$10,976,584.24 SFY 20: \$11,200,000.00
32	RFP #3000015540	2.1.2.	Post Payment Recovery/Health Insurance Billing and Recovery	39	<i>Please provide the average number of paid claims adjudicated per month for FFS through MMIS.</i>	Original, paid FFS claims only - average calculated across August 2018 to January 2020: 10.9m claims and encounters per month

Question #	Document Reference	Section Number	Section Heading	Page Number in Referenced Document	Question	Response		
33	RFP #3000015540	2.1.2.	Post Payment Recovery/Health Insurance Billing and Recovery	39	Please provide a list of the top 10 health insurance carriers that your current vendor is billing in Louisiana, number of reclamation claims billed to each carrier, and dollars recovered from each carrier. Of the top 10 carriers, please specify which ones are accepting electronic claims versus paper claims.			
						All carriers below accept electronic claims.		
						Commercial Carrier	Number of Reclamation Claims Billed per Carrier	Amount Paid
						UNITED HEALTHCARE	114K	\$1.7M
						BCBS LOUISIANA	283K	\$1.7M
						BCBS TEXAS	61K	\$1.4M
						MEDCO HEALTH	83K	\$800K
						ARGUS	39K	\$800K
						PRESCRIPTION SOLUTIONS	124K	\$600K
						MEDIMPACT	30K	\$500K
						CAREMARK/APM	70K	\$500K
						BCBS ILLINOIS	20K	\$400K
34	RFP #3000015540	2.1.2.	Post Payment Recovery/Health Insurance Billing and Recovery	39	Please specify Louisiana's top five denial reasons for reclamation claims for the current vendor.	There are only four denial reasons received on adjustments/voids:		
						714 HMA ADJ DEN NEG AMT		
						797 DUP ADJ. RECORD		
						798 HIST ALREADY ADJSTED		
						799 NO ADJ HISTORY		

Question #	Document Reference	Section Number	Section Heading	Page Number in Referenced Document	Question	Response
35	RFP #3000015540	2.1.2.	Post Payment Recovery/Health Insurance Billing and Recovery	39	<i>Please provide the average number of reclamation claims billed per month by claim type by the current contractor.</i>	Avg. Claims Billed by Month for SFY20 Medical = 130K, RX = 50K
36	RFP #3000015540	2.1.2.	Post Payment Recovery/Health Insurance Billing and Recovery	39	<i>Please specify if the current vendor performed any special billing projects that resulted in a recovery spike in the past two years. If yes, please list the types of projects.</i>	MCO Come Behind Project. MCOs have one year from the service date of the claim to recoup any payments made for that member that should be covered by the private insurance. After the one-year time frame, LDH, through its contractor HMS, can pursue the recovery. The MCO Come Behind process totaled \$9.9m in recoveries for SFY20.
37	RFP #3000015540	2.1.2.	Post Payment Recovery/Health Insurance Billing and Recovery	39	<i>Please provide a list of any carrier settlements for the past three years.</i>	BlueCross Blue Shield Settlement Reimbursement for Medicaid Claims – LDH and BCBSLA agreed to reconcile and resolve any and all actual and potential medical claims incurred by beneficiaries under the Medicaid program from January 1, 2014 through December 31, 2016, which beneficiaries also had primary medical coverage insured or administered by BCBSLA during this time period.
38	RFP #3000015540	2.1.3.	Coordination of Benefit Portal	39	<i>Please provide number of current users that currently access or the number anticipated to access the Coordination of Benefit Portal? Will a State or external user access the portal?</i>	The current COB portal interfaces with the eligibility portal, therefore all LDH Medicaid Analysts have access. The anticipated number of access to the COB portal is approximately 1,000.

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39	RFP #3000015540	2.1.4.	Crowd Out Reporting	40	<p>“Crowd out is defined as when the presence of public insurance causes someone with private insurance to drop their private insurance in lieu of public coverage. Contractor shall provide data and reporting relative to crowd out in a format and with specified content as approved by LDH prior to first report submission. Reporting frequency and submission date(s) will be mutually determined by LDH and the Contractor. The data match methodology used in running the crowd out reports must include an evaluation of TPL data for a period of 180 days prior to Medicaid enrollment.” <i>QUESTION: Please provide additional information regarding how the resulting report is to be used so the vendor’s bid is more responsive to the State’s needs.</i></p>	The report will be provided to the Louisiana Legislature.
40	RFP #3000015540	2.1.4.	Crowd Out Reporting	40	<p>“Crowd out is defined as when the presence of public insurance causes someone with private insurance to drop their private insurance in lieu of public coverage. Contractor shall provide data and reporting relative to crowd out in a format and with specified content as approved by LDH prior to first report submission. Reporting frequency and submission date(s) will be mutually determined by LDH and the Contractor. The data match methodology used in running the crowd out reports must include an evaluation of TPL data for a period of 180 days prior to Medicaid enrollment.” <i>Please provide additional information regarding the ‘specified content’ referred to in this requirement. As written, it is not clear what data is required for this report. Is this reporting currently being done? If so, please provide or provide access to the last 3 occurrences of the report(s).</i></p>	This report is not currently in production and details are not currently available. If this report is utilized by LDH in the future, the report will be defined and used to fulfill the requirements of Louisiana HCR 57.

Question #	Document Reference	Section Number	Section Heading	Page Number in Referenced Document	Question	Response
41	RFP #3000015540	2.1.4.	Crowd Out Reporting	40	“Contractor shall provide data and reporting relative to crowd out in a format and with specified content as approved by LDH prior to first report submission. Reporting frequency and submission date(s) will be mutually determined by LDH and the Contractor.” <i>Will LDH please provide the anticipated reporting frequency?</i>	Crowd Out reporting frequency is anticipated to be quarterly.
42	RFP #3000015540	2.1.5.	Come Behind Billing and Recovery	40	2.1.5. Come Behind Billing and Recovery, page 40, states: “Managed Care Organizations contracted with Louisiana Medicaid have three hundred sixty-five (365) calendar days from the date of claim submission to collect from liable third parties. The “come behind” process is defined as collections performed for MCO enrollees after the three hundred sixty-five (365) calendar day period for MCOs to collect has elapsed. The Contractor shall develop and implement a “come behind” billing and recovery program for LDH within ninety (90) days from contract start date.” <i>QUESTION: Please verify that the 365 days begins on the date of claim submission (not date of service) and clarify how the vendor will be made aware of the expired MCO timeframe.</i>	The current contract is 365 days which begins from the claim's date of service. Claim level information is shared with the TPL vendor for recovery purposes, the TPL vendor would be expected to calculate 365 days from the claim's date of service and verify that no TPL recovery has been made in order to pursue the recovery.
43	RFP #3000015540	2.1.5.	Come Behind Billing and Recovery	40	How do the MCO’s communication with the state about the claims that have pursued for recovery? Do you get a detailed claims recovery file and a summary report?	The MCOs are required to provide a monthly billing file which indicates the claims they have pursued recovery on.
44	RFP #3000015540	2.1.6.	Credit Balance Audit Process	40	<i>Please provide recovery dollars for the last five years for credit balance.</i>	Total Recoveries for CBA from SFY 2016 to SFY 2020 = \$1M
45	RFP #3000015540	2.1.6.	Credit Balance Audit Process	40	<i>Please specify the top five reasons for credit balance audit findings found by LDH's current vendor.</i>	There are four reasons for credit balance audit findings, which are: 1. Adjusted Bill Amounts; 2. Commercial Other Payments; 3. Duplicate payments; and 4. Other.

Question #	Document Reference	Section Number	Section Heading	Page Number in Referenced Document	Question	Response
46	RFP #3000015540	2.1.7.	Louisiana's Health Insurance Premium Payment Program (LaHIPP)	40	"LaHIPP is a Louisiana Medicaid Health Insurance Premium Payment program that subsidizes the cost of private health insurance when deemed cost effective by the State." Does LDH intend to convert any historical case information (excluding active cases) from the existing case tracking system to the Contractor's case tracking system?	Yes, LDH does intend to convert data from the existing system to the Contractor's case tracking system.
47	RFP #3000015540	2.1.7.	Louisiana's Health Insurance Premium Payment Program (LaHIPP)	40	Please confirm if LDH is looking to eliminate the paper process in LaHIPP completely and move to an online application process.	LDH does not intend to eliminate the paper process. The online process would be in addition to the paper process.
48	RFP #3000015540	2.1.7.	Louisiana's Health Insurance Premium Payment Program (LaHIPP)	40	"Identify and perform outreach to potential LaHIPP clients as directed by LDH or their representative." Will LDH provide the Contractor with a Referral File of leads that may qualify for the LaHIPP program or does LDH prefer that the Contractor create a process to identify potential leads for the program?	LDH will provide a referral file of leads that may qualify for the LaHIPP program.
49	RFP #3000015540	2.1.7.	Louisiana's Health Insurance Premium Payment Program (LaHIPP)	41	"Perform monthly reconciliation of LaHIPP payment data from the Contractor's approved LaHIPP case management system to LDH system. Reconciliation should include outstanding payments, voids, stop payments, reissues, stale dated checks and cleared payments." Will LDH prefer to use a bank account owned and operated by the Contractor or will LDH use a bank account owned and operated by the State? If the bank account will be owned and operated by the State, will the Contractor be provided with the necessary reports in order to perform the reconciliation process described in this section?	The bank account will be owned and operated by the State. The Contractor will be provided with the necessary reports in order to perform the reconciliation process.

Question #	Document Reference	Section Number	Section Heading	Page Number in Referenced Document	Question	Response
50	RFP #3000015540	2.1.7.	Louisiana's Health Insurance Premium Payment Program (LaHIPP)	41	"Accurately generate LaHIPP payments to the correct payee 99% of the time per check write." Will LDH allow LaHIPP program members to receive their HIPP reimbursement check via direct deposit?	LaHIPP premium reimbursement utilizes both EFT and paper check.
51	RFP #3000015540	2.1.7.	Louisiana's Health Insurance Premium Payment Program (LaHIPP)	41	"Accurately generate LaHIPP payments to the correct payee 99% of the time per check write." Will LDH please confirm that all HIPP reimbursements will be made directly to the policyholder of the Employer Sponsored Insurance (ESI)?	Reimbursements are made directly to the policyholder.
52	RFP #3000015540	2.1.7.	Louisiana's Health Insurance Premium Payment Program (LaHIPP)	41	Please confirm that the LaHIPP online web application will be authenticated via the enterprise architecture SSO solution.	Confirmed, the intention is for the LaHIPP online web application to utilize the State's Enterprise Architecture SSO solution.
53	RFP #3000015540	2.1.7.	Louisiana's Health Insurance Premium Payment Program (LaHIPP)	41	Please clarify if the LaHIPP premium reimbursement method is paper or EFT. If it is a mix, please specify what percentage is EFT and what percentage is paper.	LaHIPP premium reimbursement utilized both EFT and paper check. As of 4/1/20, 58.5% EFT payments and 41.5% paper checks were disbursed.

Question #	Document Reference	Section Number	Section Heading	Page Number in Referenced Document	Question	Response
54	RFP #3000015540	2.1.7.	Louisiana's Health Insurance Premium Payment Program (LaHIPP)	41	<i>Please clarify how many payments are made through direct deposit or through check.</i>	As of 4/1/20, 245 EFT payments and 174 paper checks were disbursed.
55	RFP #3000015540	2.1.7.	Louisiana's Health Insurance Premium Payment Program (LaHIPP)	41	<i>Please clarify if the contractor would integrate with the State's Image Management System for storing/online retrieving.</i>	Integration with the State's Image Management System is not required at this time.
56	RFP #3000015540	2.2.1.	Call Center	41	<i>Please specify how many calls, on average, are received each month. Please break out calls volume by Medicaid recovery, cost avoidance, file maintenance, and LaHIPP.</i>	Call center data is not separated by call type. Average monthly calls to the call center for SFY19: 2,016.
57	RFP #3000015540	2.2.1.	Call Center	41	"Respond within one (1) business day to recipient, provider, attorney, employer and insurance carrier questions, inquires and resolve TPL concerns for the LDH Medicaid programs." <i>Will LDH please clarify if one the one business day requirement applies to acknowledge the incoming call, email, or fax or if the requirement applies to the resolution of TPL concerns through updates to the Medicaid Enterprise System? RFP Section 2.9.4 indicates 5 business days for non-urgent resolution.</i>	The one business day applies to acknowledging receipt of the inquiry.
58	RFP #3000015540	2.2.2.	TPL Provider Relations Services	42	<i>Please clarify if providers will sign on to this portal with the State's SSO. The contractor will need the provider's sign-up process to gather provider information for communication.</i>	Contractor user accounts will be required to be managed by the State's SSO for state worker.

Question #	Document Reference	Section Number	Section Heading	Page Number in Referenced Document	Question	Response
59	RFP #3000015540	2.2.2.	TPL Provider Relations Services	42	<i>Please provide number of current users that currently access or the number anticipated to the TPL Provider Relations web-based?</i>	As of December 2019, the Provider Portal has 97 users.
60	RFP #3000015540	2.2.2.	TPL Provider Relations Services	42	<i>Please provide when information on requirements or when the information will be made available in the procurement library.</i>	All requirements can be found within this RFP. At this time, we do not intend to provide any supplemental information via the procurement library.
61	RFP #3000015540	2.3.2.	Quality Assurance Plan	44	<i>Will LDH please provide the submission deadline for the Quality Assurance Plan?</i>	The Quality Assurance Plan is due within 30 calendar days of contract execution with the Awarded Vendor. An addendum will be published to specify this requirement.
62	RFP #3000015540	2.3.3.	Risk Management Plan	44	“The Contractor shall develop and submit a final risk management plan to LDH within sixty (60) calendar days from the date of execution of the contract. The final risk management plan is to be approved by LDH prior to implementation by the Contractor and shall, at a minimum, address any potential implementation risks including but not limited to the following: • Delays in building the appropriate organization, inclusive of delays in hiring and training staff required to operate contract components resulting from this RFP; • Delays in construction and or acquisition of office space and the delivery of office equipment for staff required to operate contract components resulting from this RFP;” <i>QUESTION: Does this imply that the State is expecting that the successful vendor will have office space in Louisiana?</i>	No, there is not an expectation that the successful vendor have office space in Louisiana. An addendum will be published to remove this requirement.

Question #	Document Reference	Section Number	Section Heading	Page Number in Referenced Document	Question	Response
63	RFP #3000015540	2.3.6.	Project Reporting	46-47	<p>“The Contractor shall work with LDH and agree to the required timelines for the delivery of all reporting requirements. Although LDH has indicated the reports that are required, the Contractor may suggest additional reports. LDH also reserves the right to require additional reports beyond what is included in this document. If LDH requests additional reports, the Contractor shall be required to provide those reports within forty-five (45) business days of LDH’s request. All report contents and formats must be approved by LDH and are not considered final until LDH approval has been formally received.” <i>QUESTION: Please provide information on how a vendor would be reimbursed for report development/delivery that are not part of the contract.</i></p>	<p>Any future requests by LDH for additional reports as related to the scope of services are considered an administrative function of Contractor in providing the services and shall not be reimbursed by the Department.</p>

Question #	Document Reference	Section Number	Section Heading	Page Number in Referenced Document	Question	Response
64	RFP #3000015540	2.6.1.	LDH Requirements	49; 4th Bullet	<p>2.6.1. LDH Requirements, page 49, states: LDH will:</p> <ul style="list-style-type: none"> • Provide standards to connect to the Enterprise Architecture managed by the Office of Technology Services (OTS); • Act as coordinator and primary Point of Contact between the Contractor, the LDH Fiscal Intermediary, and the Office of Technology Services (OTS); • Provide information to support the Contractor required activities, including but not limited to, the following: <ul style="list-style-type: none"> o Access to support enforcement data in a format and medium determined by DCFS and Contractor; o Access to SSA information in a format and medium determined by LDH and Contractor; o Access to Louisiana Medicaid Management Information Systems (LMMIS) and to any files which LDH determines necessary for the fulfillment of the contract; and o Access to the Louisiana Title XIX State Plan, including amendments hereto as published, and copies of administrative regulations, as necessary, under which the Louisiana Title XIX State Plan is to be operated. • Provide copies of the Medicaid enrollee file, the TPL Master Resource File, the provider file, and the adjudicated claims history file on, at a minimum, a monthly basis through LDH's Fiscal Intermediary (FI); <p><i>QUESTION: In answering our question – will the State provide all file layouts for all files that the vendor will receive in the answer to our question? Also, please provide file layouts for all files required of the vendor.</i></p>	The State will provide the awarded vendor all file layouts for all files required.

Question #	Document Reference	Section Number	Section Heading	Page Number in Referenced Document	Question	Response
65	RFP #3000015540	2.6.2.	Outcomes Based Certification	50	<p>“LDH is partnering with CMS through a pilot project to develop the standards for Outcomes Based Certification of individual modules, including this TPL Module. Additional information regarding outcomes based certification standards will be provided following contract award.” <i>QUESTIONS: Other than acknowledgement of the statement, is there any expectation for the vendor to respond to this requirement? If so, please describe. Also, is it correct to assume that any additional cost impact on the vendor for this pilot project will be negotiated with the State? If not, please explain how the vendor’s price can properly account for an unknown and unknowable event not in the vendor’s control.</i></p>	There is no expectation for the vendor to respond to this statement. The outcomes based certification will replace traditional certification .
66	RFP #3000015540	2.6.2.	Outcomes Based Certification	50	<p><i>Should the vendor plan and price for a traditional based certification process or an outcome-based certification process?</i></p>	Outcomes-based certification will replace traditional certification for all Medicaid Enterprise System modules.
67	RFP #3000015540	2.9.3.	Performance Incentives	52	<p>“The Department will consider proposals from the Proposer for financial performance incentives specific to increasing year-over-year pay and chase and cost recovery balances by specific percentages. The Department is not obligated to include performance incentives in any negotiated contract awarded for this RFP. Proposer is encouraged to show cost benefit to the State in any innovative approaches. Proposer is not required to submit performance incentive approach(es). If none, so state.” <i>QUESTION: Would the State also consider incentives around increases in cost avoidance results (cost avoidance being more beneficial to the State).</i></p>	Yes. Although not a part of the evaluation process, the State will consider cost avoidance results to the department as suggested by a proposer. An addendum will be published to add this provision to Section 2.9.3.
68	RFP #3000015540	Attachment F	Cost Worksheet	73	<p><i>Will the State consider a cost structure proposed by the bidder that breaks out implementation costs? Upon certification, the State would receive a 90% match for all implementation costs associated with the TPL module.</i></p>	No
69	RFP #3000015540	Attachment F	Cost Worksheet	73	<p><i>Will the State accept a tiered fixed-fee cost structure for the LaHIPP program based on membership volumes?</i></p>	No

Question #	Document Reference	Section Number	Section Heading	Page Number in Referenced Document	Question	Response
70	RFP #3000015540	Attachment H	ENTERPRISE ARCHITECTURE INTEGRATION REQUIREMENTS FOR ENTERPRISE/STATEWIDE SYSTEMS	75	<i>Will the State procure a traditional system integrator or will an in-house solution be developed?</i>	The State intends to procure for system integration services.
71	RFP #3000015540	Attachment H	ENTERPRISE ARCHITECTURE INTEGRATION REQUIREMENTS FOR ENTERPRISE/STATEWIDE SYSTEMS	75	<i>What is the expected timeline for the State to have its integration platform in production?</i>	Currently the State does not have a firm timeline for implementation of a Systems Integrator.
72	RFP #3000015540	Attachment H	ENTERPRISE ARCHITECTURE INTEGRATION REQUIREMENTS FOR ENTERPRISE/STATEWIDE SYSTEMS	77	<i>To integrate with the State's SSO, please clarify what type of protocol is being provisioned for vendors to consume.</i>	Currently protocol is SAMLv2 for encrypted and signed XML Claims, user roles, and applicable attributes.

Question #	Document Reference	Section Number	Section Heading	Page Number in Referenced Document	Question	Response
73	RFP #3000015540	Attachment H	ENTERPRISE ARCHITECTURE INTEGRATION REQUIREMENTS FOR ENTERPRISE/STATEWIDE SYSTEMS	77	<i>How many points of integration are there between LDH and TPL Vendor across all functional areas?</i>	Currently, the TPL connects with the fiscal intermediary for the transmission of the primary TPL file used by the FI for cost avoidance. The TPL vendor also exchanges files with all 5 managed care organizations for the exchange of TPL information - MCOs can submit policies to the vendor for validation and inclusion on the state file. Additionally, the current vendor has a TPL verification tool that is utilized by LDH's eligibility and enrollment system. The next vendor is expected to be able to integrate with the state's enterprise architecture in addition to the integration points listed above.

