State of North Carolina
Department of Health and Human Services

REQUEST FOR PROPOSAL (RFP)
Addendum #2

Date: March 20, 2018

RFP Number: 30-180090

RFP Description: Enrollment Broker Services

Purpose of Addendum #2: Agency Response to Vendor Questions & Revisions to Original RFP

RFP Submission Date/Time: April 13, 2018 – 2:00PM ET

INSTRUCTIONS:

1. Review All Sections in this Addendum #2.
2. Complete Section 2 – Administrators for the Contract.
3. Return one properly executed copy of this Addendum #2 with your Technical Proposal. Failure to sign and return this Addendum #2 may result in the rejection of your proposal.

SECTIONS:

1. Agency Response to Vendor Questions.
2. Administrators for the Contract.
3. Revisions to Original RFP.

Exhibits
Addendum #2, Exhibit 1 – Section IV.A.6., *Table 6 – Key Service Level Metrics*
Addendum #2, Exhibit 2 – Revised ATTACHMENT B: TECHNICAL RESPONSE
Addendum #2, Exhibit 3 – Revised ATTACHMENT C: COST PROPOSAL

Addendum #2, Exhibit 4 – Revised ATTACHMENT M: ANTICIPATED CONTRACT REQUIREMENTS AND IMPLEMENTATION SCHEDULE

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Execute Addendum #2, RFP Number: 30-180090:

Vendor: _____

Authorized Signature: _____

Name and Title (Print): _____

Date: _____

Section 1 – Agency Response to Vendor Questions

No.	Category	Reference	Vendor Question	Agency Response
1.	General	Section I - Introduction, A. Vision for NC's Medicaid Transformation, pages 1-6.	Is there an incumbent enrollment broker contract or is this a new requirement? If there is an incumbent, may I ask who is providing this service and when that contract expires?	The requirement for an Enrollment Broker is new to North Carolina Medicaid to support Managed Care.
2.	General	Electronic Integration/Timeline	The project timeline is predicated upon the state securing PHP/MCO contracts in 2018, and establishing connections to support plan enrollment. Can the state confirm that all plan contracts / managed care program for the Phase 1 Counties/Regions will be executed not later than 120 days prior to January 1, and if delayed, will the Enrollment Broker still have 120 days for testing file transfers and other communications to the PHP/MCO prior to the start of enrollment?	Offerors should specify lead times for testing and other activities to meet the implementation schedule and contract requirements in their technical proposal. See Addendum #2, Exhibit 4 – Revised ATTACHMENT M: ANTICIPATED CONTRACT REQUIREMENTS AND IMPLEMENTATION SCHEDULE.
3.	General	Technical Clinical	Will each of the Managed Care Organizations be required to use standard paperwork and standard guidelines for service guidelines (guidelines for visits allowed for example) for all Medicaid populations so that providers (like us) will have standard forms to use and will have standard requirements for all children and families enrolled (similar to the current Medicaid Program which has one standard for forms, rates, and the authorization process).	The Department's expectations of PHPs regarding standardization and prior authorizations are outlined in the numerous policy and concept documents including the Managed Care Benefits and Clinical Coverage Policies concept paper and Proposed Medicaid Managed Care Program Design. For more information see, for example: **https://www.ncdhhs.gov/medicaid-transformation**
5.	Submission Requirement	P18, 9. Required Proposal Submission	Item 9 indicates that all Attachments (A-N) are to be included with the proposal. Some of these Attachments are documents that do not require a response (i.e., Attachments I-N). Would the State please confirm that Attachments I-N are to be included in the proposal, even though a response is not required.	The entire RFP, including all attachments, must be included as part of the Offeror's Response.

6.	Submission Requirement	p. 19, II.A.10, Proposal Submission	Is Attachment C, Cost Proposal (and all financial information) to be included with the Technical Proposal? If not, would the State like the same number of copies?	No, the Technical Proposal and Cost Proposal should be submitted separately and clearly marked as such. See Addendum #2, Section 3 – Revisions to the Original RFP.
7	Submission Requirement	p.23, II.A.14, Administrators for the Contract	With which document(s) from section II.A.9 should the Offeror include the tables found in section II.A.14? If they are to be part of the Technical Proposal, is there a specific section under which they should be included?	The Offeror must complete Addendum #2, Section 2 – Administrators for the Contract with the Offeror's Contract Administrators.
8	Submission Requirement	II. General Procurement Information & Notice to Offerors, Section A.11.g, page 21 -22	The requirement in the RFP references 26 U.S.C. 6103 and IRS Publication 1075, (Tax Information Security Guidelines for Federal, State, and Local Agencies), in addition to HIPAA, 42 U.S.C. 1320(d) (Health Insurance Portability and Accountability Act). Typically, we do not expect an enrollment broker to encounter federal tax return information supplied by the IRS. Can the Department clarify how/under what circumstances compliance with 26 U.S.C. 6103 and IRS Publication 1075 may be required?	The Enrollment Broker must comply with any instances and circumstances under which these requirements *may* apply.
9	Submission Requirement	General Question Section II.A.15, Page 25	To allow for participating vendors to put compile their best price/solution for the state of NC, can we request a 2-week extension on the proposal due date from 4/13/18 to 4/27/18. Given the timeframes outlined in the RFP, and that some questions regarding the RFP requirements may result in scope clarifications that materially impact Offeror's solutions, will the Department consider a 2-week extension, so that Offerors have sufficient time after answers to questions are provided March 19 to produce the best value proposal for the Department?	Due to the schedule to implement Medicaid Transformation, the Department cannot modify the Response Submission Date of April 13, 2018.

10.	Submission Requirement	p.103, Attachment B II.A.2.e.i, page 15 Attachment B, Page 103	In order to be able to utilize the maximum space provided by page limits, is it acceptable to not use the exact Word template provided but rather one's own template that follows the requirements in order from Attachment B? In pursuit of not sacrificing the quality of our submitted document while maintaining sustainability, is it allowable to re-format the required MS Word Template for Attachment B: Technical Response to better accommodate diagrams, exhibits, examples, or sketches? There are no font requirements specified for the proposal submission. Attachment B is set-up using Calibri, font size 9 and 10. Does the Offeror need to adhere to this font type and size for Attachment B?	See the instructions in Addendum #2, Exhibit 2 – Revised ATTACHMENT B: TECHNICAL RESPONSE. . While the Department did not indicate a font requirement, it prefers the Offerors utilize the existing font of Addendum #2, Exhibit 2 – Revised ATTACHMENT B: TECHNICAL RESPONSE to the extent possible.
11.	Submission Requirements and page limits for Technical Response Attachment B	Attachment B, Page 103 p. 103 Attachment B, North Carolina Medicaid and NC Health Choice Enrollment, #4. p.106, Language Accessibility and Cultural Competency #6 Section III.H, page 66 p.110, Business Continuity Plan #2 p. 111, Implementation Plan #2	Are diagrams, exhibits, examples, and sketches included in the listed page count requirements in Attachment B? Would the State please exclude sample resources and education materials from the page limit? In addition to the cultural competency samples, would the State consider excluding the existing materials with taglines from page count? Given the role of the Call Center in serving beneficiaries on behalf the Department, and how the Enrollment Broker needs to respond with the right detail to the numerous requirements in RFP Section III.H, including a sample AVRS decision tree, would the Department consider allowing 15 pages	Yes, see Addendum #2, Exhibit 2 – Revised ATTACHMENT B: TECHNICAL RESPONSE.

			for the response to this section plus the three additional pages for sample scripts? Would the State consider allowing the sample disaster recovery plan to be excluded from page count? Would the State consider allowing the detailed Implementation Plan to be excluded from page count?	
12.	Submission Requirement	General Section H. 3 a, b, c, d-page 66 Section I, 6.b.iv, page 73 3, l; Page 68 9; Page 70	Will information be posted in a Procurement Library to provide projected volumes and metrics related to telephony (call volumes, call types, handle times, etc.), images/documents (inbound/outbound volumes, types, etc.)? If not, please provide volumes & metrics to aid in the estimation process. What is the anticipated monthly call volume? What is the anticipated average call length? What is the anticipated max concurrent call number? What is the anticipated number of minutes per month? How many Toll-Free numbers are required? In order to estimate email volumes, can the Department provide any metrics on: • volumes of disenrollment requests, both denied and approved? • volumes (or estimated volumes) on the number of secure messages that the Department posts to their portal? • volumes on the number of grievances per year? Please provide call volumes related to the number of calls (monthly) expected to be	As this is a new initiative, the Department does not have projected volumes or metrics, images or documents to provide. The Offeror should use their experience with similar requirements and clients to provide estimates within their response. The Department has not stated a requirement as to transfers that are standard call center or unassisted call transfers to the Department's (FFS) Provider and Medicaid call centers, county DSS or EBCI PHHS offices, and all participating PHPs or LME-MCOs. The Offeror should use their experience with similar requirements and clients to provide estimates within their response.

			transferred to the Department's (FFS) Provider and Medicaid call centers, county DSS or EBCI PHHS offices, and all participating PHPs or LME-MCOs. Please confirm that transfers are standard call center or unassisted call transfers to these entities.	
13.	Submission Requirement	Section III.N, pages 79-80	Is the Offeror required to submit resumes for each key personnel named in the RFP, or may the Offeror propose combining some key roles, where there may be advantages to the Department and beneficiaries, such as with Outreach?	The Offeror must submit all required information as stated in *Section III. N Staffing and Key Personnel, 1-4.* The Offeror is encouraged to propose additional or supplemental options that may be advantageous to the Department.
14.	Contract	Section II.A.5, c., Page 18	The RFP states the Department may "negotiate directly with one or more Offerors." Can the Department confirm that the SOW will be awarded to only one contractor?	The intent of the Department is to award to a single Enrollment Broker.
15	Technical BH/IDD TP	Introduction Page 3, 4.b Tailored Plans	Can you give more specific information about how the children for tailored plans will be identified as having a need to be in the Tailored Plans? Please provide an example. Will they be identified by a "New Process" or are they already identified by an existing set of criteria? For example, I am aware that they may be identified by the Early Intervention Program or by specific medical, behavioral, intellectual criteria. We serve children with medical conditions and/or with developmental disabilities who have speech, occupational therapy and/or physical therapy needs. I am interested in knowing if these children will be set up under the "Tailored Plans" or the Standard Plans based on specific existing or new criteria.	More information about Tailored Plans, as proposed by the Department, including criteria for populations eligible for and process for selecting BH/IDD Tailored Plans is available at: **https://files.nc.gov/ncdhhs/documents/files/BH-IDD-TailoredPlan_ConceptPaper_20181109.pdf?CkZhWxchGeNGBa2wXQSrSwWPrqi41aVP%20(last%20updated%20on%20Nov.%209,%202017)** The Tailored Plan model is subject to North Carolina General Assembly approval.
16.	Technical	B.1; Page 6 5. a; Page 69 13; Page 71	Are the following terms synonymous? Are these terms interchangeable from an RFP perspective? • Enrollment Broker's Plan Selection Tool.	The terms are not synonymous or interchangeable. See: a. *Section III. H. Call Center Support, 5*;

			• Call documentation software. • Enrollment Broker's Beneficiary Management Platform.	b. *Section III. I. Enrollment Services Website, 6*; and c. *Section III. J. Beneficiary Management Platform, 1-7*.
17.	Electronic Communication	A.1.aaaa; Page 14	Has the State already defined the format for use of secure tokens (e.g. SAML 2.0) or is the intention for the Offeror to provide recommendations?	Yes, the Department has defined the format and will provide to the Enrollment Broker awarded the Contract.
18.	Electronic Communication	II.A.1.ggg & lll; Page 13	What technology would the Enrollment Broker use to access these systems remotely? Will the state allow a network communication using an internet site secure VPN tunnel for accessing the state systems? Are these systems web accessible? Can the state provide additional information regarding the state systems? Are these a web interface system, thin client Citrix platform, or mainframe system?	The requirement is a VPN tunnel for accessing Department and State systems.
19.	Technical-Populations	2. I. A. – Page 1	How will each of the population groups be identified? For example – • Will beneficiaries be assigned an Aid Code and will the Aid Code be the sole criteria for identifying the population group? • Can a beneficiary belong to more than one group e.g. EBCI and Foster care? If so will the EB be required to utilize a hierarchy to effectively limit the member to a single population group?	The NC FAST eligibility and determination process will identify the aid program category classification. The Enrollment Broker will access this information via NCFAST.
20.	Technical-	II A. 1. – page 7 III H. 4. – page 68 III B. 7. b. iv. 5 – page 49 III B. 7. b. iv. 7 – page 49	We recommend the Department provide a definition of what constitutes a "Business day" especially given the Contact Center is required to operate on Saturday's (even if the Saturday falls on a holiday) however entities such as the State or the Postal Service may not operate on such days.	Business days are defined as traditional workdays, Monday-Friday and include traditional work hours 8:00 AM -5:00 PM EST. State holidays are excluded. A list of North Carolina State holidays is located at **https://oshr.nc.gov/state-employee-resources/benefits/leave/holidays** See Addendum #2, Section 3 – Revisions to the Original RFP that adds a definition for

			We respectfully recommend, the Department utilize a specific definition such as the one below: Business Days: means any day other than a Saturday, Sunday, or State holiday as specified by <provide State law citation here> There are numerous requirements mandating deliverables based on a calendar day schedule (e.g. "…within one (1) calendar day of receipt…", "…next calendar day...", "…within twenty-four (24) hours day after receipt…"). Should these deliverable events not be based on a business day schedule since the calendar day even may fall on a weekend of holiday. For the purposes of compliance with contractual Service Level Agreements, the definition is further clarified as any event that takes place before 8:00 a.m. is considered as starting day-one of the business day clock. Events after 8:00 a.m. do not trigger day-one of the clock until the follow business day. For instance, if mail is delivered by the U.S. Postal services at 11 a.m. on Monday and the contractor has two business days to process the mail; then the contractor shall have until the Close of Business on Wednesday.	Business Day and modifies specific business and calendar day distinctions of the original RFP.
21.	Technical- Auto Assignment	II A. 1. f. – Page 8 III B. 4. c. iii – page 46	This requirement appears to be in conflict with other sections of the RFP (for example III B. 6.) in which it would appear the Enrollment Broker (EB) is not responsible for performing Auto Assignment. Please clarify as to who will be responsible for performing Auto Assignments. Furthermore, we do not believe it is the Department's intent to Auto Assign a	See *Section III.* *a. B. North Carolina Medicaid and NC Health Choice Enrolment, 6.b* that states "The Enrollment Broker shall accept auto-assignment from the Department at a frequency no less than once per day, with the Department desiring a real-time interaction. The Department shall be the source of truth for PHP enrollment, and the Enrollment Broker shall maintain this

			beneficiary, in real time, that has called into the Contact Center but fails to make a choice while speaking to a CSR.	information to support future choice counseling." *b.* *Z. System Interface Plan.1. e* which states the Department shall be responsible for auto-assignment.
22.	Technical-Definition	III B. 4. d – page 47	Portions of this requirement ("…parents, guardians, ..." appear to be in conflict with the requirement stated in II. A. 1. pp on page 11 that only the Head of Household, and presumably the authorized representative, are the only persons that may make enrollment decisions for the entire household.	See Addendum #2, Section 3 – Revisions to the Original RFP.
23.	Technical	III B. 7. – page 47	Some requirements in this section appear to be contradictory to the Stated goal that Mandatory beneficiaries are not allowed to select fee-for-service (unless they have an exemption, managed is being phase in etc.). However, as written this section makes it appear Mandatory beneficiaries can select FFS. Please clarify.	Mandatory beneficiaries cannot select fee-for-service. Individuals who are "exempt" from Medicaid Managed Care may choose to enroll in either fee-for-service or Medicaid Managed Care. Individuals who are "excluded" are required to remain enrolled in fee-for-service and do not have the option to enroll in Medicaid Managed Care. Children in foster care, children in adoptive placement, former foster children up to age twenty-six (26), members of federally recognized tribes and individuals receiving Long-term Services and Supports in institutional and community-based settings may switch plans without cause at any point.
24.	Technical- Call Center	III B. 7. c. v. 3 – page 50	• Is the EB required to follow up by mail even if the beneficiary was reached by phone? • How many call attempts, and over what elapsed time period, is the EB required to make. Assuming the vendor is required to mail a notice only if the beneficiary was not reached, this citation should be amended to state the mailing should be initiated one day after the call attempts have been completed. • We assume the call attempt is to be made within the closest one business day following the receipt of an incomplete from.	See Addendum #2, Section 3 – Revisions to the Original RFP that modifies requirements. No, the Enrollment Broker is not required to follow up by mail if the beneficiary was reached telephonically. The Department does not have additional requirements about how the follow up is initiated. As stated in *Section III. B. North Carolina Medicaid and NC Health Choice Enrollment, 7 a.ix and b.iii, the* Department requires the Enrollment Broker to develop policies and

			• May the EB utilize an automated system initiate the call? If a live contact is established, the system would connect the beneficiary to a CSR else the system would leave a message for the beneficiary when an answering device is detected and furthermore will the message be considered as having satisfied the requirement to contact the beneficiary?	internal process flows, subject to Department review and approval prior to implementation, which describe the "with cause", "without cause" and PHP requested disenrollment process.
25.	Technical-Region	p.52 Section D Beneficiary Support Part III, Section D.2, pg. 52	Are there preliminary thoughts on the regions and/or anticipated number of beneficiaries that will be included in phase 1? Could the Department please clarify the roll-out timeline for Phase I and which regions would be applicable in order to predict call and other activity demands? Could assumptions be provided to bidders for Phase 2 for the remaining 4 regions for similar purposes?	The Department does not have additional information related to which regions or the number of beneficiaries who will be included in Phase I. The Department cannot provide assumptions for Phase 2 regions.
26.	Technical-Mailing	p.53 Section D Beneficiary Support	Please confirm that mailings will be to the household and not each individual beneficiary (i.e.,a household with a mother and two children will receive one welcome packet, not three).	NC FAST currently collects information which identifies a person who is the primary contact for each beneficiary. The Department will provide this information to the Offeror and negotiate the number of packets to be mailed to a household.
27.	Technical-Populations	p.54 Section D Beneficiary Support	How will new beneficiaries that apply during the cross-over period be handled by the Enrollment Broker?	See *Section II. A. 1 Definitions, x Cross-over population*: the cross-over population includes anyone identified as eligible prior to June 30, 2019, including new members identified after soft launch, during the open enrollment period and before managed care go live. Requirements for this population are stated throughout the RFP.
28.	Technical-Cross-over	p.55 Section D Beneficiary Support	Given the impact on scope and pricing, please clarify what is meant by "the enrollment broker should propose an open enrollment period for each new population transitioned to managed care". How should the potential roll out for these	*See Section III.D Beneficiary Support under Managed Care, 5* for requirements on "Special populations to be phased into managed care after cross-over population enrollment."

			populations be assumed by proposers to ensure comparable bids?	
29.	Electronic communication	Section III.D.5.c, page 55	Does the Department envision sending emails for proactive outreach during open enrollment? If so, how large is this population? If so, please confirm the Department is gathering email address and the Enrollment Broker will have access for the Phase 1 and 2 transitions of fee-for-service enrollees.	Yes, the Department envisions sending emails for proactive outreach as a potential option. The Department cannot determine the population at this time. Yes, the Department is gathering the email address and will provide access to the Enrollment Broker.
30.	Technical-Notices	III.E.f (Page 59)	The RFP talks about sending a notice of resolution of a grievance to the beneficiary. Is this the only notice generation which is in scope for the Enrollment Broker? Please confirm that all other notices/welcome packets are sent out by the Department or the PHPs? Can DHHS provide a list of other notices (if any) that the Enrollment Broker is expected to send out to the beneficiary during this process?	See *Section III E. Beneficiary Grievances, 1. e-f*. *See Section III. T. Security and Audit Requirements, 3* requires "the contractor to give affected persons written notice of a security breach arising out of the contractor's performance under this contract, the contractor must bear the cost of the notice". See *Section III. D. Beneficiary Support Under Managed Care, 2.c.ii, and 5.c.i* for Welcome Packet requirements.
31.	Technical-Outreach	General	Can the state confirm that "in person" means activities supported at outreach events or at the County offices, and not at the Enrollment Broker's operational facility?	There are no requirements which specify "in person" activities must occur or be available at the Enrollment Broker's operational facility.
32.	Data	III G. 13. – Page 66	• Could the department provide an estimated volume of beneficiaries by language spoken?	The Department estimates languages spoken by beneficiaries are: 93% English; 6% Spanish; and 1% other.
33.	Technical – web	Section III.G.6.e, page 64	In addition to meeting the requirements in Section G.6.e, is there a requirement for the entire website to be in a language other than English? The prominent foreign language in NC is Spanish, and many of our other clients have requested their	See *Section III.G Language, Accessibility, and Cultural Competency, 1-18* for requirements.

			website in Spanish in addition to English, so we'd like clarification on language requirements for the entire website.	
34.	Communication /Language	Section III.G.13.c, page 66	While we can provide the option for users to filter AMH/PCP by language (plans don't usually have a language associated with them), is there any expectation for the enrollment website to collect a language preference as part of the enrollment process? Or is the Department collecting any information related to beneficiary language preference during the eligibility application process?	The Department collects language preference during the eligibility application process and stores this information in NCFAST.
35.	Electronic submission	Section G.6.e, page 64	Will beneficiaries be expected to login to the secure portion of the Enrollment Services websites mobile app directly, or will they only come through the Department's NC FAST or ePass website? If logging in directly from the Enrollment Services website, will beneficiaries be expected to use the same login credentials from the Department's NC FAST or ePass website?	Beneficiaries can log into the Enrollment Brokers website directly, however the Offeror will need to utilize the State's NCID service for authentication.
36.	Technical- web	Section III.I.3, page 72	Can the Department please confirm the State's website and mobile standards are primarily concerned with the "look and feel" standards for a seamless experience, such as matching a state's color palette, traditional web site standards, and for 508 compliances, and does not mandate specific design and navigational implications which would require extensive customization to meet the required website standards? For example, white listed website templates can be cost effectively configured to match the overall design of ePass, DHHS, and NC FAST (log in page), if these are representative examples of existing websites.	The Department is not requiring the Enrollment Broker to modify and enhance their website. However, the Enrollment Broker must align their website with the look and feel to Department and State standards.

37.	Technical -web	Section III.I.5.a, page 72	Section III.I.5.a states that the website must include the defined education materials. Can the Department confirm the "defined education materials" are those materials produced by the Enrollment Broker on the Department's behalf?	"Defined education materials" are those developed by the Enrollment Broker on the Department's behalf, plus additional education materials as requested by the Department that may be developed or obtained from other sources determined to supplement or complement Enrollment Broker education materials.
38.	Technical- web	Section III.I.5.b, page 72	Section III.I.5.b talks about educational materials that include PHI/PII must be secured by login. What materials does the Department expected to contain PHI/PII information and to be on the website?	See *Section III. I Enrollment Services Website, 1 and 5*.
39.	Technical	3.m; Page 68	Please provide the satisfaction survey questions required to fulfill this requirement.	The Department does not have satisfaction survey questions. The Offeror should use their experience to propose and submit sample survey questions.
40.	Technical – Call Center	5, Page 69	Please confirm that this requirement is to assist the Enrollment Broker in a more effective call distribution to CSRs based on the 5 (five) populations served by North Carolina Medicaid.	The Call Center requirements are designed to reduce the administrative burden on and provide easy access for Medicaid beneficiaries to manage their enrollment needs.
41.	Technical – Call Center	5.a; Page 69 7; Page 70	Please confirm that the requirement is to ensure that the "call documentation software" provides a history of previous member calls/contacts handled by the Enrollment Broker. Please confirm that the requirement is for the "call documentation software" contains current status of beneficiary demographic, member enrollment and eligibility information using NCTracks/NC FAST as the system of record for these data points. Please confirm that this requirement is to ensure that the state has the ability to monitor the Enrollment Broker performance for quality assurance purposes and the ability to monitor the CSR call recordings from a remote location (not physically within the Enrollment Broker's facility).	The requirements are stated in *Section III. H. Call Center Support.*

42.	Electronic Communication	6.h; Page 70	Please provide the data criteria that the state will provide for the Enrollment Broker to determine how the messages will be personalized (or relevant) for the caller. Please provide examples of a "personalized" message.	"Personalized" refers to an identified group of potential callers with a common interest or issue that has been proactively identified or a high-volume of calls on a specific issue from a particular group. The data criteria will depend on the issue to be addressed. An example of a personalized message could be to inform a specific group of an extended deadline for an action.
43.	Technical – web	I. Enrollment Services Website for the Mobile app questions, page 72	In addition to meeting the requirements in Section G.6.e, is there a requirement for the entire mobile app to be in a language other than English?	*Section III.G Language, Accessibility, and Cultural Competency, 12 and 14* require materials to be available in Spanish. Therefore, this would include the mobile app.
44.	Technical – web	I. Enrollment Services Website for the Mobile app questions, page 72	There are some functions that are not well suited to mobile apps, and are best performed in other channels, including via websites, so that beneficiaries have the best experience. Will the state grant discretion for the Offeror to propose the appropriate channels for certain functions?	The Offeror should include in their proposal their approach to meeting the requirements of *Section III. I. Enrollment Services Website* and any limitations and/or alternatives where needed.
45.	Electronic Communication	I.2; Page 72	Has the State already defined a format and protocol for exchange of user ID/password pairs between the integrated systems, or is it the State's expectations that the Offeror shall provide recommendations?	Yes, see *Section T. Security and Audit Requirements, 14*.
46.	Technical-web	Section III.I.6.a and Section III.I.6.b, page 73	Section III.I.6.a. talks about providing a plan selection tool for "potential members" when "applying for Medicaid". If a member is applying for Medicaid, they haven't been deemed eligible yet. Therefore, would having a plan comparison tool on the public website fulfill this requirement? Section III.I.6.b appears to require integration with Department's portal and logins, in lieu of a public portal, so can the Department please clarify the expectation for potential members applying for Medicaid for using the plan selection tool?	The Offeror should include in their proposal their approach to meet the requirements stated in *Section III. I Enrollment Services Website.*

47.	Electronic communication	Section I, 6.b.iv, page 73	In order to send an email notifying a user of a secure message in the Department's ePass website, we will need to obtain email addresses. Does the Department currently collect email addresses? Will the Department confirm it will manage the opt in/opt out of email and will transmit email addresses to the Enrollment Broker for meeting this requirement? Does the Department currently send email? If so, can the Department provide current volumes, with a breakdown of email type/subject, so that vendors can attempt to estimate future volumes?	Beneficiaries that have elected to receive notifications electronically within NC FAST (opt in/opt out) will receive the notices within ePASS in a secure inbox functionality. NC FAST will transmit the email of the beneficiary to the Enrollment Broker. This is a new process within ePASS and current statistics are not available.
48.	Electronic communication		In order to estimate email volumes, can the Department provide any metrics on: • volumes of disenrollment requests, both denied and approved? • volumes (or estimated volumes) on the number of secure messages that the Department posts to their portal? • volumes on the number of grievances per year?	The Department does not have estimates to provide at this time.
49.	Electronic Communication	2; Page 76	Will the state allow a network communication using an internet site secure VPN tunnel for other vendors, entities, etc. systems?	Yes, through a secure network in accordance with State Technology Architecture requirements. See *Section III, M Enrollment Information System Integration, 6*.
50.	Technical-Mailing	p.77 Section L. Mailing Requirements	Is postage a pass-through item that should be excluded from cost proposals or should postage be included in the bidder's price?	*Section I.D.5* and Addendum #2, Exhibit 3 – Revised ATTACHMENT C: COST PROPOSAL requires the Cost Proposal to be "all inclusive," meaning postage should be included in the PMPM. Offerors should specify the PMPM related to printing and postage, and provide details regarding assumptions for postage costs in the in the Cost Proposal.
51.	Technical-Mailing	p.77 Section L Mailing Requirements	Based on process flows it appears many project related mailings are handled by parties other than the enrollment broker. To ensure accurate resources are	Mailing Requirements are specified in *Section III.L Mailing Requirements*. The Enrollment Broker must meet requirements specified in other sections of the RFP which

			proposed, please provide a concise list of all mailings required of the enrollment broker, specifying those that may be delivered electronically.	reference mail correspondence with beneficiaries, PHPs or the Department.
52.	Technical-Mailing	III L. 3. – Page 77	PCPs and PLEs available to a beneficiary are based on the region in which the beneficiary resides. A beneficiary's residence address may differ from their mailing address: • Will the EB maintain two sets of addresses for each beneficiary (a Residence Address and a Mailing address?). • Assuming two addresses are to be maintained: In the event the beneficiary mailing address has changed, how would the EB treat the Residence Address?	Currently North Carolina collects and maintains demographic information including mailing and residential addresses in NC FAST. NC FAST is the source of truth for beneficiary demographic information. For detailed requirements, see: *Section III.D. Beneficiary Support Under Managed Care, 2.b* *Section III.J. Beneficiary Management Platform, 1.* Section III.*L. Mailing Requirements* See Addendum #2, Section 3 – Revisions to the Original RFP that modifies requirements within Section III.L. Mailing.
53.	Technical - Implementation Plan	M; Page 78	Does the State expect to conduct joint design and integration planning exercises, or is the State open to Offeror suggesting an implementation schedule for these collaborative activities?	The Department expects the Enrollment Broker to propose a plan and collaborate with the Department on the final activities and schedule.
54.		M.1; Page 78 M.2; Page 78	Has the State already defined the service descriptors (API's), including the NIEM-based schema, that the Enrollment Broker is expected to consume, or is the State's expectations that the Offeror shall provide recommendations? Has the State already defined the service descriptors (API's), including XML schema, for the Auto-Assignment service, or is the State expecting the Offeror to provide recommendations?	Yes, the Department will define the API.
55.	Electronic Communication	M.3; Page 79	Does the State expect to follow the CMS guidelines for NIEM-based XML schema and SOAP payload definitions as established by CMS MITA, or is the State	The Department will establish guidelines in the context of MITA.

			expecting to the Offeror to provide recommendations?	
56	Electronic Integration	III.M.3 (Page 79)	Is DHHS using ESB for integrating internal applications? Is the Enrollment Broker Offeror expected to use this existing architecture or Offeror shall provide recommendations and develop the ESB based on NEIM?	Yes. The Enrollment Broker is expected to use this existing architecture.
57.	Technical FWA	Section Q, page 82	For the Enrollment Broker program integrity requirements, does the State envision any overlap with the NC Office of Compliance and Program Integrity? If so, what would the Enrollment Broker's responsibilities be in regards to coordination, reporting, or other activities?	The Enrollment Broker should refer any suspicion of fraud, waste or abuse to the NC Office of Program Integrity.
58.	Technical FWA	Section Q, page 82	In order to perform the program integrity functions for external fraud, abuse, or waste of benefits, program funds and misuse of the systems, the vendor would need access to state data sources to perform the work. Is it the Department's intention to have the vendor conduct these services? If yes, will we have access to claims or encounter data, SSI, eligibility data, provider data, or other State or Federal sources? If so, please list which systems we would require access to.	The Enrollment Broker's responsibility for external fraud, waste or abuse will be to refer any suspected cases to the NC Office of Program Integrity. The Enrollment Broker is expected to investigate any internal cases, but external cases should be referred based upon data and information within the Enrollment Broker's systems. Access to State systems is not required.
59.	Technical FWA	Section Q, page 82	Will the Program Integrity functions for external fraud, waste, and abuse be specific to the information and data within the Enrollment Broker's systems, prior to submission of enrollment data to the State system?	Yes.
60.	Technical FWA	Section Q, page 82	Will the Enrollment Broker be expected to create processes, policies and procedures to investigate suspected fraud, abuse, and waste prior to enrollment (e.g., during eligibility determination performed by County staff)?	The Enrollment Broker's responsibility for external fraud, waste or abuse will be to refer any suspected cases to the NC Office of Program Integrity. The Enrollment Broker is expected to investigate any internal cases, but external cases should be referred based upon data and information within the Enrollment Broker's systems. Access to State systems is not required.

61.	Technical-Enrollment	Section Q, 1b, page 83	Can the state clarify "enrollment" as it is used in this section? Does this refer to activities prior to the eligibility determination and enrollment into the Medicaid program, or does this refer to activities after eligibility determination and prior to enrollment into a Managed Care plan?	See *Section II.A. General Procurement Informaiton.1. jj* for the definition of enrollment.
62.	Electronic Integration	R.1; Page 83	Does the State already have a format for receiving the reporting attributes according to a NIEM-based schema definition, or is the State expecting the Contract to propose recommendations?	The State has an existing NIEM implementation and will work with the Offeror to determine if specific reports should comply with the NIEM standard or be delivered in another format.
63.	Technical-Enrollment Integration	General	Will beneficiaries be expected to login to the secure portion of the Enrollment Services websites directly, or will they only come through the Department's NC FAST or ePass website?	Yes, beneficiaries be expected to login to the secure portion of the Enrollment Services websites directly.
64.	Technical-Enrollment Integration	General	If logging in directly from the Enrollment Services website, will beneficiaries be expected to use the same login credentials from the Department's NC FAST or ePass website?	Yes.
65.	Technical-Reconciliation	III S.-Page 83 III.S.5 (Page 85) III.S.2 (Page 84)	Please distinguish the differences between the Weekly, and Monthly reconciliation processes. Why is a Monthly reconciliation process required, if a full database reconciliation is performed weekly? Is there a specific reason to reconcile on a monthly basis? Since the reconciliation would happen on a weekly basis, it would catch any discrepancy between the systems. Can DHHS provide additional information on the method / channel (Batch or Real-time?) that will be used to do this reconciliation? Will this daily/weekly/monthly reconciliation happen over a real-time interface or will DHHS send batch files on a daily/weekly/monthly basis?	The difference between weekly and monthly is, the weekly the reconciliation is performed at the end of the week and monthly reconciliation is done at the end of the month. The Department recognizes that after the implementation of Managed Care, the desire to have monthly reconciliation may cease, and the Department will work with the Enrollment Broker to eliminate monthly reconciliation at that time. See Addendum #2, Section 3 – Revisions to the Original RFP that modifies requirements within *Section III.S Reconciliation.* The Department will work with the Enrollment Broker to finalize reconciliation methods and timing.

66.	Electronic Integration	Sec S.3.e, page 84 of 144	Item e requires that: The Enrollment Broker must provide the Department with a weekly summary report of the Daily Paper Enrollment Transaction Reconciliation…" yet the RFP does not appear to include requirements for inbound mail processing or scanning of paper enrollment forms. Can the Department please identify these requirements and anticipated associated volumes, or delete this requirement?	See Addendum #2, Section 3 – Revisions to the Original RFP.
67.		T. Security and Audit Requirements, Section 5.c.ii., page 87	The requirement in the RFP states" The Offeror will provide attestation to their compliance and an industry recognized, third party assessment report performed annually. Types of these reports include: Federal Risk and Authorization Management Program (FedRAMP) certification, SOC 2 Type 2, SSAE 16 and ISO 27001." Can the State clarify that SSAE 18 would be sufficient to meet requirements? Can the State confirm that if using a 3rd party cloud hosting environment, FedRAMP certification of the cloud hosting environment would be sufficient to attest to compliance?	SSAE 16 does not meet the requirement. SSAE 18 is sufficient to meet requirements. FedRAMP may be used to meet this requirement.
68.	Electronic Integration	T.9.a, page 88	For the lines of integration between the Systems shown in the context of Figure 2, has the State already established any of the service endpoint definitions (i.e. Format & Protocol), or is the State expecting the Offeror to make recommendations?	The Department is in the process of developing the services outlined in the diagram.
69.	Electronic Integration	T.9.b, page 88	1. May the Offeror utilize SFTP for exchange of the Daily, Weekly, and Monthly reconciliation files, or must those conform to web services protocol? 2. More specifically, for the exchange of ASC X12 EDI formatted files, does the	The State has an existing NIEM implementation and will work with the Offeror to determine if specific reports should comply with the NIEM standard or be delivered in another format.

			State expect these to be using SFTP for data exchange or SOAP/REST based web services?	Currently the Department does not anticipate the Enrollment Broker exchanging file in ASC x12 format.
70.	Electronic Integration	T.14; Page 89	1. Does the State have the NCID currently fully in operation for all State systems today? 2. Are usage guides available for implementing the necessary security protocols? If yes, can the Department please provide these? 3. Are QA/Test endpoints available for use during the implementation phase to confirm secure tokens? 4. Does the State have a designated third-party entity, such as to provide the two-way SSL security tokens, or is the State expecting the Offeror to make recommendations?	1. Yes. 2. Yes, see *Section III. T Security and Audit Requirements, 14*. 3. Yes, our environments are Development, Pre-Production and Production. 4. Yes, we have a third-party entity that provides certification and any website will fall under a State's domain.
71.		T. Security and Audit Requirements, Section 12, page 89	Typically, in an Enrollment Broker environment, a SOC 2 Type 2 report confirms the controls relevant to operations. Can the Department confirm this report would be sufficient and other SOC reports would not be required in addition to it?	SOC 2 Type 2 is required for application and hosting reports, and is sufficient for other reports.
72	Readiness Review	Sec W, item 2; Page 92	Please provide a due date or timeline when the Readiness Review demonstration would be planned/scheduled.	The Department will work with the Enrollment Broker Services Contractor on the schedule of activities.
73.	Electronic Integration	W.h; Page 92	During the implementation phase, will the State be providing service endpoints in a non-production environment for testing the integration with identified State systems?	Yes, for NCID and Departmental environments, which are Development, Pre-Production and Production.
74.	Electronic Integration	Y.1, Y.2; Page 94	1. Does the State have an anticipated schedule for joint meetings to discuss and mutually agree on the file formats and transfer protocols, or is the expectation that the Offeror proposed a schedule for such meetings? 2. Does the State expect the Offeror to interactively submit drafts of the System Interface Plan for review and approval of	1. The schedule will be established with the Enrollment Broker after award. 2. Yes.

			both a baseline of understanding and also for any changes during the contract period?	
75.	Electronic Integration	Z.c; Page 94	Does the State have a Help Desk already established for reporting of any perceived issues while attempting to access the required State services (either manually or automatically) during operations, or should the Offeror expect to also provide network level monitoring of the State services?	The Department has a fully functional Help Desk that will perform this function.
76.	Electronic Integration	Z.d; Page 94	Will the State be providing schema validation rules for use by the Enrollment Broker, or does the Offeror need to provide this data validation using NIEM compliant tools (e.g. Schematron)?	The Department will be sending a NIEM compliant message to the Enrollment Broker's systems, and expects a NIEM compliant message back. The Department will not provide any validation tools.
77.	Electronic Integration	Z.e; Page 94	Will the State provide Test Scenarios to validate the outcome of auto-assignment determination, or shall the Offeror be responsible for providing applicable test scenarios?	The Department will manage all auto assignment functions and testing.
78.	Electronic Integration	Z.f; Page 94	Does the State already have the 834 EDI Companion Guide drafted for use by the Enrollment Broker, or does the State expect to have the Offeror provide any necessary Companion Guides?	The 834 EDI is the Department's responsibility.
79.	Electronic communication	Section IV, page 99	Table 6.10 refers to "Timely response to electronic correspondence." We are unable to locate requirements related to electronic correspondence that would appear to align with this metric. Can the Department please clarify which RFP requirements this applies to or remove this standard?	See Addendum #2, Section 3 – Revisions to Original RFP.
80.	Technical-Mailing	ATTACHMENT J, page 132	The process flows references "Applicant submits application online, in-person, by telephone or by mail;* application includes PHP and PCP selection supplement" yet the RFP does not appear to include requirements for inbound mail processing or scanning of paper enrollment forms. Can the Department please identify these	As referenced in *Section III.B. North Carolina Medicaid and NC Health Choice Enrollment.4.c and 5.b.* "The Enrollment Broker must provide, at a minimum, choice counseling and enrollment assistance over the phone, internet, by mail and in-person to assist with PHP selection enrollment assistance with AMH/PCP selection." The

			requirements and anticipated associated volumes, or modify these process flows?	Department cannot provide an anticipated volume. 13. See Addendum #2, Section 3 – Revisions to the Original RFP.
81	Technical- Auto Assignment	Attachment K: Managed Care Auto-Assignment Algorithm	Please confirm that the Auto-Assignment Algorithm will be maintained in NC FAST by the Department, and is not required as part of the Enrollment Broker's system.	The Department will manage all Auto-Assignment functions and testing.
82.	Technical-Mailing	ATTACHMENT L, item 2. Enrollment, a – c, page 136	Items a - c reporting descriptions include references to reporting on enrollment applications "by mail" yet the RFP does not appear to include requirements for inbound mail processing or scanning of paper enrollment forms. Can the Department please identify these requirements and anticipated associated volumes, or modify these requirements?	*Section III. D Beneficiary Support Under Managed Care.2* specifies "If a beneficiary selects a PHP, the Enrollment Broker shall enter that PHP selection in their Beneficiary Management Platform and transmit real-time via NC Fast." See Addendum #2, Section 3 – Revisions to the Original RFP.
83.	Electronic communication	Attachment L.8.iv-v, page 139	Attachment L.8.iv-v - # of email/secure messages received through the website & average response time for email/secure message response. It is our understanding that secure email is to be managed through the Department's ePass secure inbox. Can the Department please clarify which RFP requirements this applies to or remove this standard?	See Addendum #2, Section 3 – Revisions to the Original RFP.
84.	Electronic communication	Attachment L.8.vi, page 139	Attachment L.8.vi refers to sending out email confirmation following PHP selection. Can the Department please clarify which RFP requirements this applies to or remove this standard?	The RFP has various references and requirements related to email and electronic communications throughout.
85.	Cost/Data	Part I, Section A.6, Table 2, page 5	While we acknowledge that there are no current managed care operations, would the Department consider providing average handle times by activity type and by population type to enable a fair comparison between various bidders' PMPM rates?	The Department does not have estimates of expected average handle times and will pay the selected vendor based on the PMPM rates (regardless of actual call volume).
86.	Cost	Part II, Section B.3.c, page 26 / Attachment C	When the Department evaluates bidders' costs through the formula of lowest cost divided by overall proposed cost, will the total Fee Price for the 5-year period on tab WS.1 (inclusive of implementation	The Department declines to provide additional details regarding the scoring of costs and reserves the right to score some or all subtotals, totals, contract years or worksheets included in the cost proposal.

			fees) be used as the numerical value to be evaluated? If not, please specify which price point will be evaluated.	Offerors should propose competitive pricing for all components and worksheets and provide a reasonable allocation of fees across the contract term.
87.	Cost	Part II, Section B.3.c, page 26 / Attachment C	Can the Department please clarify the comment "The proposal with the lowest cost for a particular section that is scored will receive the total number of points allocated for that section?" It did not appear that costs will be segregated beyond what is specified as a single, evaluated numerical value, and that value will receive 25% of the points once run through the scoring formula.	The Department declines to provide additional details regarding the scoring of costs and reserves the right to score some or all subtotals, totals, contract years or worksheets included in the cost proposal. Offerors should propose competitive pricing for all components and worksheets and provide a reasonable allocation of fees across the contract term.
88.	Cost	Part II, Section B.3.c, pg. 26 / Attachment C	Will the Department evaluate pricing on tabs WS.2, WS.3 and WS.4 as part of the evaluated price (WS.1)? If yes, how will they be evaluated? If not, will these be evaluated separately, if at all?	The Department declines to provide additional details regarding the scoring of costs and reserves the right to score some or all subtotals, totals, contract years or worksheets included in the cost proposal. Offerors should propose competitive pricing for all components and worksheets and provide a reasonable allocation of fees across the contract term.
89.	Cost/Invoice	Part II, Section E.22.e, pg. 36	Following the completion of a given month, when does the Department anticipate issuing the mandatory PHP enrollment beneficiary report to the vendor for invoicing purposes? Will a mandatory PHP enrollment beneficiary be counted in the report at the end of the month in which they were enrolled?	The date the Department will provide an enrollment report for purposes of calculating monthly fees will be determined during implementation.
90.	Cost/Invoice	Part II, Section E.22.f, pg. 37	Please confirm that the Department considers the program fully implemented on January 1, 2019 (the soft launch), which signifies payment eligibility of one-time implementation fees to the vendor.	The Department will consider implementation completed when all Enrollment Broker services are operational based on contract requirements, including successful completion of readiness reviews and testing requirements.
91.	Cost/Invoice	Part II, Section E.22.g, pg. 37	Can the Department please confirm that the process that will be used for determining "deliverables accepted by the Department…"? Please define what constitutes acceptance.	The Department's process for determining whether deliverables are acceptable will vary in the same way the nature and complexity of the numerous deliverables under the contract vary. Services and deliverables must meet

				the contractual requirements to be acceptable to the Department.
92.	Cost/Invoice	Part II, Section E.22.k, pg. 37	Could the Department please provide an example of a disputed invoice if the PMPM rate is pre-determined and the vendor adheres to the State-issued mandatory PHP enrollment beneficiary report.	Disputed invoices may include, but are not limited to, an invoice paid by the Department that is subsequently determined to have reflected an error, such as incorrect enrollment, invoice period, and other issues as identified by the Department.
93.	Cost/Invoice	Attachment C, Tab WS.1. Core Services Fees, Table 1.2, page 114	Can the Department please provide enrollment activity expectations for the period from January 1 to March 15th, 2019? Does the Department have expectations for mandatory PHP enrollment beneficiaries as signified by the formula 1525000*(8+0.3*3) in cell C38 of tab WS.1. Core Services Fees?	See Addendum #2, Exhibit 3 – Revised ATTACHMENT C: COST PROPOSAL.
94.	Cost	Attachment C, Tabs WS.1 & WS.2, Table 1.2, page 114	Does the Department seek a PMPM segregated by Call Center Services and Other Core Services for any other reason besides greater transparency into the pricing? When the vendor invoices the Department, will the two rates be summed together and multiplied by the mandatory PHP enrollment beneficiary count issued by the Department, or would a different multiplier be used for either line item?	These were segregated for greater transparency and to allow for comparison across WS 1 and WS 2. Offerors should explain in their pricing narrative how any variations in rates between WS 1 and WS 2 were developed. For invoicing purposes, the fees associated with call center services vs other core services must be displayed separately but the same enrollment number will apply to all PMPM rates.
95.	Cost	p. 114 Cost Proposal	Please provide the assumed members by month for the first year. To help us understand the payment structure, please indicate under the sample timeline on page 53 for what month the contractor would first be paid the operational PMPM	See Addendum #2, Exhibit 3 – Revised ATTACHMENT C: COST PROPOSAL.
96	Cost	p.117 Cost Proposal	Are the hourly rates to be paid based on the number of hours that staff are actively engaged in support or based on the total number of hours a staff member is employed?	Hourly Rates will be paid based on the number of hours of active support.

Section 2 – Administrators for the Contract. The Offeror must complete this section.

RFP Section II. A. 14 <u>Administrators for the Contract</u>
The contract administrators are the persons to whom notices provided for in this contract shall be given, and to whom matters relating to the administration of this contract shall be addressed. Either party may change its administrator or his/her address and telephone number by written notice to the other party. The Offeror must complete the table below providing the Contractor's Contract Administrator's information.

b. For the Offeror

Contract Administrator for all contractual issues listed herein:

Name & Title	
Address 1 Physical Address	
Address 2 Mailing Address	
Telephone Number	
Fax Number	
Email Address	

Contract Administrator regarding day to day activities herein:

Name & Title	
Address 1 Physical Address	
Address 2 Mailing Address	
Telephone Number	
Fax Number	
Email Address	

HIPAA or Compliance Officer for all privacy matters herein:

Name & Title	
Address 1 Physical Address	
Address 2 Mailing Address	
Telephone Number	
Fax Number	
Email Address	

Section 3 – Revisions to Original RFP

1. Section I.A Vision for NC's Medicaid Transformation, first paragraph is rewritten as follows:

   In September 2015, the North Carolina General Assembly (General Assembly) enacted North Carolina Session Law 2015-245, which was amended by Session Laws 2016-121 and 2017-57, directing the transition of North Carolina's Medicaid program from a predominately fee-for-service model[1] to a predominantly managed care model. The law requires the North Carolina Department of Health and Human Services (Department or DHHS), through the Division of Health Benefits (DHB), to implement a Medicaid managed care program that advances high-value care, improves population health, engages, and supports providers, and establishes a sustainable program with predictable costs. The Department's goal is to improve the health of all North Carolinians through an innovative, whole-person centered, and well-coordinated system of care, which addresses both medical and non-medical drivers of health.

2. Section I.A Vision for NC's Medicaid Transformation, first paragraph footnote 1 is added as follows:

   The Department currently has a managed care delivery system for behavioral health and intellectual and developmental disabilities through local management entities/managed care organizations (LME/MCOs). Fee for services as used throughout the document refers primarily to physical health services.

3. Section II.A. General Procurement Information is rewritten to add a new definition as Section II.A.1.j.i. as follows:

   j.i. ***Business Day:*** *Monday through Friday 8:00am through 5:00pm, Eastern Time, except for North Carolina state holidays as defined by the Office of State Personnel https://oshr.nc.gov/state-employee-resources/benefits/leave/holidays.*

4. Section II.A. General Procurement Information, 1. pp is rewritten as follows:

   pp. ***Head of Household (HOH):*** *The head of a household consisting of one or more PHP members. For purposes of NC FAST, the HOH is the primary contact for correspondence and notices.*

5. Section II.A. General Procurement Information, 10 is rewritten as follows:

   Sealed responses of the Offeror's proposal, subject to the conditions made a part hereof and the receipt of requirements described herein, must be received at the address indicated below. The Technical Proposal and Cost Proposal should be submitted separately and clearly marked as such.

MAILING ADDRESS FOR DELIVERY OF PROPOSAL VIA U.S. POSTAL SERVICE	OFFICE ADDRESS FOR DELIVERY BY ANY OTHER MEANS, SPECIAL DELIVERY, OVERNIGHT DELIVERY, OR BY ANY OTHER CARRIER
PROPOSAL NUMBER: 30-180090 Attn: Ken Dahlin	PROPOSAL NUMBER: 30-180090 Attn: Ken Dahlin

Department of Health and Human Services Office of Procurement and Contracts 2008 Mail Service Center Raleigh, NC 27699-2008	Department of Health and Human Services Office of Procurement and Contracts 801 Ruggles Drive Raleigh, NC 27603

*Offeror **must** deliver the following simultaneously to the address identified in the above by **April 13, 2018 at 2:00 PM EST**:*

a. *One (1) signed, original executed response with the Technical Proposal and Cost Proposal submitted separately;*
b. *Three (3) copies of the signed, original executed response with the Technical Proposal and Cost Proposal submitted separately;*
c. *One (1) electronic copy of the signed, original executed response with the Technical Proposal and Cost Proposal submitted separately on CD, DVD, or flash drive marked **RFP 30-180090**; and*
d. *One (1) electronic copy of the signed, original executed response with the Technical Proposal and Cost Proposal submitted separately redacted in accordance with G.S. § 132, the Public Records Act, on a separate CD, DVD, or flash drive marked **RFP 30-180090 - Redacted.** For the purposes of this RFP, redaction means to edit a document by obscuring or removing information that is considered confidential and proprietary by the Offeror and meets the definition of Confidential Information set forth in G.S. § 132-1.2. If the response does not contain Confidential Information, Offeror should submit a signed statement to that effect as **RFP 30-180090 - Redacted**.*

The electronic copies of the response must not be password protected.

***IMPORTANT NOTE:** It is the responsibility of the Offeror to have the above documents and electronic copies physically in the Office provided above by the specified time and date of opening, regardless of the method of delivery. **This is an absolute requirement.** The time of delivery will be marked on each proposal when received, and any proposal received after the submission deadline **will not be accepted or evaluated**.*

All risk of late arrival due to unanticipated delay, whether delivered by hand, U.S. Postal Service, courier or other delivery service or method, is entirely on the Offeror. Note that the U.S. Postal Service generally does not deliver mail to the street address above, but to the State's Mail Service Center stated above. The Offeror is cautioned that proposals sent via U.S. Mail, including Express Mail, may not be delivered by the Mail Service Center to the Department's Purchasing Office on the Due Date and time to meet the proposal submission deadline. The Offeror is urged to take the possibility of delay into account when submitting a proposal.

6. Section II.B RFP Evaluation Process.3.d is rewritten as follows:

d. Scoring of proposals will reflect the following weights/percentages:

Minimum Requirements *	**Scoring Weight/Percentage**
Agree to Terms & Conditions	Meets/Does Not Meet

Financial Stability and Legal Action Disclosure	Meets/Does Not Meet
Experience:	
Enrollment broker services for Medicaid program with at least 400,000 beneficiaries	Meets/Does Not Meet
Call Center support for choice counseling and enrollment broker services for open enrollment population of at least 400,000	Meets/Does Not Meet
Integration with existing Medicaid program eligibility and customer service systems	Meets/Does Not Meet
**** Offerors receiving a "Does Not Meet" score will be disqualified***	

	Scoring Weight/Percentage
Technical Proposal	
Qualifications, Experience and Federal Requirements	4.0%
NC Medicaid and Health Choice Enrollment	1.0%
Member Appeals of Disenrollment	4.0%
Beneficiary Support Under Managed Care	4.0%
Beneficiary Grievances	4.0%
Member Outreach, Education and Materials	4.0%
Language Accessibility and Cultural Competency	2.0%
Call Center Support	4.0%
Enrollment Services Website and PHP Selection Tool	3.0%
Beneficiary Management Platform	2.0%
Consolidated Beneficiary Facing Provider Directory	4.0%
Mailing Requirements	1.0%
Enrollment Information System Integration	4.0%
Staffing and Key Personnel	3.0%
Account Management	1.0%
Training	2.0%
Fraud Waste and Abuse	3.0%
Performance Reporting and Delivery Requirements	1.0%
Reconciliation	3.0%
Security and Audit Requirements	1.0%
Business Continuity Plan	2.0%

Member Enrollment Satisfaction Survey	2.0%
Readiness Review	2.0%
Implementation Plan	3.0%
System Interface Plan	3.0%
Use Scenarios	3.0%
References	2.0%
Contract Performance and Sanctions	3.0%
Total Technical Proposal	**75.0%**
Cost Proposal	**25.0%**
Total	**100.0%**

7. Section II.E Contract Terms and Conditions is modified to add #38 and #39 as follows:
   38. This RFP/Contract is exempt from State contract review and approval requirements pursuant to G.S. § 143B-21680(b)(4).
   39. This RFP/Contract is subject to approval by the Centers for Medicare and Medicaid Services pursuant to 42 C.F.R. § 438.810(b)(3).

8. Unless otherwise stated, all references to the number of days for an action or count of a period of time are calendar days.

9. Section III.B North Carolina Medicaid and Health Choice Enrollment.6. b is rewritten as follows
   b. The Enrollment Broker shall accept auto-assignment from the Department at a frequency no less than once per business day, with the Department desiring a real-time interaction.

10. Section III.B North Carolina Medicaid and Health Choice Enrollment.7.b.iv.5 is rewritten as follows
    i. Follow up with member or authorized representative by phone and by mail if not reached telephonically on any incomplete "without cause" request form within one (1) business day of receipt of the request;

11. Section III.B North Carolina Medicaid and Health Choice Enrollment.7.b.iv.7 is rewritten as follows
    7. Notify the Department of denial or approval of the request within three (3) business days of receipt.

12. Section III.B North Carolina Medicaid and Health Choice Enrollment.7. c.v.3 is rewritten as follows
    3. Follow up with members or authorized representatives by phone and by mail if not reached telephonically on any incomplete "without cause" request form within one (1) business day of receipt of the request;

13. Section III.B North Carolina Medicaid and Health Choice Enrollment.7.c.vi is rewritten as follows

vi. If the "with cause" request is non-clinical, as described in the section, the Offeror shall approve or deny all complete "with cause" requests based on if the requests meet the required "with cause" policy reasons, and notify the Department of denial or approval of request within three (3) business days of receipt of the request. The Department will notify the member or authorized representative of the denial or approval of non-clinical related "with cause" requests for disenrollment.

14. Section III.B North Carolina Medicaid and Health Choice Enrollment.7.c.vii is rewritten as follows

vii. If the "with cause" request is clinical, as described in the section, the Enrollment Broker shall transmit complete clinical-related "with cause" request to the Department for processing within one (1) business of receipt. The Department shall receive, review, and approve or deny all complete clinical related "with cause" requests for disenrollment on the same timeline required of the Enrollment Broker. The Department shall communicate the decision of approval or denial of clinical related "with cause" requests to the Enrollment Broker, and the member or the member's authorized representative.

15. Section III.B North Carolina Medicaid and Health Choice Enrollment.7. c. viii is rewritten as follows

viii. The Enrollment Broker must allow for expedited review of "with cause" disenrollment based on urgent medical need standard to include the situation where continued enrollment in the PHP that could jeopardize the member's life, physical or mental health, or ability to attain, maintain, or regain maximum function. Expedited disenrollment for urgent medical needs shall occur within three (3) calendar days after receipt.

16. Section III.D Beneficiary Support Under Managed Care.2 *Table 3 – Phase 1 Sample Cross-over Population Timeline* is replaced with the following:

Table 3 – Phase 1 Sample Cross-over Population Timeline

Key activity	Proposed date
Enrollment Broker call center/website fully operational to support choice counseling and PHP selection	February 1, 2019
Open enrollment period begins	March 15, 2019
Open enrollment period ends	May 15, 2019
PHP effective date	July 1, 2019
Ninety (90)-day choice period begins	July 1, 2019
Member may change PHPs without cause	July 1, 2019 - September 29, 2019
Ninety (90)-day choice period ends	September 29, 2019
Member may change PHPs "with cause"	Ongoing

17. Section III.D Beneficiary Support Under Managed Care.9 is rewritten as follows

9. The Enrollment Broker shall provide, at a minimum, the following to beneficiaries with a serious mental illness, a serious emotional

disturbance, a substance use disorder, or an intellectual / developmental disability, until implementation of BH/IDD Tailored Plans:

- *a. The Enrollment Broker shall accept BH I/DD TP eligibility information, including whether the beneficiary defaults into a BH/IDD TP (or FFS and LME-MCO coverage prior to launch of BH/IDD TP) from the Department and use to support choice counseling and PHP selection;*
  - *i. The Enrollment Broker shall accept from the Department updates on beneficiaries who the Department determines to be eligible to enroll in BH I/DD TP either through historical claims analysis or other means;*
- *b. The Enrollment Broker shall train their staff in providing consumer-specific supports to BH I/DD TP eligible population to support plan choice;*
- *c. The Enrollment Broker shall accept and act on requests for transfers from standard plans to BH I/DD TPs as allowable by the Department;*
- *d. The Enrollment Broker shall participate in the BH I/DD TP eligibility verification process by:*
  - *i. Sending a blank BH I/DD TP Assessment Form to enrollees who self-identify;*
  - *ii. Informing beneficiaries who can complete the assessment; and*
  - *iii. Transmitting the completed BH I/DD TP Assessment Form to the Department for review.*

18. Section III.H Call Center Support.1.3. s is added as follows:
    - *s. Electronic correspondence includes secure messaging and email with the Department and all entities, individuals and representatives included within this RFP.*

19. Section III.I Enrollment Services Website.5. a is rewritten as follows:
    - *a. The Website must include, at a minimum, the defined educational materials in a web-readable format. Defined education materials" are those developed by the Enrollment Broker on the Department's behalf, plus additional education materials as requested by the Department that may be developed or obtained from other sources determined to supplement or complement Enrollment Broker education materials.*

20. Section III.L Mailing Requirements is rewritten to add 8 and 9 as follows
    - *8. The Enrollment Broker must manage all inbound mail as required by State policy and Federal regulations. The Department will work with the Enrollment Broker to establish a centralized mailing address. All inbound mail should be scanned into electronic format and made available to the Department. The Department will work with the Enrollment Broker to determine appropriate file naming conventions. An example of inbound mail is the BH I/DD TP Assessment Form to be implemented after the launch of the BH I/DD TPs.*
    - *9. The Enrollment Broker must publish an address to which individuals may send correspondence.*

21. Section III.M Enrollment Information System Integration.2 is rewritten as follows:
    - *2. The State will continue to intake applications, determine the eligibility of a beneficiary, and auto assign PHPs in the NC FAST platform. Once eligibility is determined, NC FAST will pass the member to the Enrollment Broker. If no PHP is chosen during the application process in NC FAST, the beneficiary will be assigned to a plan utilizing the auto-assignment algorithm – as defined in APPENDIX K: MANAGED CARE AUTO-ASSIGNMENT ALORITHM. If the member chooses to change plans with or without cause, the Enrollment Broker will manage the choice counseling and the new PHP selection and pass the updated information to NC FAST. NC FAST will interface with NCTracks to coordinate enrollment effectuation with the PHPs. The transmission of PHP selection data*

between NC FAST to the Enrollment Broker will be at a minimum daily, however the State prefers Realtime transactions where possible.

22. Section III.N Staffing and Key Personell.3. b is rewritten as follows

b. Within five (5) business days of the request, the Department will notify the Offeror if the recommended substitute is acceptable. If the Department does not accept the recommended substitute, the Offeror will have five (5) business days to make another recommendation.

23. Section III.S Reconciliation.4. b is rewritten as follows

b. Any discrepancies identified by the Enrollment Broker in the weekly electronic reconciliation must be reported to the Department upon discovery of the discrepancy. Discrepancies caused by the Enrollment Broker must be corrected within three (3) business days, unless otherwise agreed upon by the Department. The Enrollment Broker must submit a CAP to the Department to ensure that all appropriate Enrollment transactions are consistent on the Department's and the Enrollment Broker's files.

24. Section III.S Reconciliation.4.c is rewritten as follows

c. The weekly electronic reconciliation must be submitted to the Department by 12:00 PM EST each Monday for the prior week. The Enrollment Broker must provide the Department with a summary and detailed report of the weekly electronic reconciliation, as well as information concerning the correction of discrepancies and/or any other details relating to the reconciliation.

25. Section III.S Reconciliation.4. d is rewritten as follows

d. The Enrollment Broker must coordinate the requirements of the weekly reconciliation with the Department. The weekly electronic reconciliation will be a standing item in the Department's bi-weekly status meetings with the Enrollment Broker as stated within this RFP.

26. Section III.S Reconciliation.5. a is rewritten as follows

a. *As a component of its enrollment systems, the Enrollment Broker must design, develop, and implement a comprehensive monthly electronic reconciliation of all Enrollment, Disenrollment, and related transactions that it receives and processes from the Department. The monthly electronic reconciliation will be used to determine if the Enrollment Broker received and fully processed on its files all appropriate transactions forwarded by the Department*.

27. Section III.U Business Continuity Plan.1. a is rewritten as follows

a. Within thirty (30) days after the Contract Effective Date, the Offeror shall submit a Business Continuity Plan, to include disaster recovery processes, which provides a detailed description of its disaster contingency and recovery plan for all requirements specified in this RFP. The Offeror will demonstrate how it will restore call center operations within twenty-four (24) hours and resume all remaining operations within three (3) calendar days following a natural or manmade disaster. The plan shall meet recognized industry standards for security and disaster recovery requirements. The plan shall identify disaster situations (e.g., fire, flood, terrorist event, hurricanes/tornadoes), which could result in a major failure. For each identified situation, the Offeror shall explain in detail the:

28. Section III.X Implementation Plan.4. d is replaced in its entirety as follows:

The Department requires an experienced Enrollment Broker who can implement comprehensive Enrollment Broker Services quickly and efficiently. The Department has defined the Enrollment Brokers implementation period as the time between the Contract Effective Date and the Start Date of enrollment broker operations on February 1, 2019, or a date determined by the Department.

1. *The Enrollment Broker must submit, no later than thirty (30) days after the Contract Effective Date, a detailed Implementation Plan to implement Enrollment Broker Services no later than February 1, 2019, or a date determined by the Department.*

2. *A comprehensive report on the status of each task, subtask, and deliverable in the work plans must be provided to the Department by the Enrollment Broker every week from the time of Contract execution through three (3) months after successful implementation, in MS Project 2016 or format agreed upon by the Department and Enrollment Broker.*

3. *The Enrollment Broker and Department will work together during implementation period to establish a schedule for key activities and define expectations for the content and format of contract deliverables through the implementation period and first contract year.*

4. *Key Service Metrics: Table 6 – Key Service Metrics defines the metrics to be monitored and measured for Implementation. This includes the initial upload of the eligibility file, accurate upload of the eligibility file, and EB integration of the Consolidated Provider Directory. Reports for these metrics must be provided in accordance with the reporting requirements of this RFP.*

29. Section IV.A.6, *Table 6 – Key Service Level Metrics* is replaced in its entirety with Addendum #2, Exhibit 1 – Revised Section IV.A.6, *Table 6 – Key Service Level Metrics*.

30. ATTACHMENT B: TECHNICAL RESPONSE is replaced in its entirety with Addendum #2, Exhibit 2 – Revised ATTACHMENT B: TECHNICAL RESPONSE.

31. ATTACHMENT C: COST PROPOSAL is replaced in its entirety with Addendum #2, Exhibit 3 – Revised ATTACHMENT C: COST PROPOSAL.

32. ATTACHMENT M: ANTICIPATED CONTRACT REQUIREMENTS AND IMPLEMENTATION SCHEDULE is replaced its entirety with Addendum #2, Exhibit 4 – Revise ATTACHMENT M: ANTICIPATED CONTRACT REQUIREMENTS AND IMPLEMENTATION SCHEDULE.

Addendum #2, Exhibit 1 – Revised Section IV.A.6, *Table 6 – Key Service Level Metrics*

Description	Standard	Liquidated Damage
Implementation		
1) Initial upload of eligibility file: Defined as initial Medicaid and NC Health Choice eligibility file uploaded to EB platform in advance of open enrollment period.	Initial file upload date as defined in Department approved implementation plan	$5,000 per day for each day beyond the first two (2) business days Escalates to $10,000 per day for each day delayed beyond the first five (5) business days delay
2) Accurate upload of eligibility file: Defined as final date in which accurate Medicaid and NC Health Choice eligibility data must be uploaded to EB platform in advance of open enrollment period.	Final date for accurate eligibility data as defined in Department approved implementation plan	$10,000 per day for each day beyond the first two (2) business days Escalates to $15,000 per day for each day delayed beyond the first five (5) business days delay
3) EB integration of Consolidated Provider directory: Defined as final date, by region, in which accurate PHP provider data must be integrated into and publicly available through the provider directory in advance of open enrollment period.	Final date for accurate provider directory data as defined in Department approved implementation plan	$10,000 per day for each day beyond the first two (2) business days Escalates to $15,000 per day for each day delayed beyond the first five (5) business days delay
4) Real Time Integration to the NC FAST Systems: Defined as the date by which the EB Beneficiary Platform is able to communicate in real time to the NC FAST system.	Final date for tested integration as defined in Department approved implementation plan.	$10,000 per day for each day beyond the first two (2) business days Escalates to $15,000 per day for each day delayed beyond the first five (5) business days delay
Call Center		
5) Calls Abandoned: Defined as the number of inbound calls offered but are disconnected by the caller after three (3) seconds and are neither a Call Handled nor a Self Service. Calls Abandoned rate will be calculated as: (Total Calls Offered - Total Calls Short Abandoned - (Total Calls	Rate must not exceed five percent (5%) per month.	1% of monthly invoice

Handled plus Total Self-Service Calls)) / Total Calls Offered.		
6) Call Center outage: Defined as the number of minutes the call center is unable to accept new inbound calls.	Rate must not exceed five (5) minutes of unscheduled time in which the call center is unable to accept new inbound calls.	1% of monthly invoice
7) The wait/hold time for callers: Defined as the time between a call being initially answered including answered by an operating system and a response by a live operator to a caller's inquiry.	No longer than three (3) minutes for 95% of all incoming calls.	1% of monthly invoice
8) Call Answer Time: Defined as the number of seconds it takes for an inbound call to reach a live agent or reach a self-service option. Measured in seconds.	Rate must not exceed one three (3) minutes for 95% of Calls Offered.	1% of monthly invoice
9) First Call Resolution: Define as the percent of contacts that are resolved by the call center on the first interaction with the customer	98%	0.5% of monthly invoice
Enrollment services website		
10) Web portal response: Defined as elapsed time from the command to view a response until the response appears or loads to completion.	Rate must not exceed five (5) seconds 99% of the time.	
11) Timely response to electronic correspondence: Defined as response time to all electronic correspondence including email, fax, web enrollments or other electronic responses.	Response rate to all members and PHP of 100% within 3 business days	Up to 3% of monthly invoice 100% - 95%: 1% deduction Less than 95% - 85%: 2% deduction Less than 85%: 3% deduction
Satisfaction survey		
12) Call center enrollment survey response: Defined as member satisfaction as measured by Department approved call center member enrollment satisfaction survey.	Average rate must not fall below percent agreed upon in Department approved member enrollment satisfaction survey	0.5% of monthly invoice

13) Web-based enrollment survey response Define as Defined as member satisfaction as measured by Department approved call center member enrollment satisfaction survey.	Average rate must not fall below percent agreed upon in Department approved member enrollment satisfaction survey	0.5% of monthly invoice
Enrollment and disenrollment processing		
14) Without cause disenrollment processing time: Defined as average time from receipt of complete member without cause disenrollment requests to notification to Department of decision.	Average processing time must not exceed five (5) calendar days	2% of monthly invoice
15) Non-clinical with cause processing time: Defined as average time from receipt of complete member non-clinical with cause disenrollment requests to notification to Department of decision.	Average processing time must not exceed five (5) calendar days	1% of monthly invoice
16) All inbound mail: Defined as the average time form receipt of the mailing to the initiation of the processing the request, regardless of the request type.	Average processing time must not exceed five (5) calendar days	1% of monthly invoice

Addendum #2, Exhibit 2 – Revised ATTACHMENT B: TECHNICAL RESPONSE

The Offeror must submit ADDENDUM #2, Exhibit 2 – Revised ATTACHMENT B: TECHNICAL RESPONSE. The Department encourages Offerors to suggest innovative ways to fulfill the requirements of this RFP. The Offeror must confirm adherence to the expectations of the Department and their ability to meet the requirements of this RFP. This includes providing a detailed narrative, diagrams, exhibits, examples, sketches, descriptive literature and/or detailed information specifically tailored for the North Carolina Medicaid program to demonstrate its ability to meet requirements.

The Technical Response must be submitted using the following MS Word template and the directives therein. The MS Word template may be requested by contacting Ken Dahlin at Ken.Dahlin@dhhs.nc.gov.

<table>
<tr><th>RFP Section</th><th>Response</th></tr>
<tr><td>Qualifications, Experience and Federal Requirements
Section III. A, 1-6</td><td>
The Department requests the response to this section be limited to twelve (12) pages.

1. The Offeror must describe:
a. The company, its operations and ownership.
b. Their experience in providing services similar to those included in the scope of this RFP, with an emphasis on clients of similar size to North Carolina’s Medicaid program and details on the number of years of providing services.
c. Factors viewed as being critical to the success of the enrollment broker program in North Carolina.

2. The Offeror must provide:
a. A list of other State Medicaid programs served, including the size of the population and contract term using the following table:

<table>
<tr><th rowspan="2">State</th><th rowspan="2">Number of Beneficiaries</th><th colspan="2">Contract Term</th></tr>
<tr><th>Month/Year Effective</th><th>Month/Year Terminated/Expired</th></tr>
<tr><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td><td></td></tr>
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</table>
b. A list of terminated contracts for enrollment broker services, including expired or non-renewed contracts, in the last seven (7) years and the reason/circumstances pertaining to the termination.
c. A list of any litigations or sanctions that have been applied under any current or former enrollment broker services contract in the last seven (7) years.

3. The Offeror must confirm adherence to the expectations of the Department and describe their ability and approach to meet the requirements of Section III. A. Qualifications, Experience and Federal Requirements.
</td></tr>
</table>

North Carolina Medicaid and NC Health Choice Enrollment Section III. B, 1-8	The Department requests the response to this section be limited to ten (10) pages, not including the samples/examples of process flows, resources and education materials. 1. The Offeror must confirm adherence to the expectations of the Department and describe their ability and approach to meet the requirements of Section III. B. North Carolina Medicaid and NC Health Choice Enrollment. 2. Offeror must provide sample process flows describing the PHP selection process. 3. Offeror must describe procedures for PHP and AMH/PCP selection and disenrollment processes which are efficient and not unnecessarily administratively burdensome for beneficiaries. 4. Offeror must provide sample managed care resources and educational materials which describe the process for selecting and changing a PHP. 5. The Offeror must describe any limitations and/or issues with meeting the requirements of this Section.
Member Appeals of Disenrollment Section III. C, 1-6	The Department requests the response to this section be limited to four (4) pages, including the sample/example Beneficiary Disenrollment Form. 1. The Offeror must confirm adherence to the expectations of the Department and describe their ability and approach to meet the requirements of Section III. C. Member Appeals of Disenrollment. 2. Offeror must describe and provide internal process flows for participation in the beneficiary appeal process. 3. Offeror must provide a sample of a Beneficiary Disenrollment Form. 4. Offeror must describe previous participation in mediation, pre-hearing preparation or State Fair Hearings. 5. The Offeror must describe any limitations and/or issues with meeting the requirements of this Section.
Beneficiary Support Under Managed Care Section III. D, 1-12	The Department requests the response to this section be limited to ten (10) pages, not including the sample Welcome Packet. 1. The Offeror must confirm adherence to the expectations of the Department and describe their ability and approach to meet the requirements of Section III. D. Beneficiary Support Under Managed Care. 2. Offeror must describe managed care education provided in other states or for other clients during open enrollment period. 3. Offeror must include a sample welcome packet. Considerations for mailing weight and print costs should be made.

	4. Offeror must describe proactive outreach provided during open enrollment periods in other states or for other clients. 5. Offer must describe the Plan Selection Tool, its functionality, and include screen shots and visual displays of information viewable by beneficiaries. 6. The Offeror must describe any limitations and/or issues with meeting the requirements of this Section.
Beneficiary Grievances Section III. E, 1	The Department requests the response to this section be limited to three (3) pages, not including the grievance policy and education materials samples/examples. The Offeror must include at least two (2) samples/examples of each, but may not submit more than three (3) for each. 1. The Offeror must confirm adherence to the expectations of the Department and describe their ability and approach to meet the requirements of Section III. E. Beneficiary Grievances. 2. Offeror must describe how grievance processes will be efficient and not unnecessarily administratively burdensome for beneficiaries. 3. Offeror must provide sample educational materials available to beneficiaries explaining current grievance policy and procedures. 4. Offeror must provide link to existing beneficiary grievance policy on a publicly available website. 5. Offeror must describe assistance provided to beneficiaries in completing forms and other procedural steps related to grievances. 6. The Offeror must describe any limitations and/or issues with meeting the requirements of this Section.
Member Outreach, Education and Enrollment Materials Section III. F, 1-6	The Department requests the response to this section be limited to ten (10) pages, not including the items stated below. The sample/example Tribal Engagement Strategy should be limited to five (5) pages. The sample/example DSS Engagement Strategy should be limited to five (5) pages. The proposed approach for enhanced outreach and community level engagement should be limited to five (5) pages. 1. The Offeror must confirm adherence to the expectations of the Department and describe their ability and approach to meet the requirements of Section III. F. Member Outreach, Education and Enrollment Materials. 2. Offeror must describe the outreach and education campaign strategy for beneficiaries, members of federally recognized tribes, authorized representatives, family members, providers, PHPs, local DSS offices, PHHS offices and community-based organizations which may routinely interact with North Carolina's Medicaid beneficiaries.

	3. Offeror must provide evidence of previous outreach events hosted making sure to include information on location, agenda and survey results. 4. Offeror must describe technologies which will be employed to support member outreach. a. Include information to support additional technologies. b. Describe experience using technology in support of outreach in other states. 5. Offeror must provide a sample Tribal Engagement Strategy. 6. Offeror must provide a sample DSS Engagement Strategy. 7. Offeror must list current contracts or states where joint outreach is performed with ombudsman programs, PHPs, local social service or other community agencies. 8. Offeror must describe an approach for enhanced outreach and community level engagement with local DSS/EBCI PHHS offices to assist beneficiaries in the transition from fee for service to manage care making sure to propose in its response to Addendum #2, Exhibit 3 – Revised ATTACHMENT C: COST PROPOSAL: a. Plan and cost for onsite support; and b. Plan and cost for providing enhanced support to local DSS/EBCI PHHS offices during open enrollment and other potential peak periods. 9. The Offeror must describe any limitations and/or issues with meeting the requirements of this Section.
Language, Accessibility, and Cultural Competency Section III. G, 1-18	The Department requests the response to this section be limited to three (3) pages, not including the sample/example cultural competency materials and existing materials with taglines. The Offeror should include at least two (2) cultural competency samples/examples, but should not submit more than three (3). 1. The Offeror must confirm adherence to the expectations of the Department and describe their ability and approach to meet the requirements of Section III. G. Language, Accessibility, and Cultural Competency. 2. Offeror must describe how materials for and contacts with beneficiaries are culturally competent. 3. Offeror must provide examples, samples and/or detailed cultural competency information specifically tailored for the North Carolina Medicaid and NC Health Choice program. 4. Offeror must describe how oral, written and sign language translation services are certified. 5. Offeror describe how screen readers are accommodated. 6. Offeror must provide examples of existing materials with language taglines.

	7. Offeror must describe how assistive listening devices and professional sign language interpreters will be made available during presentations and other events with beneficiary audiences. 8. The Offeror must describe any limitations and/or issues with meeting the requirements of this Section.
Call Center Support Section III. H, 1-15	The Department requests the response to this section be limited to fifteen (15) pages, not including the sample/example call script stated below. The sample/example call script to assist beneficiaries in understanding the factors for consideration when selecting a PHP must be limited to three (3) pages. 1. The Offeror must confirm adherence to the expectations of the Department and describe their ability and approach to meet the requirements of Section III. H. Call Center Support. 2. Offeror must describe AVRS in use for other clients or in other states. 3. Offeror must describe the capacity of AVRS to allow callers to enter their MID or alternative ID to identify the member prior to the call being distributed to a call center representative. 4. Offeror must describe how software will auto-populate with relevant information from prior contacts or calls as well with beneficiary demographic, member enrollment and eligibility information from NCTracks/NC FAST. 5. Offeror must Identify location of telecommunication system and call center which will support this contract. 6. Offeror must describe the capacity to handle all telephone calls during normal business hours, after hours and peak hours. 7. Offeror must list the location of and parameters for the planned usage of the overflow call center. 8. Offeror must describe the plan for the Department to have real-time remote access via secure internet connection to all calls and call recordings. 9. Offeror must describe successful implementation of call center for other clients or in other states, maximum number of lives managed, maximum calls handled. 10. Offeror must provide sample of call script to be used by beneficiary that is clear and easily understandable describing factors to consider when selecting a PHP. 11. Offeror must specify If web chat functionality will be provided as an alternative or supplement to voice interactions making sure to describe how this functionality will work. 12. Offeror must provide data on successful use of webchat functionality if used in other states or for other contractors.

	13. The Offeror must describe any limitations and/or issues with meeting the requirements of this Section.
Enrollment Services Website Section III. I, 1-9	The Department requests the response to this section be limited to five (5) pages, not screen shot samples/examples. The screen shot examples of websites implemented for similar clients, preferably state agencies, must be limited to three (3) pages. 1. The Offeror must confirm adherence to the expectations of the Department and describe their ability and approach to meet the requirements of Section III. I. Enrollment Services Website. 2. Offeror must describe how the Enrollment Services website is interactive and allows the beneficiary to manage enrollment in a seamless manner. 3. Offeror must describe existing or potential access to enrollment services website via mobile devices. If the access is designated for future implementation identify timeline for implementation. 4. Offeror must provide screen shots of websites implemented for similar clients. 5. Offeror must describe how the website will support authentication without the need for the beneficiary to provide a user ID / password pair by taking the session state from NC FAST or ePASS. 6. Offeror must describe how the Plan Selection Tool will utilize the PHP Provider Directory to display available network providers to the beneficiary based on PHP selection. 7. The Offeror must describe any limitations and/or issues with meeting the requirements of this Section.
Beneficiary Management Platform Section III. J, 1-7	The Department requests the response to this section be limited to twelve (12) pages. 1. The Offeror must confirm adherence to the expectations of the Department and describe their ability and approach to meet the requirements of Section III. J. Beneficiary Management Platform. 2. Offeror must describe the features of Beneficiary Management Platform in existence detailing the information contain or which need to be developed including but not limited to: a. Demographic information; b. Records of enrollments, disenrollments, grievances, language preferences; c. Tracking call center interactions; and d. Exchanging information with state systems and data interfaces. 3. Offeror must describe how the Beneficiary Management Platform has capacity to manage North Carolina data. 4. Offeror must provide sample process flow for use of the Beneficiary Management Platform.

	5. The Offeror must describe any limitations and/or issues with meeting the requirements of this Section.
Consolidated Beneficiary-Facing Provider Directory Section III. K, 1-4	The Department requests the response to this section be limited to five (5) pages, not including Beneficiary-facing Provider Directory Information samples/examples. The Offeror must include at least two (2) Beneficiary-facing Provider Directory Information samples/examples, but must not submit more than three (3). 1. The Offeror must confirm adherence to the expectations of the Department and describe their ability and approach to meet the requirements of Section III. K. Consolidated, Beneficiary Facing Provider Directory. 2. Offeror must describe the Beneficiary Facing Provider Directory identifying a. information available in the directory, b. how the directory will be easily searchable, c. how the directory will be kept up to date. 3. Offeror must provide up to 3 examples of Beneficiary Facing Provider Directory information. 4. Offeror must Describe initial policies and internal process flows which describe consolidated provider directory. 5. Offeror must identify how the data therein shall be gathered and displayed. 6. Offeror must describe how providers' information that participate in the North Carolina fee-for-service program will be displayed. 7. The Offeror must describe any limitations and/or issues with meeting the requirements of this Section.
Mailing Requirements Section III. L, 1-7	The Department requests the response to this section be limited to three (3) pages. 1. The Offeror must confirm adherence to the expectations of the Department and describe their ability and approach to meet the requirements of Section III. L. Mailing Requirements. 2. Offeror must provide a description of address verification procedures. 3. Offeror must provide the proposed format and frequency for notification of the Department of incorrect or non-verifiable addresses and returned mailed. 4. Offeror must describe cost-effective methods for controlling postage costs when producing member materials that will be mailed. 5. The Offeror must describe any limitations and/or issues with meeting the requirements of this Section.
Enrollment Information System Integration	The Department requests the response to this section be limited to fifteen (15) pages. 1. The Offeror must confirm adherence to the expectations of the Department and describe their ability and approach to meet the requirements of Section III. M. Enrollment Information System Integration.

Section III. M, 1-8	2. Offeror must describe the Enrollment Information System ability to interface with the State of North Carolina and Department Systems including NC FAST, NCTracks at a minimum on a daily basis, or in real time as preferred by the Department and through standard x12 EDI transactions. 3. The Offeror must describe any limitations and/or issues with meeting the requirements of this Section.
Staffing and Key Personnel Section III. N, 1-4	The Department requests the response to this section be limited to ten (10) pages, not including ATTACHMENT D: OFFEROR'S KEY PERSONNEL with resumes for the staff proposed therein. 1. The Offeror must confirm adherence to the expectations of the Department and describe their ability and approach to meet the requirements of Section III. N. Staffing and Key Personnel. 2. Offeror must describe proposed staffing for the call center to ensure performance metrics as defined in *Table 6 - Key Service Level Metrics* are met. 3. Offeror must provide a detailed staffing contingency plan for handling sudden and unexpected increases in enrollment, PHP transfers and call volumes with a description on how the plan will be implemented and coordinated with the Department. 4. The Offeror must describe any limitations and/or issues with meeting the requirements of this Section.
Account Management Section III. O, 1	The Department requests the response to this section be limited to three (3) pages. 1. The Offeror must confirm adherence to the expectations of the Department and describe their ability and approach to meet the requirements of Section III. O. Account Management. 2. Offeror must describe proposed format, requirements and frequency for a status report to include key activities/milestones completed. 3. Offeror must describe proposed format and requirements of the Annual Report. 4. The Offeror must describe any limitations and/or issues with meeting the requirements of this Section.
Training Section III. P, 1-3	The Department requests the response to this section be limited to ten (10) pages, not including beneficiary materials for training state Medicaid and county DSS staff samples/examples. The Offeror must include two (2) beneficiary materials for training state Medicaid and county DSS staff samples/examples, with each sample/example limited to three (3) pages. 1. The Offeror must confirm adherence to the expectations of the Department and describe their ability and approach to meet the requirements of Section III. P. Training.

	2. Offeror must provide an example of a training and evaluation module for customer service staff to ensure adequate knowledge of North Carolina Medicaid programs, including the various Medicaid managed care systems and any other covered program. 3. Offeror must provide sample beneficiary materials used for training state Medicaid or local social services staff. 4. The Offeror must describe any limitations and/or issues with meeting the requirements of this Section.
Fraud, Waste and Abuse Section III. Q, 1-2	The Department requests the response to this section be limited to eight (8) pages. 1. The Offeror must confirm adherence to the expectations of the Department and their ability and approach to meet the requirements of Section III. Q. Fraud, Waste, and Abuse. 2. Offeror must a provide a sample fraud, abuse, and waste prevention compliance plan that establishes criteria for preventing, detecting, controlling and referring cases of suspected fraud, abuse, or waste and include a description of processes to be used to prevent, investigate and control suspected fraud, abuse, and waste. 3. The Offeror must describe any limitations and/or issues with meeting the requirements of this Section.
Performance Reporting and Delivery Requirements Section III. R, 1-2	The Department requests the response to this section be limited to ten (10) pages, not including samples/examples of the specified reports herein. 1. The Offeror must confirm adherence to the expectations of the Department and their ability and approach to meet the requirements of Section III. R. Performance Reporting and Delivery Requirements. 2. The Offeror must include samples/examples of reports as outlined in ATTACHMENT L: OFFEROR REPORTING REQUIREMENTS for the following categories: a. Enrollment; b. Disenrollment; c. Call Center stats; d. Website stats; and e. Mailing stats. 3. The Offeror must describe any limitations and/or issues with meeting the requirements of this Section.
Reconciliation Section III. S, 1-5	The Department requests the response to this section be limited to six (6) pages. 1. The Offeror must confirm adherence to the expectations of the Department and their ability and approach to meet the requirements of Section III. S. Reconciliation. 2. Offeror must describe how it will ensure systems and files meet all state and federal requirements and are HIPAA compliant and focus on how electronic reconciliations of all Enrollment, Disenrollment, and related transactions will be transmitted to the Department on a daily, weekly and monthly basis. 3. The Offeror must describe any limitations and/or issues with meeting the requirements of this Section.

Security and Audit Requirements Section III. T, 1-14	The Department requests the response to this section be limited to eight (8) pages. 1. The Offeror must confirm adherence to the expectations of the Department and their ability and approach to meet the requirements of Section III. T. Security and Audit Requirements. 2. The Offeror must describe any limitations and/or issues with meeting the requirements of this Section.
Business Continuity Plan Section III. U, 1-2	The Department requests the response to this section be limited to six (6) pages, not including the sample/example Disaster Recovery Plan. 1. The Offeror must confirm adherence to the expectations of the Department and their ability and approach to meet the requirements of Section III. U. Business Continuity Plan. 2. Offeror must include a sample Business Continuity Plan addressing the requirements including disaster recovery processes, and how call center functions would be restored in the event of a natural or manmade disaster. 3. The Offeror must describe any limitations and/or issues with meeting the requirements of this Section.
Member Enrollment Satisfaction Survey Section III. V, 1-5	The Department requests the response to this section be limited to five (5) pages. 1. The Offeror must confirm adherence to the expectations of the Department and describe their ability and approach to meet the requirements of Section III. V. Member Enrollment Satisfaction Survey. 2. Offeror must provide the results of the most recent customer service satisfaction surveys by call center, web-based and/or in person outreach responses. 3. The Offeror must describe any limitations and/or issues with meeting the requirements of this Section.
Readiness Review Section III. W, 1-6	The Department requests the response to this section be limited to four (4) pages. 1. The Offeror must confirm adherence to the expectations of the Department and their ability and approach to meet the requirements of Section III. W. Readiness Review. 2. The Offeror must describe any limitations and/or issues with meeting the requirements of this Section.
Implementation Plan Section III. X, 1-4	The Department requests the response to this section be limited to fifteen (15) pages, not including the detailed proposed Implementation Plan. 1. The Offeror must confirm adherence to the expectations of the Department and describe their ability and approach to meet the requirements of Section III. X. Implementation Plan. 2. The Offeror must submit a detailed proposed Implementation Plan for Enrollment Broker Services. 3. The Offeror must describe any limitations and/or issues with meeting the requirements of this Section.
System Interface Plan	The Department requests the response to this section be limited to fifteen (15) pages.

Section III. Y, 1-2	1. The Offeror must confirm adherence to the expectations of the Department and describe their ability and approach to meet the requirements of Section III. Y. System Interface Plan. 2. Offeror must provide a detailed inventory of interfaces and formats. The Department will work with the Offeror to define the interfaces required. 3. Offeror must describe its ability to provide real-time web services as a standard for exchanging data. 4. Offeror must provide a detailed inventory in Microsoft Excel of all interfaces and exchanges opportunities with the Department or its partners, including but not limited to data, frequency, protocols, file names, sources and target system. 5. Offeror must provide detailed diagram(s) showing data flows between systems including but not limited to source and destination, data, frequencies, direction. 6. The Offeror must describe any limitations and/or issues with meeting the requirements of this Section.
Department Responsibilities Section III. Z, 1-2	1. The Offeror must list and provide details for any expected/anticipated Department Responsibilities and/or resources that have not been identified in Section Z. Department Responsibilities, but will be necessary to implement and support the services required by this RFP. 2. The Offeror must describe any limitations and/or issues with meeting the requirements of this Section.
Contract Performance and Sanctions, Section IV.A 1-8	1. The Offeror must confirm adherence to the expectations of the Department regarding contract performance, sanctions and damages as specified in Section IV.A. Contract Performance and Sanctions. 2. The Offer must demonstrate its understanding of the Key Service Level Metrics included in Table 6 and provide a description of its capability to accurately capture, track, report and audit each metric. 3. The Offer must provide its methodology or mathematical formula for calculating each metric 4. The Offeror must describe any limitations and/or issues with meeting the requirements of this Section. 5. The Offeror must request any modifications to Section IV.A. per the instructions in Section II.A.3, and acknowledge these are not part any subsequent Contract unless explicitly accepted by the Department in accordance with Section II.A.3

Use Case Scenarios

Responses must focus how beneficiaries will be assisted in navigating North Carolina's complex primary and behavioral health systems, including collaboration with key stakeholders. The response for *each* Use Case Scenario must not exceed four (4) pages.

Scenario Number	Scenario
Scenario #1	The mother of a minor child contacts the Enrollment Broker regarding a PHP denial of her daughter having an MRI for headaches. The mother reports that she previously contacted the PHP to file an appeal but has not heard back about the resolution. The mother, who is anxious and concerned about her daughter's health and the lack of response to the denial, reports the complaint was filed one week ago. The mother has not spoken with anyone since the original call with the PHP. Provide a detailed narrative of the resolution of the contact detailing the specific information provided to the beneficiary and the supports offered to the beneficiary. If a referral is made to or contact with an external entity, identify which entities and the steps initiated for the referral. Detail what, how and in which system information is recorded.
Scenario #2	An individual who received a Medicaid Eligibility Determination Notice and new Medicaid card shows up at a local DSS agency on April 2, 2019, to communicate his selection of a PHP. Provide a detailed narrative for the end to end supports available to a) the beneficiary and b) the case worker. Describe how the enrollment process is initiated and completed. Describe the materials, information and other resources that will be available to DSS to address future incidents.
Scenario #3	In July 2020, an individual diagnosed at a local emergency room with a serious mental illness contacts the Enrollment Broker call center seeking a follow up appointment with a psychiatrist. Provide a detailed narrative on the process the call center staff follows to ensure the efficient and timely enrollment of the beneficiary. Include how the special needs of the beneficiary are addressed and the plan options available to the beneficiary. Provide a description of the proposed enrollment process from the call initiation to call resolution, including the entities engaged, methods and outcome of the contact.

Addendum #2, Exhibit 3 – Revised ATTACHMENT C: COST PROPOSAL

Instructions for completing Revised Attachment C: Cost Proposal
The Cost Proposal must include the total all inclusive, turn key costs associated with the services to be provided as part of this RFP and any subsequent contract, including postage and travel.

The Cost Proposal must be submitted using the MS Excel Spreadsheet and instructions provided by the Department. The MS Excel Spreadsheet may be requested by contacting Ken Dahlin at Ken.Dahlin@dhhs.nc.gov.

Implementation Costs:

1. Offerors may propose reasonable implementation fees as part of the cost proposal to support any one-time or start-up costs associated with the contract.
2. Implementation costs should cover the period from execution of the contract to the date immediately prior to the mailing of welcome packets for the first regional phase in. The mailing is expected to occur on or after February 1, 2019.
3. The Department reserves the right to limit reimbursement of implementation costs to three million dollars ($3,000,000).
4. Payment of any implementation costs is contingent upon the Contractor's ability to meet all readiness review requirements and as provided in Section II.E.22.f.
5. Complete the appropriate information on the worksheets titled "*WS.1. Core Services Fees"* and *"WS.2. Fees Alternative SLAs."*

On-going Fees for Core Services:

1. Offerors are asked to propose on-going fees on a per member per month basis (PMPM).
2. Payment of PMPM fees will be based on the number of beneficiaries eligible to enroll in a PHP for that month and as provided in Section II.E.22.e.
3. PMPM fees will be effective the date welcome packets are mailed to beneficiaries, estimated to be five months prior to the managed care program's "go-live" for a particular region. The mailing for the first regional phase in is expected to occur on or after February 1, 2019.
4. PMPM Fees will be pro-rated for the first month for a given population based on when the welcome packets are mailed.
5. Complete the appropriate information on the worksheets titled "*WS.1. Core Services Fees"* and *"WS.2. Fees Alternative SLAs"* to provide fees associated with the core services specified in the RFP as well as fees associated with Offeror's recommended Call Center service level metrics. See worksheets titled *"WS.2. Fees Alternative SLAs"* and *"WS.2.1 Offeror SLAs"* for more information and instructions.
6. Complete the blue highlighted or designated cells only; do not change other cells.
7. Assumed Member Months (i.e., the estimated number of beneficiaries eligible to enroll in a PHP) reflected in "WS.1. Core Services Fees" and "WS.2. Fees Alternative SLAs" are based on SFY 2016 enrollment as follows;

Roughly 1.6 million beneficiaries will be eligible for PHP enrollment in the first year. Assuming 30% of beneficiaries reside in the Phase 1 regions with welcome packets mailed on February 1, 2019 and the remaining 70% reside in Phase 2 regions with welcome packets mailed on July 1, 2019, **monthly** enrollment for calculating fees during the calendar year 2019 would be as follows:

	Phase 1 Estimated PHP Eligible Population	Phase 2 Estimated PHP Eligible Population
February 1 – June 30, 2019	**480,000**	**0**
July 1 – December 31, 2019	**480,000**	**1,120,000**

Optional In-Person and Enhanced Support Services:

1. Complete the appropriate information on the worksheet titled *"WS.3. Optional Services"* to provide hourly rates associated with providing optional in-person and enhanced beneficiary support services as outlined in Section III.F.6.
2. Complete the blue highlighted or designated cells only; do not change other cells.

Other Enrollment Broker Related Services:

1. Offerors are encouraged to provide fees for related, potentially value-added, services not otherwise specifically requested as part of the RFP.
2. Complete the worksheet titled "*WS.4. Other EB Related Services.*"
3. Provide a narrative description of any such fees, including any assumptions, restrictions or other considerations. Additional exhibits or information may be attached to fully explain the Other EB Related Services.

Revised Attachment C: Cost Proposal, Worksheet 1, Enrollment Broker Core Services Fees

Offeror Name:	

Offeror must propose fees, including implementation costs, if any, to provide the enrollment broker core services (i.e. choice counseling, call center capabilities, other beneficiary supports) and to meet the requirements specified in the RFP, including the service level metrics specified in Section IV. Implementation costs should cover the period from execution of the contract to the date immediately prior to the mailing of welcome packets for the first regional phase in.

Instructions:

1) Complete blue highlighted cells only; do not change other cells.
2) Provide a narrative description of fee development and any assumptions, including postage costs. Include below Table 1.3 or add and label new worksheet.
3) Proposed fees must be inclusive of all costs, including postage, travel expenses, and any other direct and indirect costs.

Table 1.1: One-Time Implementation Fees

IT	
Systems	
Call center	
Website	
Mail capabilities	
Beneficiary management platform	
Consolidated provider directory	
Equipment	
Other (define and describe)	
Total IT	$ -
Non-IT	
Personnel/salaries	
Other (define and describe)	
Total Non-IT	$ -
Total Start-up/Implementation Fee	$ -

Table 1.2: Proposed Per Member Per Month (PMPM) Fees for Core Services

Item		CY 2019 [2]	CY 2020	CY 2021	CY 2022	CY 2023	Total
Core Services	Assumed Member Months [1]	*12,000,000*	*19,200,000*	*19,200,000*	*19,200,000*	*21,600,000*	
	Proposed PMPM Call Center Services						$0.00
	Proposed PMPM Postage / Printing						$0.00
	Proposed PMPM Other Core Services						$0.00
	Total Assumed Fees for Evaluation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Table 1.3: Total Implementation and Core Services Fees

	Start-up + CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	Total
Total Fees	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**

[1] Assumed member months are for comparing cost proposals across Offerors only. Payment will be made based on the number of beneficiaries eligible for PHP enrollment for a given month as determined by the Department. Assumed member months are based on SFY 2016 historical data and the Department's proposed roll-out schedule. For purposes of this cost proposal, 480,000 beneficiaries (Phase 1 regions) are assumed to be mailed welcome packets on February 1, 2019 and 1,120,000 beneficiaries (Phase 2 regions) are assumed to be mailed welcome packets on July 1, 2019. An additional 200,000 beneficiaries (duals and non-dual LTSS) would receive welcome packets in CY 2023.

[2] For Calendar Year 2019, PMPM fees apply beginning on the date welcome packets are mailed to beneficiaries (assumed to be February 1, 2019).

Revised Attachment C: Cost Proposal, Worksheet 2, Enrollment Broker Core Services Fees - Alternative SLAs

Offeror Name:	

The Department seeks information on costs associated with the Offeror's standard, preferred or recommended Call Center service level metrics. Offerors should provide alternative pricing, including implementation costs, if any, to provide the enrollment broker core services (i.e. choice counseling, call center capabilities, other beneficiary supports) associated with alternative Call Center service level metrics as specified by the Offeror in WS.2.1 Offeror SLAs. Implementation costs should cover the period from execution of the contract to the date immediately prior to the mailing of welcome packets for the first regional phase in.

Instructions:

1) Complete blue highlighted cells only; do not change other cells.

2) Provide a narrative description of fee development and any assumptions, including postage costs. Provide an explanation of variations between WS.1 and WS.2. Include below Table 2.3 or add and label new worksheet.

3) Proposed fees must be inclusive of all costs, including, postage, travel expenses, and any other direct and indirect costs.

Table 2.1: One-Time Implementation Fees - Alternative SLAs

IT	
Systems	
Call center	
Website	
Mail capabilities	
Beneficiary management platform	
Consolidated provider directory	
Equipment	
Other (define and describe)	
Total IT	$ -
Non-IT	
Personnel/salaries	
Other (define and describe)	
Total Non-IT	$ -
Total Start-up/Implementation Fee	$ -

Table 2.2: Proposed Per Member Per Month (PMPM) Fees for Core Services - Alternative SLAs

Item		CY 2019[2]	CY 2020	CY 2021	CY 2022	CY 2023	Total
Core Services	Assumed Member Months [1]	*12,000,000*	*19,200,000*	*19,200,000*	*19,200,000*	*21,600,000*	
	Proposed PMPM Call Center Services						$0.00
	Proposed PMPM Postage / Printing						$0.00
	Proposed PMPM Other Core Services						$0.00
	Total Assumed Fees for Evaluation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Table 2.3: Total Implementation and Core Services Fees - Alternative SLAs

		Start-up + CY 2019[2]	CY 2020	CY 2021	CY 2022	CY 2023	Total
Total Fees		**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**

[1] Assumed member months are for comparing cost proposals across Offerors only. Payment will be made based on the number of beneficiaries eligible for PHP enrollment for a given month as determined by the Department. Assumed member months are based on SFY 2016 historical data and the Department's proposed roll-out schedule. For purposes of this cost proposal, 480,000 beneficiaries (Phase 1 regions) are assumed to be mailed welcome packets on February 1, 2019 and 1,120,000 beneficiaries (Phase 2 regions) are assumed to be mailed welcome packets on July 1, 2019. An additional 200,000 beneficiaries (duals and non-dual LTSS) would receive welcome packets in CY 2023.

[2] For Calendar Year 2019, PMPM fees apply beginning on the date welcome packets are mailed to beneficiaries (assumed to be February 1, 2019).

Revised Attachment C: Cost Proposal, Worksheet 2.1, Enrollment Broker Core Services Fees - Offeror's Alternative SLAs

Offeror Name:

The Offeror should list Offeror's standard, preferred or recommended Call Center service level metrics in Table 2.12 below for comparison with the Department's requirement specified in Section IV.4 and Table 2.11 below.

The Department is under no obligation to accept or negotiate Offeror's proposed Call Center Service Level Metrics.

Instructions:

1) Complete Table 2.12 Offeror's Proposed Call Center SLAs; do not change other cells.
2) Offeror may propose additional, fewer and/or revised Service Level Metrics.
3) Include definitions, explanations and calculation methodologies for all metrics and standards, and indicate whether any proposed metric/standard would require modification of any other requirement specified in the RFP and include the Section number.
4) For Proposed Call Center SLAs, Offeror may propose revised liquidated damages and allocation across the metrics, provided the total monthly fees at risk (4.5%) remains unchanged.

Table 2.11 Department's Requires SLAs From Section IV.4

Description	Standard	Liquidated Damage
Call Center		
4) Calls Abandoned: Defined as the number of inbound calls offered but are disconnected by the caller after three (3) seconds and are neither a Call Handled nor a Self Service. Calls Abandoned rate will be calculated as: (Total Calls Offered - Total Calls Short Abandoned - (Total Calls Handled plus Total Self Service Calls)) / Total Calls Offered.	Rate must not exceed five percent (5%) per month.	1% of monthly invoice
5) Call Center outage: Defined as the number of minutes the call center is unable to accept new inbound calls.	Rate must not exceed five (5) minutes of unscheduled time in which the call center is unable to accept new inbound calls.	1% of monthly invoice
6) The wait/hold time for callers: Defined as the time between a call being initially answered including answered by an operating system and a response by a live operator to a caller's inquiry.	No longer than three (3) minutes for 95% of all incoming calls.	1% of monthly invoice
7) Call Answer Time: Defined as the number of seconds it takes for an inbound call to reach a live agent or reach a self-service option. Measured in seconds.	Rate must not exceed one three (3) minutes for 95% of Calls Offered.	1% of monthly invoice
8) First Call Resolution: Define as the percent of contacts that are resolved by the call center on the first interaction with the customer	98%	0.5% of monthly invoice

Table 2.12 Offeror's Proposed Call Center SLAs

Description	Standard	Liquidated Damage
Call Center		
4) Calls Abandoned: Calls Abandoned rate will be calculated as:		
5) Call Center outage:		
6) The wait/hold time for callers:		
7) Call Answer Time:		
8) First Call Resolution:		

Revised Attachment C: Cost Proposal, Worksheet 3, Optional In-Person and Enhanced Support Services

Offeror Name:	

Offeror must propose fees to provide support as specified in Section III.F.6. These services are optional under the RFP, and the Department reserves the right to engage some, all or none of the services submitted by Offeror.

Instructions:

1) Complete blue highlighted cells only; do not change other cells.
2) Provide a narrative description of fee development and any assumptions. Include below Table 3.1 or add and label new worksheet.
3) Proposed fees must be inclusive of all costs, including travel expenses, and any other direct and indirect costs.

Table 3.1 Optional In-Person and Enhanced Support for DSS and EBCI PHSS Offices

Item		CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	Total
On-site, in-person beneficiary support or DSS/PHHS enhanced support at local DSS and EBCI PHHS offices or other locations as directed by DHHS (as described in Section III.F.6)	Assumed hours for evaluation*	*8,000*	*4,000*	*4,000*	*2,000*	*2,000*	
	Hourly rate						
	Total Assumed Fees for evaluation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Off-site enhanced support for local DSS and EBCI PHHS office staff as directed by DHHS (as described in Section III.F.6)	Assumed hours for evaluation*	*1,000*	*500*	*500*	*250*	*250*	
	Hourly rate						
	Total Assumed Fees for evaluation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Fees Assumed for Evaluation		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

*Hours assumed are for evaluation purposes only. Actual hours will vary and may be capped by the Department.

Revised Attachment C: Cost Proposal, Worksheet 4, Other Enrollment Broker Related Services

Offeror Name:	

The Department seeks information on costs associated with any related, potentially value-added services not otherwise specifically requested in the RFP. Offerors are encouraged to provide pricing for these optional services.

Instructions:

1) Provide a fee schedule for any related, potentially value-added services not otherwise specifically requested in the RFP; indicate the basis of the fee.
2) Provide a narrative description of any such fees, including any assumptions, restrictions or other considerations.
3) Proposed fees must be inclusive of all costs, including travel expenses, and any other direct and indirect costs
4) Additional exhibits or information may be attached to fully explain the Other EB Related Services.

Table 4.1 Proposed Fees for Other Enrollment Broker Services

Description/Service	Fee Basis (e.g., per member, hourly rate, per occurrence, etc.)	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023

Addendum #2, Exhibit 4 – Revised ATTACHMENT M: ANTICIPATED CONTRACT REQUIREMENTS AND IMPLEMENTATION SCHEUDLE

The following represents the current *anticipated dates* for the activities, deliverables, and implementation of services based on a Contract Effective Date of May 31, 2018, and the planned rollout of managed care. Should the Contract Effective Date or schedule for managed care change, there may be a need to adjust the dates for the Enrollment Broker activities. In that event, the Department will work with the Enrollment Broker Services Contractor to align performance dates and support the modified schedule. Offerors should specify lead times for testing and other activities to meet the implementation schedule and contract requirements in their technical proposal.

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Key milestone/deliverable	Due date	Tentative date
Contract effective date	The date Contract is fully executed by the Parties as provided in the Notice of Award	May 31, 2018
Implementation plan	Contract effective date + thirty (30) calendar days	June 30, 2018
Disaster contingency and recovery plan	Contract effective date + thirty (30) calendar days	June 30, 2018
Outreach and education campaign strategy	Contract effective date + thirty (30) calendar days	June 30, 2018
Enrollment related systems documentation	Contract effective date + thirty (30) calendar days	June 30, 2018
System interface plan	Contract effective date + thirty (60) calendar days	July 30, 2018
Call center phone number acquired	Contract effective date + sixty (60) calendar days	July 30, 2018
Customer service training and evaluation module complete	Contract effective date + ninety (90) calendar days	August 29, 2018
Member education materials	Cross-over open enrollment period – ninety (90) calendar days	October 8, 2018
Samples of language, accessibility and culturally competency materials	Cross-over open enrollment period – ninety (90) calendar days	October 8, 2018
Submission of materials for cross-functional training of non-EB staff	Cross-functional training of non-EB staff – 30 days	October 8, 2018
Readiness review	Forty-five days prior to EB Start Date	To be determined
EB Process/Policies	Forty-five days prior to EB Start Date	To be determined
EB Services for Managed Care Go-Live Date	February 1, 2019 or date defined by Department	February 1, 2019
Cross-functional training of non-EB staff	Cross-over open enrollment period – 60 days	November 2, 2018
Phase 1, cross-over open enrollment period	PHP effective date – one hundred-five (105) calendar days	March 15 – May 15, 2019
Annual report	February 1, 2020 + twenty (20) calendar days	Annual