2022 Families and Children Procurement
Responders' Conference Questions and Answers (Q&A)

1.3 Background

Question: If there is a new market entrant in a county where a current MCO will remain, how will DHS distribute enrollment to the new entrant in that county?

DHS Response: Annual health plan selection (AHPS) allows members to select a new entrant for enrollment effective the first of the New Year. Membership is generally distributed via member selection throughout the year and rotating the assignment of the default plan. The structure for member default will be determined as part of the contract awards.

Question: In the county demographics spreadsheet, there is data from 2010. We realize this was the date of the last census, but is there a way to provide responders with more recent demographic data?

DHS Response: The county demographic information in the RFP is the only information DHS currently has available to share with Responders.

Questions:

1) The RFP provides "a list of additional resources which Responders may find helpful in understanding the MHCP and population," which includes County contact information. Please confirm Responders may communicate with the provided County contacts during the black-out period.

2) It seems the names of the county evaluators will not be public. How can we be certain in reaching out to our counties for normal business matters that we don't inadvertently put anybody in an uncomfortable and potentially rule-breaking position by accidentally contacting a county RFP rater?

DHS Response: Responders may communicate with County contacts whom are not involved in the evaluation and scoring process and whom do not have a conflict of interest in regards to this Request for Proposal (RFP). Metro area county representatives will determine which staff are available to respond to inquiries.

3.1 Detail of Proposal Components

Question: May we include cross-references for material that is relevant to more than one question? For example, if information is provided in the Description of Applicant Organization, but mentioned again in Care Management, may we refer the reader to the Description of Applicant Organization? Or if information is provided in a response in the Service Delivery Plan, but referenced again in a response in the Performance and Service Deliverables section, may we refer the reader to the Service Delivery Plan response?

DHS Response: Responders must complete responses in each section of the RFP.

Question: The Executive Summary and Description of the Applicant Organization seem to be asking for the same information. The Executive Summary needs to include a responder's "overall design to achieving the deliverables, solutions to the problems presented …" while the Description of the Applicant Organization needs to include information that "demonstrates the Responder's capability to effectively deliver the services outlined in the RFP." Please distinguish between these two so that duplicative information isn't provided for both sections.

DHS Response: The Executive Summary is a high level introduction of the Responder and the opportunity to demonstrate the Responder's understanding of the State's goals and objectives in providing MHCP services. The Description of the Applicant Organization is an in depth description of the Responder's current organization and capability to effectively deliver the services outlined in the RFP, as well as strengths considered to be an asset to your programs.

Question: Item E (Care Management) asks that responders describe "how your organization coordinates all covered services for your enrollees including dental, pharmacy benefits, physical health, behavioral health, mental health and substance use disorder (SUD) services." (Emphasis added). In this context, what distinction is being made by listing behavioral health in addition to mental health and substance use disorder?

DHS Response: Mental health and SUD services should have been included as a parenthetical following behavioral health services to provide a definition of the term.

Question: For Population Health Management, please elaborate on the type of information evaluators will consider for "health activities" and "health experience."

DHS Response: Responders should provide information regarding what types of health conditions their organization has identified and included within their population health management strategy. Some examples of health experiences may include chronic conditions such as asthma and diabetes. Health activities would refer to the interventions or activities the Responder plans to implement to address their population's health experience.

Question: RFP Section 3.i, Professional Responsibility, incorporates two Office of Grant Management (OGM) policies, 08-02 and 08-13. What role will OGM have in reviewing the responses to the RFP submitted by responders? Will they be providing technical assistance, and if so, what type of assistance will they provide?

DHS Response: Per Minnesota Statute 16B.97 subd. 2, the commissioner shall provide leadership and direction for policy related to grants management in Minnesota in order to foster more consistent, streamlined interaction between executive agencies, funders, and grantees that will enhance access to grant opportunities and information and lead to greater program accountability and transparency. The commissioner has the duties and powers stated in this section. An executive agency must do what the commissioner requires under this section.

The commissioner referenced in the Statute is the Commissioner of the Minnesota Department of Administration and the Office of Grants Management resides within the Department. The two policies noted in the RFP demonstrate the policies developed by the Office of Grant Management.

DHS does not anticipate the Office of Grants Management participating in the review of the proposals. However, as the administration responsible for grants management policy, DHS reserves the right to consult with the Office of Grants Management regarding any process related to grants administration.

Question: 3.i Professional Responsibility – Is there a template we should use for this section, or is DHS looking for narrative response here?

DHS Response: Responders should include a narrative response.

Question: The Professional Responsibility section asks about complaints filed "...with or by professional, State and/or federal licensing/regulatory organizations within the past six years against your organization or employees relating to the provision of services." Is this RFP question intended to include, among other things, compliance actions taken by DHS or MDH with the MCOs in the form of corrective action plans, breach of contract, etc., and other regulatory audit findings (e.g. Office of the Legislative Auditor findings)?

DHS Response: Responders should include all information concerning any complaints filed with or by professional, State or federal licensing or regulatory agencies, or Medicaid contract-related audits or corrective actions, within the past six years against the Responder's organization or employees relating to the provision of services.

Question: In the Professional Responsibility section for achievements and awards, is DHS looking for information on the individual staff level or on the organizational level?

DHS Response: Responders may include achievements and awards at the individual level and at the organizational level.

Questions:
1) Provider Network Adequacy Review item ii requires submittal of "a provider network listing for your proposed service area electronically on a USB drive using the attached Provider Network Listing template (Excel file)." Section 4.5 (Proposal Submission) on page 24 mentions three USB drives. Is the provider network listing to be a fourth USB drive containing only the provider network listing? If so, must the provider network listing also be on each of the three USB drives required by Section 4.5?

 2) Section 4, Provider Network Adequacy Review, requires that respondents "submit a provider network listing for your proposed service area electronically on a USB drive using the attached Provider Network Listing template (Excel file)." Should the network listing be submitted separately on an additional USB drive or should it be included as part of the primary proposal submission?

DHS Response: The Provider Network Listing must be submitted as part of the proposal on each of the three required USB drives as described in section 4.5. A fourth USB drive containing only the Provider Network Listing is not required.

Question: For item ii (Provider Network Listing), the Provider Network Listing Excel template included in the RFP appears to be similar to the template used by MDH for commercial filings. This is helpful and simplifies responders' work, but it raises some questions about what responders must do with some of the commercial concepts. What should we populate for the following:

- Required Element #6: "On-Exchange" (QHP) Network"?

- Required Element #7: "Off-Exchange" Network?

Or will these not be required elements?

DHS Response: These fields may be left blank for public programs (On or Off-Exchange designation not required).

Questions:
1) For the Provider Network Listing Excel template, Required Element #11: Network County List – must responders include only the proposed seven-county metropolitan area, or their current service area and the seven-county metropolitan area?

2) Per the specifications on page 14, respondents must identify each county in their service area, as well as highlight the proposed service area. In addition, the map must have all access markers visible. In Attachment F - 2022 Geographic Access Map Specifications, the specifications state to submit one geographic access map per product that identifies the counties in the responder's proposed service area. Must respondents only provide maps for the requested provider types showing the proposed service area (seven-county metro area) or must the maps show the entire state with the proposed service area highlighted?

DHS Response: Responders should include all providers included in a network, regardless of location. Providers located in bordering counties and states will be counted when assessing network adequacy if those provider locations are located within the respective geographic access standard (30 or 60 miles or minutes).

Question: The MDH Adequacy lists Geriatric Care Providers as a primary care provider type. The Geriatric Care Provider is not listed as a provider specialty under primary care in the network information for this RFP. Would DHS verify whether Geriatric providers should or should not be included as primary care in network listings?

DHS Response: As noted on the 2022 Provider Network Listing Template Report Specifications, Gerontology should be designated as a provider specialty (specialty code 43). Geriatric Care should not be listed as a provider specialty under primary care. In the provider listing, there is a Specialty Code for Gerontology (43). Per the instructions, however, Responders are not required to include these provider types in the provider listing or on a geographic access map.

Question: For the provider type of "Pediatric Specialty" listed in Attachment F - 2022 Geographic Access Map Specifications, must each pediatric specialty be its own map?

DHS Response: Responders may submit one map that includes all pediatric specialty providers included in the network.

Question: For specialty providers, for the provider type of Chiropractic and Acupuncture Services, must the map include providers who perform both chiropractic and acupuncture or must this map contain providers who are chiropractors or acupuncturists?

DHS Response: The map may include providers that perform chiropractic services, acupuncture services, or both.

Question: The 2022 Provider Network Listing specifications document includes required fields for SERFF Network ID. Is it acceptable that MCO's continue to report their network with current legacy DHS Plan ID or is it expected that MCO's obtain a new SERFF network ID?

DHS Response: These fields may be left blank. (SERFF IDs not required.)

Question: Instruction #4 of the 2022 Provider Network Listing Template states, "Indicate whether the submitted network is On Exchange (QHP), Off Exchange, or both." This instruction appears associated with data elements 7-10 of the Provider File template. If a network solely supports public program enrollees, it is correct to enter "No" for fields 7-10?

DHS Response: These fields may be left blank for public programs. (On or Off-Exchange designation not required.)

Questions:
1) For the Provider Network Listing Excel template, Required Element #47: Record Type – must responders populate "N-New Record" for all?

2) Data Element 47 of the Provider File template is titled "Record Type." If a Plan ID for a MCO is currently not used, can DHS confirm that "New" should be entered for all records in the 2022 Provider Network Listing Template?

3) Would DHS be looking for respondents to enter a response of "N" In the Record Type row (element 47) of the file specifications if the responder has never submitted this file before and it will be the first time?

DHS Response: Yes, "N" for "New Record" should be entered in this case.

Question: Within the instructions it states each provider network must contain at least one of each of the following facility providers: a) Pediatric Specialty Hospital, b) Transplant Surgery Center c) Lactation Counselor. These three facility providers are not DHS provider types and lactation counselors are not a credentialed provider type. What type of indicator or provider type code should we be using to meet this criteria?

DHS Response: As noted on the 2022 Provider Network Listing Template Report Specifications, the provider code of PH is required to be used for Pediatric Specialty Hospital, the provider code of TC is required to be used for Transplant Surgery Center, and the provider code of LA is required to be used for Lactation Counselor.

Question: Our review of RFP Section 4 Provider Network Adequacy Review indicates that transportation is not a required mapped specialty, although transportation is a key priority for the counties. Can you please confirm the mapping and listing of providers for transportation in the provider file is not required?

DHS Response: Correct. Mapping and listing of transportation providers are not required in the provider file. However, DHS would expect to transportation addressed under "Performance and Service Deliverables, Section 5: Provider Networks, Question 4: Describe how you define, evaluate, and ensure

the adequacy of your provider networks, beyond what is required under MN Statutes §62D.124 and the MHCP contracts. Describe how you ensure the availability of providers of services often unique to the Medicaid program and who are positioned to address social risk factors."

Question: RFP Section 4 states "Nurse Practitioners practicing independently may be listed as PCPs if they practice in adult or pediatric primary care." Should Pediatric Nurse Practitioner specialty providers be counted in both Primary Care and Pediatric Primary Care geographic categories for network adequacy?

DHS Response: Pediatric Nurse Practitioners should be listed in both Primary Care and Pediatric Primary Care for the purposes of geographic access mapping.

Question: Regarding the Network Adequacy Provider File found in RFP Section 4, please confirm that data elements 4 and 6-10 that relate to Commercial Markets are required for the Medicaid Network File submission. If required, can you please clarify the intent and provide guidance on how plans should fill them in for this submission (Null, NA, etc.)? The data elements are:

   4: Network ID
   6: "On-Exchange" (QHP) Network
   7: "Off-Exchange" Network
   8: Plan type: Individual Plan
   9: Plan type: Small Group Plan
   10: Plan type: Large Group Plan

DHS Response: These fields are not required for public programs. They may be left blank.

Question: The Specialty for Endocrinology also says Diabetes (06); Diabetes is not a specialty. Is the word Diabetes here as a reference? Please provider additional guidance.

DHS Response: As noted on the 2022 Provider Network Listing Template Report Specifications, the provider specialty types of Endocrinology (specialty code 42) and Diabetes (specialty code 06) are required to be included on the Responders' provider network listing.

Question: Will DHS please clarify if Active records only are to be included in the network listing file (unlike MDH network adequacy, which includes both active and inactive records)?

DHS Response: Responders should only include active records.

Question: Substance Use Disorder (SUD) - do locations in these in-patient and out-patient categories need licensing look up to ensure they are licensed by MDH (As defined in the 2021 MDH Provider Network Adequacy Detailed Submission Instructions?)

DHS Response: Substance Use Disorder (SUD) locations included in the provider listing, both in-patient and out-patient, must be licensed by the Minnesota Department of Human Services (DHS).

Question: Please provide additional information regarding the manner DHS want to see provider types offering telemedicine displayed on the geographic access maps.

DHS Response: Telemedicine cannot be used to satisfy geographic access requirements. Responders are not required to display providers offering telemedicine on geographic access maps.

Question: Since the File specifications instruct a) a separate row when an individual provider or facility is associated with more than one Provider Type, b) a separate row when individual provider or facility has more than one Provider Specialty, and c) a separate row when an Individual Provider practices at multiple locations, we estimate this file will be very large, possibly exceeding 80,000 rows. Is this what DHS intends?

    a. For example:
        i. ABC Clinic has 10 specialties and 10 locations = 100 data rows
        ii. John Doe has a dual specialty in Pediatrics and Internal Medicine and works at all 10 locations = 20 data rows
        iii. For large provider networks with multiple locations, and many providers and specialties, this rapidly expands the number of rows of data required in the file

DHS Response: The additional rows are required as described. These files are often very large.

Question: For the file naming convention "<CarrierName_NetAdHIX_NetworkID_MMDDYYYY.xlsx>", what should be used for the NetAdHIX? The file layout instructions state that the MN HIX Provider ID is optional and carriers should pass as null until instructed.

DHS Response: Please enter name of Responder where "CarrierName" is indicated. Responders are not required to enter a MN HIX Provider ID and may leave this out of the file name.

Question: On the Provider Specialty tab, the Specialty Pediatrics (Specialty Code 16) is listed under Dentists. Is this correct? Ordinarily, DHS uses the Specialty Pedodontist (Specialty Code 64) for pediatric Dentists.

DHS Response: Responders should use Specialty Code 16 for all pediatric dental providers.

Question: On the Provider Specialty tab, Specialty Code 76 is listed with both the name "Nuclear Medicine" and "Radiology and Radiation Therapy." Which is the correct Specialty name to use, or should both names be used in separate rows?

DHS Response: Responders may list "Nuclear Medicine" or "Radiology and Radiation Therapy" for Specialty Code 76. Separate rows are not required.

Question: On the Provider Type tab, would a Facility Type of Residential Treatment Facility (Provider Type RT) be considered the same as the DHS Provider Type Intensive Residential Treatment Services Facility (Provider Type 50)?

DHS Response: Residential Treatment Facilities (Provider Type RT) include but are not limited to facilities meeting the definition of DHS Provider Type Intensive Residential Treatment Services Facility (Provider Type 50).

Question: For the provider network listing template, for providers who do not fit into a defined State provider specialty, what character(s) should we use to populate this field (blank, NA, Null)? Are the admin fields required to be entered per record? Or can they be included as a header in the file?

DHS Response: For providers who do not fit into a defined State provider specialty, provide a description of the provider specialty in the "Provider Specialty" field. In these cases, leave the "Provider Specialty Code" field blank. Admin fields must be entered per record.

Questions:
1) The term "MHCP" is used in this and several other Performance and Service Deliverables questions, but MHCP includes programs not included in this procurement. Therefore, for questions that contain the broad term "MHCP" in this RFP, please confirm that you want responders to limit responses to Families and Children (MA) and MinnesotaCare enrollee populations, claims, etc.

2) In section 3, for question #5 on page 17, please confirm that responders should really tailor responses to Families and Children (MA) and MinnesotaCare.

3) In section 6, question #1 is another instance of the use of "MHCP" (in this case, "...the number of clean claims adjudicated timely for all MHCP claims paid for State fiscal year 2020"). Please confirm that responders should tailor responses to Families and Children (MA) and MinnesotaCare only, not for all Medical Assistance (plus MinnesotaCare) claims.

DHS Response: Correct, as noted in the introduction paragraph for the Performance and Service Deliverables section, responses to these questions should demonstrate the Responder's understanding of the MHCP population, challenges and opportunities related to health care delivery, and unique approaches to providing the MHCP services to the population covered under the Families and Children Medical Assistance (MA) and MinnesotaCare contract (see Appendix A) throughout the seven-county metropolitan Twin Cities area.

Question: To be sure that we provide precisely the information that you are seeking, please clarify what is meant by "employment status and availability to contact a health plan, " particularly as this appears to be one phrase, linking the two.

DHS Response: "Employment status and availability to contact a health plan" refers to barriers that might exist for employed enrollees to reach the Responder during "normal business hours."

Question: In question #4 on page 16, please confirm that "data collection including social drivers of health and analysis" means "data collection and analysis, including social drivers of health." If not, please clarify.

DHS Response: Yes. Responders are to describe their organization's data collection and analysis, including social drivers of health.

Question: In question #7 on page 16, please confirm that "prevent the utilization of emergency or more restrictive placements" means the utilization of emergency department or emergency placements or more restrictive placements. If "emergency placements," please provide an example. Also, please provide an example of restrictive placement(s).

DHS Response: Responders are to describe their organization's internal processes and collaboration with providers to provide members access to appropriate care to reduce the use of emergency or more restrictive placements.

Question: Question #9 on page 17 asks, "How has your organization approached disparities in well child visits? What have you learned from these efforts and how will you apply these learnings to future efforts? How are you connecting families to broader social supports?" As written, there seem to be two separate questions. Please clarify if the intent of the last question is, "For those not receiving well child visits, how are responders connecting families to broader social supports to address barriers to receiving well child visits?"

DHS Response: The question, "how are you connecting families to broader social supports" is referring to how your organization is connecting family's needs to broader social supports based on needs identified in well child visits.

Question: Will DHS please clarify who, specifically, is meant when using the term "districts" in Section 4.

DHS Response: For Responders currently contracting with the State to deliver MA and MinnesotaCare please respond regarding your collaboration with Minnesota counties. Local districts is a general term referring to the manner in which other States may use to deliver their social services.

Question: In section 4, for question #1 on page 17, please expand on how you define "comparable" in "comparable Medicaid market in which you participate." Is it size, geography, demographics? All of these? Other?

DHS Response: All of these examples would be appropriate.

Question: In section 5, for question #4 on page 18, please provide examples of "providers of services often unique to the Medicaid program and who are positioned to address social risk factors."

DHS Response: Responders are to describe their organization's availability of providers who offer services that are not traditionally offered in other lines of business such as the commercial market. Responders should also describe how their organization ensures the availability of providers who are positioned to address social risk factors.

Question: In section 6, for question #3 on page 19, should the last sentence read: "Provide details on how you are measuring the improvements"?

DHS Response: Yes. Responders are to provide details on how your organization is measuring the improvements.

Question: In section 6, for question #4 on page 19, the question asks responders to describe how their organization and their subcontractor, if applicable, use prior authorization including a responder's objectives in implementing prior authorization. Please elaborate on what is meant by how responders or subcontractors "use prior authorization."

DHS Response: Responders should describe their organization's goals and objectives in their use of prior authorization.

Question: Question 5 asks responders to "Describe how your organization prevents, detects and responds to instances of fraud, waste and abuse (FWA) by providers and enrollees. Describe all relevant practices, including methods used to detect aberrant billing patterns; prevent payment on improper

claims; investigate suspected FWA; impose consequences for providers responsible for FWA; report pertinent information related to FWA investigations, refer suspected fraud to the appropriate authorities; and decide when an enrollee's placement in the Restricted Recipient Program is appropriate." Question 6 then asks responders to "Describe the staff of the unit that investigates FWA in your organization, including, the number of staff dedicated to FWA investigations, the level of experience and/or education required for staff members, and any relevant training that staff receive from your organization. Responses to this question should include proposed program integrity practices as they relate to both providers and enrollees." Is DHS expecting different information in question 6 than what is provided in the response to question 5? Can DHS clarify what is expected in question 6 and how it differs from what is asked in question 5?

DHS Response: Question 5 and Question 6 should be combined into one question. DHS will be issuing a revised RFP reflecting this change.

Questions:
1) RFP Section 6, Administrative Responsibilities, Question 7 is related to Benefit Exceptions. Will DHS please direct Responders to the section of the DHS "2021 F&C Model Contract" that relates to this question?

2) Item 7 – Describe your process for enrollees to request a "benefit exception" and describe the organizational processes for benefit exceptions. At a recent DHS/MCO Care Coordination meeting, it was stated there is not a meaning for benefit exception, it's not in the DHS contract. There are only 3 options for MCOs to cover services or items that are outside the listed managed care benefit: substitute services, in-lieu of services, additional services. Is the term "benefit exception" referring to one or all of those contract provisions?

DHS Response: This question refers to MCO flexibilities where not prohibited by law. Benefit exceptions include substitute and additional services as well as exceptions to preferred formulary status, and exceptions to the Responders' specific administrative policies such as prior authorization.

Question: Regarding RFP Section 3.6, for the required forms such as Disclosure of Ownership Reporting Spreadsheet and Metro County Listings Spreadsheet that are created in Excel, will the state confirm a PDF version of all required forms is acceptable in order to maintain a continual complete searchable document?

DHS Response: All documents within the proposal must be searchable. The State will allow the Disclosure of Ownership Reporting Excel Spreadsheet and Metro County Listings Excel Spreadsheet to be included as a scanned PDF as long as the scanned documents are searchable.

4.1 Timeline

Question: Having a deadline of March 5, a mere two weeks before a response is due, runs the risk of new information coming too late. For example, at that time, our RFP response will likely be in the final design stage, not still in development. Please move up the deadline when RFP questions are due to February 12, with answers posted (if possible) by February 19.

DHS Response: DHS will move up the deadline when RFP questions are due to February 19, with answers posted by February 26. The State will include this revision in the revised RFP.

4.5 Proposal Submission

Question: The instructions for formatting and structure do not indicate a font size (or equivalent) for responses beyond noting the responder's discretion for graphics, tabs, attachments, margin notes/highlights, etc. Does DHS have a preferred font size (or equivalent)?

DHS Response: The text used in the main body of the Proposal must be in 12 point font type or greater.

Question: Please confirm a hard-copy is not required.

DHS Response: A hard copy is not required.

Question: Can DHS confirm that only one USB is required for the original non-redacted copy with removal of Disclosure of Ownership (DOO) information for county distribution vs 7 individual USB's, i.e., one per county?

DHS Response: The State confirms that only one (1) USB drive containing the original non-redacted copy with the removal of the Disclosure of Ownership information is needed.

Question: Will DHS please detail all the expectations for a proposal to be "bookmarked"?

DHS Response: In addition to being searchable, Responder proposals must also include navigational links, known as "bookmarks," that allow each section of the proposal to be easily accessible by clicking on each title listed in the table of contents and being brought directly to that specific section of the proposal.

Questions:
1) The RFP says that scanned documents included in the proposal are not acceptable due to search restrictions. However, some forms, in a PDF format, will be images or uploads placed into the PDF because they require wet signatures. These forms will not be searchable. If a header is included before the image, in these instances is this acceptable?

2) RFP Section 4.5, Proposal Submission, states, "The RFP proposal must be submitted using a wet signature and not an electronic signature." How would DHS like responders to accommodate this requirement with the use of USB drives? Is the use of blue ink, scanned in sufficient as long as we are not using an electronic, saved signature? Or is DHS looking for a separate form to be submitted in addition on the USB?

DHS Response: A separate form is not required. Responders should submit the scanned document within their proposal submitted on the USB. The State will allow scanned documents that include a wet signature to be used as long as the headings that lead to the document are searchable.

Questions:
1) Per RFP Section 4.5 Proposal Submission, "Scanned documents included in the proposal are not acceptable due to search restrictions." For documents such as *Affidavit of Noncollusion Form- DHS-*

7021.pdf, DHS-7017-ENG (Certificate Regarding Lobbying).pdf, DHS-7896-ENG (Documentation to Establish Financial Stability - Grants).pdf, etc. required by the proposal, to meet RFP compliance, will the State allow such scanned documents with searchable header and footer references?

2) RFP Section 4.5, Proposal Submission, prohibits including scanned documents as part of the proposal response. Will DHS consider updating this requirement to allow for scanned documents as long as they are saved in a format that allows them to be searchable? We would plan to use optical character recognition functionality within Adobe Acrobat Pro to index the scanned documents, which would then make the documents searchable within Adobe Acrobat Reader.

DHS Response: All documents within the proposal must be searchable. The State will allow such scanned documents to be used as long as the headings and footers that lead to the document are searchable.

Question: Per Section 4.5 Proposal Submission, "The RFP proposal must be submitted using a wet signature and not an electronic signature," however within the same Section there is also a requirement that states, "Scanned documents included in the proposal are not acceptable due to search restrictions." In an effort to clarify compliance, are scanned wet-signature pages permitted given the submission is electronic only? All forms provided within RFP Section 3.2(6) Required Statements and Forms online are editable and set-up for electronic signature. If the electronic signature within the required forms is not allowed, please explain the wet signature requirements in response to this question.

DHS Response: Responders must print out the form, sign the document, scan it, and include the document in the proposal. Electronic, saved signatures are not acceptable.

Question: In RFP Section 4.5 Proposal Submission, the requirement states, "The Proposal must also be bookmarked, single spaced, and in one continual complete searchable document…Sections must not be submitted in separate documents or folders on the USB Drive" (page 24). However, RFP Section 3.2(4) Provider Network Adequacy Review – ii. Provider Network Listing states, "Submit a provider network listing for your proposed service area electronically on a USB drive using the attached Provider Network Listing template (Excel file)…Responders may submit the provider network listing as a .Zip file to minimize the file size" (page 14). Will the State confirm that we can submit as an excel file in its own folder on the three USB drives?

DHS Response: Responders must submit the completed provider network listing template as an excel file in its own folder on each of the USB drives. This information will be added to the RFP addendum.

Questions:
1) In accordance with Section 4.5 of the RFP, please confirm the Health Care Administration, Purchase and Service Delivery Division will be able to receive in-person submissions of proposals (following social distancing guidelines) at 444 Lafayette Road N. in St. Paul. Please provide any additional guidance or special logistics for hand delivery of proposals.

2) RFP Section 4.5, Proposal Submission, states that proposals must be received by 4 p.m. on March 19. Will the Lafayette Building be open on March 19? Are there specific instructions if a Responder plans to hand-deliver the proposal?

3) Can the proposal be hand delivered? Will it be possible to receive a date/time-stamped receipt of delivery if hand delivered?

DHS Response: At this time, the State is able to receive in-person submission of proposals at 444 Lafayette Road North in St. Paul. Responders are to adhere to the COVID-19 social distance practices including wearing a face mask. Due to the pandemic, the Lafayette building is locked. Responders who are submitting their proposal in-person must use the buzzer at the main entrance to "call" the Information Desk. A security guard or information desk staff member will greet you at the door to retrieve the package. Responders will not be allowed inside the building. Requests to receive a date/time stamped receipt of delivery when hand delivered can be requested at the time of delivery from the DHS-Lafayette staff member.

If the State is no longer able to receive in-person submissions due to the pandemic, the State will post a notification on the DHS Procurement webpage at https://mn.gov/dhs/partners-and-providers/policies-procedures/minnesota-health-care-programs/provider/mcos/contract-information-forms-and-resources/.

Questions:
1) Included within the Required Statements and Forms is the Trade Secret Data Notification (DHS-7015). Please confirm where in the proposal submission the form should be included. Page 27 of the RFP lists the Trade Secret Data Notification at the top of the list of Required Statements and Forms in the Evaluation Section, but Section 6 relating to Required Statements and Forms beginning on page 19 does not call out the Trade Secret Data Notification. Thus, we request clarification as to where the Trade Secret Data Notice should be placed within the final submission.

2) What is the placement of the trade secret notice? Should it be included in the required statements and forms section? In the RFP that lists ends on page 22, do we put that at the end of the documentation of stability?

DHS Response: The Trade Secret Data Notification form (DHS-7015) should be submitted in the Required Statements and Forms section of the proposal.

5. Proposal Evaluation and Selection

Questions:
1) Will county evaluators be scoring the entire proposal, or just certain sections? Will their scores be advisory, or incorporated into a Responder's final score?

2) How will scoring differ by county? Will an individual county only be able to score on behalf of their county?

3) Regarding the evaluation team, will state and county staff scores and ratings have equal weight?

DHS Response: DHS and the metro counties will collaboratively review and score the responses to the RFP.

Question: For section 5.2, question #3 on page 26, the last sentence is lacking a complete statutory cite. Should the full cite be to Minn. Stat. § 16B.98, subd. 3?

DHS Response: The full statutory cite of Minn. Stat. § 16B.98, subd. 3 is listed in the Request for Proposal (RFP) document. The 3 carried over to page 27.

Question: For section 5.2, question #3 on page 26, as part of the county recommendations of preferred DHS RFP responders, county boards typically pass resolutions or otherwise discuss the preferred responders. How will county board resolutions or recommendations be made a part of the evaluation of responses? How much weight will county recommendations – whether or not they come from a county board – be given? What happens during Phase III if a responder recommended by a county board does not score as high as other responders?

DHS Response: Pursuant to Minnesota Statutes, section 256B.69 subdivision 3a (a), The county board may recommend a maximum number of participating health plans after considering the size of the enrolling population; ensuring adequate access and capacity; considering the client and county administrative complexity; and considering the need to promote the viability of locally developed health plans. The county board or a single entity representing a group of county boards and the commissioner shall mutually select health plans for participation at the time of initial implementation of the prepaid medical assistance program in that county or group of counties and at the time of contract renewal.

There are no points assigned to county board recommendations, however submissions of recommendations from counties who elect to make them will be considered by the commissioner.

Question: For Sec. 5.2 on pages 26-27, #1 and #3, have county staff from counties not in the seven country metro area been offered the opportunity to evaluate proposals? Do they have the opportunity to score proposals? If yes, please explain why. Also, should #3 at the top of page 27 be renumbered as #4?

DHS Response: Representatives from the metro counties were given the opportunity to score the RFP. The text under number 3 on page 27 is a continuation from page 26. The full statutory cite can be found under Minn. Stat. § 16B.98, subd. 3.

Question: If multiple staff on the evaluation team score a question, will the ratings be averaged to determine the question's final rating when scoring the question?

DHS Response: Scores will be averaged to determine the final score for each scored question in the RFP.

Question: Will other entities or individuals, besides DHS and county staffs, score part or all of the responses?

DHS Response: In addition to DHS and county staff, the Minnesota Department of Health (MDH) will complete the evaluation of the provider network.

Question: Please confirm that receiving a "fail" in even one requirement results in a responder not moving to Phase II. And, if that is the case, if DHS needs to re-engage with Responder X that did not move to Phase II because, for example, the fall 2021 contract negotiations (for contract year 2022) were unsuccessful with Responder Y, would Responder X (that did not receive a May Notice of Intent to Contract) possibly be asked to negotiate a contract for 2022? Section 5.4 seems to acknowledge this ("Until the State successfully completes negotiations with the selected Responder(s), all submitted Proposals remain eligible for selection by the State").

DHS Response: As noted in the RFP, "until the State successfully completes negotiations with the selected Responder(s), all submitted Proposals remain eligible for selection by the State," together with other reservations of rights, means that the State may contract with whichever MCOs and as many MCOs it finds to be in the State's best interest, within the parameters of federal and state laws governing procurement and contracting.

Question: Section 5.2 of the RFP states the RFP evaluation team will consist of both State and County staff. Please describe whether all proposal sections, will be evaluated and scored by the same team? Will this team include a representative from each metro county?

DHS Response: Metro counties have been given the opportunity to have county representation on the evaluation and scoring team. The evaluation and scoring team will review and score all questions in section 5 "Performance and Service Deliverables" of the Proposal Requirements section 3.2(5) of the RFP.

Question: RFP Section 5.2.2 states, "State and professional staff, other than the evaluation team, may also assist in the evaluation process. This assistance could include, but is not limited to, the initial mandatory requirements review, contacting of references, or answering technical questions from evaluators." Are references required with the proposal submission? Under which circumstances would there be references?

DHS Response: References are not required with the proposal submission. Please refer to the section 3.2.3.i "Professional Responsibility and Data Privacy" in the RFP. Responders may submit information which demonstrates recognition of their professional responsibility, including references or letters of recommendation. The State reserves the right to request any additional information to assure itself of a Responder's professional status including the contacting of references as well as those whom completed a letter of support or professional recommendation.

Question: In the Data Privacy Attachment it indicates to list five years of data breaches, whereas the RFP asks for data for the past six years. What is the timeframe that Responders' are to submit for data breaches?

DHS Response: Professional responsibility information includes information concerning any complaints filed with or by professional, State or federal licensing or regulatory organizations within the past six years against your organization or employees relating to the provision of services. For data breaches, as noted in the Data Privacy template, Responders are to include a listing of breaches in the past five years only (from 1/1/2015 through 12/31/2020).

Question: Please provide a detailed description of the evaluation team. How many DHS employees are involved and from which departments or units? How many county employees are involved and from which counties? Is there one, two or more representatives from each County serving on the evaluation team?

DHS Response: The evaluation and scoring team will be comprised of various State staff from different policy areas, MDH staff, and representation from metro counties.

Question: Will the evaluation team review and score the entire RFP response or will segments of the RFP response be divided up to subsets of the evaluation team? Will any members of the evaluation team review and score the entire RFP response?

DHS Response: Each section of a Responders response will be evaluated and scored by members of the evaluation team.

Question: Will a County representative on the evaluation team be scoring the RFP response on behalf of all Counties or for the specific County they represent? Are any members of the evaluation team considered "global" or "master" County representatives or are all County representatives on the evaluation team solely scoring for their individual County?

DHS Response: Metro counties have been given the opportunity to have county representation on the evaluation and scoring team. DHS and the metro counties will work collaboratively in scoring Responder proposals.

Question: For section 5.3, Phase III, #3b, the four bullets on page 30 are a non-exhaustive list. What other factors will be part of a proposal evaluation?

DHS Response: DHS does not have any additional factors at this time.

Question: For section 5.3, Phase III, #3b, please clarify what evaluators will consider regarding "transitions of enrollees between MHCP programs."

DHS Response: Evaluators will consider a Responder's approach to how their organization successfully transitions enrollees between different benefit sets to provide for continuity and comprehensive coordination of care.

Question: What evaluation rubric is the State using for the Pass/Fail sections? How is the State applying inter-rater reliability for the Pass/Fail sections? Will any county representatives be scoring the Pass/Fail sections? Is DHS planning to use a consensus scoring method? If so, how will the consensus scoring be conducted to avoid bias?

DHS Response: As this is a competitive RFP, the scoring rubric will not be posted before the RFP responses are due. The process for RFP evaluation will follow the guidance issued Office of Grants Management Operating Policy and Procedures related to rating for competitive grant review policy number 08-02. https://mn.gov/admin/assets/08-02%20grants%20policy%20revision%20September%202017%20final_tcm36-312046.pdf.

Question: What evaluation rubric is the State using for the Point sections? How is the State applying inter-rater reliability to evaluation of proposals including the Point sections?

DHS Response: As this is a competitive RFP, the scoring rubric will not be posted before the RFP responses are due. The process for RFP evaluation will follow the Office of Grants Management Operating Policy and Procedures related to rating for competitive grant review policy number 08-02. https://mn.gov/admin/assets/08-02%20grants%20policy%20revision%20September%202017%20final_tcm36-312046.pdf

Question: The Summary of Important Dates on page 2 notes that Notices of Intent to Contract are anticipated May 10, 2021, but section 5.3, Phase III, #3d on page 30 notes that successful responders will be selected approximately 12 weeks after March 19, 2021, which would be mid-June. Will there be a step in between a Notice of Intent to Contract and the start of contract negotiations in the fall? We are confused because Section 5.4 says that DHS will notify successful responders "of their selection and the State's desire to enter into contract negotiations," which would seemingly refer to the May Notice of Intent to Contract, not something that happens in June 2021.

DHS Response: It is anticipated that the Notices of Intent to Contract will be issued May 10, 2021. The RFP will be revised to indicate that successful Responders will be selected approximately seven (7) weeks after the Proposal submission due date. Responders selected will be notified in writing of their selection and the State's desire to enter into contract negotiations.

Question: Can DHS provide information about the maximum numbers of MCOs that could be chosen to serve each county?

DHS Response: The maximum number of MCO's for each county would be the maximum number of eligible Responders. Refer to the MDH list of licensed HMO's found at: https://www.health.state.mn.us/facilities/insurance/managedcare/planinfo/hmo.html.

Question: Are County Boards making separate votes for their recommended MCOs in addition to the evaluation team scoring?

DHS Response: Pursuant to Minnesota Statutes, section 256B.69 subdivision 3a (a), The county board may recommend a maximum number of participating health plans after considering the size of the enrolling population; ensuring adequate access and capacity; considering the client and county administrative complexity; and considering the need to promote the viability of locally developed health plans. The county board or a single entity representing a group of county boards and the commissioner shall mutually select health plans for participation … at the time of contract renewal.

Question: If county boards and DHS will mutually select the health plan for respective counties, what is the handling for a health plan (such as Hennepin Health) which is linked to the county itself?

DHS Response: State agencies must follow the guidance issued by the Office of Grants Management Operating Policy and Procedures related to conflict of interest policy number 08-01. Office of Grants Management (OGM) 08-01 Conflict of Interest in State Grant-Making Policy effective date 1/1/21

Question: RFP Section 3.f describes briefly the dispute process if there is any dispute between the State and the counties. The evaluation team is a combination of State and County representatives. Given this updated evaluation approach, is it anticipated that there will be a dispute between Counties and the State about MCO selection?

DHS Response: Pursuant to Minnesota Statutes, section 256B.69, subdivision 3a (d), counties have the right to request mediation.

General

Question: Responder respectfully requests the most recent and readily available Databook and a set of certified rates including the rate certification documents for the Families and Children Medical Assistance and MinnesotaCare programs in accordance with part 8 of section 1.3 of the RFP.

DHS Response: A Databook will be available to Responders. Once the Databook is available, DHS will post it to the DHS Procurement website at https://mn.gov/dhs/partners-and-providers/policies-procedures/minnesota-health-care-programs/provider/mcos/contract-information-forms-and-resources/.

Question: In the FAQs DHS has released related to this procurement, DHS had previously indicated that the RFP would reflect decisions on page limits and competitive price bids. The RFP does not reference these and the FAQs have not been updated so it is unclear if that means the decision was made (no page limits, no competitive price bid) or if additional information may be forthcoming. Can DHS confirm if there will be page limits or a price bid for this procurement?

DHS Response: DHS is not imposing page limits for this RFP. DHS will not be performing a price bid for this procurement.

Question: How will the changes to the updated RFP be called out in what DHS will post?

DHS Response: The addenda RFP will show the new information. The Responders Conference Q&A document posted on the website will also highlight what is in the addenda.

Question: When will the updated RFP be posted?

DHS Response: DHS will post the addenda RFP as soon as possible. Responders are to watch the DHS Procurement Website for this posting. https://mn.gov/dhs/partners-and-providers/policies-procedures/minnesota-health-care-programs/provider/mcos/contract-information-forms-and-resources/

Question: When will the Responders' Conference Q&A be posted?

DHS Response: DHS will post the Responders' Conference Q&A as soon as possible. Responders should watch the DHS Procurement Website for this posting. https://mn.gov/dhs/partners-and-providers/policies-procedures/minnesota-health-care-programs/provider/mcos/contract-information-forms-and-resources/