

## 2023 MSHO/MSC+ Procurement Questions and Answers (Q&A)

### **New Question with DHS Response**

1. **Question:** In the Service Delivery Plan, Care Coordination Model section of the MSHO/MSC+ RFP, it states that the Responder may attach a CMS approved D-SNP Model of Care that describes their care coordination model. Will the Model of Care, if attached, counted toward the 90-page limit?

**DHS Response:** The CMS approved D-SNP Model of Care, if attached, will not count to the 90 page limit.

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### **Previous Questions with DHS Responses:**

1. **Question:** During the responder conference, DHS was asked if it is looking for a list of specific legal agreements in place under the Data Privacy Narrative section (question 2a). The response given was yes, DHS is requesting a list of legal agreements in place with a short description of each. Can you please clarify if the intent is for responders to list all of their vendor agreements that involve access to PHI (e.g. clearinghouses, shredding services, contracted Medical Directors) or just those vendors that are considered key to meeting the responder's administrative responsibilities in the model DHS contract? Can the list of vendors be an attachment and not counted towards the recommended 1 page limit per response?

**DHS Response:** DHS expects a list of all vendors who have access to PHI. The list may be an attachment. The list will not count toward the page limit.

2. **Question:** Can DHS confirm that, in addition to links to attachments and references to other questions within the RFP, plans can include links to external web pages, such as to their own websites or other external sites with relevant information? And, can DHS confirm that this would not count against the page limits for the Performance and Service Deliverables section?

**DHS Response:** All information to be considered when awarding points should be included in Responder's proposal and will count against the page limit. Because reviewers will have a large volume of material to consider, Responders should clearly indicate what information they want considered as a part of the scoring. Information contained in a website may not be easily located by reviewers and it is not guaranteed that reviewers will have an opportunity to consider any material not contained in the Responder's proposal. Links to external web pages

are acceptable if Responder wishes to provide evidence supporting a statement made in Responder's proposal. .

3. **Question:** The RFP requires several attachments. Per the responders' conference, attachments can be included at the end of a section or at the end of the proposal. For attachments required in the Performance and Service Deliverable section, will DHS please verify that attachments are excluded from the 90-page limitation? How will it easily be determined what content is excluded from page count?

For example, 5. Performance and Service Deliverables, Section 8 Transportation Access, question 7 requires offerors, "describe the education members receive on how to report transportation concerns. Attach any written documentation provided to members about transportation." The written documentation may include pamphlets, presentations, or other member educational materials. Is it acceptable to include this documentation as one attachment at the end of the proposal, on unnumbered pages? Will the State please verify that this documentation is excluded from the 90-page limitation?

**DHS Response:** Written documentation provided to members about transportation does not count toward the Performance and Service Deliverables 90 page limit.

4. **Question:** During the Responder's Conference, it was indicated that written responses to questions would be forthcoming with the amendment estimated to be issued on December 13th. While the amendment was issued on that date, we have not seen the written responses to questions. Seeing as this is an important aspect to guide clarification questions, will you consider extending the Final Questions Due deadline beyond December 30, 2021?

**DHS Response:** DHS will accept questions from Responders until January 14, 2022. DHS will provide answers to questions no later than January 20, 2022.

5. **Question:** During the responders' conference, DHS said it is not a requirement to restate the RFP requirements prior to each proposal response, but if restated, the content would be excluded from page count. The addendum issued 12/13/21 did not include revised language to allow for this content exclusion. Will DHS please clarify the RFP language?

In addition, the RFP states, "Starting with the Table of Contents through the duration of the document, the proposal page numbers must flow continuously in numeric order...." With this in mind, where should the restated RFP requirements go in the proposal and how will it easily be determined what content is excluded from page count? Is it acceptable to include the Performance and Service Deliverable scenarios and questions prior to each response, and inserted on an unnumbered page?

**DHS Response:** It is not a requirement to restate the RFP requirements prior to each proposal response. If RFP requirements are restated within Responder's Proposal, they will be excluded from the page count. If Responder decides to include restated RFP requirements, please include them prior to each response in numeric order, and inserted on an unnumbered page.

6. **Question:** When will the State publish the questions and answers that were submitted prior to the responders' conference?

**DHS Response:** The State posted answers to some questions on December 30, 2021. This second set of questions included responses to the additional questions received. Final responses to all questions will be posted no later than January 20, 2022.

7. **Question:** The RFP states, "Starting with the Table of Contents through the duration of the document, the Proposal page numbers must flow continuously in numeric order...."

The RFP requires several attachments. Per the responders' conference, attachments can be included at the end of a section or at the end of the proposal. Will DHS please clarify if the attachments must be included in the continuously numbered pages?

**DHS Response:** Attachments can be included at the end of a section or at the end of the proposal. Attachments need not be included in the continuously numbered pages but should be clearly labeled.

8. **Question:** In Section 2, question E6, the word "measures" is used in the question. Is the use of the word meant to mean processes or metrics?

**DHS Response:** The use of the word is meant to mean metrics.

9. **Question:** According to Section 3.2, 4. "Provider Network Adequacy Review", DHS may request a provider network listing and "The Provider Network Listing must include Essential Community Providers (ECPs) available within the designated service area as required by Minnesota Statutes, section 62Q.19." Assuming the MDH will continue to apply the threshold for determination of network adequacy that "each network must include a minimum of 20% of ECPs available in the provider network service area", how, specifically, will the MDH calculate 20% concentration requirement for ECPs? What are the rules used to define the denominator (from the MDH ECP listing) and the numerator (the listing provided by the plan)? Are school based clinics excluded? Are other ECPs excluded in the numerator and/or denominator? Is the NPI used in the calculations? If so, can an ECP file with the NPIs be made available to the bidders?

**DHS Response:** Filings submitted must meet requirements for inclusion of Essential Community Providers (ECPs). These requirements are intended to ensure that networks include a broad

range of ECPs to serve the unique needs of Minnesota populations. Minnesota requirements are based on the ECP standards developed for Federally-Facilitated Exchanges (FEEs). Each network must include a minimum of 20% of ECPs available in the provider network service area. The minimum 20% threshold should be calculated using Minnesota designated ECPs located in the provider network service area as the basis (denominator) of calculation.

A comprehensive list of state-designated ECPs and US Department of Health and Human Services ECPs can be found below.

<https://www.health.state.mn.us/facilities/insurance/managedcare/ecp/index.html>

MDH does not use NPIs to determine the ECPs. School based clinics are not included.

- 10. Question:** For forms/attachments that are not a template provided by the State in eDocs (i.e. Guarantee of Performance), should these forms be signed using the approved electronic signature software or would you like a blue ink wet signature scanned in? What electronic signature software is acceptable by the State for completion of the forms?

**DHS Response:** Responder is responsible for ensuring that representations made in the Proposal are true and accurate. Responder should ensure that signatures are provided by authorized personnel and documented in a manner acceptable to Responder, whether that is via wet signature or a particular electronic signature software. DHS does not require a particular software to be used for forms submitted with the proposal.

- 11. Question:** In consideration of page limits, do Tab pages (section dividers), full-page section breaks, as well as blank pages (i.e., "This page is intentionally left blank") need to be paginated and be counted towards the 90-page limit?

**DHS Response:** No

- 12. Question:** In Section 3.2(5) Performance and Service Deliverables, the RFP language permits responders to refer back to the "Service Delivery Plan, Section E, Care Coordination Model". To prevent repetition, are responders permitted to refer back to other sections of the Service Delivery Plan as well?

**DHS Response:** Responder may refer back, but if any such text is expected to be included in the scoring, it will be counted toward the 90-page limit. Do not use other sections of the Service Delivery Plan to circumvent the page limits.

- 13. Question:** In section 3, Professional Responsibility and Data Privacy, subsection ii, Data Privacy (page 18), Responders are referred to the Data Privacy document. Within this document, Section III. Listing of Sensitive Data Breaches – Data Dictionary and Examples, the third

paragraph states “Families and Children contract.” Can you confirm that this should have been a reference to “Minnesota Senior Health Options and Minnesota Senior Care Plus contract”? And if so, can Responders update the question to read “MSHO and MSC+ contract” in our response if we are restating the questions?

**DHS Response:** Yes, this should have been a reference to Minnesota Senior Health Options and Minnesota Senior Care Plus contract. Please update the question to read “MSHO and MSC+ contract” if Responder restates the questions.

- 14. Question:** The Security Compliance Questionnaire refers to a singular “system/solution/service” in many of the questions. What specific “system/solution/service” is being referenced as it applies to providing prepaid health care services to eligible individuals?

**DHS Response:** The singular term “system/solution/service” is meant to encompass the functions of the hardware, software or process to which it refers. For example, in the question “The system/solution/service provides password protection and security controls to prevent unauthorized access to or use of the system, data, and images. Proposed system solutions will ensure Industry best practices for security architecture & design” the system might be the hardware, the solution may refer to software, and a service may refer to an app, a software-as-a-service program, or a process by which users gain secured access to the data. The tripartite term is intended to not limit the description of function by whichever terminology is used by the vendor, for whichever function of providing managed care services is under discussion.

- 15. Question:** The Security Compliance Questionnaire section Q "Q: Online transactions must conform to reasonable commercial security standards and measures." Does the reference to "Online transaction" reference monetary / financial data submitted for transactional processing and/or is application FHIR API calls included in this reference of "Online transactions"?

**DHS Response:** “Online transaction” includes all references to claims, prior authorizations, other standard transactions, data requests such as FHIR API calls, or other electronic interchange of PHI or protected data where security standards and measures exist.

- 16. Question:** DHS provides a link to HRSA’s medically underserved regional listing as a reference (pg. 9)

Medically Underserved Regional Listing <https://data.hrsa.gov/>

All of Hennepin County is listed as Not Rural based on the HRSA definition. Is HRSA’s designation of rural an allowable definition? How should Hennepin Health approach these questions since Hennepin County makes up our entire service area?

**DHS Response:** In If a county is identified as metro or large metro in the current Health Services Delivery (HSD) Reference File (as referred to at 42 C.F.R. § 438.52), Responders may

disregard RFP questions pertaining to “rural” areas. However Responder may also wish to describe other initiatives to counteract lack of services due to reasons other than being rural. The list of “metro” and “large metro” counties in Minnesota is as follows:

Anoka County  
Carver County  
Chisago County  
Dakota County  
Hennepin County  
Olmsted County  
Ramsey County  
Rice County  
Scott County  
Sherburne County  
Stearns County  
Washington County  
Wright County

- 17. Question:** Please confirm that the time period for reporting of breaches in responding to the MSHO/MSC+ RFP is the last five years only, namely from 1/1/2016 through 12/31/2021 (advancing the instructions provided to cover the past five years).

**DHS Response:** Professional responsibility information includes information concerning any 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. 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 1/1/2016 through 12/31/2021).

- 18. Question:** What is the criteria for scoring the Professional Responsibility and Data Privacy sections included in Question 3.i (Professional Responsibility) and 3.ii (Data Privacy)? How is a possible reduction from the 5 points for the section determined?

**DHS Response:** The criteria for scoring the Professional Responsibility sections includes whether the Respondent has experienced complaints, regulatory actions, or litigation that may affect their ability to provide the services requested in the RFP or that may jeopardize the Respondent’s continuation in business. Among these, sanctions from Medicare will be considered. Final Medicare sanctions involving fraud or abuse, or improper marketing or other potentially significant anti-competitive actions by the Respondent may be penalized by subtracting points from the final score.

On the other hand, the Respondent’s ability to demonstrate involvement in the Medicaid community, employment of skilled and involved personnel, and results of such involvement

potentially including references, letters of recommendation, awards, certifications, and/or professional memberships will allow the State to award full points for this section. Ideally, these activities or results by the Respondent or its personnel will address a range of both physical and behavioral health issues. The results should both influence and demonstrate the Respondent's health equity goals.

- 19. Question:** Regarding section 6. REQUIRED CONTRACT TERMS AND CONDITIONS, Item H. Accessibility Standards, can you confirm that it is the expectation that responders' full proposal response will be required to comply with the Minnesota IT Accessibility Standards, including compliance with the Web Content Accessibility Guidelines (WCAG) 2.0 (Level AA) and Section 508 Subparts A-D?

**DHS Response:** No. The Web Content Accessibility Guidelines (WCAG) 2.0 (Level AA) and Section 508 Subparts A-D are applicable to websites or other information systems and tools that are part of Responder's proposed work and not to Responder's submission of a proposal.

- 20. Question:** We appreciate that cross-references are allowed between the Care Coordination Service Delivery Plan responses and the Performance and Service Deliverables responses. Are cross-references also acceptable between the other Service Delivery Plan responses and the Performance and Service Deliverables responses, as well as between sections 1-9 in the Performance and Service Deliverables section?

**DHS Response:** Cross-references are allowed between Service Delivery Plan responses and the Performance and Service Deliverables response, as well as between sections 1-9 in the Performance and Service Deliverables section. However, internal cross-references may not be used to exceed the page limits.

All information to be considered when awarding points for the sections that include page limits will count against the page limit. Because reviewers will have a large volume of material to consider, Responders should clearly include information they want considered as a part of the response.

- 21. Question:** In follow-up to DHS written response to question #32, can you please clarify if you are meaning the Excel spreadsheet can be a separate document, not part of the continuous searchable PDF or are you wanting responders to embed the Excel spreadsheet into the continuous searchable PDF? Can responders convert the Excel spreadsheet into a PDF to make part of continuous searchable PDF response?

**DHS Response:** The Excel spreadsheet may be submitted as a separate document, not part of the continuous searchable PDF. Or, if Responder wishes to do so, Responder may convert the Excel spreadsheet into a PDF to make it part of a continuous searchable PDF response.

**22. Question:** How are responders to include the Disclosure of Ownership Reporting template (Excel spreadsheet) in our response? Does DHS want responders to have the Excel spreadsheet a separate document, not part of the continuous searchable PDF or are you wanting responders to embed the Excel spreadsheet into the continuous searchable PDF? Can responders convert the Excel spreadsheet into a PDF to make part of continuous searchable PDF response?

**DHS Response:** The Excel spreadsheet may be submitted as a separate document, not part of the continuous searchable PDF. Or, if Responder wishes to do so, Responder may convert the Excel spreadsheet into a PDF to make it part of a continuous searchable PDF response.

**23. Question:** e. Human Rights Compliance:

- If responders are exempt from Minnesota Statutes 363A.36 (Workforce Certificate) and 363A.44 (Equal Pay Certificate), is it acceptable to leave the forms blank, sign, and provide a narrative summary as to why we are exempt from the statute requirements?

- Can DHS make the Equal Pay Certification form (DHS-7075) an interactive PDF that allows for an electronic signature like the Workforce certificate (DHS-7016)? The proposal submissions indicates that scanned documents included in the proposal are not acceptable due to search restrictions.

**DHS Response:** Yes, it is acceptable to leave the forms blank, sign, and provide a narrative summary as to why Responder is exempt from statute requirements. Scanned copies of the Equal Pay Certification are acceptable.

**24. Question:** Section 1.1, Objective of RFP, paragraph six (page 3 of the MSHO/MSO+ RFP) states that "Responders who are currently operating MSHO and MSO+ in a county will be selected to participate if they meet the minimum requirements of this RFP." Please confirm how a bidder meets minimum requirements. For example, will the bidder have met the minimum requirements of the RFP if they:

- Achieve a "Pass" for all evaluation items identified in Evaluation Phase I (RFP Section 5.3, Phase I: Required Statements and Forms Review)
- Achieve a "Pass" for the pass/fail evaluation items identified in Evaluation Phase II (RFP Section 5.3, Phase II: Evaluation of Proposal Requirements and Readiness Review)
- Achieve a final total score of 50 points for the scored evaluation items identified in Evaluation Phase II (RFP Section 5.3, Phase II: Evaluation of Proposal Requirements and Readiness Review)

To state it differently, please confirm that a bidder will have met the minimum requirements of this RFP if they are selected to move on to Evaluation Phase III by having passed the above elements, or please share if there are different criteria for meeting minimum requirements.



**DHS Response:** Yes. The bidder will have met the minimum requirements by meeting all three bulleted items. Responder must achieve a "Pass" on all Pass/Fail items and a total final score of at least 50 points on scored items.

**25. Question:** Please confirm that a Responder currently not in a county could not be the only MCO in that county as of January 1, 2023.

**DHS Response:** It is possible for a new plan to be chosen if the current single MCO in that county does not meet the minimum requirements of the RFP.

**26. Question:** The sixth paragraph notes that "Responders who are currently operating MSHO and MSC+ in a county will be selected to participate if they meet the minimum requirements of this RFP."

(a) Section 3.2 on page 11 states that "The following will be considered minimum requirements of the Proposal," but is followed by a description of all proposal sections. Please clarify what DHS considers to be "minimum requirements."

(b) Does meeting minimum requirements mean a Responder meets the elements of the Service Delivery Plan so that it receives a "pass" (where the options are pass or fail, except for the questions for item E, Care Coordination Model)? If yes, what is considered a passing score for item E, Care Coordination Model?

**DHS Response:** In order to meet the minimum requirements of the Proposal, a Responder must achieve a "Pass" on all Pass/Fail items and a total final score of at least 50 points.

**27. Question:** May responders include an appendix section that is referenced in the response? If yes, will it count towards the page limit?

**DHS Response:** Yes. It will count toward the page limit.

**28. Question:** Does the State have a preference for placement of attachments? May the responder include Attachments at the end of the proposal, in the order of the corresponding sections?

**DHS Response:** Yes, Responders may put the attachments at the end.

**29. Question:** Per the 4. Provider Network Adequacy Review section on pg 18, a Provider Network Listing is not required at this time. Can DHS please clarify that with this proposal, we need to submit the other requirements in the 4. Provider Network Adequacy Review section, but ii. Provider Network Listing is not required to be submitted?

**DHS Response:** Yes, this is correct.

**30. Question:** Notice of Intent to Contract is "anticipated" by May 9, 2022. Will DHS adjust this date if necessary to ensure that its notice precedes (by at least a week) the CMS application deadline for withdrawing counties from 2023 service area expansion requests? For example, May 15, 2021 was the deadline for amending 2022 service area expansion requests.

**DHS Response:** DHS does not anticipate needing to adjust the date. CMS has published the deadline date as "late May."

**31. Question:** Given this is an entirely electronic submission and no scanned documents are acceptable, can the State confirm that electronic signatures are acceptable on all documents and forms requiring signatures?

**DHS Response:** Scanned documents are not acceptable as responses for the Service Delivery Plan or the Performance and Service Deliverables unless they are fully searchable. Scanned documents may be submitted in response to other sections. Electronic signatures are acceptable.

**32. Question:** The proposal submission should include three (3) separate USB drives:

- One (1) complete original non-redacted copy labeled as "2023 MSHO/MSC+ RFP Proposal – Original";
- One (1) complete original redacted copy with the removal of trade secret information (refer to the Trade Secret Data Notification section) labeled as "2023 MSHO/MSC+ RFP Redacted Proposal"; and
- One (1) original non-redacted copy with the removal of the Disclosure of Ownership information labeled as "2023 MSHO/MSC+ RFP County Proposal" for county distribution.

Does the State mean labeling of the actual file (filename)? If so, may the responder include the responders name in the label? (e.g., "Responder name 2023 MSHO/MSC+ RFP Proposal – Original")

**DHS Response:** The instructions refer to labeling of the USB drives themselves. Responders may include the name of the Responder if they wish. Responders may label the files saved on each USB drive as they wish.

**DHS Response:** Points may be deducted if the submission is unreadable, incomplete or unclear.

**33. Question:** Is a minimum font size required?

**DHS Response:** The RFP addendum published December 13, 2021 was updated to require a minimum font size of 12 in the main body of responses to the Service Delivery Plan section and the Performance and Service Deliverables section. Responder may use its best judgment in choosing an appropriate font for forms, tables, charts, graphs, footnotes, etc.

**34. Question:** For bookmarking purposes, is bookmarking to the 3rd level acceptable? (e.g.,)

3.2 Detail of Proposal Components

1. Table of Contents
2. Service Delivery Plan
  - A. Executive Summary

**DHS Response:** Yes, bookmarking to the 3rd level is acceptable.

**35. Question:** “During the evaluation process until the 2022 contracts are executed, all information concerning the Proposals submitted, except for the name of the Responder(s), will remain non-public and will not be disclosed to anyone whose official duties do not require such knowledge.”

Did DHS mean to reference the year 2023?

**DHS Response:** Yes, 2022 is a typo. The RFP addendum published December 13, 2021 was updated to remove this typo.

**36. Question:** For #3, it would be helpful to have clarification of the elements DHS would anticipate using in an "appropriate cost and pricing analysis" and what constitutes a reasonable proposal beyond what the RFP requires (if anything).

**DHS Response:** DHS does not have any further information to share.

**37. Question:** Regarding the instructions to responders (in paragraph two) without a current Minnesota contract, please clarify what is meant by "the varied needs of the population throughout a diverse service area."

**DHS Response:** This section applies to Responders who do not have currently have a MSHO/MSC+ Contract. DHS expects Responder to share its experience in other markets to address how the needs of a population similar to MSHO/MSC+ are met. Any currently non-contracted MSHO/MSC+ Responder needs to submit evidence they understand the population enrolled in MSHO/MSC+ and the service area in Minnesota they are proposing to enter including how they are prepared to meet the contract requirements.

**38. Question:** Given the page limit, is it acceptable to cross-reference responses to Sections 1-9 within the Performance and Service Deliverables response?

**DHS Response:** Yes

39. **Question:** Does restating questions in responses to Sections 1-9 of the 5. Performance and Service Deliverables count toward 90 page-limit?

If yes, may proposers opt to not restate the questions?

**DHS Response:** No, restatement of the questions will not be counted toward the 90 page limit.

40. **Question:** A Responder may attach a CMS approved D-SNP Model of Care (MOC) that describes the care coordination model. If a Responder is updating its MOC, will the revised MOC that will be submitted to CMS meet this requirement?

**DHS Response:** Yes

41. **Question:** In the RFP questions, the term “stakeholders” is sometimes clearly used to refer to members, but at other times it seems to refer to members as well as other stakeholders. It is not always clear when DHS is seeking a response specific to the MCO’s work with members, or when other stakeholders, such as counties or providers, should be part of the RFP response. Could DHS please define the term “stakeholder” for each question and sub-question, or explicitly state in a question or sub-question whether a member, county, or provider is in scope?

**DHS Response:** DHS intends for the term "stakeholders" to mean a wide range of stakeholders throughout the document. Questions and sub-questions in the Service Delivery Plan section that refer specifically to members should be answered with respect to members. Questions that do not refer specifically to members should be approached with an expansive definition of stakeholder.

42. **Question:** The RFP states that “Finally, if applicable, note whether as a Medicare Advantage Plan Sponsor CMS has taken final enforcement or contract action.” Please clarify DHS’s understanding of the term “final enforcement action,” including when DHS considers CMS (i.e., based on what timing?) to have taken final action.

**DHS Response:** DHS' understanding of the term "final enforcement action" means any enforcement or contract action by CMS that has been made public.

43. **Question:** Is the Medicare Advantage information requested in #1-#3 only for the Responder's MSHO line of business and not other Medicare lines of business?

**DHS Response:** This question applies to all lines of Medicare Advantage business.

**44. Question:** The geographic access maps specifications request responders to "Identify the location of the Home Health Care Agency providers and the counties they serve." Does "Home Health Care Agency providers" include PCA providers?

**DHS Response:** Yes, "Home Health Care Agency providers" includes PCA providers.

**45. Question:** If the answer to Question 2 (Must enrollees use a network provider for this service?) is no, must the Responder skip questions 3-5, or may the Responder answer questions 3-5?

**DHS Response:** Responder may answer questions 3-5.

**46. Question:** The scenario states that Mrs. R "uses her Provider and Pharmacy Directory provider by the Responder." Please confirm what is meant is "Provider and Pharmacy Directory provider by the Responder."

**DHS Response:** There was a typo in the sentence and it should read "Provider and Pharmacy Directory **provided** by the Responder." The RFP addendum published December 13, 2021 was updated to correct the typo.

**47. Question:** For scenario questions that don't involve the appointment running late or after hours supports, when is Mrs. L's appointment expected to end?

**DHS Response:** Please answer the question using a variety of hypothetical ending times.

**48. Question:** Please clarify the difference between questions 4 and 6.

**DHS Response:** Question 4 focuses on ensuring transportation regardless of time frame. Question 6 focuses on other actions that may be necessary if transportation is not available.

**49. Question:** Questions 3 and 7 are duplicates. May we skip a response for question 7?

**DHS Response:** Yes, the RFP addendum published December 13, 2021 was updated to fix this.

**50. Question:** When the RFP in 1) refers to "Known gaps in health care services," does this mean gaps in access to health services or gaps in health care services sought/received by enrollees, or something else?

**DHS Response:** The phrase refers to known gaps in access to health care services.

**51. Question:** Will wet signatures be required on forms?

**DHS Response:** No, electronic signatures are acceptable

- 52. Question:** The opening sentence asks for a description of both "administrative services and clinical services," but the rest of the question (including the last sentence regarding oversight and coordination) refers only to administrative services. Please clarify regarding the expectations for clinical services in this question.

**DHS Response:** The RFP addendum published December 13, 2021 was updated to delete the reference to clinical.

- 53. Question:** Before the State can sign a contract with any Responder, the Responder must have the Minnesota Department of Health (MDH) approval of its service area and network. All Responders must provide the following: i. Network Adequacy Attestation Document

The MCO currently maintains two separate network files, with a separate DHS Plan ID, for MSHO and MSC+; meanwhile, the RFP Provider Network Adequacy Review component indicates that a single MSHO/MS C+ Attestation and set of Geographic Access Maps should be submitted in the proposal. Is the expectation that current MCOs administering MSHO and MSC+ need to submit the Provider Network Adequacy Review component with a single Attestation and set of Geographic Access Maps?

**DHS Response:** Responders may submit the Provider Network Adequacy Review component with more than one attestation and set of Geographic Access Maps if necessary to provide a complete and accurate response.

- 54. Question:** On page 31, Section 4.5 Proposal Submission the State requires one continual complete searchable document and sections must not be submitted in separate documents.

On page 27, 6. Required Statements and Forms, a.2 County List the responder must submit the completed "Minnesota SNBC County List" Excel spreadsheet with their proposal.

Please confirm the proposer should convert the Excel spreadsheet to PDF format to include in the single complete searchable document and that the State is not expecting a separate excel file.

**DHS Response:** Responders are not required to convert the Excel spreadsheet to PDF format to include in a single complete searchable document.

- 55. Question:** Please clarify what type of specificity DHS is looking for on the subcontractor delegation audit report summaries and CAP implementation and resolution.

**DHS Response:** Please refer to the Model Contract. DHS is not looking for any more specificity than is provided during the regular course of monitoring the contract.

56. **Question:** Please clarify what the term "statement" in the last sentence, particularly parts of the sentence that are not typically expressed as a statement (like a mission statement), i.e., quality program and service, and overall structure of the organization?

**DHS Response:** The last sentence has been removed from the RFP addendum published December 13, 2021

57. **Question:** In Section 2. Service Delivery plan, sub section J Information Technologies - The RFP says "Include whether the organization's main administrative system interacts with your clinic care systems and in what ways" does "administrative system" mean "claims system" and does "clinic care systems" mean Provider system / Hospital system / Clinic systems?

**DHS Response:** The term "administrative system" includes but is not limited to the claims system. The term "clinical care systems" is intended to refer to contracted providers with whom the Responder would share data.

58. **Question:** Does DHS intend to ensure that the service area matches for MSHO and MSC+?

**DHS Response:** Yes

59. **Question:** In the introduction to this section (and in Section 4.v. of the Provider Network Adequacy Review section), the RFP says plans can refer to "Service Delivery Plan, Section E, Care Coordination Model, as needed." Can you confirm that we may also refer readers to other sections besides Section E within our RFP answers and to attachments as needed? And can you confirm that these references to other sections will not be counted against the 90-page limit for the Performance and Service Deliverables section?

**DHS Response:** Yes, Responders can refer to other sections and these references will not be counted against the page limit.

60. **Question:** In Section 3.2 Proposal Requirements question #L Population Health Management, please clarify DHS's definition of "health experience", or is DHS referring to the IHI's Triple Aim definition that includes quality and satisfaction?

**DHS Response:** DHS is referring to the IHI's Triple Aim definition.

61. **Question:** The instructions note that responders may submit information which demonstrates recognition of their professional responsibility, including, references and/or letters of

recommendations. Can DHS please clarify what they mean by "references." What would DHS be expecting to see for references?

**DHS Response:** "References" can include letters from community organizations or other entities with whom Responder partners. DHS is expecting to see evidence that Responder is committed to serving Minnesota communities and the populations covered under the contract.

- 62. Question:** For Section 4 ii of the Provider Network Listing template under the Provider file; #47: Record Type. Is it the intent of DHS that the MCO compares this submission to the previous MSHO & MSC+ submission and indicates change/no change/or new record based upon the previous record? If not, please clarify what requirements are needed for this Element.

**DHS Response:** Yes. Responder is not required to submit the Provider Network Listing template as part of the initial RFP submission.

- 63. Question:** For Section 4: Provider Network Adequacy Review of the RFP iii. Geographic Access Maps then the document labeled MSHO Geographic Access Maps Specifications. Please confirm that Adult Nurse Practitioner can be included in the Provider Specialty list. The Geographic access maps section indicates "nurse practitioners practicing independently may be listed as PCP's if they practice in adult or pediatric primary care".

**DHS Response:** That is correct.

- 64. Question:** For Section 4: Provider Network Adequacy Review of the RFP, there is a significant gap between the submissions of the Provider Network Listing and the Geographic Access Maps and Gap Analysis Summary. Please help us understand the reasoning of the different submission due dates and to account for any differences in the submission of a responders Provider Network.

**DHS Response:** DHS seeks to understand if Responder may have recently had a thorough network review. Therefore, Responder is not required to submit the Provider Network Listing template as part of the initial RFP submission. The Geographic Access Maps and Gap Analysis Summary must be submitted on February 18, 2022 with the RFP submission.

- 65. Question:** Please confirm that Pediatric Provider Specialties of Pediatrics; Pediatric Nurse Practitioner; Neonatal Nurse Practitioner; and Child Psychiatry are not necessary for the MSHO and MSC+ RFP.

**DHS Response:** That is correct.

- 66. Question:** Please confirm that Provider Specialties of Dentists - Pediatrics and Dentists - Orthodontics are not necessary for the MSHO and MSC+ RFP.



**DHS Response:** That is correct.

- 67. Question:** In question #2 under Quality Management, if the organization does not have an alternative mechanism to address special health care needs, but rather follows the model contract as described in 7.1.5.1, does the process by which we address special health care needs need to be described?

**DHS Response:** If the organization does not have an alternative mechanism to address special health care needs, it doesn't need to be described.

- 68. Question:** In question #3 under Quality Management on PIPs, do responders provide information on just the current PIP or past PIPs? Is one paragraph the expected limit for this response?

**DHS Response:** Please provide current PIPs. There is no limit imposed on the length of this response.

- 69. Question:** b. Disclosure of Ownership and Management Information:

- In our responses to the Disclosure of Ownership reporting template, do we need to include the Field Definitions tab in our proposal as there is no information for us to input on that tab.
- On the Disclosure of Ownership reporting template, the header reads: "<MCO Name> Disclosure of Ownership and Management Information Report <MM-YYYY>." Are responders to use the date 02-2022?
- Are responders to leave the "Change Type" blank on the Disclosure of Ownership Reporting template?
- Can DHS make the Disclosure of Ownership Report attestation template an interactive PDF that allows for an electronic signature like the other Required Statements and Forms? The proposal submissions indicates that scanned documents included in the proposal are not acceptable due to search restrictions.

**DHS Response:** Responders do not need to include the Field Definitions tab. Responders may use the date 02-2022. Responders may leave the "Change Type" blank on the Disclosure of Ownership Reporting template unless Responders have a need to fill in the field. Scanned copies of the Disclosure of Ownership and Management Information are acceptable.

- 70. Question:** From a CMS bid perspective, we need to understand enrollment projections prior to submitting the bid for 2023. Can DHS please expand on the language listed on pg 3-4, where it is indicated that DHS does not intend to contract with only one responder unless certain requirements are met and how that is related to enrollment projections that will be due to CMS as part of the bid process prior to DHS awarding contracts?

**DHS Response:** Notice of intent to contract will be issued in May prior to CMS bids being due.

**71. Question:** During the PMAP procurement, DHS provided instruction related to questions on the “Vendor Security & Compliance Questionnaire.” Specifically, DHS said that questions 8, 17, 22, and 32 were not applicable. Is that same guidance still applicable for this procurement?

**DHS Response:** See the following responses in regards to questions #8, 9, 17, 22, and 32 on the Minnesota Information Technology Services (MN.IT) Vendor Security & Compliance Questionnaire:

- #8 - Responders may mark this section “Not Applicable.”
- #9 - Responders may mark this section “Not Applicable.” DHS expects that Responders, if awarded a contract, will comply with data transmission requirements in Article 3 of the model contract, as well as all other subcontractor privacy and security requirements.
- #17 - Responders may mark this section “Not Applicable.”
- #22 - Responders may mark this section “Not Applicable.” DHS expects that Responders verify their security compliance with the rule titled “Security Standards for the Protection of Electronic Protected Health Information”, found at 45 CFR Part 160 and Part 164, Subparts A and C.
- #32 - Responders may mark this section “Not Applicable.” DHS expects that Responders will comply with [the](#) data disposition requirements in section 13 of the Model Contract.