

Instructions				
This Response Template must be used for submission of written questions. All questions should provide the requested information. Those that do not, may not be answered by DHS. The Vendor may add as many lines as needed. DHS would strongly prefer the Vendor to ask multi-part questions as individual questions on separate lines.				
Instructions: Complete all cells of each question asked in the Table below. Clearly identify the referenced section or text.				
Question ID	RFP Reference (page number, section number, subparagraph)	Specific RFP Language	Question	Answers
Example	Page 7, section 1.15, c	4. Vendor may	May vendors submit more than one bid?	Yes See section 1.15, i
1	Page 1	Solicitation Issued: October 23, 2020	Is this the first time the DHS has advertised a bid for this specific service?	Some of the services are performed by contractors and some of the services are done by state staff.
2	Page 1	Solicitation Issued: October 23, 2020	If no, are you able to provide details surrounding the last project? (Specifications, etc.)	See response to question 1.
3	Page 1	Solicitation Issued: October 23, 2020	...what was the name of the previous incumbent?	The incumbent that performs the hospital review and settlement is USable doing business as Private Business Solutions. Additional services are performed by Myers and Stauffer under subcontract with Galinayll Technologies.
4	Page 1	Solicitation Issued: October 23, 2020	Are you able to share the previous incumbent's contract value?	The final year value of the incumbent contract is \$3,009,100.00
5	Page 10, Section 1.28	Technical Architecture Program	The link provided to access the State's Technical Architecture Program policies and standards does not appear to be working. The direct website page does not work either. Can we get a copy of the policies and standards to review?	See Addendum 1.
6	Page 13, Section 2.3, A	Hospitals and Federally Qualified Health Centers (FQHC)	Does the State currently have a vendor performing the hospital and FQHC activities requested in the RFP? If so, can the State provide a copy of the current contract and annual contract price?	We have a vendor that performs the hospital reviews, cost settlements and DSH calculations. FQHC activities are currently done by state staff.
7	Page 13, Section 2.3, A, 5 and page 16, Section 2.3, A, 8, k	Number of Deliverables Per Contract Year - in-state acute hospitals	In the matrix on page 13, the RFP states that one to three in-state acute hospital full-scope audits will be performed by the contractor. However, this seems to conflict with language on page 16, item k, which states that the contractor shall conduct annual field audits up to an additional five percent of the in-state hospitals in consultation with DMS. Can the State provide how many annual field audits have been completed for the past five years?	The matrix line for in-state acute hospitals should be updated to say 3 - 9 full scope audits. The average number of audits performed each year on all hospitals is 9.
8	Page 20, Section 2.3, D	Private ambulance upper payment limit (UPL) calculation and demonstration	Can the State provide a copy of the current private ambulance UPL calculation?	The private ambulance UPL was recently approved by CMS. The first UPL calculation has not been completed by state staff at this time.
9	Page 22, Section 2.4, A	Contractor shall be fully operational and providing services as specified herein on January 1, 2020, unless mutually agreed to by the Contractor and DHS, at no additional cost to the State.	Can the State please provide a correction to the January 1, 2020 date?	See Addendum 1.
10	Page 23, Section 2.4, C	Between contract start date and January 1, 2021, Contractor shall meet with the State, according to a schedule agreed upon by Contractor and DHS, for purposes of Project Plan development and approval. Contractor's final project plan must be approved by DHS not later than thirty (30) business days prior to January 1, 2021.	Can the State please provide a correction to the January 1, 2021 date as this date is prior to the expected award date of January 8, 2021?	See Addendum 1.
11	Page 15, Section 2.3, A, 7, a	Contractor shall perform limited procedure reviews, referred to as desk reviews, of cost reports to determine acceptability and the necessity of full-scope audits. The scope of these reviews is the same as Medicare Title XVII, with an additional supplement for pediatrics and nursery services, which is Medicaid Title XIX-specific.	It is our understanding that the desk review scope of work followed by Medicare is contained in the Uniform Desk Review (UDR) tool published in October 2007. Within the UDR there are three different hospital desk review programs with specific thresholds outlined that are used to select the appropriate desk review program. Does the State expect the contractor to use the desk review programs outlined in the UDR? If yes, will the contractor be required to apply the same thresholds to determine the appropriate desk review program, or will the contractor be required to always use the "Hospital Full Professional Desk Review"?	The contractor would use the desk review programs outlined in the Uniform Desk Review tool. The thresholds should be based on the contractors professional judgment and past experience related to doing hospital desk reviews.
12	Page 12, Section 2.2, B, 1	With its proposal submission, the Contractor shall provide a minimum of three (3) business contracts to include the name, address, and telephone number of at least one (1) manager in each organization who is personally familiar with the Contractor's performance under any current or past contracts. DHS reserves the right to contact the references submitted, as well as any other references which may attest to the respondent's work experience. Proposals from respondents whose references do not respond within five (5) business days of the request for verification may be disqualified.	If the contractor provides more than three (3) business contracts and the State initially contacts three of the references will the State choose to contact another reference if one of the respondents does not respond within five (5) business days?	Yes
13	Page 13, section 2.3 Scope of Work A. 5	The Contractor shall provide the deliverables the table below- Number of Deliverables- "Full Scope Audits"	The RFP uses the term "Full Scope Audit" in several places throughout. This is the first reference but this question applies to all uses of the term in the RFP. Is the term "Full Scope Audit" meant to merely distinguish a desk review from an audit of a cost report since not all cost reports are audited, or is there an expectation that a "Full Scope Audit" will be an audit that is extremely in-depth and subjects every balance and account to testing and verification during the review vs. a limited scope audit or expanded review in which testing is performed based on the scoping results of the desk review?	Yes the term "Full scope audit" is meant to distinguish a desk review from an audit of a cost report.
14	Page 15, section 2.3 Scope of Work A. 7 b	Desk Reviews- All desk reviews shall be conducted according to schedules and criteria approved in advance by DHS.	Is the schedule to be approved a general annual schedule for a total number of desk reviews to be completed? If not, please clarify what it is.	All hospital cost reports will be desk reviewed within 60 days after cost report acceptance.
15	Page 16, section 2.3 Scope of Work A. 8 d	Full Scope Audits- Contractor must conduct all full scope audits according to schedules approved in advance by DMS.	Is the schedule to be approved a general annual schedule for a total number of cost report audits to be completed? If not, please clarify what it is.	There are four listed audits that should be done each year. Based on the results of the desk reviews, there could be another four or five audits done.
16	Page 18, section 2.3 Scope of Work C. 6	All final DSH payable reimbursement calculations, DSH limit calculations, and supporting eligibility schedules shall be forwarded to DMS by May 31 for review.	Information from some cost reports ending at 12-31 immediately preceding the 5-31 deadline is needed for accurate DSH limit calculations. Since those cost reports are not due to be received (postmarked) until 5-31, the 5-31 deadline for submission of DSH calculations to the State is difficult to meet. The cost reports are often received within the week after 5-31. Can the deadline for submission of the DSH calculations be adjusted or relaxed to accommodate the receipt of those required cost reports and time to include them in the DSH calculations?	There are few providers that currently qualify for Medicaid DSH in Arkansas. The deadline can be adjusted to June 20th.
17	Page 19 & 20, section 2.3 Scope of Work D	Independent Calculation and Demonstration Payment Limits for Qualifying Providers	The table on page 20 includes workload related to Intermediate Care Facilities, Nursing Homes, Qualified Practitioner Services, Clinic Services, Psychiatric Residential Treatment Facilities, Private Ambulance, and Durable Medical Equipment. Are these facilities part of the current UPL calculation and demonstration workload performed by contractors or the State, or are these part of a potential future workload?	All of the listed UPL payments and demonstrations are performed by current contractor or state staff.
18	Page 23, section 2.4 Implementation C	Between contract start date and January 1, 2021, Contractor shall meet with the State, according to a schedule agreed upon. Contractor's final project plan must be approved by DHS not later than 30 business days prior to January 1, 2021.	Since the intent to Award announcement date is January 8, 2021, the dates included in the RFP for planning meetings and project plan approval are not realistic. What are the anticipated dates for these meetings and approvals considering the dates listed in the Schedule of Events on page 11 of the RFP?	See Addendum 1.

19	Page 14, section 2.3, A.5	Other provider types to be identified may include without limitation: • Home health • Early intervention day treatment • Adult developmental day treatment	Could the State please provide additional information related to these provider types including: 1. The current status of the cost report design for these provider types 2. The anticipated timeline for designing the cost report forms and performing desk reviews 3. The number of providers by each provider type	These items will be address on an ad hoc basis per the specifications in section 2.3.G Ad Hoc Projects. See Addendum 1.
20	Page 14, section 2.3, A.5	Other provider types to be identified may include without limitation: • Home health • Early intervention day treatment • Adult developmental day treatment	Understanding the cost associated with designing the cost report in year 1 will likely be different than the cost to safely conduct desk reviews in future years, how should fees associated with these provider types be incorporated in each contractor's annual fixed price?	See answer to question 19.
21	Page 14, section 2.3, A.6.a	Contractor must have the ability to accept provider cost reports meeting the following requirements: [ ]	Please provide examples of the cost reports for each scope of service.	We use the national cost reporting form CMS 2552-10 for hospitals. We use the national cost report form CMS 224-14 for FQHC's.
22	Page 14, section 2.3, A.6.a	Contractor must have the ability to accept provider cost reports meeting the following requirements: [ ]	Can the cost reports be downloaded and saved in an electronic text readable format (not printed and scanned)?	Yes the contractor should have the cost reporting software which would allow this.
23	Page 15, section 2.3, A.6.c	Contractor shall ensure that the Medicaid report meets the Arkansas Medicaid requirements, including, without limitation, the following requirements: [ ]	Are the criteria used to determine acceptability of the cost reports in accordance with Medicare Regulations consistent and repeatable, or is there level of subjectivity (judgment) applied for acceptance?	There are additional criteria that Arkansas Medicaid requires that Medicare does not. Section 2.3, A.6.a details those additional items.
24	Page 15, section 2.3, A.8.a	Based on the outcome of the desk reviews, Contractor shall perform full-scope audits corresponding to Medicare guidelines of participating providers or an Medicare requirements dictate.	Where possible, can the providers be requested to provide supporting documentation electronically as structured data (i.e. trial balance, GL account groupings, GL voucher register and invoices, iis, payroll registers, chart of accounts, bad debt listing, others where possible)?	Yes, these items may be requested.
25	Page 15, section 2.3, A.7.f and A.7.g	A tentative cost settlement must be received by DMS [ ]	Can the cost settlement and Notice of Program Reimbursements forms/templates be completed as an electronic format?	Arkansas requires the cost settlement and Notice of Program Reimbursement forms be submitted to the State in a paper/electronic format.
26	Page 15, section 2.3, A.7.f	A tentative cost settlement must be received by DMS [ ]	Are the procedures to complete the cost settlement reports and related calculations applied in standard and repeatable manner across all hospitals, or is there variability?	Yes, procedures are standard but there may be a variance based on what is discovered in the desk review.
27	Page 16, section 2.3, A.9.b	The Contractor shall perform a reconciliation of the Provider Statistical & Reimbursement Report for Title XIX data.	Can the Provider Statistical & Reimbursement Report be downloaded and saved in an electronic text readable format (not printed and scanned)?	Yes the PS&RR can be downloaded in an Excel format.
28	Page 17, section 2.3, B.1	Nursing home 12-month and short period cost reports are generally submitted annually in mid-September into a DMS-maintained Long Term Care Reporting system.	Can the cost reports be downloaded and saved in an electronic text readable format (not printed and scanned)?	Nursing home cost report forms 3 - 12 and 14 - 16 can be downloaded from the DMS maintained LTC reporting system and saved in an Excel format.
29	Page 18, section 2.3, C.1	The Contractor shall annually calculate by May 31st Disproportionate Share Hospital (DSH) reimbursement and determine DSH payment eligibility for qualifying hospitals under the Medicaid qualifying methodologies and calculations as identified in the Arkansas Medicaid State Plan and applicable federal regulations and requirements.	Can you please confirm that the auditor's role is to review if the State determined eligibility in accordance with the methodologies outlined in the Medicaid State Plan?	No the contractor calculates the DSH reimbursement and determines the eligibility.
30	Page 18, section 2.3, C.3	Contractor must submit a list of providers to DMS by March 1st in order for DMS to run statistical and reimbursement data reports needed for the DSH calculation. The list must include provider number, name, and facility type.	Could the State please confirm what the list of providers should be and the source data for the list of providers?	See RFP Section 2.3, C.3 on page 18. Data will be provided after contract start.
31	Page 18, section 2.3, C.5	The Contractor shall work jointly with DMS in obtaining other State hospital Medicaid reimbursement and statistical information (e.g., DSH Questionnaire to be submitted by hospital with annual cost report) also necessary to complete these DSH eligibility and reimbursement calculations.	Can the DSH Questionnaire be downloaded and saved in an electronic text readable format (not printed and scanned)?	No it is not currently in an electronic format. The questionnaire (DMS-628) is in Section V of the Provider Manual found on the Medicaid website. It is submitted with hospital's cost report. The State is open to making electronic submission of the form available.
32	Page 18, section 2.3, C.5	The Contractor shall work jointly with DMS in obtaining other State hospital Medicaid reimbursement and statistical information (e.g., DSH Questionnaire to be submitted by hospital with annual cost report) also necessary to complete these DSH eligibility and reimbursement calculations.	Does the DSH Questionnaire that are provided by each hospital have a consistent format, or is it variable from facility to facility?	The questionnaire (DMS-628) is in Section V of the Provider Manual found on the Medicaid website. It is submitted with the hospital's cost report.
33	Page 19, section 2.3, D.1	The contractor shall annually calculate Upper Payment Limits (UPL) payments and assessment fees in accordance with CMS requirements by September 30. Modifications must be received by DMS within fourteen (14) calendar days of request.	Do the UPL demonstrations in excel format have a consistent and repeatable format/structure that can be used, or is it variable by hrs?	The contractor will complete the UPL demonstrations using the templates and guidance provided by CMS. The state governmental nursing facility demonstration is cost based. The non-state governmental and private nursing facility is case-mix based.
34	Page 19, section 2.3, D.1	The contractor shall annually calculate Upper Payment Limits (UPL) payments and assessment fees in accordance with CMS requirements by September 30. Modifications must be received by DMS within fourteen (14) calendar days of request.	Please provide the average number of hours needed to complete a DSH audit in prior years.	The contractor calculates the DSH reimbursement and determines the DSH eligibility. The contractor will not complete the required annual DSH audit.
35	Page 19, section 2.3, D.5	Contractor shall have appropriate software to calculate Medicaid case-mix based on the paid claims provided by DMS.	Please define what would be considered appropriate software for calculating Medicaid case-mix based on the paid claims provided by DMS.	Any software package sold for hospital case-mix calculations would be appropriate and subject to approval by the State for purposes of ensuring compatibility.
36	Page 22, section 2.4, A	Contractor shall be fully operational and providing services as specified herein on January 1, 2020, unless mutually agreed to by the Contractor and DHS, at no additional cost to the State.	Based on the Schedule of Events, an Intent to Award is not anticipated until January 8, 2021. Therefore, can the State please clarify the date that the Contractor shall be fully operational and providing services as specified in this section?	See Addendum 1.
37	Page 22, section 2.4, C	Contractor shall meet with the State, according to a schedule agreed upon by Contractor and DHS, for the purposes of Project Plan development and approval. Contractor's final project plan must be approved by DHS no later than thirty (30) business days prior to January 1, 2021.	Based on the Schedule of Events, an Intent to Award is not anticipated until January 8, 2021. Therefore, can the State please clarify the date that the Contractor shall have an approved final project plan?	See Addendum 1.
38	Page 29, section 4.4, B	The Contractor's liability for damages to the State shall be limited to the value of the Contract or \$5,000,000, whichever is higher.	Is the contract value based on the base fee or is it inclusive of all renewal years?	Initial contract term value.
39	Bid Response Packet, Page 8	The Bid Response Packet includes an "OFFICIAL BID PRICE SHEET" which is a slightly different format than the Bid Price Sheet and includes the following language "Please provide a detailed budget in a separate attachment."	Can the State please confirm if Page 8 of the Bid Response Packet should be used by respondents? If so, what level of detail is the State looking for in the separate detailed budget attachment?	See additional Itemized Price sheet.
40	Attachment D	Except upon the approval of DHS, the terms and conditions set out in this section are non-negotiable items and will be transferred to the contract as written. DHS has determined that any attempt by any vendor to reserve the right to alter or amend the terms and conditions via negotiation, without the approval of DHS, is an exception to the terms and conditions that will result in rejection of the proposal.	We would like to request approval as outlined in the instructions in Attachment D to include alternate terms and conditions to be negotiated upon award.	Respondent must include Respondent's alternative terms and conditions with respondent's response to this RFP. If Respondent is selected for negotiations, Respondent's alternative terms and conditions will be considered at that time.