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, paragraph)	Specific RFP Language	Question	Answers
Example	*Page 20, Desk Reviews*	Desk Review	*Where are the Desk Review Specifications?*	*See section 2.9*
1	Attachment 1, Review Volumes	Estimated Volumes	How were these estimates determined and do these represent number of reviews annually for each category? Does the state anticipate any changes to the volumes in the coming years?	For age 21+ non-waiver personal care, the number given is an estimate projected on the basis of the number of new Independent Assessment referrals made between January and March 2018, the number of existing personal care beneficiaries as of December 31, 2017, and adjustments for estimated population growth and PA denials. For OT, PT, and ST, based on data compiled in 2017, approximately twenty-two thousand (22,000) Medicaid participants receive over 90 minutes in at least one therapy discipline that may request an EOB/PA for more units. Approximately 20,0000 children and adults attend either an ADDT or an EIDT for purposes of retrospective review. Behavioral health estimates were based on analysis of 2017 claims data for services provided under the RSPMI program. Estimated volumes for coming years are not expected to increase.
2	Page 14, PA Reviews	2.4A(a)	How are prior authorization requests currently received? (i.e. - fax, portal, other?)	Via portal.
3	Page 14, PA Reviews	2.4A(a-c)	What is the process if additional information is needed to make a determination and does that extend the timeframe for a decision?	The request is pended and the clock restarts when the information is received. If the information is not received within the specified timeframe the request is voided.
4	Page 14, PA Reviews	2.4A(c)	What is the approximate percentage of PA requests that are referred to a peer reviewer or physician advisor?	This information is not available.
5	Page 14, PA Reviews	2.4B(1)	What is the current process for transmitting notifications to the provider and DHS fiscal agent?	See answer to question 2.
6	Page 14, Non-Waiver Personal Care	2.4 C	How does contractor know if a beneficiary is enrolled in the ARChoices Medicaid Waiver or PASSE?	Through MMIS data file, see Attachment H.
7	Page 14, Non-Waiver Personal Care	2.4 C (1) a	Approximately what percentage of non-waiver personal care requests are paper-based by fax and paper-based by mail?	Since DHS began requiring prior authorizations for age 21+ non-waiver personal care effective January 1, 2018, ninety-nine percent (99%) of PA requests (consisting of a scanned referral form and a scanned form DMS-618) have been received by e-mail.
8	Page 15, Non-Waiver Personal Care	2.4 C(2)c	If additional information is required to determine if an IA referrals is necessary, what is the process for obtaining that information and does it affect the stated timelines?	Currently, DHS staff contact the provider by e-mail to obtain the additional information. Receipt of the additional information from the provider triggers a new timeline.
9	Page 15, Non-Waiver Personal Care	2.4 C(2)c	What is the current process for IA referrals to Optum, and will contractor be expected to interface with the Aria portal electronically?	For age 21+ non-waiver personal care, DHS staff currently submit IA referrals through e-mailed spreadsheets. Renewals are submitted in monthly batches, and new/priority requests are submitted daily. The decision of whether to implement an electronic interface with the ARIA portal will be made jointly by DHS, the contractor, and the Independent Assessment Vendor.
10	Page 15, Change Requests	2(a)	What is the volume of change requests contractor can expect to receive on a monthly or annual basis? (beneficiary information and provider change requests)	For age 21+ non-waiver personal care prior authorizations, DHS currently receives an average of eighty-three (83) change request forms per week. Approximately five percent (5%) of these change request forms are submitted to initiate a provider change. The remainder are made up of requests to change a beneficiary's information; requests for a reassessment due to a change of condition; or assessment requests that should have been submitted through a form DMS-618. The estimated volume of assessments/reassessment requests received through these change requests are included in the review volumes set forth in Attachment I.
11	Page 15, Change Requests	2.4 C (2) a	Approximately what percentage of change requests are paper-based by fax and paper-based by mail?	Since DHS began requiring prior authorizations for age 21+ non-waiver personal care effective January 1, 2018, 100% of change request submitted via a form DMS-9511 have been submitted by e-mail.
12	Page 15, Change Requests	2(a)	What is the current change request process?	For change requests related to age 21+ non-waiver personal care prior authorizations, providers submit change requests to DHS via e-mail using form DMS-9511.
13	Page 15, Change Requests	2(a)	On average how long does it take to complete a change request?	Using interChange and/or DHS systems, DHS staff can complete a typical change of information request in five (5) minutes and a typical provider change request in thirty (30) minutes.
14	Page 16, Medicaid Behavioral Health Programs	2.4 D (b) 4	Approximately what percentage of review requests are received by mail?	None.
15	Page 16, Authorization Amendments	D.2	Is the review volume provided separately of 3,000 per year inclusive of amendments? If not, how many can contractor expect to receive on a monthly or annual basis? If the volume is inclusive, approximately what percentage of reviews end up with amendments?	See updated RFP.
16	Page 17, ABA through EPSDT	2 E	What is the volume of these request on a monthly or annual basis?	See Revised Attachment I
17	Page 17, IA Referrals	2.5	Can the State please describe the current processes in place for these referrals including any software/system interactions?	Current vendor sends daily file to Optum in established file format.

18	Page 18, IA Referral Tracking	2.6(A)	Tracking the IA process requires turn-around-time data from the IA vendor and the state. What process is in place to make sure the contractor will receive the necessary data to provide a complete and accurate monthly report to the state?	This data workflow will be negotiated during the contract transition process.
19	Page 18, Retrospective Reviews	2.7 A(1)(a)	Does contractor coordinate with State resources on the claims file pull or is contractor given the necessary access and expected to perform the claims file pull independently? Is claims coding review expected of contractor?	Claims data will be pushed to contractor. Claims coding review is expected.
20	Page 18, Retrospective Reviews	2.7 A(1)(d)	How many calendar or business days are the providers given to supply medical records for associated claims once provider notices are sent? Are providers given more than one notice/opportunity to provide records? Is there a template for contractor to use to communicate its retro review findings or is contractor expected to develop its own?	See 2.7(A)1(d). Contractor will develop its own template.
21	Page 18, Retrospective Reviews	2.7 B(1)(a)(1)	This provision allows for contractor discretion for frequency of selections. Does the State have an expectation of frequency or what has been done historically?	The state has no expectation of frequency; there is no historical data.
22	Page 18, Retrospective Reviews	2.7 B(1)(a)(2)	How many calendar or business days are the providers given to supply medical records for associated claims once provider notices are sent? Are providers given more than one notice/opportunity to provide records?	See Question 20.
23	Page 19, Retrospective Reviews	2.7 B 1 c	If the contractor determines that a Developmental screen was not completed, what would DHS like the contractor to do?	Notify DHS.
24	Page 19, Retrospective Reviews	2.7 C 1	If additional information is required to determine if an IA referrals is necessary, what is the process for obtaining that information and does it affect the stated timelines?	Providers will be instructed to provide sufficient information at time of request and vendor will be given access to claims data and previous Prior Authorization data. Therefore the timeline will not be extended.
25	Page 20, Desk Reviews	2.9 A 2	Does the State identify the outlier providers for desk review or is the Contractor expected to identify the providers?	The Contractor identifies outliers.
26	Page 20, Desk Reviews	2.9 A 2	Does the State have a template for contractor's use in reporting desk review findings or is it expected to develop its own template?	Contractor will develop their own template and state will approve.
27	Page 20, Validation Reviews	2.10	What is the expected volume of validation reviews on a monthly or annual basis? Of this volume, what percentage are incomplete and require notification to providers?	See updated Attachment I.
28	Page 20, Validation Reviews	2.10	How long on average does it take to complete a validation review?	Twenty (20) minutes.
29	Page 20, Validation Reviews	2.10	Can the State provide an approximate date or period of time when it expects to have validation reviews phased out?	Within next two (2) years.
30	Page 20, Due Process Procedures	2.11	What is the approximate volume of reconsideration requests?	See updated Attachment I. Due to changes in the Behavioral Health programs, past volumes are not predictive of future needs.
31	Page 21, Due Process Procedures	2.11 A 4	Why is contractor not allowed to bill DHS for provider reconsideration requests?	Initial review bid rate is all-inclusive.
32	Page 21, Due Process Procedures	2.11 A 6	Can DHS provide an example or expand on what would be considered informal communication? What is the volume of informal communications on a monthly or annual basis?	Informal communication is any communication apart from documents filed with the applicable administrative hearing office (OAH or DOH) or documents included in a formal reconsideration file. Volume unknown.
33	Page 21, Appeals of Adverse Decisions	2.12	What is the volume of appeals on a monthly or annual basis?	See updated Attachment I. The volume for Behavioral Health programs is unknown.
34	Page 21, Appeals of Adverse Decisions	2.12	What is the current volume of appeals in process which may need the new contractor to work with the incumbent contractor?	See answer to question 33.
35	Page 22, Appeals	2.12 F	Can the State provide any historical information on how much previous contractors have been responsible for in payment of claims due to contractor error or neglect?	No.
36	Page 25, Staffing	2.15	Throughout the RFP and in this section, there are requirements that certain staff must be Arkansas licensed, and other positions where Arkansas or any other state licensure is acceptable. Unless otherwise specifically specified in this RFP for individual positions, is licensure in any State acceptable?	Unless otherwise stated, licensure in any state is acceptable to the extent permitted by Arkansas law and any applicable regulations of any Arkansas licensing authorities.
37	Page 25, Provision of Office Space	2.16	Can the State define which positions in this RFP it considers to be "core staff?"	At a minimum, staff indicated at 2.15 A & B; bidder may propose additional positions to be considered core.
38	Page 25, Complaint Resolution Process	2.17	Can the State provide volume on an annual or monthly basis of provider phone inquiries / complaints? Written inquiries / complaints?	Unknown.
39	Page 5, Pricing	1.13	Can the State provide the Official Price Bid Sheet?	See Final Technical Response Packet
40	Page 19, Retrospective Reviews	2.7 C	Can the State provide the annual volumes for Outpatient Behavioral Health Services?	See updated Attachment I.
41	Attachment 1, Review Volumes	Estimated Volumes	Under Retrospective Reviews there is estimated volumes for Inpatient Behavioral Health at 1,000. The RFP lists review criteria for Outpatient Behavioral Health Services but not Inpatient Behavioral Health. Could we please have the review criteria for Inpatient Behavioral Health if this is a type of review the contractor is expected to complete?	See Final RFP: 2.6(C)2
42	Page 15, Non-Waiver Personal Care	2.4.C.c	Does the process require file transfer capability in addition to file transfer of PA information to the fiscal agent?	Yes.
43	Page 15, Change Requests	2.4.2.a	Does the process require file transfer capability in addition to file transfer of PA information to the fiscal agent?	See Answer to Question 42

44	Page 15, Change Requests	2.4.2.b	Who is submitting the provider change request? The member, the current provider, or the future provider?	Provider change requests are typically submitted by the current provider for information changes, and typically submitted by the new provider for provider changes.
45	Page 22, Notifications	2.13.C.1	Can the notification be accessible to the provider up login to the provider portal as opposed to emailing?	See 2.13(C)1 "Notices shall be transmitted by electronic mail or other electronic means."
46	Page 14, Non-Waiver Personal Care	2.4.C.1.b.1	Will DHS provide a member eligibility file, updated and refreshed regularly, to the successful vendor?	Yes.
47	Page 14, Non-Waiver Personal Care	2.4.C.1.b.1	Will DHS provide a provider eligibility file, updated and refreshed regularly, to the successful vendor?	Yes.
48	Does not exist	Does not exist	Will there be a pre-proposal conference? If so, does the Department already have a date selected?	No
49	Page 12, Minimum Qualifications	Minimum Qualifications	Under Section 2.2 Minimum Qualifications, it is stated that the "Bidder must provide a current certification or accreditation from the National Committee for Quality Assurance (NCQA) or Utilization Review Accreditation and Certification (URAC) with a health utilization management designation, or similar certification or accreditation." Our organization has a "similar accreditation" for our solution. How will the Department determine if similar accreditations meet the necessary qualification standards? Is there an individual or group in the Department we might send our accreditation information to before we submit our final response?	See updated RFP: 2.2(B).
50	Page 13, Scope of Work	Scope of Work	Under Section 2.3, Scope of Work, there is mention of an incumbent: "Contractor shall also be responsible for working with the incumbent contractor(s) during transition to expedite actions and services related to in-progress appeals." Is there an incumbent currently providing all of the services being requested in this RFP?	There are multiple incumbents providing these services.
51	Page 12, Section 2.2, Part B	NCQA, URAC, similar certification or accreditation	Does "QIO-like" qualify as a similar certification or accreditation to NCQA or URAC?	See answer to 49.
52	Page 4, Section 1.7.C.b: Additional Copies and Redacted Copy of the Technical Proposal Packet	Six (6) electronic copies of the Technical Proposal Packet, preferably on flash drives. Electronic copies must be submitted in an ADA-compliant format.	What is the DHS's definition of an ADA-compliant format for electronic copies of the proposal submission?	Documents must be Screen-Reader Friendly.
53	Page 4, Section 1.7.C.d: Additional Copies and Redacted Copy of the Technical Proposal Packet	If OP requests additional copies of the proposal, the copies must be delivered within twenty-four (24) hours of request.	Would these additional copies be hard copies of the original, or electronic copies? Would the additional copies need to be postmarked for shipment within 24 hours, or arrive in Little Rock within 24 hours?	1. Possibly both. 2. Postmarked
54	Page 14, Section 2.4: Prior Authorization Reviews	Contractor's EIDT and ADDT physician reviewers must review relevant peer- reviewed pediatric medical literature. Contractor shall provide to DHS verification of such reviews.	How many EIDT and ADDT physician reviews were conducted in the last fiscal year?	None.
55	Page 15, Section 2.4: Prior Authorization Reviews	Contractor shall review the Personal Care PA Request in conjunction with the independent assessment data to determine whether to approve or deny the request, in whole or in part, by applying standards and criteria provided by DHS,	How will the independent Assessment data be made available to the Contractor? How will the Contractor handle the request if the beneficiary is already enrolled in a PASSE	See answer to 6. The contractor shall void the request and notify the provider.
56	Page 17, Section 2.5: Independent Assessment Referrals	Contractor shall collaborate with DHS and the Independent Assessment (IA) vendor to establish criteria to identify beneficiaries who might be eligible for Provider-Led Arkansas Shared Savings Entity (PASSE) services and who should be referred to the Independent Assessment (IA) vendor for an Independent Assessment.	How will the contractor be notified if a beneficiary is currently enrolled in the PASSE program?	See answers to questions 6.
57	Page 17, Section 2.5: Independent Assessment Referrals	As PA requests are received for beneficiaries of behavioral health services available under the Medicaid State Plan contained within Tier 1, including outpatient behavioral health services. Contractor shall utilize the above-referenced criteria developed by DHS and the IA Vendor to determine whether a beneficiary should be referred for an IA.	If the Contractor refers the beneficiary to IA do they still need to complete the PA process?	Yes.

58	Page 18, Section 2.7: Retrospective Reviews	Within ten (10) business days of the start of each calendar quarter the Contractor shall randomly sample Occupational, Physical, and/or Speech Therapy claims for ninety (90) minutes a week or less paid during the previous completed calendar quarter and notify providers of the selected Medicaid beneficiaries. The random sample shall be ten percent (10%) of claims paid during the previous quarter.	Shall this random sample exclude any Tier 2 and Tier 3 individuals assigned to a PASSE?	Retrospective reviews will be done based on the data provided by DHS.
59	Page 18, Section 2.7: Retrospective Reviews	Within ten (10) business days of the start of each calendar quarter the Contractor shall randomly sample Occupational, Physical, and/or Speech Therapy claims for ninety (90) minutes a week or less paid during the previous completed calendar quarter and notify providers of the selected Medicaid beneficiaries. The random sample shall be ten percent (10%) of claims paid during the previous quarter.	How many of these reviews were conducted during the last fiscal year?	See Attachment I for estimated review volumes.
60	Page 18, Section 2.7: Retrospective Reviews	The Contractor shall conduct a random selection of Early Intervention Day Treatment (EIDT) and Adult Developmental Day Treatment (ADDT) claims paid during the previous completed calendar quarter and notify providers of their selected Medicaid beneficiaries. The random sample size shall be twenty percent (20%).	Shall this random sample exclude any Tier 2 and Tier 3 individuals assigned to a PASSE?	See answer to question 58.
61	Page 18, Section 2.7: Retrospective Reviews	The Contractor shall conduct a random selection of Early Intervention Day Treatment (EIDT) and Adult Developmental Day Treatment (ADDT) claims paid during the previous completed calendar quarter and notify providers of their selected Medicaid beneficiaries. The random sample size shall be twenty percent (20%).	How many of these reviews were conducted during the last fiscal year?	see question 54
62	Page 19, Section 2.7: Retrospective Reviews	Contractor shall perform sample retrospective reviews of thirty percent (30%) of paid claims for Outpatient Behavioral Health services provided to beneficiaries in compliance with all criteria set out at 42 CFR Subchapter F, Part 475. Upon request, the Contractor shall perform audits of medical records as provided in section 142.300(D) of the Arkansas Medicaid provider Manual.	What is the estimated volume of these retrospective reviews per year; they are not listed in attachment I	See updated Attachment I.
63	Page 20, Section 2.9: Desk Reviews	The Contractor shall provide desk reviews to monitor outlier providers, complete retroactive authorization requests and at other intervals when determined necessary and at the request of DHS.	Will these desk reviews be competed only on outlier providers services to Tier 1 individuals	See updated RFP: 2.8
64	Page 20, Section 2.11: Due Process Procedures	As part of its bid submission, bidder shall propose due process procedures to address reconsideration requests for all review types specified above.	Occupational, Physical and Speech Therapy; Denial/ Due Process: How many appeals were there in the last fiscal year of the contract. How many reconsiderations were submitted in the last fiscal year?	See updated Attachment I.

65	Page 20, Section 2.11: Due Process Procedures	As part of its bid submission, bidder shall propose due process procedures to address reconsideration requests for all review types specified above.	Early Intervention Day Treatment (EIDT) and Adult Developmental Day Treatment (ADDT); Denial and Due Process: How many EIDT and ADDT physician reviews were conducted in the last fiscal year?	None.
66	Page 33, Section 4.5 Performance Bonding –	Performance Bonding	Please confirm the performance bond needs to be 100% of the original contract amount. Please confirm that the performance bond needs to remain in place for each term of the contact. If not, please indicate for what term the performance bond needs to remain in place	1. Confirmed. 2. Confirmed.
67	Page 34, Section 4.2 Price Escalation	Price Escalation	When submitting rates, is it acceptable for the vendor to (1) submit rates for multiple years and (2) submit annual increases for subsequent year rates? If not, please indicate what is acceptable or expected.	See Final Technical Response Packet.
68	Pages 1-2, Attachment I - Review Volumes	Estimated Review Volumes	Can DHS provide more insight into how these estimates were generated they appear high given the number of members who will be Tier 1	Estimates were based on analysis of 2017 claims data for existing services.
69	Pages 1-2, Attachment I - Review Volumes	Estimated Review Volumes	How were the estimated outpatient desk reviews calculated - is every beneficiary in Tier 1 to receive an outpatient BH desk review?	1. See updated attachment I. 2. No.
70	Page 2, Attachment I - Review Volumes	Physician Reviews (Second Level Reviews for All Review Types)	Does DHS anticipate reimbursing the contractor for these reviews?	See Updated Price Sheet.
71	Page 2, Section 1.1	To provide clinical support for the primary purpose of reviewing prior authorization requests, conducting retrospective reviews, processing and tracking independent assessment referrals, providing medical reviews and consultations related to long-term services and supports for developmental disability and behavior health clients and some personal care services.	Who is the incumbent contractor for this scope of work and how long have they been providing these services for the Division of Aging, Adult and Behavioral Health Services, Division of Developmental Disabilities Services and Division of Medical Services?	For the purpose of bidding on this RFP, the question is irrelevant.
72	Page 2, Section 1.2	Any resultant contract of this Bid Solicitation shall be subject to State approval process which may include Legislative Review.	What is the anticipated budget for the scope of work and has this budget been approved by the State Legislature?	No budget set or approved
73	Page 3, Section 1.7.B.1-Response Documents	Contractor's original Official Bid Price Sheet **must** be submitted in hard copy format.	Please provide link to the "Official Bid Price Sheet" as it was not included with the RFP	See Final Technical Response Packet
74	Page 4, Section 1.7.	C.1.b.-Six (6)electronic copies of the Technical Proposal Packet preferable on flash drives. Electronic copies must be submitted in an ADA-compliant format.	What method or tool will be used to verify 508/ADA compliance?	See answer to question 52.
75	Page 5, Section 1.13 Pricing, A.	A. Contractor(s) shall include all pricing on the Official Price Bid Sheet only.	Please provide the Official Price Bid Sheet. Is the contract per review pricing?	See Answer to Question 73
76	Page 9, Section 1.25	Technology Access	Does this section apply to all systems or only specifically to those that will be accessed by program participants?	It applies to all systems that are accessed by DHS or the public.
77	Page 10, Section 1.31	Schedule of Events, Public Notice of RFP for Bid on 07/18/18	This is a draft RFP. After the Public Notice of RFP is released, will bidders be given the opportunity to ask additional questions?	No
78	Page 12, Section 2-Minimum Requirements	The "instruction" under the Section title says, "Do not provide responses to items in this section unless expressly required."	For the most part, the items listed under 2.3 Scope of Work say "The Contractor shall provide…" or "The Contractor shall perform…" and then state the requirement. Is it correct to assume DHS would like bidders to describe their proposed approach to performing each required task/activity even though the RFP does not "expressly require" bidders to respond and describe how they will accomplish the scope of work task/activity?	Yes
79	Page 12, 2.2 Minimum Qualifications	F. The Bidder must submit a certification of bond ability with its bid submission.	Where in the proposal should this be included?	See 1.8(B): Organization of Response Documents.
80	Page 12, 2.2 Minimum Qualifications	C. The Bidder must provide at least three (3) letters of reference…	Where in the proposal should these be included?	See Answer to Question 79
81	Pages 12-13, Section 2.3 Scope of Work	Scope of Work	Which review types utilize state guidelines and criteria to determine appropriateness and which review types, if any, use Contractor provided guidelines and criteria?	All use State guidelines.

82	Pages 12-13, Section 2.3 Scope of Work	Scope of Work	What national guidelines (e.g., InterQual), if any, does the current Contractor use for this contract?	Question not relevant to bid on this RFP.
83	Page 13, Section 2.3.B Independent Assessment	B. The Contractor shall collaborate with DHS and DHS's Independent Assessment (IA) vendor to make and track referrals to the IA process, including but not limited to:	Is collaboration to make and track referrals for IA reimbursed separately as a part of the pricing structure on contract?	See IA referral screen attachment I and updated 2.5B.
84	Page 13, Section 2.3.B.2 Independent Assessment	2. Review Medicaid claims data and vendor authorization data to determine need for IA referral;	What is the volume of reviews requiring claim and authorization data review for IA referral need?	Unknown.
85	Page 13, Section 2.3.B.2 Independent Assessment	2. Review Medicaid claims data and vendor authorization data to determine need for IA referral;	What is the time expended for claims data and vendor authorization data review on average per instance?	Unknown.
86	Page 14, Section 2.4.C.1.b.1-Non-Waiver Personal Care Review Specifications	Verify the beneficiary's Medicaid eligibility	Will the Contractor receive eligibility files or will the Contractor go directly into the State's MMIS to verify eligibility?	See answer to question 6.
87	Pages 14-15, Section 2.4.C.2.a and b.	Change Requests	Are change requests for Non-Waiver Personal Care separate reviews with each change requested or are they included as a part of the original review request?	Only change requests that are in effect a request for a new PA or a modified PA and should result in a PA approval or denial and will be considered separate reviews. All other change requests are included as part of the original review request.
88	Pages 14-15, Section 2.4.C.2.a and b.	Change Requests	On average, how many times are change requests received for each review?	See answer to question 10.
89	Page 15, Section 2.4.C.1.c-Non-Waiver Personal Care Review Specifications	Contractor shall make a referral for an independent assessment to the Independent Assessment Vendor for each Request that requests a new PA.....Referrals shall be submitted electronically through a process to be mutually agreed upon…	Please describe the process used today to submit requests electronically	For age 21+ non-waiver personal care, DHS staff currently submit IA referrals through e-mailed spreadsheets. Renewals are submitted in monthly batches, and new/priority requests are submitted daily. The decision of whether to implement an electronic interface with the ARIA portal will be made jointly by DHS, the contractor, and the Independent Assessment Vendor.
90	Page 15, Section 2.4.C.1.d-Non-Waiver Personal Care Review Specifications	Upon completion of the independent assessment, Contractor shall retrieve the independent assessment data from the Independent Assessment Vendor through a process to be mutually determined….	Please describe the process used today to retrieve the independent assessment data.	For age 21+ non-waiver personal care, DHS staff currently access Independent Assessment data through a web portal provided by the Independent Assessment Vendor. The decision of whether to implement an electronic interface or file exchange via the ARIA portal will be made jointly by DHS, the contractor, and the Independent Assessment Vendor.
91	Page 16, Section 2.4.D-Medicaid Behavioral Health Programs Review Specifications	Certification of Need, prior authorization, and continued stay reviews for Acute Inpatient Psychiatric Services, item D.1.b.2 and Prior Authorizations for psychiatric acute admissions, item D.1.b.3	What is the difference between these two services?	See updated RFP: 2.4(C)1(b)2-3.
92	Page 16, Section 2.4.D.2 Medicaid Behavioral Health Programs Authorization Amendments	D.2 Authorization Amendments	Are authorization amendments for Medicaid Behavioral Health a separate review with each amendment requested or are they included as a part of the original review request?	See updated RFP: 2.4(C).
93	Page 16, Section 2.4.D.2-Medicaid Behavioral Health Programs authorization Amendments	D.2 Authorization Amendments	On average, how many times are amended requests received for each review?	See updated RFP: 2.4(C).
94	Page 17, Section 2.5.B-Independent Assessment Referrals	B.1 and B.2-Referral Process	Who makes the Tier and/or PASSE determinations after referral when the IA process occurs?	Tier determinations are made by IA vendor Optum.
95	Page 17, Section 2.5.C-Independent Assessment Referrals, Referral Process	C.1 and C.2 Referral Process	There is reference made to using the Optum ARIA portal for psychiatric acute admissions. Are there any other state or vendor systems in addition to the Optum Aria portal and the state's MMIS that the vendor will access or enter data into while performing contract services?	No.
96	Page 18, Section 2.7 Retrospective Reviews, B.1.a (Early Intervention Day Treatment and Adult Developmental Day Treatment)	1) Subject to DHS approval, Contractor shall establish selection criteria, including without limitation, frequency of selections	Please define the phrase, "frequency of selections" as it pertains to selection criteria	Bidder must propose frequency of selections for DHS approval.

97	Page 18, Section 2.7 A.1.A and B.1.A	RETROSPECTIVE REVIEWS - Within ten (10) business days of the start of each calendar quarter the Contractor shall randomly sample Occupational, Physical, and/or Speech Therapy claims for ninety (90) minutes a week or less paid during the previous completed calendar quarter and notify providers of the selected Medicaid beneficiaries. The random sample shall be ten percent (10%) of claims paid during the previous quarter. The Contractor shall conduct a random selection of Early Intervention Day Treatment (EIDT) and Adult Developmental Day Treatment (ADDT) claims paid during the previous completed	How will claims be provided for random sampling requirements?	See answer to question 58.
98	Page 18, Section 2.7 A.1.A and B.1.A	Random Sample	What is the standard timeframe for delivery?	See Final RFP
99	Page 18, Section 2.7 A.1.A and B.1.A	Random Sample	Will field mapping and other claim file documentation be provided to ensure claims processing understanding and accurate application of random sampling?	Yes.
100	Page 18, Section 2.7 A.1.A and B.1.A	Random Sample	Is there a state specific guideline available for random sample selection?	No.
101	Page 19, Section 2.7.C , Retrospective Reviews, and Attachment I-Review Volumes for Retrospective Review	C. Outpatient Behavioral Health, 1. Review Criteria: Contractor shall perform sample retrospective reviews of 30% of paid claims for Outpatient Behavioral Health services…	Attachment I-Review Volumes does not list any volumes under "Retrospective Reviews" for outpatient behavioral health; it only shows volumes for inpatient behavioral health. If retrospective review sampling is required for outpatient behavioral health as indicated in RFP Section 2.7.C.1.a, what is the volume annually?	See updated Attachment I
102	Page 19, Section 2.7.C.1.b-Review Criteria	Contractor shall initiate recoupment activities based on audit results.	Please describe the process used today to initiate recoupment activities.	DHS uses an automated recoupment process initiated by the vendor through a data interchange file.
103	Page 20, Section 2.9	Desk Reviews	Are there any reconsiderations or state hearings associated with the desk reviews?	Yes.
104	Page 20, Section 2.10-Validation Reviews	Activities related to DMS-640 forms shall be phased out of this contract as procedure codes are updated by DHS within sixty (60) days' notice provided to the Contractor by DHS.	When will the State start phasing out activities related to DMS-640 forms and when does the State expect to finish the "phasing out" process?	Unknown.
105	Page 20, Section 2.10-Validation Reviews	Activities related to DMS-640 forms shall be phased out of this contract as procedure codes are updated by DHS within sixty (60) days' notice provided to the Contractor by DHS.	What is the expected volume of these reviews until phase out occurs?	The DMS 640 review is on a very limited basis for those Medicaid clients receiving therapy for rehab purposes. We anticipate less than one hundred (100) a year.
106	Page 20, Section 2.10.A-Validation Reviews	Review Specifications	Are these reviews considered a separate review type or are they considered as a part of the therapy review process?	They are a separate review type.
107	Page 21, Section 2.12-Appeals of Adverse Decisions	Appeals and Hearings	What was the volume of dispositions and the volume of hearings requiring Contractor participation for the services in this RFP during the past contract year?	Since DHS began requiring prior authorizations for age 21+ non-waiver personal care effective January 1, 2018, a total of ninety (90) appeals have been filed and two (2) hearings conducted, through July 11, 2018. Current volume of BH hearings cannot be used to project future volumes due to program changes. The number of appeals for ST, OT, and PT was 26. EDIT and ADDT are recent successor programs; therefore no data is available.
108	Page 21, Section 2.12-Appeals of Adverse Decisions	Appeals and Hearings	Of those that required Contractor participation, how many required in person presence?	Since DHS began requiring prior authorizations for age 21+ non-waiver personal care effective January 1, 2018, as of July 11, 2018, no appeal hearings have been conducted in person. Data unavailable for other services.
109	Page 21, Section 2.12-Appeals of Adverse Decisions	Appeals and Hearings	What review types resulted in hearings and what was the volume of hearings for each review type that went to hearing?	Since DHS began requiring prior authorizations for age 21+ non-waiver personal care effective January 1, 2018, a total of two (2) hearings have been conducted, through July 11, 2018. Data unavailable for other services.
110	Page 21, Section 2.12-Appeals of Adverse Decisions	Appeals and Hearings	Does the contractor only provide documentation for hearings relational to the medical records received and the determination made by the Contractor?	The contractor provides the hearing statement and all necessary documentary evidence required to effectuate a successful appeal.
111	Page 21, Section 2.12-Appeals of Adverse Decisions	Appeals and Hearings	Does the Contractor ever require its own legal representation for hearings?	The Contractor must make its own decision as to whether or not it is necessary to obtain separate legal representation for its employees who participate in hearings. The RFP terms do not require it, and DHS is unaware of any instances in which the incumbent was required to obtain its own legal representation for a fair hearing before an administrative law judge.

112	Page 22, Section 2.13.C .3 Notices to Providers	Contractor shall respond by letter to any informal (i.e., not part of a reconsideration or appeal) communication resulting from adverse decisions.	Please explain further what would be considered "informal communication" requiring a letter response.	See answer to question 32.
113	Page 23, Section 2.14.A.4 Reports Overview	Contractor shall base all reports on data, records and information collected and maintained by Vendor in the course of fulfilling this contract.	To whom does the word "Vendor" apply. Does "Vendor" = "Contractor" in this instance?	Yes. See updated RFP: 2.14(A)4.
114	Page 23, Section 2.14.B.2	Desk Reviews: Contractor's monthly reports to DHS shall summarize all desk reviews completed and pending for the previous month. Additionally, the Contractor must submit to DHS a detailed written report of findings within fourteen (14) calendar days of the completed review unless documented exceptions are made by DHS. The Contractor must submit revised or amended reports when citations or deficiencies are remedied in the reconsideration process for a desk review.	Can you elaborate on detail of the report requirement? What metrics or content is required?	No. The state agency requests that the Bidder outlines the metrics/content that it would include in this report.
115	Page 24, Section 2.14.C.4	Due Process: Contractor's quarterly reports shall include all in-progress and completed due process actions for the preceding quarter by review type, provider type, resolution, basis for determination (by categories), all relevant dates and timeframes for disposition, and if the matter has been appealed.	Can you define/elaborate on the meaning of "due process" relational to the report requirements?	See section 2.11 "Due Process Procedures".
116	Page 24, Section 2.14.C.8 (Quarterly Reports)	Trend Reporting	Will access to the MMIS system for claims data be accessed directly by the Contractor or will the state provide the MMIS claims data to satisfy this reporting requirement?	The state is open to either option.
117	Page 24, Section 2.14.D	Special and Ad Hoc Reports	How many ad hoc reports were requested by the state from the Contractor during the last contract year relational to the RFP services requested?	Due to program changes, past volumes do not determine future needs.
118	Page 24, Section 2.14.D	Special and Ad Hoc Reports	Did any of the ad hoc report requests require new data as opposed to formatting existing data collected in a different view, and, if so, how many reports required new data elements?	See answer to question 117.
119	Page 25, Section 2.15.D.1 (Behavioral Health Services)	At a minimum, staffing must include ... Licensed physical therapists, licensed occupational therapists, licensed speech-language pathologists, Board Certified Assistant Behavior Analysts ...	Please verify that each of the practitioner types listed are required to be on staff with the Contractor. Would a Board Certified Behavioral Analyst meet the requirement of having a Board Certified Assistant Behavioral Analyst on staff?	1. Yes 2. Yes. See updated RFP.
120	Page 25, Section 2.16-Provision of Office Space	Vendor must provide a physical location within the State of Arkansas sufficient to house all core staff.	Please define "core staff."	See answer to question 37.
121	Page 26, Section 2.18.A	.....Contractor must be able to receive and respond to requests from the provider via fax, e-mail, or postal mail.	Is the Contractor responsible for reimbursement of any copying or mailing costs incurred by providers of services when submitting medical documentation requests?	No.
122	Page 26, Section 2.18.A	Data Transmission	Will the Contractor be able to receive provider and member eligibility files from the state regularly to optimize use of technology solutions?	Yes.
123	Page 26, Section 2.18 Data Transmission	Providers are not required to use the web-based system, so the Contractor must be able to receive and respond to requests from the provider via fax, email, or postal mail.	For each review/service type, what % of reviews are currently submitted via web submission.	See answer to question 7 for Non-Waiver Personal Care; for all others the volume is unknown.

124	Page 26, Section 2.19-Provider Training	A. In-Person Regional Trainings	How many in-person regional training sessions occur annually for the contract?	See Section 2.19 "Provider Training."
125	Page 28, Section 2.21.F Performance Standards		Has the current Contractor been assessed damages? If so, how much in the last year?	The question is irrelevant for the purpose of this RFP.
126	State Procurement Documents: Attachment I - Review Volumes	Attachment I - Review Volumes	Please confirm Attachment I indicates annual review volumes on contract.	Attachment I indicates estimated annual review volumes.
127	Pages 4 (Section 1.8.B), 29 (Section 3.1.C), and Technical Proposal Packet Page 1 of 7 (Information for Evaluation)	1.8.B says: Arrange Technical Proposal Response to the Information for Evaluation section of the Technical Proposal Packet, 3.1.C says: The Information for Evaluation section have been divided into subsections and lists out those subsections, and the Technical Proposal Packet lists out the Information for Evaluation Sub-sections	We would like clarification on how to respond to the RFP and arrange information. Do these instructions mean that the proposal should be set up with Section names that correspond to the 10 subsections listed in 3.1.C.3 and Technical Proposal Packet Page 1 of 7 (i.e., Detailed Narrative on Past Experience Implementing Similar IT Buildouts and Collaborating References, Methods for Providing a Secure Portal, Proposed Implementation Timeline, etc.) or should the proposal be set up with Section names that correspond to the main RFP sections (i.e., Section 1-General Instructions and Information, Section 2-Minimum Requirements, Section 3-Criteria for Selection, Section 4-General Contractual Requirements, etc.) with the Information for Evaluation (i.e., the 10 subsections) included in Section 3-Criteria for Selection?	Response must include a completed Technical Response Packet, acknowledgement of all addendums, any documentation required in Section 2.2 of RFP, and your proposals based upon the Information for Evaluation listed in both the RFP and the Technical Response Packet. Cost Proposals must be submitted as per Section 1.13 of the RFP.
128	Page 34, Section 4.2 Price Escalation	Price increases will be considered at the time of contract renewal.	How much advance notice must the Contractor provide to propose a price escalation?	See RFP Section 5: Standard Terms and Conditions
129	Section 5 - Standard Terms & Conditions, Section 23, Second Paragraph	If upon cancellation the Contractor has provided services which the State has accepted, the Contractor may file a claim.	How will Contractor be compensated for reviews started before the cancellation notification date but not yet completed by the cancellation effective date (for example, as Contractor is still awaiting documentation from providers)?	Not compensated.
130	Section 5 - Standard Terms & Conditions, Section 23, Second Paragraph	If upon cancellation the Contractor has provided services which the State has accepted, the Contractor may file a claim.	Will the Contractor be required to accept new reviews after the cancellation notification date? If so, how will Contractor be compensated for services not completed by the cancellation effective date?	No.
131	Arkansas Department of Human Services Performance Based Contracting "Damages for Insufficient Performance"	2nd incident: A twenty-five (25%) penalty will be assessed in the following months' payment to the provider for each thirty (30) day period the Vendor is not in full compliance....	Please elaborate on what is meant by "months' payment to the provider"? Is this the provider that submitted to the review request?	The penalty will be assessed on invoice for each month the vendor is still not in compliance with the deliverable.
132	Attachment D, Section Financial Terms	Table lists following financial terms: -Funding Source -Reimbursement Method -Payment Limitations -Match Requirements	What are the anticipated financial terms for this RFP: -Reimbursement Method? -Payment Limitations? -Match Requirements?	Final Negotiated Rate/None/None
133	State of Arkansas Professional Consultant Services Contract	Form PSC-1	Is this contract applicable for services performed under this RFP as services will be paid on a fee for services basis (fixed dollar per review or service) and not on an hourly rate?	Yes
134	Attachment I, Review Volumes	All	Please provide references to where each review/service type is listed in the RFP.	See updated Section 2.0 and updated Attachment I.
135	Attachment I, Review Volumes & RFP page 20, Section 2.10 Validation Reviews	General	What is the anticipated # of annual Validation Reviews per Year for the base year and each of the optional extension years?	See updated Attachment I.
136	Attachment I, Review Volumes	All	Does the State anticipate changes to the review volumes during the potential 7 years of the contract (base year and 6 possible extension years)? If so, please describe.	The state cannot anticipate how review volumes may change.
137	General	General	Do any review or service types require that the Contractor manually enter data into the State's or the Independent Assessment Vendor's systems or will all data be submitted electronically? If manual entry is required, please list applicable review or service types and types of data requiring manual entry.	The state is seeking proposals on how to most effectively handle the process.
138	NONE	NONE	Please provide anticipated prior authorization review volumes for: speech therapy, physical therapy, occupational therapy, EI Day treatment, Adult Developmental day treatment, non-waiver personal care services, behavioral health services, and Applied Behavioral Health Analysis.	See Attachment I
139	NONE	NONE	Please provide anticipated retrospective review volumes for: speech therapy, physical therapy, occupational therapy, EI Day treatment, Adult Developmental day treatment, non-waiver personal care services, behavioral health services, and Applied Behavioral Health Analysis.	See Answer to Question 138
140	NONE	NONE	Please provide anticipated medical review volumes and consult for TEFRA applications and Autism services.	See Answer to Question 138

141	Page 19, C. Outpatient Behavioral Health Services	a. Contractor shall perform sample retrospective reviews of thirty percent (30%) of paid claims for Outpatient Behavioral Health services provided to beneficiaries in compliance with all criteria set out at 42 CFR Subchapter F, Part 475. Upon request, the Contractor shall perform audits of medical records as provided in section 142.300(D) of the Arkansas Medicaid provider Manual.	What is the anticipated retrospective review volume? 30% of paid claims = how many reviews? What is the anticipated number of audits to be requested?	See Answer to Question 138
142	Page 3, §1.7.B Official Bid Price Sheet	1. Contractor's Original Bid Price Sheet must be submitted in hard copy format.	Please provide the Official Bid Price Sheet. This was not provided in the draft documents.	See Final Technical Response Packet
143	Page 12, §2.2.A	The bidder must have seven years' combined contractual experience in performing prior authorization reviews, retrospective reviews and medical reviews **as well as other types of medical-related consults**	The scope of "medical-related" is not clear, nor are the types of interactions that qualify as a "consult."	See Final RFP.
144	Page 12, §2.2.C Letters of Reference	The Bidder must provide at least three (3) letters of reference from public or private **entities other than the Arkansas Department of Human Services (DHS)** that can attest to the Vendor's prior authorization, retrospective review and medical review/consultation experience; **one of the three (3) letters must be from a State Medicaid division**. . .They shall be from entities with recent **(within the last three (3) years)** contract experience with the respondent;	A vendor's prior authorization, retrospective review, and medical review/consultation experience within the last three years may include only Arkansas Medicaid Division contracts. If that is the case, may it submit a letter of reference from the Arkansas Division of Medical Services in response to your requirement for one of the letters to be from a State Medicaid Division? <u>OR</u> May it submit a letter of reference from other private or public entities to fulfill the three letter requirement rather than from a State Medicaid Division?	See final RFP.
145	Page 12, §2.2.C Letters of Reference	The Bidder must provide at least three (3) letters of reference from public or private **entities other than the Arkansas Department of Human Services (DHS)** that can attest to the Vendor's prior authorization, retrospective review and medical review/consultation experience; **one of the three (3) letters must be from a State Medicaid division**. . .They shall be from entities with recent **(within the last three (3) years)** contract experience with the respondent;	This requirement bars vendors whose state Medicaid experience in the last three years is exclusively in Arkansas. Is this the intent?	NO, See final RFP
146	Addendum 1	Bid opening date and time will be changed: August 17, 2018 at 11:00a.m.	The date and time for Opening Bid already matches what is listed on Page 1 of the draft RFP and on Page 10, §1.31 Schedule of Events.	See Final RFP
147	Page 14, §2.4 (A)(b) Prior Authorization Reviews	Reviews shall be conducted by a licensed speech, occupational, or physical therapist depending on the type of service under review.	Currently these services are reviewed by Registered Nurses. As worded in the RFP draft, this will excluded reviews being performed by registered nurses. Need clarification if this is the intent, or if reviews can be continued to be reviewed by a registered nurse.	This is the intent.
148	Page 15, §2.4 (C) (1) (b) (1) (iii)	Contractor shall close and end-date any current PA for a beneficiary who is no longer Medicaid eligible	At what frequency should Medicaid eligibility be verified by the contractor?	For age 21+ non-waiver personal care, Medicaid eligibility must be verified once upon receipt of a personal care PA request, a personal care PA renewal request; or a personal care PA change/modification request; and once again upon receipt of an Independent Assessment, prior or final approval of a personal care PA request of PA renewal request.

149	Page 18, §2.7 (A)(1)(b) Retrospective Reviews	Reviews shall be conducted by a licensed speech, occupational, or physical therapist depending on the type of service under review.	Currently these services are reviewed by Registered Nurses. As worded in the RFP draft, this will excluded reviews being performed by registered nurses. Need clarification if this is the intent, or if reviews can be continued to be reviewed by a registered nurse.	See Answer to Question 147
150	Page 20, §2.10 Validation Reviews	Contractor shall review DMS 640 forms for Medicaid beneficiaries who (1) have an existing prescription for more than ninety (90) minutes per week of a therapy modality as of July 1, 2017, and (2) have a valid prescription to receive a therapy modality due to acute injury, trauma, wound, burn, or surgery to determine that the forms are complete.	Does this imply that requests for acute rehab therapy should be validated for completeness of the DMS-640, and does not require a medical necessity review?	Yes.
151	Page 22, §2.13 (A) (2) Notifications	All notifications of the closure or expiration of a PA shall be sent not less than ten (10) days before the PA closes or expires.	Does the initial notification of an approved review determination satisfy this requirement considering the procedure code, number of units, PA control number, approved beginning and ending date of service, and the signature of the contractor's reviewer is included on the initial notification?	See updated RFP: 2.13(A)2
152	Page 25, §2.15.D.2	In addition, each staff member must have a minimum of three years' experience working with individuals with developmental disabilities.	Please define experience "working with" individuals with developmental disabilities. Is this direct patient care? Academic setting? Case management? Utilization review?	See updated RFP: 2.15(D)2
153	Page 25, §2.15. 1. Behavioral Health Services	At a minimum, staffing must include a multi-disciplinary team of licensed psychologists or psychological examiners, other licensed mental health professionals, **duly credentialed substance abuse professionals** and Arkansas licensed board-certified psychiatrists in active practice.	Substance Abuse Professional can be any of the following: A licensed physician (Doctor of Medicine or Osteopathy) A licensed or certified social worker A licensed or certified psychologist A licensed or certified employee assistance professional A state-licensed or certified marriage and family therapist An alcohol and drug abuse counselor Duly credentialed substance abuse professionals can practice within varying professions (with different pay ranges). From what profession/field of expertise does the State expect for substance abuse professionals?	The professional scope of practice and experience will be considered.
154	PA Draft pdf, Page 7, 1.18 REQUIREMENT OF ADDENDUM	D. The contractor shall be responsible for checking the following Office of State Procurement (OSP) and DHS websites for any and all addenda up to the bid opening: http://humanservices.arkansas.gov/about-dhs/op/procurement-announcements http://www.arkansas.gov/dfa/procurement/bids/index.php https://medicaid.mmis.arkansas.gov/default.aspx	Will the websites listed have identical information posted to each site?	Yes
155	PA Draft pdf, Page 3, 1.7 RESPONSE DOCUMENTS	1. Contractor's original Official Bid Price Sheet must be submitted in hard copy format.	Please provide the "Official Bid Price Sheet" referenced.	See Final Technical Response Packet
156	PA Draft pdf, Page 3, 1.7 RESPONSE DOCUMENTS	1. Contractor's original Official Bid Price Sheet must be submitted in hard copy format.	How many FFS members are to be managed under this contract? Please provide a break out of all lives details.	See Attachment I.
157	PA-RFP pdf (Arkansas Medicaid Prior Authorization Retrspective Review Procurement), Page 1, introduction paragraph	"In June 2018, Arkansas Department of Human Services (DHS) will begin the procurement process for two (2) contracts for Prior Authorization (PA) and Retrospective Review (RR) services."	If two contracts will be executed from this RFP, what scope will be included in each separate contracts?	Only one contract will be awarded agaisnt this RFP. See Section 1.2.
158	PA-RFP pdf (Arkansas Medicaid Prior Authorization Retrspective Review Procurement), Page 1, introduction paragraph	"In June 2018, Arkansas Department of Human Services (DHS) will begin the procurement process for two (2) contracts for Prior Authorization (PA) and Retrospective Review (RR) services."	If two contracts will be executed, can a vendor bid a subset of services they have experience delivering today and the balance of the services be delivered by the second contractor?	See answer to question 157.
159	Page 14, Prior Authorization Reviews	Prior Authorization Reviews	What are the expected or historic review volumes, to aid in developing staffing and pricing plan?	See Attachment I.

160	Page 1, PA_RFP document	In June 2018, Arkansas Department of Human Services (DHS) will begin the procurement process for two (2) contracts for Prior Authorization (PA) and Retrospective Review (RR) services.	Will DHS please clarify whether it will award one or two contracts?	See answer to question 158.
161	Page 1, RFP	Draft	The RFP contains a "DRAFT" header and a watermark. Will DHS please clarify this is the final RFP or whether it intended to issue a revised RFP (and if so, when)?	See Final RFP.
162	Page 12, section 2.2, paragraph E	The Bidder and all subcontractors must certify that Bidder and all subcontractor s have read the Organizational or Personal Conflict of Interest Clause (see Attachment G) and that Bidder and all subcontractors have no actual, apparent, or potential conflicts of interest with the DHS Independent Assessment vendor or Provider-Led Arkansas Shared Savings Entities.	The RFP speaks to having conflicts of interest "with" the Independent Assessment vendor or a Provider-Led Arkansas Shared Savings Entity (PASSE). Can the Independent Assessment vendor or a PASSE (or one of their affiliates) serve as the Contractor?	No
163	Page 33, section 4.3, paragraph B	The Contractor shall indemnify and save harmless the agency and all its officers, representatives, agents, and employees against any claim or liability arising from or based upon the violation of any such law, ordinance, regulation, order or decree by an employee, representative, or subcontractor of the Contractor.	The RFP requires the vendor to indemnify against any claim or liability arising from or based upon the violation of any such law, ordinance, regulation, order or decree by an employee, representative, or subcontractor of the vendor. Will the State consider modifying the indemnification provision to (1) specify the indemnification only applies to third party claims, (2) permit the vendor to have control and defense of the claim, (3) require the State to promptly notify the vendor of the claim, and (4) require the State to give provide reasonable assistance in connection with the vendor's defense of the claim?	No
164	Page 28, section 2.21, paragraph A	State law requires that all contracts for services include Performance Standards for measuring the overall quality of services provided. Attachment C: Performance Standards identifies expected deliverables, performance measures, or outcomes; and defines the acceptable standards the Contractor must meet in order to avoid assessment of damages.	Some Performance Standards categories may have many underlying dependencies, some of which can be beyond the vendor's control. May vendors assume damages will only be assessed if the vendor is responsible for not meeting a performance standard? May vendors also assume if the vendor and one or more parties may have caused the event giving rise to damages being imposed, that the vendor will only be liable for damages only in an amount in proportion to the percentage of the vendor's fault?	1. Yes 2. See Section 2.22 (G).