

Additional Questions and Answers
February 27, 2015
Maryland Department of Health and Mental Hygiene
Solicitation No. DHMH OPASS 15-14356
Medicaid Program Electronic Health Records Audits

1. RFP Section 3.1, page 31 - The RFP indicates that Maryland has assigned its auditing responsibilities for hospitals to CMS. While CMS has indicated that states can do this for Meaningful Use, states are still required to audit Eligible Hospitals (EH) for eligibility and for the correct payment calculation. Will the contractor be responsible for any of these tasks related to EHs that cannot be delegated to CMS?

Answer: No, the contractor selected under this RFP will not be responsible for auditing Eligible Hospitals (EH) for eligibility and payment calculations.

2. RFP Section 3.1, page 31 - The RFP indicates that post-payment audits began in late 2013. Please indicate what program years have been audited and if there is a current back-log of audits to be conducted by the selected vendor?

Answer: DHMH completed 91 percent of all adopt, implement, and upgrade (AIU) audits for program years 2010, 2011, and 2012. Less than 40 individual provider audits remain for these program years. For program year 2013, we have audited 18 percent of those providers in our audit sample of 229 individual providers.

3. RFP Section 3.2, page 33 - Can the contract monitor indicate whether the required weekly and bi-weekly meetings can be held predominately via conference call? This is helpful to the responding vendors when determining overall cost.

Answer: In section 3.2.1 (page 33) of the RFP, DHMH requests that the contractor meet with the Contract Monitor once per week for the first three (3) months of the contract and once every two (2) weeks for the remainder of the contract. During the first three (3) months, the contractor should plan to be on-site with DHMH.

4. RFP Section 3.2, page 33 - What system is used for the SLR?

Answer: DHMH uses the eMIPP product, originally produced by CNSI.

5. RFP Section 3.2.2.4, page 35 - Please indicate if MMIS data or MMIS reports will be made available to the contractor for the purposes of validating the numerator. If this information will be made available, can the state indicate if MCO encounters are/would be included in the available reports/data.

Answer: DHMH will make available MMIS data to assist with validating the numerator. The MMIS data contains MCO encounters.

6. RFP Section 3.2.2.4, page 35 - To facilitate a complete program year sample within 90 days, please confirm that the SLR can provide an exported electronic detail file of all payment information and collected attestation information.

Page 2
Additional Questions and Answers
OPASS 15-14356

Answer: In response to this question, DHMH is providing an electronic file layout of the eMIPP system. Data for these fields will be available to the contractor for performing post-payment audits.

7. RFP Section 3.2.3, page 38 - Will the state accept requisite project management experience as a substitute for a PMP designation?

Answer: No, the Project Manager specified in 3.2.2 I(a) must be certified as a Project Management Professional (PMP) by the Project Management Institute (PMI).

8. RFP Section 3.2.3, page 38 - The RFP indicates that the key positions will be employed 100 percent of the time of this contract. Does this statement indicate that these key individuals must be employed throughout the duration of the contract, or that they must only work on the Maryland EHR contract (i.e., two FTEs for this contract just for these 2 positions)?

Answer: If the contractor identifies two individuals as the Key Positions identified in 3.2.2 I, those individuals must not be employed elsewhere while working under this contract and in those key positions. If the individuals employed in the Key Positions leave their positions, the contractor must follow the protocol for Substitution of Personnel listed in 1.23 (page 16) of the RFP.

9. RFP Section 3.3.3, page 39 - If a prospective vendor conducts a background check (including criminal) on all associates before hiring will that satisfy this requirement, or must new background checks be conducted on any associate assigned to this project.

Answer: A criminal background check must be performed on each employee to be assigned to perform work under this RFP between award of the contract and assignment of the person to begin work under the contract. Thus, old criminal background checks will not be accepted.

Further, the Department must receive the criminal background checks before the employee can begin work under the contract.

Subsequent hires must obtain a new criminal background check. The Contractor must submit the results of the criminal background check to the Department before the individual may begin work under the contract.

10. RFP Section 3.9, page 43 - It is highly unusual for an audit contract to require a SOC 2 Type II type of report. These engagements are typically reserved for contracts where an IT system is a significant part of the engagement. Furthermore, such an audit could cost the vendor up to 20-25 percent of the anticipated total contract value of this engagement. Will the state consider modifying this requirement such that it is not required?

Answer: A SOC 2 Type II report is not required. Please see the addendum to the RFP removing this requirement.

Page 3
Additional Questions and Answers
OPASS 15-14356

11. RFP Section 3.9, page 43 - The state lists the following trust principles for ii: Confidentiality, Integrity, Availability, and Auditability. Auditability is not a principle for this type of report. Can the state please clarify?

Answer: The SOC 2 Type II report requirement has been removed. All items under Section 3.9 related to SOC 2 are also removed. See attached addendum.

12. RFP Section 3.9, page 43 - As referenced in vii, will the state consider the controls testing that is conducted for SOX compliance in lieu of the SOC 2 Reports.

Answer: Since the State is removing the SOC 2 Type II requirement, no IT Controls Testing is required. However, the Offeror must have experience with the American Institute of Certified Public Accountants (AICPA) generally accepted auditing standards. The Offeror shall submit as proof a completed and client-accepted work product using the AICPA's generally accepted auditing standards. See attached addendum

13. RFP Section 4.4.2.7, page 48 - Are "letters of intended commitment" required for each key personnel included in the proposal who are employees of the prime contractor or are they only needed from proposed subcontractors?

Answer: Letters of intended commitment shall include those for Key Personnel under the prime contractor.

14. RFP Section Attachment F, page 106 - For the 500 estimated cases per year, can the state please clarify the volume which are AIU, which are MU, and which are a group volume attestation? This will help with providing a more accurate and comparative cost proposal.

Answer: Historically, about 57 percent of all audit cases are for Adopt, Implement, or Upgrade (AIU) and about 43 percent are for Meaningful Use (MU). Within each of these audit case types, about 50 percent are for individuals and 50 percent are groups. Thus, using the 500 estimated total audit cases a year the AIU versus MU audit case breakdown is as follows:

Table 1: Estimated Audit Case per Year, AIU versus MU

	AIU	MU
Total Cases	285	215
Individuals	142	107
Groups	143	108

Based on historic group sizes, Maryland estimates that within the 500 total estimated AIU and MU group audit cases, the Offeror may see the following number of groups for each group size range.

Table 2: Estimated Group Audit Cases by Group Size Range per Year

	Group Practice Size					Total Groups
	2-5	6-10	11-20	21-30	31+	
AIU	5	4	4	1	2	16
MU	4	3	3	1	2	13

15. General - Can the state provide a copy of the pre-payment and post-payment audit plan currently in use?

Answer: The Centers for Medicare and Medicaid Services (CMS) does not allow Medicaid to share our audit strategy. DHMH bases our audit strategy on CMS's audit toolkit.

16. General - Does the state allow an attestation "tail" at the end of each program year?

Answer: Yes, Maryland allows for a 90-day attestation tail. Since an eligible professional's (EP) program year is based on the calendar year, this means that EPs will have until March 31 to attest with Maryland.

17. Page ii, Notice to Vendors - We understand that returning this form is optional. Should we choose to submit comments, where should the form be located in the response?

Answer: Follow the instructions on the Notice to Vendor's form for submission. This document should not be a part of your proposal submission.

18. Page 45, 4.2.1 Proposal Format - Clarify the meaning of "unbound." For example, is a binder clip acceptable? Is a loose leaf 3-ring binder considered "unbound?"

Answer: A binder clip is acceptable. A loose leaf binder is not.

19. Page 45, 4.2.1 Proposal Format - Would it be acceptable to place any additional information not specified in the RFP, which may be of interest to the State, in an Appendix?

Answer: You may place any additional information not specified in the RFP in an Appendix, however, the Department is under no obligation to accept additional information.

20. Page 53, 5.2 - If at all possible, would DHMH please indicate the weight assigned to each of the criteria (items 5.2.1 – 5.2.4).

Answer: For purposes of this RFP the criteria is listed in descending order of importance, so, 5.2.1 will receive greater weight than 5.2.2; 5.2.2 will receive greater weight than 5.2.3; 5.2.3 will receive greater weight than 5.2.4.

21. Does Maryland use Medicaid Managed Care Plans or are all services Fee-for-Service?

Answer: Maryland uses Managed Care Plans. Information about our Managed Care Organizations can be found here:

<https://mmcp.dhmh.maryland.gov/healthchoice/SitePages/Home.aspx>

22. Does Maryland require eligible professionals to disclose information from other health plans to determine the 30% eligibility threshold?

Answer: Maryland encourages but does not require that providers provide supplemental documentation proving their patient volume. If, after using information obtained from our claims payment system, we see that the provider appears to not meet the threshold, we do ask for supplemental information.

23. Does Medicaid allow for 3rd party attestations of AIU and MU?

Answer: Yes, Medicaid allows third parties to attest for providers.

24. Does the eligibility data come from the prior calendar year, or from the immediate 12 months preceding the attestation?

Answer: Medicaid only accepts patient volume information from the prior calendar year.