Question	RFP Section	Response
Please confirm that the liquidated damages and performance standard for processing electronic claims applies to “clean claims” only.	Section 3.2.12(c), page 71	The expectation is that 100% of all clean claims are processed in 14 days. Processed means adjudicated and either posted for payment or denied.
Please provide the definition of “process” as it relates to claims processing. Does this mean posted for payment?	Section 3.2.12(c), page 71	The expectation is that 100% of all clean claims are processed in 14 days. Processed means adjudicated and either posted for payment or denied.
Section 3.2.9.1 System Requirements reads "To ensure the system is protected by administrative, technical and physical controls, the Contractor shall comply with the DHMH 'Information Technology Security Policy and Standards' including encryption of agency data at rest and in transit." Is the current vendor responsible for this assurance of encryption of agency data at rest?	Section 3.2.9.1	This is a new requirement in the current RFP and not a requirement of the current contract, therefore this question is not pertinent.
What is the anticipated record count and record length for the historical physical claims file to be received?	Section 3.2.3.1(e), page 39	The anticipated record count is approximately 96-98 million; record size is about 800.
What exactly is the contract number for Attachment G-1? Is it the same as the Solicitation number?	Attachment G-1	DHMH/OPASS 14-13835 (Attachment G-1)
What exactly is the Award number and what shall we place for Organizational Entry for Attachment H-1?	Attachment H-1	See Federal Funding Acknowledgement (Attachment H) in RFP Section 1.35, subsection 1.35.3 (CFDA #)
Is the information entered into MMIS going to come back to the ASO in the provider file?	3.2.2.1	3.2.2.1 will not be entered into MMIS.

Are you expecting that non-Medicaid providers will be enrolled in Medicaid? If so, is the ASO expected to conduct PSV and NPDB checks? Has this already been completed for the existing network?	3.2.1.1 b(1)	The Department has a list of provider types and will instruct the ASO on which provider types are not Medicaid providers. Most providers of non-Medicaid services also provide Medicaid services, so they would already be enrolled. For those that aren't, the selected vendor will need to develop a process in conjunction with the BHA. Non-Medicaid only providers will not be enrolled in MMIS. Any willing, qualified provider who meets requirements will be enrolled. The ASO will have to enroll all providers who meet the credentialing requirements for the provider type. The selected vendor and the BHA will work together to develop a process for screening.

Does provider enrollment into the states system satisfy credentialing requirements? Please define what is meant by the term "credentialing", it appears to be used in a non-standard way in the RFP.	3.2.1.1.	Each provider type has different provider qualifications. One of the requirements for many of the individual practitioners such as psychiatrists or social workers is that they be licensed. In addition, the contractor would need to make sure they are not on any of the federal or state fraud lists. Making sure a provider is licensed is a subset of the credentialing process. The contractor will not re-credential all current providers at the beginning of the contract. However, providers must be re-enrolled at least every five years and the contractor will be involved in that process over time. The contractor will be responsible for both Medicaid and non-Medicaid provders as is described in 3.2.1.1(a) and (b). The State will monitor the performance of the contractor in regards to provider enrollment. In addition, the State has staff which will perform on-site reviews when required as part of the enrollment process for certain providers. For the 1915 (i) the terms "licensed and credentialed" are not always used interchangeably. For example in section 3.2.10.7.b.5 the credentialing process expected of the prospective vendor is to credential provider types not licensed by the State of Maryland but certified by a number of national certification boards based on a variety of differing requirements and time frames established for re-certification.
Is this requirement only for non-Medicaid providers?	3.2.1.1(b)(4)	Yes.

Will the state provide detailed information on provider enrollment end dates? If so, how and when will this be supplied?	3.2.1.1	Yes. This information is in the provider file which has been posted to the data library (http://dhmh.maryland.gov/bhd/SitePages/ASO%20RFP.aspx).
In the published RFP, section 3.2.8.n.xlii (pg. 50) states "Adjudicate all claims in either electronic (97 %) or paper (3%) format a minimum of 10 million claims annually (total claims processed in FY13= 7.13 Million)." How does the processed claims of 7.13M compare to the processed claim volume listed in MARL3000 (Number of Claims Processed by Claim Type) of 273,764 (Dec '13) – an unadjusted annualization of the figure provided in MARL3000 would indicate an annual processed claim volume significantly lower than the 7.13M.	3.2.8.n.xlii	7.13 Million is the count of claim lines processed. MARL3000 is a count at the claim level (excludes the multiple lines per claim).
Report MARF0004, which is posted on the bidder's library website http://dhmh.maryland.gov/bhd/SitePages/ASO%20RFP.aspx, has a level of care noted as Baltimore Group (capitation), Emergency Petition and Purchase of Care. Can you please provide descriptions for these line items in the report and comment as to vendor's responsibility for each?	N/A	A description of the Baltimore Capitation Project has been posted in the bidder's library (http://dhmh.maryland.gov/bhd/Documents/CapitationSummary.pdf) Detailed information regarding Emergency Petition billing and payment can be found in COMAR 10.21.15. Purchase of Care services are being phased out. We currently pay only attending physician charges.
Will the contractor be responsible for any claims payment for dates of service prior to January 1, 2015?	Section 3.2.8, page 48	Yes, the contractor will be responsible for any claims payments/adjustments that were not complete at the time of assumption of the contract.

Is it the expectation of the Department that the pagination from the Technical Proposal to the Financial Proposal be continuous or should pagination restart on page one for the Financial Proposal?	(Section 4.2.4, page 77	Pagination should be continuous for Financial Sheet even though it is submitted in separately sealed envelope, it will be a part of the fully executed contract document
For the state performance measure "The percentage of people in the specialty behavioral health system who have a PCP visit within a year," please clarify how "a year" is defined or calculated. For example, is it within a year of being seen for the first time, within a year of being seen for the last time, or within a calendar year?	Section 3.2.12(d), page 71)	A year is defined as a calendar year.
On page three of the Response to Bidder's Inquires, Section 3.2.1.1(a)(7), the State responded, "The Department has a list of provider types that require site visits. This will be shared with the ASO. Information concerning outcome of site visits will be sent to the ASO through electronic communication." Will the ASO need to complete the credentialing/re-credentialing process once the provider's site visit is approved, or will Medicaid automatically approve the provider and finish building the provider file and send to the ASO?	Section 3.2.1.1(a)(7),	Once the site visit is complete Medicaid will approve.
Please clarify whether the Contractor will have the ability to seek State's approval in the event the current enterprise-wide maintenance window occurs more frequently or duration is outside what is noted in the requirements.	Section 3.2.12(b)(2)(e), page 69	Yes.

Please clarify if the 99.5 percent system availability includes scheduled downtime (i.e., maintenance)	Section 3.2.12(b), page 68	No.
Is the requirement to have the call center operational from 8 AM to 6 PM EST applicable to Monday through Friday on business days, or is it applicable 365 days a year, including weekends and holidays? Please clarify the days for which this requirement is applicable.	3.2.4.1 (c) (3)	Monday through Friday on business days 8am-6pm EST.
Will the Contractor be expected to develop an electronic interface for the Avatar project? Will the Contractor have administrative rights to the Avatar system to facilitate registration of participants and the collection of necessary data required to support the reporting requirements?	Section 3.2.10.9, page 64	The Contractor would not be expected to build an electronic interface for the Avatar project. The Contractor can have administrative rights to the Avatar system. The Contractor would be expected to identify the Avatar participants and provide a means for collecting the results. However, registration and data collection for all participants would be the responsibility of the Contractor.
How is the Avatar project funded?	3.2.10.9	The Avatar project is grant funded.
Does every authorization require review by a care manager?	N/A	No, currently most outpatient mental health treatment services do not generally require review by a care manager. Many traditional outpatient treatment services requested by providers are automatically authorized and then reviewed for unusual billing patterns by the ASO and the BHA. All other non-emergency services must be authorized and must meet medical necessity criteria; and all services are subject to audit.

On page 6 of the response to Bidder inquiries dated 2/26, 2nd row down, reference 3.2.4.1, call data was given: Number of business hour calls - 117,585, Number of weekday non-business hours calls - 10,714, Number of weekend calls - 6,836. • Of the 117,585 calls received during business hours how many of those related specifically to utilization management/authorization requests requiring clinical staff engagement and how many were general customer service calls? • Of the 10,714 calls received during weekday non-business hours how many of those related specifically to utilization management/authorization requests requiring clinical staff engagement and how many were general customer service calls? • Of the 6,836 weekend calls how many of those related specifically to utilization management/authorization requests requiring clinical staff engagement and how many were general customer service calls?	3.2.4.1	Number of business hour calls - 117,585, Number of weekday non-business hours calls - 10,714, Number of weekend calls - 6,836. • Of the 117,585 calls received during business hours, 91,582 required clinical staff engagement and 26,003 were general customer service calls. • Of the 10,714 calls received during weekday non-business hours, 10,680 required clinical staff engagement and 34 were general customer service calls. • Of the 6,836 weekend calls, 6,819 required clinical staff engagement and 17 were general customer service calls. These were the statistics from FY '13 - this may change with the integration and the new requirements of the contract.

Please provide specifications for each of these interfaces. ("Maintain data interfaces with trading partners through secure (encrypted) process including the following: MMIS, State Psychiatric Facility Hospital Management System (HMIS), Community Service Agencies (CSA/LAA), Pharmacy Benefits Manager (PBM), Department of Public Safety and Corrections (DPSCS), Developmental Disabilities Administration (DDA), Maryland State Department of Education (MSDE), Chesapeake Regional Information System for Our Patients (CRISP), DHR, DJS, Health Information Exchange (HIE), and have the capacity to exchange data with these entities over telephone lines or dedicated data lines or through secure File Transfer Protocol (FTP) sites."	3.2.9.5(b)	This will be provided upon award of the contract.
Can the State supply a listing of known network gaps, by provider specialty and geography?	N/A	No formal assessment of provider shortages is available. It is known, however, that the supply of both adult and child and adolescent psychiatrists is insufficient. Rural areas of the State also report shortages of mental health professionals. That being said, Maryland is better resourced than most other states in nearly all other mental health specialties. Like MH, there is is formal assessment identifying gaps in addictions services. However, we know there are shortages of medication assisted treatment, particularly suboxone and methadone. This is especially true in rural areas. There is a statewide gap in services for adolescents. Services for the co-occurring population is also a gap in our service system.

Please describe the process to establish account authorization between contractor and bank and to draw down funds in the accounts.	3.2.8 (b)	The ASO will make payments to providers out of a State-owned bank account. The Medical Care Programs must apply to the State Treasurer to open an account, under a State Federal Tax ID number.
How soon after invoicing will payment be rendered?	3.6.2	As long as the invoice has been submitted promptly for payment, payment should be received by the vendor within 60 days.
NEW: Please define the 'claim payment format designated by the Department'	3.2.8.n. (xxviii)	If the statement is regarding how the ASO accepts claims files from providers then it would be universal electronic file formats (837I and 837P) for the UB-04 and CMS 1500. If the statement is regarding how the ASO accepts the claims file from MMIS then it would be an 835 file format.
NEW: Please provide any budget projections (one, two or three fiscal years) that DHMH or Legislative analysts may have completed that show projected increases or decreases in Medicaid expenditures for mental health and substance use disorder expenditures and also for increases or decreases in non-Medicaid funding for mental health and substance use disorder services.	Attachment F	Information not available.

NEW: The process of contacting and identifying participants identified as appropriate for being served in a Health Home, and then obtaining the participant's consent and referring them to an appropriate Health Home, could have a significant staffing impact. Please provide an estimate of the number of individuals expected to be contacted, asked for consent and referred. Please provide the number of staff hours the current ASO is investing each week in providing the support required in this section.	3.2.10.8	This is not a requirement under the current contract so no numbers are available. We expect the ASO to use information from preauthorization files and from claims data to find patients who are appropriate for Health Home services. Once identified as appropriate, the ASO can directly refer patients to PRPs and to Opioid Treatment Programs that participate in the Health Home program. Those programs will then take it from there to recruit them for the Health Home program. Estimates of the number of individuals or staff time to complete this function are not available.
NEW: The State has requested that Offerors describe their process to resolve billing errors. Is the State looking for a description of processes to resolve provider billing errors or errors associated with account level billing?	4.4.2.8.d.	What is account level billing? The Department is looking for offerors to describe thir process to resolve provider billing errors and ASO claiming errors.
NEW: Can the State further define the data elements that the contractor will need to maintain in the MMIS system?	3.2.1.1(a)(6)	3.2.1.1 (a)(6) states enter behavioral health individual providers through eMedicaid within 3 business days (See EXHIBIT 7: Connectivity to DHMH File Exchange System) and maintain provider network data in the Program's Medicaid Management Information System (MMIS). See attached provider file layouts in the data library (http://dhmh.maryland.gov/bhd/SitePages/ASO%20RFP.aspx).
NEW: Can the State supply a document that outlines the data elements and file layout for the State's provider file?	N/A	Please see attached file layouts in the data library (http://dhmh.maryland.gov/bhd/SitePages/ASO%20RFP.aspx)