



Questions and Answers No. 2
Request for Proposal MDM0031030513
MHBE Consolidated Service Center RFP
March 6, 2017

Ladies/Gentlemen: This list of questions and responses is being issued to clarify certain information contained in the above referenced RFP. Nothing in MHBE's response to these questions is to be construed as agreement to or acceptance by the MHBE of any statement or interpretation on the part of the Offeror.

Revised and Restated Response to Question #10 in Question and Answers No. 1

10. Question: Was the 10% MBE Goal a new requirement for this RFP or was it already a requirement for the incumbent contract also?

Response: The previous Consolidated Service Center RFP had a 25% MBE subcontracting goal **initially but was later amended to 17.9%**.

1. Question: Is MHBE willing to amend RFP Section 2.1 "Minimum Qualifications" so that either Medicaid insurance eligibility and enrollment or Affordable Care Act eligibility and enrollment experience is acceptable?

Response: Per Amendment 3, MHBE will accept Medicaid Insurance Eligibility or Affordable Care Act eligibility and enrollment experience.

2. Question: Other than HBX and the CRM, are there any other systems the Contractor is expected to access and use? If so, please list the systems, when they are used, and any connectivity requirements.

Response: The Contractor is expected to access the MMIS application via direct connection from the State to Contractor premises and/or site to site VPN tunnel.

3. Question: Please confirm the Contractor does not have any responsibilities for:

- Printing/mailing
- Processing inbound documents

If the Contractor does have responsibilities for these tasks, please provide an estimate of average volumes.

Response: The contractor does not have any printing, mailing or document processing responsibilities.

4. Question: Please confirm that because the Enrollment Broker functions will be incorporated into the responsibilities of the CSC, all bidders must meet the conflict of interest provisions detailed in 42 USC § 1396b(4); 42 C.F.R. 438.10.



An enrollment broker and its subcontractors are not considered free from conflict of interest “if any person who is the owner, employee, or consultant of the broker or subcontractor or has any contract with them 9i) Has any direct or indirect financial interest in any entity or health care provider that furnishes services in the State in which the broker or subcontractor provider enrollment services.” See 42 CFR 438.810(b)(2).

Response: All bidders must meet the conflict of interest provisions detailed in 42 USC § 1396b(4); 42 C.F.R. 438.10.

5. Question: If enrollment broker functions are to be rolled into this contract as indicated in the definitions, please indicate the start date for these services, and provide details related to call volumes, mailing volumes, enrollment data, key management requirements, and payment mechanism accommodations.

Response: The start date for providing enrollment broker functions is January 1, 2018 as referenced in the RFP. The average # of calls received per month by the Enrollment Broker is 21,000. Approximately 10,000 enrollments are completed each month. The key management requirements are referenced in the RFP and all the required services will to be rolled up into the fixed monthly cost and the unit price per call.

6. Question: Please confirm that bidders are not to accommodate Enrollment Broker responsibilities into their bids.

Response: The contractors are required to accommodate Enrollment Broker responsibilities into their bids as described in the RFP.

7. Question: If bidders are to incorporate enrollment broker services into their bids, please provide estimated monthly volumes for inbound calls, outbound calls, inbound mail processing, and outbound mail processing. Please also indicate average talk time for these services.

Response: The average # of monthly inbound calls is 21,000. The average # of monthly outbound calls is 4,000. The contractor will not be responsible for processing any inbound or outbound mail. The average talk time is 7 minutes.

8. Question: Please confirm that Year One is comprised of three months of implementation and nine months of operations.

Response: Year 1 of the base term will include the transition period.

9. Question: How will the Contractor be compensated during the transition period?

Response: The Contractor shall be compensated for the transition period at the monthly fixed rates and per unit cost per call rates proposed in the Pricing Proposal at Attachment D.



10. Question: It is our understanding that Maximus' contract ends on December 31, 2017, however it would be extremely challenging to transition vendors and Go Live during open enrollment. Please identify the expected go-live date based on an estimated contract commencement date and a 90 day transition.

Response: The MHBE intends to have the successful offeror fully transitioned prior to open enrollment.

11. Question: The time between when questions will be submitted and the proposal due date is very brief. Would MHBE please allow a minimum of one week from when the final question is answered to when proposals are due to fully allow bidders to incorporate answers into their solution?

Response: Per Amendment 3, the due date for proposals has been pushed back to March 29, 2017.

12. Question: What CRM is currently used?

Response: Oracle Right Now. CRM is currently utilized.

13. Question: Please confirm that the Contractor does not have any responsibilities for configuring or maintaining the CRM.

Response: The Contractor is not expected to configure or maintain the CRM.

14. Question: Please confirm that the Contractor's responsibilities are limited to providing telephonic assistance and logging in the call in the CRM (i.e., the Contractor is not responsible for logging the MCO selection or PCP in a separate system). If the Contractor is responsible for logging the MCO selection in a separate system, please indicate what system the Contractor is required to access.

Response: The MCO or PCP selections are captured in the HBX worker portal by the CSR. All application and enrollment activity is done in the HBX.

15. Question: Is the Consumer Assistance Worker Support line currently in existence?

Response: We currently have two direct lines for Producers and Consumer Assistance Workers.

16. Question: If the Consumer Assistance Worker Support line is currently in existence, are all calls through this line reflected in the volumes provided in the RFP?

Response: Specific call volumes for the Support Lines are published in response to Question #2: During non-open enrollment, the Producer Support line volume averages 600 calls per month, with an average handle time of 10:41 minutes. During this past Open Enrollment period the volume averaged 2,700 calls per month with an average handle time of 11:15 minutes. Navigators do not have a support line. Navigators email directly to our CRM for auto generation of an escalated incident to be worked by internal escalations CSRs. CAC support line averaged 193 calls per month during OE4 with an average handle time of 9:30 minutes.



17. Question: Please confirm that all chat/social media response technology will be provided by the CRM and is not the responsibility of the Contractor.

Response: The Contractor is not responsible for chat/social media response technology.

18. Question: If the Contractor is responsible for hosting the chatting solution, please confirm that co-browse is not required.

Response: The Contractor is not responsible for hosting a chat solution in terms of technology. At this point in time we do not anticipate a need for co-browse; however, the MHBE and the Contractor may later identify value to implementing a co-browse function in tandem with chat services.

19. Question: Is IVR self-service functionality currently used in the CSC? If so, how is this functionality reflected in the call center data provided in the RFP?

Response: There is currently no IVR self-service functionality with the exception of auto-transfer to carriers and HealthChoice. The transfer functionality was just added for OE4, and during November 2016 - January 2017 an average of 11,000 transfers occurred per month.

20. Question: Please confirm that the requirement to record 100% of voice calls is to record only the voice interaction between the CSR and caller, and that the record does not need to also capture what the CSR performed within the CRM (i.e., screen capture is not required).

Response: Screen capture is required for quality assurance monitoring purposes. The Contractor is required to record screen capture on all voice calls.

21. Question: Proposals for RFPs of this size and complexity are very large. What is the largest file size that bidders can submit via email?

Response: The largest file the MHBE can accept via email is 10 mb. The MHBE will also accept zipped files.

22. Question: Can the MHBE accept combined teaming capabilities of the offerors (of both the prime and the subcontractors) to meet the minimum qualifications of this RFP?

Response: The MHBE will not accept combined teaming capabilities of prime and subcontractors to meet the minimum requirements of the RFP.

23. Question: In the current contract, the MBE goal is 25 % but in the current solicitation, the MBE goal has been set at 10%. Is the MHBE willing to reconsider the MBE goal to a higher percentage in the new RFP?

Response: Prime Contractors are able to exceed the percentage set as the MBE goal, at this time, the



MHBE is not anticipating increasing the 10% MBE goal.

24. Question: Please provide the complete comment for the second comment in the table of call volumes. The last sentence in the second comment appears to have been cut off. (RFP pg. 31, Section 3.2)

Response: This was the FIRST enrollment period where the HBX system was stable and enrollment was predictable. We consistently saw 58% auto renewal for the Medicaid population and 80% auto renewal for QHP population. What did impact enrollments this year was the withdrawal from the individual insurance market by United Healthcare for which members were not crosswalked to a new plan and the last minute suspension of Evergreen for which members were cross walked to a new plan.

25. Question: What are anticipated web chat volumes and handle times and will those be considered calls in the cost-per-call billing structure, or if there is there no billing mechanism to cover them (should they be under fixed line item)? (RFP pg. 34, Section 3.2.1.4, Attachment F)

Response: We do not currently have a developed plan for web chat; however, we hope to develop that capability in the future.

26. Question: Please provide historical volume of social media and live chat inquiries and average handle time for Web-Based Support. (RFP pg. 34, Section 3.2.1.5)

Response: We do not currently conduct live chat. Social media volumes are addressed in Question 4.

27. Question: Can MHBE provide the current and projected auto-renewal rate for Medicaid? (RFP Section 3.2)

Response: The current auto-renewal rate for Medicaid is 56%. The projected auto renewal rate is expected to be between 55-57%.

28. Question: Please confirm that the law governing Medicaid enrollment brokers (section 1903(b)(4) of the Social Security Act and 42 CFR 438.810 requirements)) applies to the vendor selected by the MHBE.

Response: The law governing Medicaid enrollment brokers as referenced in section 1903(b)(4) of the Social Security Act and 42 CFR 438.810 applies to the vendor selected by the MHBE.

29. Question: Understanding the answers to many of the questions is pivotal to developing a response that results in the best value for MHBE. Will MHBE consider extending the time to respond to the RFP to three weeks after questions are answered on March 10th?

Response: Per Amendment 3, the MHBE has extended the due date to March 29, 2017.

30. Question: This section defines the term Enrollment Broker as the current entity that performs managed care enrollment functions. These functions will be incorporated into roles and functions within



the MHBE call center. Please specify the scope of work, populations to be served, and related requirements for the EB roles and functions to be incorporated into the MHBE call center. (RFP pg. 8, Section 1.2)

Response: Functions of the Enrollment Broker to be incorporated into the roles and responsibilities within the MHBE call center include the following:

- a. Management of inbound/outbound consumer calls;
- b. Answering program related questions;
- c. Facilitating MCO enrollment for Medicaid eligible consumers;
- d. Administering the Health Service Needs Information Assessment (HSNI);
- e. Processing Annual Right to Change (ARC) requests;
- f. Assisting Medicaid eligible consumers with MCO/PCP selections;
- g. Assisting Medicaid eligible consumers with transfers between MCOs

Populations to be served:

Consumers with Medicaid eligibility in the following coverage groups are eligible for MCO enrollment.

- MAGI Coverage groups - P02, P06, P07, P11, P13, P14, D02, D04, F05, F98, A02, A03, A04, E05.
- Non-MAGI Coverage groups - E01, E02, G01, G02, G98, H01, S01, S02, S04, S05, S98

31. Question: Is the health assessment questionnaire referred to in Section 3.1 the same as the HSNI? If not, will an HSNI and a health assessment questionnaire need to be completed for every Medicaid recipient or just new enrollees? Also, if the questionnaire is different from the HSNI, please provide an example of the questionnaire to be used by the Contractor. (RFP pg. 30, Section 3.1)

Response: The health assessment questionnaire referred to in Section 3.1 is the same as the HSNI.

32. Question: Please indicate if calls related to Consumer Assistance Support, Web-Based Support and Internal Team Escalation calls are included in the chart on Page 31. (RFP pg. 31, Section 3.2)

Response: Yes; all consumer assistance and escalation calls are included in the chart on Page 31. We do not conduct 'web-based support' calls.

33. Question: Please clarify the statement about the retention requirement to have sufficient bandwidth to record 100% of all voice and data traffic. Does this mean that 100% of all screen capture and voice calls needs to also be recorded or, as per 3.2.1.16, just 100% of all voice calls needs to be recorded and stored for 10 years? (RFP Pg. 40, Section 3.2.1.17)

Response: 100% of voice calls and screen capture are to be recorded. The screen capture recordings should only be retained for 60 days for quality assurance review processes.

34. Question: In the Abbreviations and Definitions section, there is a distinction made between



“Notice to Proceed (NTP)” and the “Notice to Proceed Date.” Then, in 3.2.2.2, where the deliverables are listed, along with the associated frequencies/due dates, the Staffing and Transition Plans both have a due date of “NTP + XX calendar days.” Does “NTP” here refer to the NTP Date, or is it some other date (i.e., when the NTP itself gets approved)?

Response: “NTP + XX calendar days” refers to the date the notice to proceed is received by the vendor.

35. Question: Section 4.4.2.6 states, “Offeror shall address each Scope of Work requirement (Section 3)”. Does MHBE specifically mean Section 3.2 Scope of Work, or the entirety of Section 3.0, which includes 3.5 Liquidated Damages and 3.10 Invoicing? (RFP pg. 72, Section 4.4.2.6)

Response: The MHBE expects offerors to provide information which will illustrate how they, and their subs, plan to address the requirements spelled out in Section 3. Please refer to RFP Section 4.4.2.6 (a)(b) and (c) for additional details about the expectations.

36. Question: Will MHBE consider removing the requirement of a parent guarantee for bidders who have provided substantial health operations services to MHBE or State of Maryland within the last five years?

Response: At this time, MHBE intends to keep the parental guarantee requirement.

37. Question: Will MHBE consider removing or lessening the bond requirement?

Response: At this time, the MHBE does not intend to amend the bond requirement.

38. Question: Why are both the bond and parent guarantee required? Will MHBE allow the bidder to elect one or the other?

Response: Per RFP Section 1.22 “Offeror Responsibilities”, parental guarantees are required in the following circumstance:

If an Offeror that seeks to perform or provide the services required by this RFP is the subsidiary of another entity, all information submitted by the Offeror, including but not limited to references, financial reports, or experience and documentation (e.g. insurance policies, bonds, letters of credit) used to meet minimum qualifications, if any, shall pertain exclusively to the Offeror, unless the parent organization will guarantee the performance of the subsidiary. If applicable, the Offeror shall submit with its Proposal an explicit statement, signed by an authorized representative of the parent organization, stating that the parent organization will guarantee the performance of the subsidiary.

39. Question: Is the MHBE willing to negotiate the details of its insurance requirements if the successful bidder can provide proof of significant coverage appropriate to the performance?

Response: At this time, the MHBE is not planning to amend the insurance requirements.



40 Question: Instead of consecutively numbering the pages from the first page of Tab B to the last page of the proposal, may the bidders number them consecutively within each tab please?

Response: Yes

41. Question: The RFP requires all pages of both proposal volumes to be consecutively numbered from beginning of Tab B to the end of the proposal. Please confirm that the forms are excluded from this requirement?

Response: The forms are expected to be submitted under Tab N.

42. Question: What is the largest size (MB) of e-mail that can be accepted by your e-mail system?

Response: See Response to Question # 10

43. Question: The RFP requires all pages of both proposal volumes to be consecutively numbered from beginning of Tab B to the end of the proposal. We will be submitting some pre-existing documents (e.g. financial statements reports) filed with regulatory bodies that have existing page numbering and some pages may not be numbered. Please confirm that we can submit these documents unaltered with their original page numbers?

Response: Please ensure that all applicable forms are submitted under the appropriate Tab, the MHBE does not expect offerors to alter pre-existing documents to insert page numbers.

44. Question: The RFP states that the third attachment should be labeled “MHBE Consolidated Service Center System RFP #MDM0031030513”, including Volumes I and II in searchable Adobe .pdf format for Public Information Act (PIA). May we make these as two separate attachments each titled as: “MHBE Consolidated Service Center System RFP #MDM0031030513, Volume I or Volume II for Public Information Act” (Redacted)?

Response: MHBE requests offerors follow the submission guidelines as outlined in Section 4.1. As indicated in Response #10, zipped files are accepted.

45. Question: Please confirm that the letters of commitment for the proposed key staff need to be provided by the Prime bidder and subcontractors, as applicable and not the proposed staff themselves.

Response: Yes; the letters of commitment for proposed key staff are to be provided by the Prime bidder and/or subcontractors.

46. Question: Can the Agency provide required forms/Attachments in a fillable PDF or Word format?

Response: At this time, the MHBE will not be providing the required forms/Attachments in fillable PDF or Word formats.



47. Question: In order to meet the 10 year recording requirement, is it permissible for vendors to have a recent time period (for example 6 months) immediately available, with the remaining 9.5 years archived and accessible within a reasonable amount of time?

Response: Yes

48. Question: In the deliverables table in Section 3.2.2.2 of the RFP, it states the Transition In Plan is due "NTP + 15 calendar days." However, in Section 3.3.1.3 Transition-In Execution, the RFP states "The Contractor shall submit the final Transition-In plan within 10 calendar days following the issuance of the NTP." Please clarify which timeline is correct.

Response: Per Amendment 3, the Transition-In plan is expected to be submitted within 10 calendar days following the NTP.

49. Question: Please explain the nature of "pass-through costs" in a fixed fee price. Specifically,

- If these costs vary month-to-month, will the amount paid to the contractor vary as well?
- If the amount included in the vendor's monthly fee is not sufficient to cover actual costs incurred, will additional amounts be paid to the vendor?

If the amount actually incurred by the vendor is less than the amount included in their price, are additional amounts due back to MHBE?

Response: The "pass through" costs should be incorporated into the fixed monthly fee. The amount paid to the contractor will not vary month-to-month. The proposed fixed monthly fee is the rate that the MHBE will pay regardless of actual costs incurred by the offeror.

Date Issued: March 6, 2017
Michelle Compton
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