

**State of North Dakota
STATE of Human Services
Medical Services Division
600 E Blvd Ave, Dept 325
Bismarck, ND 58505-0250**

**SOLICITATION AMENDMENT 1
APRIL 16, 2014
RESPONSES TO QUESTIONS AND REQUESTS FOR CLARIFICATIONS**

You are invited to participate in the following State Procurement Opportunity.

Solicitation Number: 325-14-415-004

Type: Request For Proposal

Title: Provider Site visits

Issuing Agency: Human Services, STATE of - Medical Services Division

Issued: 04/03/2014

Deadline for Questions: 04/10/2014 04:00 PM CT

Closes: 04/25/2014 04:00 PM CT

Procurement Officer: Dawn Mock

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Short Description: To request proposals for the provision of the pre and post- enrollment site visit screening requirements for moderate and high risk providers in accordance with the Centers for Medicare and Medicaid Services provider screening and enrollment requirements

Instructions: Click the link below to view this solicitation. Contact the Procurement Officer if you have any questions or are unable to obtain the documents from the website.

<https://apps.nd.gov/csd/spo/services/bidder/displaySolicitation.htm?solNo=325-14-415-004>

If the above link does not work:

-Go to www.nd.gov/spo

-From the left menu, click Bids and Contracts - click Current Solicitations

-Recent Solicitations are listed by close date.

Questions and Answers:

1: Who is currently performing these services?

A: No one.

2: May the bidder also submit a “redacted copy” of the proposal with proprietary information blacked out that would be used in the event of a FOIA request? This would allow bidders to give the State the most comprehensive proposal without fear of confidential information becoming available to a competitor.

A: The Freedom of Information Act is a federal law that provides anyone access to “federal agency records” that are not otherwise protected by law from disclosure. The Department of Human Services is not a federal agency, so the FOIA does not apply. The ND public records laws found in NDCC Chapter 44-04 do.

A bidder may submit a “redacted copy” of the proposal with its proposal. However, if there is a request for public records, the STATE will make the final determination on what may be redacted under the ND Open Records Law (NDCC § 44-04-18.4) as confidential, proprietary, or trade secret. It may not match what is proposed in the bidder’s redacted copy.

3: Are post-enrollment site visits and revalidation visits the same thing or two different visits? If they are not the same, how are they different?

A: A post-enrollment site visit is associated with a provider who recently enrolled. A revalidation site visit is conducted for an existing provider; these will be performed in cycles determined by the STATE. The same form is used for pre, post and revalidation site visits.

4: Since existing providers are required to re-enroll, will they need site visits associated with this re-enrollment or only on revalidation beginning in 2015?

A: Providers that are moderate or high risk and not enrolled with Medicare or another State Medicaid Agency, but currently enrolled with North Dakota Medicaid, will require post-enrollment site visits. Those specific providers that enroll after the contract start date will require pre and post-enrollment site visits. All providers re-validating that meet those specific requirements will need to have post-enrollment site visits. The revalidation process starts June of 2015.

It may also be that the STATE requests a site visit for a provider due to a provider review or suspected fraud scenario.

5: Please indicate if some of the providers listed on page 8 are also Medicare providers and accordingly do not receive a site visit under this contract?

A: The STATE is not including any dually enrolled providers (providers enrolled in Medicare and North Dakota Medicaid).

6: Please quantify or estimate the number of providers included on page 8 that are also Medicare providers

A: For purposes of this RFP, the STATE is not concerned with the providers enrolled with Medicare. The STATE will ensure that Medicare enrolled providers are not included in any site visit requests, unless it is related to suspected provider fraud or abuse or due to provider on review.

7: Please provide the average number of new Medicaid providers enrolled per month currently. If available, please provide historical information on how many of these are medium/high risk and how many also enroll in Medicare.

A: The STATE averages 115 new provider enrollments a month, however not all of the providers require site visits. The STATE is estimating that a minimum of 200 site visits will be required per year and that number could be double that. The STATE did not have the ability to correctly identify providers dual enrolled (enrolled in Medicare and North Dakota Medicaid) in our current Medicaid Management Information System.

8: If existing providers are to receive visits in connection with re-enrollment, how many will have already received visits by the time this contract starts?

A: None of them.

9: If existing providers are to receive visits in connection with re-enrollment, are they to get both pre- and post-enrollment visits?

A: Existing providers that are moderate or high risk, and not enrolled with Medicare or another State Medicaid Agency, will require post-enrollment visits.

10: If existing providers are to receive visits in connection with re-enrollment, does this also mean the 25% of them will receive a revalidation visit again in 2015?

A: Yes, the intent is to confirm that the provider is still at the location they reported during their re-enrollment.

11: If existing providers are not to receive visits in connection with re-enrollment, is the only activity under this contact for the first six months visits for newly enrolling providers?

A: No, existing providers requiring site visits will receive site visits in connection with the re-enrollment process.

12: Please verify the contractor will be provided with a list of providers to screen, and that the contractor is not responsible for generating their own list.

A: The STATE will be furnishing the list of providers that require site visits; the contractor is not responsible for generating their own list.

13: How will the contractor be notified of the providers to visit?

A: The STATE will notify via an email or fax, or another agreed upon format, with the successful offeror.

14: On what frequency will the contractor be notified of providers to visit?

A: The STATE will provide notice of pre-enrollment visits upon notification from Provider Enrollment staff. The frequency of these requests is not predictable; the STATE cannot anticipate when a moderate or high risk provider may wish to enroll with North Dakota Medicaid.

15: When the offeror calls the location where they will be conducting the site visit, are they to announce the upcoming visit or are they to keep their identity anonymous so the visit can be completely unannounced?

A: The successful offeror shall remain anonymous and not announce the reason behind the call.

16: In understanding the scope of service, Item C references minimum required elements in the database, but these required elements are not mentioned elsewhere in the RFP. What are the minimum required elements?

A: Provider name, physical address, provider phone number, date site visit was conducted, date site visit was attempted but unsuccessful, whether the visit was a pre or post-enrollment site visit, who conducted the site visit, and the approximate time that the site visit was conducted/attempted. The database must be in Microsoft Excel or Access and the data housed in this database must be transferred to the STATE monthly.

17: Will there be any need for the contractor's database to connect to any State systems? If yes, what State systems and for what purpose?

A: No, there will not be a need to connect to any State systems.

18: Is the post-enrollment visit checklist the same as provided in Attachment A?

A: Yes.

19: In section 2.02, the RFP states "any providers assigned as having moderate or high risk that are enrolled with Medicare or another state Medicaid agency are not required to have a site visit conducted by the State."

a. How many of the State providers are not registered with other State agencies or Medicare? In other words, how many state providers are impacted by this requirement?

b. What provider types would be impacted if providers would be registered with other agencies? And what State agencies might those be?

A: For purposes of this request for proposal, the provider types and numbers of those providers were outlined in Section 2.01 Background Information. The successful offeror will not be impacted by providers enrolled with Medicare of other State Medicaid Agencies. Other State Medicaid Agencies refer to all of the other states, not including North Dakota.

20: Regarding Attachment A and page 10 of the RFP, Site Visit Reporting: Has the State previously used the form Attachment A? If so, is the State pleased with the results it produces?

A: No, the STATE has not previously used the form Attachment A and, therefore, cannot speak to results that may be associated with it.

21: Regarding Attachment A and page 10 of the RFP, Site Visit Reporting: Does the State want to stay with a paper form or move to an electronic format?

A: The successful offeror is welcome to create an electronic format as long as it includes all of the elements indicated in Attachment A.

22: Regarding Attachment A and page 10, of the RFP, Site Visit Reporting: If electronic forms are to be used exclusively (as they are on the national Medicare site visit contract), will it still be required to mail an 'original' site visit form to the State?

A: The STATE would accept an electronic form that meets electronic signature requirements.

23: The RFP does not address training. If the State is already conducting the same or similar site visits, does the State want to provide training or have the contractor develop the training?

A: The STATE has not conducted same or similar site visits and will not be providing training. The expectation is that the successful offeror will be competent to fulfill the requirements without training by the STATE.

24: Can you please provide more specific information on how you would like proposals to be formatted? And describe what is considered an “overly lengthy” proposal?

A: Typically, proposals are submitted in binders that are tabbed and each tab addresses specific components as identified in the request for proposal. That format is not a requirement, but the successful offeror must detail the information in a manner that is easy to follow. Use the questions located in Attachment D Evaluation Tool as a guide to ensure you are addressing all of the areas that the STATE is using for scoring proposals.

“Overly lengthy” would include information submitted that does not directly apply to the information the request for proposal is soliciting and being especially verbose. Focus on the information the STATE has requested of the offeror throughout the request for proposal.

25: Is the budget amount set?

A: No, the budget amount is not set.

26: Has this project been managed by another company/individual.

A: No, this is the first attempt at hiring a vendor to conduct site visits.

27: Section 4.05 Cost Proposal: It states that the offeror must state all associated costs:

- a) Do you want labor & expenses in one sum for each category?
- b) Do you want a breakdown of labor & expenses incurred? meals, travel
- c) Is there overnight stays? food, lodging, travel
- d) Do we use state rates?

A:

a) No, the STATE is only looking for a total cost for each of the three items detailed in Attachment C Cost Proposal.

b) No, the STATE is only looking for a total cost for each of the three items detailed in Attachment C Cost Proposal.

c) This will be at the discretion of the Successful Offeror; however, STATE will not reimburse separately for items such as food, lodging, and travel.

d) State rates will not be applicable for this contract.

SOLICITATION AMENDMENT

ACKNOWLEDGEMENT

SOLICITATION NUMBER AND TITLE: 325-14-415-004 Provider Site Visits Issuing Agency Human Services, STATE of - Medical Services Division North Dakota
AMENDMENT NUMBER: 1

By my signature below, I hereby acknowledge receipt of and compliance with this amendment to the above referenced solicitation.

<i>NAME OF BIDDER OR OFFEROR</i>
<i>MAILING ADDRESS</i>
<i>PRINTED NAME</i>
<i>SIGNATURE</i>
<i>TITLE</i>
<i>DATE</i>