Section/Item Number	Page Number	Question	MDH Response
General	General	How many providers are in the MMIS database related to the services required under this RFP?	Between individual providers and programs, there are approximately 14,150 providers currently enrolled for the delivery of BH services, 1150 ABA providers and 98 Health Home programs. The provider Matrix (Exhibit 3) details the provider types.
General	General	In the Q&A document provided with Addendum 1 dated 12/18/18 there were a few questions related to historical call volume and average hold time. The state's answer to these questions was that they would provide the information in a follow-up Q&A document, but these answers were not provided in Addendum 3. Will these questions be answered in a forthcoming addendum?	Call metrics are attached to this Addendum.
Addendum 3 Clarifications		In response to a question related to the number of claims processed in FY2017, MDH stated that approximately 18% of these claims are PRP encounter claims. Will you please provide a definition for 'PRP'?	PRP is psychiatric rehabilitation program. These services are provided by a program under COMAR 10.63. PRP services provide rehabilitation and support for participants to develop and enhance their community. They are a subset of the claims, but are managed as encounters versus direct claim for date of service.
Section 3.7.5.C and 3.7.5.D & Addendum 3	87	During the discussions with Offerors the week of January 7, MDH stated that vendors are not required to be MARS-E compliant at the time of Go-Live, but would need to provide a detailed security implementation plan with a timeline for compliance with each applicable component with the RFP response. In addition, Addendum #2 said readiness would be acceptable "at the time of implementation or a plan for implementation within a time frame	We apologize for the confusion related to the wording of "upon go live". The Contractor must be in compliance with their **readiness plan** by go-live. The readiness plan includes the implementation of any non-critical items that would still underway but not live as of 1/1/2020. It appears the conflict occurs with the wording under #2 (bolded) **is or will be compliant at the time of go-live.** The clarification is that the plan will be

		determined by the Contract Monitor post go-live". Addendum 3.A states the following modifications to RFP Section 3.7.5.C and 3.7.5.D: *At the time of Proposal submission, the Contractor must attest to the following upon successful award:* *1) The Contractor will complete, within 60 days of notification of Contract award a readiness assessment and implementation plan to meet the NIST 800-53 Revision 4 and MARS-E Version 2 requirements and submit their completed plan to MDH for approval.* *2) The Contractor assumes all risk and costs associated in ensuring that their Medicaid management system* ***is or will be compliant*** *with the NIST 800-53 Rev 4 and MARS-E Version 2 requirement at the time of Go-Live.* *3) If all components do not meet the Contractor's approved implementation plan, an assessment of $ 5,000.00 per day will be incurred by the Contractor until the implementation schedule is brought up to current.*	implemented as of 1/1/2020 and that the Contractor will be in compliance with their implementation plan and all determined dates for any component not implemented as of go-live. Assessments against the Contractor would be for non-compliance with their proposed/agreed upon plan, not for non-compliance as of go-live.

		This RFP modification included in Addendum #3 is inconsistent with the discussion described above and the statement in Addendum #2 . Please confirm that the modification above means that the awarded vendor will need to be fully MARS-E compliant at the time of Go-Live to avoid the $5,000 per day assessment. If the awarded vendor is not MARS-E compliant by Go-Live, please confirm that the $5,000 per day assessment will begin on 1/1/20.	
Section 3.7.5.C and 3.7.5.D & Addendum 3	87	Would MDH amend the RFP to require compliance with MARS-E requirements 6 months after Go-Live, by 7/1/20?	The Contractor that is selected under this RFP will submit within its proposal the timeline for full compliance, assuming the essential components are in place upon Go-Live. This means that items that would not immediately impact compliance would be part of the Contractor's overall plan submission for when they will be in full compliance.
Section 3.7.5.C and 3.7.5.D & Addendum 3	87	While we understand the requirement to run the core business inside a NIST/MARS-E compliant platform, would MDH be willing to consider additional capabilities outside of the NIST/MARS-E compliant platform? We are considering an interface with our secure platform for provider search and advanced Fraud, Waste and Abuse capabilities which would require us to transfer publicly available provider information and de-identified participant/claim information to our proprietary platform.	Provided that no PHI or PII information is shared outside of the platforms required to be NIST/MARS-E2 compliant, an Offeror could propose additional capabilities outside of that platform.

Section 2.3.10.2.b.4 and 2.3.9.m.14 & Addendum 3	2.3.10.2.b.4. Have the ability to electronically warehouse PBHS claims, authorizations, participant eligibility, provider, and Medicaid pharmacy data files and all other data collected since January 2010 in a secure manner; 2.3.9.m.14 During pre-transition, accept claims payment history from 2010 from the prior BH ASO and retain throughout duration of the Contract; (all in the data warehouse)	Extrapolating this data from 14.3 Million claims per year and subsequently storing that data for 10 years (from 2010 to 2019) would be somewhere near 100-140 million claims and associated data on authorizations, eligibility, provider and Medicaid pharmacy data. There is an open ended statement that says "all other data collected since January 2010" Will you please provide the overall data size (in Bytes) that will need to be housed in a data warehouse/data mart at Go-Live? In consideration of the budget shared in Addendum 3, would MDH be willing to pay a separate fee for hosting this amount of data in a warehouse?	After further consideration, MDH has determined that the data from 1/1/2016 forward would be sufficient for housing/storage. To respond to the initial question, we had estimated 500 GB to 1 TB would have been sufficient for storage. But given this update to go back 4 years from 1/1/2020 this should sufficiently address this item. All costs for the Contract must be reflected in Attachment B in one of the given categories.

	2.3.9.m.14 Claims with service dates in calendar years 2018 and 2019 will need to be uploaded to the transactional system. The entire history will need to be housed in a data warehouse/ data mart for reporting purposes.		
Addendum 3; Clarifications for 2.3.9.M.37	5	Would MDH share the policy for Explanation of Benefits suppression to allow Contractors the ability to determine the extent of system modifications and the cost associated with those modifications?	Exclusion criteria includes age-related(P06, P07), family planning(P10) and MH(procedure code 90832 - 90889, the exclusion in the report includes 90801-90899 but has not been updated to include SUD codes. In general EOB suppression would include minors (under age 18) receiving SUD services as listed on the current fee schedule. Below are the eligibility category related exclusions (not all are under the ASO) E03: state funded foster care E04: state funded subsidized adoptions & subsidized guardianship

			P06: newborns of eligible mothers and children under 1 year old P07: Children 1 up to 19 P10: Family planning program services only S03: Qualified Medicare Beneficiaries(QMB) S07 - S12: Specified low income medicare beneficiaries, employed individuals with disabilities X01: Alien (emergency care only)