

**Multi-Step Invitation for Bid (MS-IFB)
RESOLICITING FOR CODING AND DATA ENTRY SERVICES
MDH/OPASS #20-18679/eMMA Project ID# BPM019316
Questions and Answers (Q&A)- Part 3
Issued: May 20, 2020**

Questions	Answers
1. Please confirm the Medicaid UB04 is to be processed as Inpatient?	1. Both Inpatient and Outpatient claims with UB04 are still keyed for completion.
2. Should the ICN11 be rejected?	2. No, everything on the claims form should be keyed as seen.
3. Section 3.6 Insurance Requirements 3.6.1 d) – Please reduce the \$5 million Cyber Limit to \$1 million given the minimal risk associated with Data Entry Services and that the State is evaluating based on lowest price technically acceptable.	3. The State will reduce the Cyber Limit to \$1 million.
4. Section 3.7.2 b. Security Clearance/ Criminal Background Check (page 24) - Federal background investigation guidelines state obtaining a federal CJIS cannot be for the purpose of licensing or employment or any other purpose enumerated in 28 CFR 20.33. That said, please change the requirement to obtain a State and/or Federal criminal background check.	4. The Contractor shall obtain at its own expense a State and/or federal criminal background check.
5. 3.7.5 Data Protection and Controls B 15) (page 27). Please confirm the State will not grant an exception to contractor to perform services outside the United States.	5. The Contractor is to perform services in the US.
6. Section 4.28 Living Wage Requirements Section D 1) (page 45) – Please define which Tier (1 or 2) for this contract an out of state vendor is assigned based on the statement “where the majority of the service recipients are located”	6. In the event that employees who perform the services are not located in the State, the head of the unit responsible for a State Contract pursuant to 18-1029(d) of the State Finance and Procurement Article shall assign the tier based upon where the recipients of the services are located. If the Contractor provides more than 50% of the services from an out of State location, the

	State agency determines the wage tier based on where the majority of the service recipients are located.
7. It appears this opportunity is a re-compete of an existing contract. If so, why is MDH deciding to re-compete at this time?	7. A change that was made is the requirement to transmit the verified data files via SFTP and the Department wanted to give an opportunity to have robust competition.
8. How much did the department pay for these services during FY2018?	8. ITEM 3IT-MOD Approved by the BPW 8/1/2018 was for \$541,146.00 NTE.
9. The requirement of 20 staff to support the project seems far beyond the scope of the previous contract. Was the previous contract for this work limited to scanning the hardcopy documents and this contract is for keystroke entry into a digital format?	9. No, MS-IFB states that the minimum required personnel to meet the Department's needs is 20. Historically this has been sufficient to meet the Department's needs, but it is up to the vendor to ensure that all delivery and pickup schedules are met and that all required documents are processed.
10. Can you please explain any differences between the previous contract and this one that requires a staff increase of this magnitude (e.g., backlog, new entities served by the contract, keystroke entry vs digital scanning of the hardcopy, etc.)?	10. The number of claims being keyed, the transmittal of data entered files via SFTP, and a transitional period for quality assurance.
11. How did MDH calculate the IFB estimated personnel requirement of 20 FTEs (1.1.2)?	11. The personnel requirement of 20 FTE's is based on previous historical years of previous contracts which the minimal requirement was needed in order to meet the current volume and production.
12. Does this work require personnel with medical coding expertise or just keystroke entry of hard copy information into a digital format?	12. To meet the minimum personnel requirement the vendors would have to supply names and titles of data entry personnel. The personnel are not required to have medical coding experience, personal or professional certifications, their proficiency should be data entry only in order to meet the current contract requirements.
13. Will the contractor be required to deliver a digital scan of the hard copy files in addition to the digital data entry data deliverable?	13. Based on current limitations of the MMIS-II system the data entered documents have to be delivered via SFTP. Vendors need to provide physical paper files of the completed data entry file plus the completed digital data file on flash drive.
14. What is MDH's current data entry error rate, either internal or with a vendor?	14. In section 2.3.8, the SLA metrics is part of the resulting contract.

<p>15. Other than the items listed in 3.7.2 Security Clearance/ Criminal Background Check and 3.7.3 On-Site Security Requirement(s), are there any personal or professional certifications required for the individuals designated to complete this work?</p>	<p>15. The personnel are not required to have medical coding experience, personal or professional certifications, their proficiency should be data entry only in order to meet the current contract requirements.</p>
<p>16. Is the SOC-II audit required to win this work? Although listed in Section 3.9 as a contract requirement, the SOC-II audit does not appear in the minimum qualifications section or the reporting requirements of the solicitation.</p>	<p>16. Yes, a SOC 2 Type Audit applies to the contract. All SOC 2 Audit Reports shall be submitted to the contract monitor as specified in Section 3.9.2.F. The SOC 2 Type Audit has its own requirement outside of standard reporting and minimum qualifications.</p>
<p>17. What is MDH's process for resolution of illegible or hard-to-read forms?</p>	<p>17. All paper claim forms are received in our mail-room first and our staff resolves all illegible or hard to read forms by sending back to the medical providers for corrections. You shouldn't receive those types of forms.</p>