State of New Jersey

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

DEPARTMENT OF THE TREASURY
DIVISION OF PURCHASE AND PROPERTY
PROCUREMENT BUREAU
33 WEST STATE STREET
P. O. BOX 230
TRENTON, NEW JERSEY 08625-0230
https://www.njstart.gov

ELIZABETH MAHER MUOIO
State Treasurer

MAURICE A. GRIFFIN
Acting Director

May 24, 2019

To: All Interested Vendors {Bidders}

Re: Bid Solicitation # 19DPP00343
T3099 Electronic Visit Verification Management System

Revised Quote Submission Due Date: June 20, 2019 (2:00 p.m. Eastern Time)

Bid Amendment #5

The following constitutes Bid Amendment #5 to the above referenced Bid Solicitation:

- Answers to questions posed electronically;
- Revised Bid Solicitation.

It is the sole responsibility of the Vendor {Bidder} to be knowledgeable of all of the additions, deletions, clarifications, and modifications to the Bid Solicitation and/or the New Jersey Standard Terms and Conditions relative to this Bid Solicitation as set forth in all Bid Amendments.

Please note that for all additions, deletions, clarifications and modifications to the Bid Solicitation, please refer to the Revised Bid Solicitation entitled "T3099 EVVMS Revised RFP 5-24-19."

All other instructions, terms, and conditions of the Bid Solicitation shall remain the same.

Bid Solicitation # 19DPP00343
T3099 Electronic Visit Verification Management System

Answers to Questions

Where applicable, each question references the appropriate Bid Solicitation section.

#	Bid Solicitation Section Reference	Question (Bolded) and Answer
1	General	**Is there an incumbent vendor?** No, this will be a new Blanket P.O.
2	General	**What is the estimated budget?** The State cannot provide this information.
3	General	**Please provide the following data for the EVVMS program: List of EVV services, Number and name of MCO's, Total number of Provider Agencies, Total EVV Members, Average Visits per member per month (if available)** The State of New Jersey contracts with five (5) MCO's as follows: • Aetna Better Health • Amerigroup • Horizon NJ Health • United Healthcare • Wellcare There are approximately 900 provider agencies, 50,000 EVV beneficiaries and 721,000 visits per month.
4	General	**Will Self Direct programs/services be included in EVVMS program? If yes, please provide total Self Directed members (Subset of Total) and Number of Self Directed Fiscal Agents** No, self-direct programs/services are not included in this RFP.
5	General	**Is there any implied preference to COTS products, or are you wanting the vendor to provide a new customized product from scratch, or a combination of both?** COTS is preferred.
6	General	**How many Medicaid Recipients will be utilizing EVV?** Approximately 50,000 Medicaid recipients.
7	General	**What is the approximate annual growth of Medicaid and Medicare recipients?** The Medicaid population has decreased since last year. Last year there were 1,764,000 recipients. This year there are 1,702,000 recipients. This data only applies to Medicaid. Medicare is not relevant for this RFP nor does DMAHS have Medicare data.
8	General	**Will the caregivers be responsible to use their own device for GPS Clock in and Clock out?**

#	Bid Solicitation Section Reference	Question (Bolded) and Answer
8 (cont)	General	The type of device caregivers should use is up to the providers.
9	General	**How many Home Care agencies will be utilizing EVV?** All Home Care agencies that offer Medicaid reimbursement services. Approximately 900 Home Care agencies will be utilizing EVV.
10	General	**Are there other languages that are required by NJ DHS to be included in the Landline Interactive Voice System?** The vendor is required to provide both English and Spanish language lines.
11	General	**Will the EVV Vendor need to have Customer Service Staff proficient in multiple languages, if so, which languages?** Customer Services staff shall be proficient in both English and Spanish.
12	General	**Is there a proposal format that NJ DHS is requiring vendors to follow?** Refer to the requirements in Section 4.4 of the Bid Solicitation in its entirety. The Quote must address all of the mandatory "shall" requirements set forth in the Bid Solicitation.
13	General	**Does the state have architecture diagrams they are willing to share?** Refer to question #66. The State does not have diagrams.
14	General	**How many MCOs does the state anticipate implementing the EVV solution?** New Jersey contracts with five (5) MCOs. **Or, if MCOs are using their own systems, how many MCOs would the vendor be expected to integrate the EVV solution with?** MCOs utilizing their own system must have the capability to communicate with the State's system.
15	General	**Can the state confirm they are following an Open Vendor EVV implementation model? Providers and MCOs can/are using their own EVV system of choice. Does the state want the responding vendor to include an EVV platform that providers could choose to implement (if not currently using their own EVV system) or switch to, at their (provider) cost?** The State confirms that it is following an open vendor EVV solution. Providers and MCOs may use their own EVV system of choice at their own cost; however, it must have the capability to communicate with the State's system.
16	General	**If the State is following an Open Vendor model, how does the state advise an EVV vendor fill out the pricing for provider-level platform/services?** Please refer to Section 4.4.5.2 – Price Sheet Instructions.
17	General	**Approximately how many different provider-level EVV systems does the State anticipate needing to interface with the EVV Aggregator?** There are approximately 900 providers. The State cannot determine which system each provider currently utilizes.

#	Bid Solicitation Section Reference	Question (Bolded) and Answer
18	General	**Is it possible to attach a Word document containing our questions instead of cutting and pasting into this page? We want to be able to show redline and cross-out format for potential changes in RFP language.** The Division accepts questions and inquiries from all potential Vendors {Bidders} via the Q&A Tab of the Bid Solicitation in NJSTART until the Electronic Question Due Date. Refer to Section 1.3.1 of the Bid Solicitation.
19	General	**Is it expected that the Bidder upload the forms individually to the specific Forms section on the procurement site, or is it preferred that all forms be provided together, in a single Volume 1 document and uploaded to the Forms section on the procurement site?** It is preferred that all forms are uploaded together in a single Volume 1 document within a Vendor {Bidders} Quote. However, they can be submitted separately from the Quote as well, provided that they are received prior to the close of bidding. Vendor {Bidders} may also submit forms or complete Vendor Terms and Categories within its NJSTART profile. Refer to Sections 4.4.1 and 4.4.2 of the Bid Solicitation.
20	General	**Do any MCOs currently have EVV systems in place? If so, which EVV systems do they have?** The five (5) MCO's currently utilize the following systems: Sinq, Healthstar, First Data/Authenticare, MedSys, Data Logic, and HHA Exchange.
21	General	**Please provide an estimate of the number of monthly transactions expected. How was this estimate determined?** Approximately 721,000 transactions per month. A total of 8,649,181 claims (transactions) were received for FY18.
22	General	**What is the expected award date? What is the expected go-live date?** The expected award date is approximately September 2019. Section 1.2 of the RFP specifies that EVVMS go-live dates are by January 1, 2020 for PCS, and EVVMS by January 1, 2023 for HHCS.
23	General	**When is the Go Live date?** Refer to Question #22.
24	General	**Which programs and how many beneficiaries fall under the scope of this RFP?** **NJ FamilyCare – Plan A:** State-operated program that provides comprehensive, managed care coverage to uninsured children below the age of 19 with family income up to and including 142 percent of the federal poverty level; pregnant women up to 200 percent of the federal poverty level; beneficiaries eligible for managed long term support and services (MLTSS); and certain other beneficiaries including parents. **NJ FamilyCare – ABP (Alternative Benefit Plans):** State-operated program that provides managed care coverage to parents between the ages of 19-64 with income up to and including 133 percent of the federal poverty level; and childless adults between the ages of 19-64 with income up to and including 133 percent of the federal poverty level.
25	General	**On average, how many visits per month does a beneficiary receive?**

#	Bid Solicitation Section Reference	Question (Bolded) and Answer
25 (cont)	General	Visits per month may vary depending on the plan of care.
26	General	**What is the tentative start date?** Please refer to RFP section 1.2 – Background or refer to question #22.
27	General	**As New Jersey is in the process of replacing its MMIS will the EVV system integrate with the existing MMIS or RMMIS?** Yes, the State anticipates integrating the EVV with both MMIS and RMMIS.
28	General	**Please provide the following forms: 2yr CH51/Executive Order 117 Corresponding Instructions & EEO Language.** The forms can be found using this link: https://www.state.nj.us/treasury/purchase/forms.shtml
29	General	**How many beneficiaries are anticipated to be using the EVVMS? How many Providers? How many MCOs?** Refer to question #3.
30	General	**Will self-directed PCS and HHCS use the EVVMS? If yes, how many self-directed beneficiaries and providers will be using the EVVMS? How many FMSs?** Self-directed programs/services are not included in this RFP.
31	General	**Will any of the New Jersey providers utilize the State's EVVMS? If yes, would you provide an estimate of how many and the size of the provider organization?** Yes, approximately 900 providers may utilize the EVVMS.
32	General	**Our EVVMS requires Microsoft Dynamics 365 licenses. The State's Medicaid agency users would each require a license. We are aware that the State of New Jersey has already procured some Dynamics Licenses. Are there licenses available to be used for EVVMS?** The State will not provide nor pay for any licenses. DMAHS does not have any Microsoft Dynamics 365 licenses available for use for the EVVMS. **How many licenses would be required to accommodate all of the State's Medicaid agency users?** There are approximately 675 Medicaid users.
33	General	**What is the volume of State users, providers and beneficiaries supported by NJ DHS/DMAHS?** Refer to question #3.
34	General	**What is the current level of experience/expertise with Microsoft Dynamics within NJ DHS/DMAHS?** None.
35	General	**Can we confirm that NJ DHS/DMAHS is using Microsoft Office & AD authentication?** DHS/DMAHS confirms that it does use Microsoft Office and AD authentication.
36	General	**What firm will provide IV & V services for the EVVMS implementation?**

#	Bid Solicitation Section Reference	Question (Bolded) and Answer
36 (cont)	General	The State is unable to answer this question at this time.
37	General	**Where does the information requested in sections D.1.2 and D.1.3 reside - Will the EVVMS become the system of record for said data?** Your question is unclear and include incomplete section references to D.1.2 and D.1.3 The answer to question 79 may answer this question, however.
38	1.0	**Please verify that this RFP will result in a Blanket P.O. for a Qualifying Services project (not Public Works).** The scope of work contemplated at this time does not constitute public works.
39	1.0	**More detailed and sensitive than the summary information included in the AA302 report, such as employee names, what is the scope of employees required as part of the annual [Diane B Allen] Equal Pay report (for Qualifying Services)?** The State cannot provide legal advice to Vendors {Bidders}. Interested Vendors {Bidders} should consult their own counsel for interpretation of that Statute. **Would the state accept employee information limited to those employees directly assigned to this implementation project or only those employees that are New Jersey residents?** The State advises that the Vendor {Bidder} should review the Statute carefully and seek advice of counsel on any interpretation issues. However, upon consultation with the New Jersey Department of Labor, Vendor {Bidder} is advised to submit reports regarding all projects where work which includes qualifying services is being performed in New Jersey, not just this Contract. Reports must include all employees performing work in New Jersey, regardless of where they reside.
40	1.2	**Reference Section 1.2, para 2, Page 6 This section states: Health Care Providers can record visits using the Beneficiary's home phone, a Forward Operating Base (FOB) device, or a Global Positioning System (GPS) mobile application. What is the transaction volume?** There may be approximately 721,000 monthly transactions.
41	1.2	**Reference Section 1.2, para 2, Page 6. This section states: Health Care Providers can record visits using the Beneficiary's home phone, a Forward Operating Base (FOB) device, or a Global Positioning System (GPS) mobile application. What will be the volume of calls that will be handled by our call center/help desk?** As this is a new initiative there is no historical data to provide. However, MCO's and providers will be utilizing the call center. There are approximately 900 providers and five (5) MCO's.
42	1.2	**Reference Section 1.2, para 2, Page 6. This section states: Health Care Providers can record visits using the Beneficiary's home phone, a Forward Operating Base (FOB) device, or a Global Positioning System (GPS) mobile application. What is the membership volume?** Refer to question #3.

#	Bid Solicitation Section Reference	Question (Bolded) and Answer
43	1.2	**Reference Section 1.2, para 2, Page 6. This section states: Health Care Providers can record visits using the Beneficiary's home phone, a Forward Operating Base (FOB) device, or a Global Positioning System (GPS) mobile application. Is there any percentage of membership count which will be using Beneficiary's home phone, a Forward Operating Base (FOB) device, or a Global Positioning System (GPS) mobile application?** As this is a new initiative there is no historical data to provide.
44	1.3	**RFP page 6, Section 1.3 Key Events. Please provide the anticipated date that the Notice of Award will be issued.** Please refer to question #22.
45	1.3.2	**To clarify the State's proposal submission requirements, the only required submission is electronically through NJSTART, with hard copies optional at the vendor's discretion?** The Vendor {Bidder} should only submit its Quote through NJSTART.
46	1.3.2	**This has reference to Section 1.3.2 on page 7 regarding submission of quotes. Are there any restrictions on the file size that can be uploaded to NJSTART?** The maximum file size upload is 1 gigabyte.
47	2.2	**Page 15 states: "Software and Work Product that is developed by Vendor {Contractor} at the request of the Using Agency to meet the specific business requirements of the Using Agency and is intended for its use." Sandata respectfully asks to clarify this definition to read: "Software and Work Product that is developed by Vendor {Contractor} at the request of the Using Agency and paid for by the Using Agency to meet the specific business requirements of the Using Agency and is intended for its use and which cannot be used by Vendor (Contractor)'s other customers and potential customers."** Please refer to Revised Bid Solicitation Section 2.2.2 dated 05/24/19.
48	3.0	**RFP page 18, Section 3.0 Scope of Work. In order for vendors to accurately scope and price the opportunity, please provide an average count of Medicaid beneficiaries receiving EVV services.** Approximately 50,000 beneficiaries.
49	3.0	**RFP page 18, Section 3.0 Scope of Work. In order for vendors to accurately scope and price the opportunity, please provide a count of the number of Health Care Providers and Direct Care Providers involved as part of the scope of work of this Blanket PO.** Refer to question #3.
50	3.0	**RFP page 18, Section 3.0 Scope of Work. In order for vendors to accurately scope and price the opportunity, please provide a breakdown (or percentages) of beneficiaries that receive EVV services through Agency Directed Care versus Consumer Directed Care.** Refer to question #3. Consumer Directed Care (self-directed) is not part of this RFP.

#	Bid Solicitation Section Reference	Question (Bolded) and Answer
51	3.0	**RFP page 18, Section 3.0 Scope of Work. In order for vendors to accurately scope and price the opportunity, please provide a count of the other EVV vendors / systems currently operating in the State for purposes of estimating the data aggregation scope.** There are approximately 900 providers. The State cannot provide an estimate at this time.
52	3.0	**RFP page 18, Section 3.0 Scope of Work. In order for vendors to accurately scope and price the opportunity, please provide an estimate of the number of visits anticipated for the period of the Contract, or the number of visits incurred over the prior 2 years.** There were approximately 17,298,362 visits over the past two (2) years.
53	3.1.A	**Which county agencies is the state anticipating involvement from, and what is their role in the HHCS model?** No county agencies will be involved. Please refer to revised Bid Solicitation Section 3.1.A dated 05/24/19.
54	3.1.A	**Can the State clarify what it means by real-time communication between State, MCOs, and providers?** Data input between the State, MCOs, and providers should be processed and available immediately.
55	3.1.A	**On page 18, Section 3.1A, what is meant by "payment integrity" and how does it apply to the EVVMS solution?** Payment integrity refers to verified claims that are ready for payment. The EVVMS verifies the payment integrity of the claims. Through use of the EVVMS, the State will ensure that payments are not made for fraudulent claims.
56	3.1.A	**Regarding "real-time communication" would the State please clarify what type of communication component is expected or desired?** Refer to question #54
57	3.1.A	**On page 18, Section 3.1A, does "Vendor {Contractor} hosted" allow for leveraging cloud services (e.g. MS Azure, Google Cloud, AWS)?** Yes.
58	3.1.B	**The RFP states: "Utilize multiple technologies to track, maintain, and audit the time, location, and task performance of Health Care Providers and Direct Care Providers during service delivery." How many health care providers are expected to use the EVVMS system?** Refer to question #3. **How many direct care providers are expected to use the EVVMS system to report service delivery?** Refer to question #3. **How many service recipients are currently eligible in NJ and expected to have visits verified using the EVVMS system?**

#	Bid Solicitation Section Reference	Question (Bolded) and Answer
58 (cont)	3.1.B	Refer to question #3. **How many visits per week (or per month) do service recipients typically receive?** Refer to question #3. **How many visits were completed in the past that now would be subject to EVVMS? If 2016 or 2017 historical data could be shared that would be helpful.** Refer to question #3. There is no historical data that the State can share.
59	3.1.C	**On page 18, Section 3.1C, what is meant by "receipt/authorized confirmation" and how does it apply to the EVVMS solution?** Receipt/authorized confirmation refers to verification that services have been provided. The EVVMS shall insure that the claim as been verified against fraud, waste and abuse and that it complies with the recipients' plan of care.
60	3.1.D	**On page 18, Section 3.1D, is "telephone" required as a form of visit verification or is the requirement to have two forms of visit verification?** Utilizing one of three options for verification is required. Telephone verification is an option that may be used. Other options are real-time GPS technology or a fixed location tracking device. In addition to one of the three options, the bidder may propose alternate technology. **For example, if the vendors' solution includes GPS validation and fixed device verification when GPS is not available does that meet the requirement?** Yes, the requirement is met if the vendor's system includes GPS validation and fixed device verification when GPS is not available.
61	3.1.D	**Are there other languages that are required by NJ DHS to be included in the Landline Interactive Voice System?** English and Spanish.
62	3.1.D	**The RFP states" "Utilize multiple technology options for those responsible for inputting information into the EVVMS to provide adequate coverage Statewide. Options shall include, at a minimum, telephone, real-time GPS technology, and/or a fixed location tracking device when no landline or cellular service is available." Does "shall include" with "and/or" mean these three specific technologies are required?** The RFP states that options shall include telephone, real-time GPS technology or a fixed location tracking device. One of the three options is required. **Or can an alternate technology like secure store and forward be proposed when no landline or cellular service is available?** In addition to one of the three options, Vendors {Bidders} may propose alternate technology.
63	3.1.E	**The RFP states: "Interface with the State's Medicaid Management Information System (MMIS) and MCO's Prior Authorization system(s) to**

#	Bid Solicitation Section Reference	Question (Bolded) and Answer
63 (cont)	3.1.E	**authorize payment of claims based on verified service delivery and compliance with the policies and procedures associated with the service." How many MCO prior authorization systems will the EVVMS system be expected to interface with?** The State contracts with five (5) MCOs.
64	3.1.1	**Can the State provide the language / requirements that will be given to the MCOs around EVV and the specific expectations about data/reporting back to DMAHS?** The State cannot provide this information. The MCO contract does not currently provide language/requirements regarding EVV. The requirements would be between the MCO and the provider.
65	3.1.1	**What type of interface is available for the State's Medicaid Management Information System (MMIS) and Managed Care Systems?** For the State's MMIS System, a Web interface is available for eligibility verification (GUI for individual request and CAQH/CORE 270/271 transmission). TCP/IP Network transmission utilizing a direct telecommunication line is also available. Details can be found in the attached 270/271 Companion Guide. For claims submission, both Direct Data Entry through a Web GUI is available, as well as an Internet-based solution that will allow the electronic exchange of HIPAA transactions through the HIPAA Claims link on the NJMMIS Website. Details can be found in the attached 837/835 Companion Guide.
66	3.1.1	**What is the current state architecture for the State's MMIS and associated systems?** Existing MMIS architecture includes both mainframe and server (including web-based) processing, and supports all standard HIPAA transaction sets, including NCPDP D.0 for Pharmacy. SFTP file transmission is available on both platforms.
67	3.1.1	**On page 18, Section 3.1.1, how many MCOS are there in New Jersey, and who are they?** Refer to question #3.
68	3.1.1	**On page 18, Section 3.1.1, does each MCO have a proprietary claims format or are universal and consistent formats used for the exchange of claims data?** MCOs have their own claims format. However, they must be able to connect to the State's system for exchange of data. MCO's have universal and consistent formats used for the exchange of claims data.
69	3.1.1	**On page 18, Section 3.1.1, what is the State's preferred model for ingestion into the data aggregator?** The State's preferred model for aggregating and storing data would include a Standard SQL or Oracle database, with the ability to query and produce reports.
70	3.1.1	**Is the State MMIS system operated by the State or a vendor? If a vendor, which one? Are there any plans to replace the existing MMIS system during the course of this blanket PO?**

#	Bid Solicitation Section Reference	Question (Bolded) and Answer
70 (cont)	3.1.1	The MMIS is operated by Molina Information Systems. Yes, the State plans to replace the existing MMIS system during the course of this Blanket P.O.
71	3.2	**Does the State require any staff to be onsite for the duration of the initial implementation? If so, does the State plan to provide office space for staff? Are remote and teleconference/web conference meetings acceptable?** Staff are not required to be onsite during implementation. Teleconference/web conference meetings are acceptable when appropriate.
72	3.3.A	**Reference Section 3.3, bullet A, Page 18. This requirement states "Allow MCOs to create a case and assign authorization". Is the case created in the EVVMS system or in another application that integrates with EVVMS?** The case is created by the MCO and shared in the EVVMS.
73	3.3.A	**Reference Section 3.3, bullet A, Page 18. This requirement states "Allow MCOs to create a case and assign authorization". Is the authorization created in EVVMS or populated by another application that integrates with EVVMS?** The authorization is created by the MCOs.
74	3.3.E	**Reference Section 3.3, bullet E, Page 19. This requirement states "Automatically broadcast cases to only those Health Care Providers that meet specific needs of a patient for timely placement." What criteria is used to determine if a Health Care Provider meets the specific needs of a patient?** The criteria used to determine if a Health Care Provider meets the specific needs of a patient includes, but is not limited to, licensure and provider type.
75	3.3.E	**Reference Section 3.3, bullet E, Page 19. This section states "Automatically broadcast cases to only those Health Care Providers that meet specific needs of a patient for timely placement." How are cases broadcast?** The Vendor {Bidder} should propose the way it intends to broadcast cases in its Quote.
76	3.3.E	**On page 19, Section 3.3 E: What is meant by "Automatically broadcast cases to only those Health Care Providers that meet the specific needs of a patient for timely placement and create a time stamped audit trail of all communication"?** MCOs will notify providers of all cases that meet the specific needs of a beneficiary. Providers will make the determination to accept or deny the case. **How are Health Care Providers categorized with regards to authorizations?** Health Care providers are categorized by the specific services they provide. **What is the frequency and delivery mechanism required for broadcasting/communication of cases?**

#	Bid Solicitation Section Reference	Question (Bolded) and Answer
76 (cont)	3.3.E	Broadcasting of cases should be sent via email on a daily and as needed basis.
77	3.3.A 3.3.E	**Item A, please elaborate on what a "case" is. Is this an authorization?** The definition of a case (transaction) is the services provided to an individual. Please refer to revised Bid Solicitation Section 2.3 dated 05/24/19. **Typically authorizations are imported from the State MMIS or MCO system, is the State requesting the ability to create authorizations with the EVVMS system?** Authorizations are not cases and will not be created in the EVVMS. MCOs create authorizations. **If so, does this information need to be transmitted back to the State or MCO system?** No. **Item E, please elaborate on "broadcast." Is this a specific broadcast method expected (i.e. message board/page, secure email)? Is the first provider to accept the "case" assigned the authorization?** The broadcast method is up to the vendor which should be proposed in its Quote. The first provider to accept the case will be assigned the authorization.
78	3.4	**Do all requirements listed in RFP Section 3.4 apply to aggregated visit data collected from 3rd party EVV systems in addition to data collected directly within the Vendor's system?** Yes.
79	3.4.A	**Do direct care beneficiaries use a fiscal intermediary?** Yes.
80	3.4.A	**Section A states the contractors database shall "include the Plan of Care and all updates thereto." Where does the plan of care reside today? Will the EVVMS become the system of record for the Plan of Care?** The plan of care is the medical record and it resides with the MCOs. The EVVMS will not become the system of record for the Plan of Care.
81	3.4.A	**On page 19, Section 3.4 A, are there specific requirements or key performance indicators relating to "task performance of Health Care Providers during service delivery?"** That language has been deleted from the RFP. Please refer to revised Bid Solicitation Section 3.4.A dated 05/24/19.
82	3.4.D	**On page 19, Section 3.4 D, does the State have user data for Direct Care Providers or will this user data have to be created within the EVVMS?** Upon award, the State will provide the Vendor {Contractor} with a file of all providers and user data.
83	3.4.D	**On page 19, Section 3.4 D, what is the mechanism and frequency by which the state will provide the list of excluded, unlicensed, etc. providers to cross-reference with the EVV's caretaker list?**

#	Bid Solicitation Section Reference	Question (Bolded) and Answer
83 (cont)	3.4.D	Electronic files will be made available to the vendor on a monthly basis.
84	3.4.D	**Reference Section 3.4, bullet D, Page 19. This section states "Prevent payment to Health Care Providers and Direct Care Providers." How is Health Care Provider and Direct Care Provider communicated to the EVVMS vendor?** Through the EVVMS.
85	3.4.D	**Is the expectation of the State that the EVV application will perform independent licensure or certification verification, or will MMIS or the Case Management System's provider list be a trusted source of licensed, certified, non-excluded, and non-suspended providers?** The EVVMS shall verify that licensure has been checked by the provider.
86	3.4.F	**Please clarify timesheet generation requirement in terms when timesheets must be created, where they are sent, and any approval requirements needed.** Timesheets record and verify the times service is provided to a Beneficiary. Time sheets are optional for providers and are created daily. They indicate the hours worked by the PCA provider for that date for a specific client. Time sheets are sent to the provider agency and approved/certified by a Beneficiary or Beneficiary's designee; no additional approval is needed. Time sheets are an optional tool for providers and they are ultimately responsible for approving time. Please refer to revised Bid Solicitation Section 3.4.F dated 05/24/19.
87	3.4.H	**On page 19, Section 3.4 H, are there specific requirements around the specific type of "review/approval" needed (e.g., attestation checkbox, e-signature, etc.)?** The provider will log into the system and input the times and services provided. The beneficiary will certify that the times and services are correct. Time spent by the health care provider is reportable by land line or cellular telephone, real time GPS technology or a fixed location tracking device.
88	3.6	**Is the state's expectation that the Vendor's system will perform pre-billing and billing processing on aggregated visit data collected from 3rd party EVV systems, or will those systems be required to do their own billing processing?** The vendor is required to verify that the claim is ready for billing. The MCOs or the State's fiscal agent, Molina, will process the claim.
89	3.6	**On pages 19-20, Section 3.6, can the Department confirm that the selected vendor will be required to receive all relevant Medicaid claims from eligible providers and will be required to perform pre-billing checks for all programs, include Medicaid fee for service and managed care Medicaid recipients?** Confirmed.
90	3.6	**On pages 19-20, Section 3.6, how many health care provider agencies will be participating in the EVVMS?** Refer to question #3.

#	Bid Solicitation Section Reference	Question (Bolded) and Answer
91	3.6	**On pages 19-20, Section 3.6, how many direct care providers will be participating in the EVVMS?** Refer to question #3.
92	3.6	**On pages 19-20, Section 3.6, can the Department provide information on the number of 837 claim files the vendor should anticipate receiving from providers for pre-billing claims validation?** Approximately 8,650,000 claims per year.
93	3.6	**On pages 19-20, Section 3.6, how many annual claims are anticipated for verification in the pre-billing claims engine?** Approximately 8,650,000 claims per year.
94	3.6	**On pages 19-20, Section 3.6, what was the annual paid claims amount for fiscal year 2018 for claims requiring to be subject to the pre-billing claims engine?** Approximately $664,014,551.00
95	3.6	**On pages 19-20, Section 3.6, what are the specific procedure codes and associated rates of reimbursement for the services to be covered under the EVVMS and the pre-billing claims engine?** Rev 570, H2016, H2021, S9122, T1019. The rates are contracted.
96	3.6	**On pages 19-20, Section 3.6, what 837 formats are claims currently submitted under for services covered under the EVVMS? a. 837 I (Institutional) b. 837 P (Professional) c. Other** 837I and 837P formats are supported. See attached 837/835 Companion Guide.
97	3.6	**On pages 19-20, Section 3.6, can you please provide the 837 and 835 companion guides that relate to the services to be covered under the EVVMS?** 837 and 835 Companion Guides are attached.
98	3.6	**On pages 19-20, Section 3.6, are crossover / secondary claims expected as part of the annual claim volume, and if so, what is the annual volume of those claims?** Yes, crossover/secondary claims are expected. The annual volume of crossover/secondary claims is approximately 190 claims per year.
99	3.6	**On pages 19-20, Section 3.6, please confirm if this crossover / secondary claim volume is included in the answer to the previous question.** Confirmed
100	3.6	**On pages 19-20, Section 3.6, how many health care provider agencies submit claims electronically through 837s? And, how many health care provider agencies utilize the direct entry portal?** The majority of home healthcare providers use direct data entry for their claims submissions. Approximately 900 unique providers are submitting direct data entry, and only seven (7) are submitting for 837s.
101	3.6	**On pages 19-20, Section 3.6, does the vendor have to provide pre-billing claims engine functionality to allow health care provider agencies to**

#	Bid Solicitation Section Reference	Question (Bolded) and Answer
101 (cont)	3.6	**submit claims via a direct data entry portal? If yes, does the portal have to allow for claims to be corrected if they do not pass pre-billing claims edits?** Yes, the vendor is required to provide pre-billing claims engine functionality to allow health care provider agencies to submit claims via a direct entry portal. The portal shall allow for claims to be corrected if they do not pass pre-billing claims edits.
102	3.6	**On pages 19-20, Section 3.6, can the Department confirm that the vendor will not be responsible for the receipt of claims adjudication results of the 835 files and that 835s and remittance advices will be distributed to providers in the same manner they are today?** Confirmed.
103	3.6	**On pages 19-20, Section 3.6, what are the standard reporting requirements of the pre-billing claims engine?** Refer to RFP Section 3.14
104	3.6.A	**Reference Section 3.6, bullet A, Page 19. This section states "Confirm that the physician's order (including the Plan of Care) is in the EVVMS before services can be rendered." Will the entire care plan be loaded in the EVVMS? Is the care plan for reference purposes or will discrete data elements be used within the functionality of EVVMS?** Yes, the entire Plan of Care will be loaded in the EVVMS. However, the system of record for the Plan of Care resides with the MCOs.
105	3.6.A	**Is the physician's order a separate submittal from the Plan of Care?** The physician's order may be separate from the Plan of Care. **If so, what is the source system providing this order?** The source may include a paper prescription, signed treatment plan, or prior authorization from the insurance company.
106	3.6.C	**Reference Section 3.6, bullet C, Page 19. This section states "Track the activities provided in the home of the patient. Those activities shall then be compared with the Plan of Care and workflows set up based on the compliance level of the Plan of Care." Will Plan of Care include tasks to be completed that have to be compared to tasks rendered by the care giver?** Yes.
107	3.6.C	**Please provide an example of the Plan Of Care data that will be provided for each member to support the Plan of Care Pre-Billing requirement on page 19: 3.6. C) Pre Billing: Track the activities provided in the home of the patient. Those activities shall then be compared with the Plan of Care and workflows set up based on the compliance level of those checks.** Eating, Ambulation, Bathing, Toileting, Grooming, Housekeeping, Shopping.
108	3.6.C 3.6.D	**Are the referenced "activities" the same as services authorized by the Plan of Care?**

#	Bid Solicitation Section Reference	Question (Bolded) and Answer
108 (cont)	3.6.C 3.6.D	Yes, activity is the same as services.
109	3.6.F	**Does the State's MMIS system hold the authorizations that the MCOs issue as they issue them?** No, the MMIS system does not hold the authorizations that the MCOs issue. **If not, would the State expect bidders to receive beneficiary service details directly from data integrations with the MCOs?** Yes, the State expects the vendor to receive beneficiary service details directly from data integrations with the MCOs. **Will the MCOs contract be updated to provide data integrations within the State's timeframe for this proposal?** Yes, the MCO contract will be updated to provide data integrations within the State's timeframe for this Quote.
110	3.6.F	**The pre-billing claims engine shall prevent the provider from submitting claims that are not 100% compliant. For Item F, do any of the MCO utilize a claims clearinghouse or do they all accept claims directly?** Both, some MCO's use a claims clearinghouse and some accept claims directly.
111	3.7	**On page 20, Section 3.7, referring to "all historical documents," does the state require the EVVMS to store documents (e.g. pdfs) as well as EVV data?** Yes.
112	3.7	**The Vendor's {Contractor's} EVVMS shall have the capability to integrate data and maintain audit trails of all historical documents and electronic record change. Please elaborate on historical documents: does the State anticipate the EVVMS system to store and or transmit electronic documents (attachments)?** Historical documents refers to everything in the plan of care. The Vendor {Contractor} is required to store documents.
113	3.9.2	**RFP page 20, 3.9.2 Disaster Recovery Plan. Two items are listed as A: "A. Identify the team and roles, responsibilities, and contact information; and "A. Essential functions and associated requirements." Will the State re-letter the items in that list so that there are no duplicates?** The two A's are a typo. Items should be listed as A through J. Please refer to revised Bid Solicitation Section 3.9.2 dated 05/24/19.
114	3.9.3	**RFP page 21, 3.9.3 Contingency Plan. The list outlining what the contingency plan document shall describe starts with item: "B. Identify and document the purpose with essential mission and business functions in the event of information disruption or failure." Will the State verify that there isn't missing item A and re-letter the list starting at A?** Items should be listed as A through F. Please refer to revised Bid Solicitation Section 3.9.3 dated 05/24/19.

#	Bid Solicitation Section Reference	Question (Bolded) and Answer
115	3.10	**On Page 21, Section 3.10 Tracking: Can the Department clarify the meaning of the word transaction in the following phraseology: ". . . common event, transaction, or customer service issue. . ."?** Transaction refers to a claim.
116	3.11	**Please provide additional details on the State's preferred workflow and method for tracking provider compliance. Should the EVV solution interface with a credentialing organization/system, or does the state envision building and maintaining all credentialing data within the EVV solution itself?** The State will maintain all credentialing data.
117	3.11.A	**Page 21, Section 3.11 Provider Compliance: Can you elaborate on the meaning(s) of 'compliance' in subsection 3.11 A? Does Compliance mean at the organizational level, the Home Health Aid's credentials, or the transaction/visit itself?** Compliance refers to all three, organizational level, credentials and transaction/visit. **Also, can you specify where the exact language can be found from the link provided in 3.11 A?** Refer to Title 10 (Human Services), Chapter 60 (Home Care Services).
118	3.11	**What is the source system that provides the Direct Care Provider's compliance status?** The Provider verifies compliance status.
119	3.11 3.4.D	**Is the Direct Care Provider's compliance status based on their license status?** Not exclusively, there are multiple factors that determine compliance. Refer to Section 3.11 – Provider Compliance and Section 3.4.D.
120	3.11	**Please provide the specific Title and Chapter that contains the provider compliance rules and regulations from the link in this section. Will this compliance check be based on a real-time web service call that will provide the compliance status of the Direct Care Provider or will this information be input and maintained by the Provider as part of the Worker record or profile?** Title 10, Chapter 60 – Home Care Services. The information will be input and maintained by the provider as part of the record.
121	3.14	**In RFP Section 3.14, bullet l. on Page 22, the requirement states "Daily EVVMS activity reports including all calls received, calls by providers, late or missed visits, and unscheduled visits." Can the State please clarify the requirement "all calls received"?** This requirement refers calls for assistance made to the EVV call center.

#	Bid Solicitation Section Reference	Question (Bolded) and Answer
121 (cont)	3.14	**Is the requirement for all calls made to the EVVMS call center for assistance with the EVVMS or is it referring to another type of call(s) to EVVMS?** The requirement is for all calls made to the EVVMS call center to be included in daily activity reports, regardless of the nature of the call.
122	3.15	**On page 22, Section 3.15, Customer Service, would the state please provide the estimated number of customer service calls, the average length of a call and the service level requirements for Customer Service support? Since Customer Service is a line item in the pricing sheet, it's important all bidders price based on the same assumptions. Otherwise, some vendors may price based on artificially low volume in order to keep their price low.** This is a new initiative and there is no historical data to provide. MCO's and providers will utilize the call center and there are 5 MCO's and approximately 900 providers.
123	3.16	**Please provide the number of Providers to be trained.** Approximately 900.
124	3.16	**Please define the user roles for which the State believes training on the EVVMS will be required. (e.g. Users, Case Managers, Provider agency users, provider staff, beneficiaries, beneficiary proxy, self-directed providers).** Training shall be required for State users, provider agency users, provider staff, beneficiaries, and beneficiary proxy.
125	3.16	**Please define the EVVMS User Roles for which the State anticipates the need for written training materials.** Refer to Question #124.
126	3.16	**The RFP states vendors must participate in stakeholder meetings. Please provide the number of anticipated meetings and whether these meetings must be attended onsite by the vendor.** The State anticipates approximately three (3) meetings the vendor must attend.
127	3.16	**The RFP states the vendor shall provide web-based outreach and training materials for users of the EVVMS. Does the State require that these materials be hosted by the Vendor or will the State host these materials?** The Vendor {Contractor} shall host.
128	3.16	**What is the State's expectation of the EVVMS Vendor with regard to the training of Providers who have a pre-existing EVV System that they intend to continue to use?** If a Provider is using its own system, no training is required. However, the provider must be linked into the State's EVVMS.
129	3.16	**The RFP states vendors must provide web-based outreach and training materials. Does the State require or foresee the need for EVVMS vendors**

#	Bid Solicitation Section Reference	Question (Bolded) and Answer
129 (cont)	3.16	**to provide in-person classroom training? If so, how many EVVMS stakeholders will require such training?** The Vendor {Contractor} is not required to provide in-person training.
130	3.21 4.4.3.3.3	**There is a conflict between these two RFP sections regarding the timing requirement for the final technology plan submittal. 3.21 requires the final plan 30 days post Blanket P.O. award, while 4.4.3.3.3 requires it 10 days post Blanket P.O. award. Please clarify the required timing of the Technology Plan.** The final plan shall be submitted to the State 10 days after award. Please refer to revised Bid Solicitation Section 3.21 dated 05/24/19.
131	4	**DPA and Waiver Forms. On the NJSTART Procurement Program website under Vendor Forms/DPA and Waiver Forms, there are several forms posted that are not included on the Bid Solicitation Checklist. Please clarify whether vendors are required to submit the following forms as part of the quote: MacBride Principles, Waivered Contracts Supplement to the State of NJ Standard Terms, State of New Jersey Standard Terms and Conditions.** Vendors {Bidders} are not required to submit those forms; however, the State of New Jersey Standard Terms and Conditions are part of the Bid Solicitation.
132	4.4.C	**RFP page 26, Section 4.4.C. RFP Section 4.4 Quote Contents indicates under item C that Volume 2 should contain: "Section 3A - Any other miscellaneous documents to be included by the Vendor {Bidder}." Please clarify the types or provide examples of documents the State expects to be included in proposal Section 3A.** The documents that are required are designated by "shall" or "must". Documents that are not required but are requested are designated by "should". Any documents that are not part of the Technical Quote or which do not relate to the Vendor {Bidder's} organization or experience, should be included in Section 3A of Volume 2.
133	4.4.1.3	**The State mentions small businesses. Is the State awarding points or a weight to proposals that include a small business? If yes, how much?** No additional points or weighting will be awarded for small businesses.
134	4.4.1.5	**Do the Small Business requirements stated in RFP Section 4.4.1.5 apply only if the vendor/contractor proposes to subcontract some of the work?** Yes, and they are not requirements; they are goals. Vendor {Bidder} is required to engage in a good faith effort to hire small business subcontractors, in the event it wishes to subcontract.
135	4.4.1.5	**The RFP indicates that "This is a Blanket P.O. with set-aside subcontracting goals for New Jersey Small Business Enterprises." Our proposed solution is a proprietary SaaS product hosted in our secure data center making the use of subcontractors inefficient. Are vendors required to use a small business subcontractor, or will the state accept bids where no subcontractor is used? What impact, if any, does the use of small business subcontractors have on the evaluation of bids? Will points be awarded during the evaluation for the use of small business subcontractors, and if so, how will they be awarded?**

#	Bid Solicitation Section Reference	Question (Bolded) and Answer
135 (cont)	4.4.1.5	Refer to Question #133.
136	4.4.2.2	**Pg. 33, Section 4.4.2.2. DISCLOSURE OF INVESTIGATIONS AND OTHER ACTIONS INVOLVING BIDDER FORM states, "The Vendor {Bidder} should submit the Disclosure of Investigations and Other Actions Involving Bidder Form (Investigations Form), with its Quote, to provide a detailed description of any investigation, litigation, including administrative complaints or other administrative proceedings, involving any public sector clients during the past five (5) years." The Investigations Form requires you to list officers and directors and answer questions about criminal proceedings or debarments of listed individuals or against the company. We have completed the form answering No in each instance. The form seems to be narrowly structured as compared to the disclosure required by this section. Does the Bidder need to disclose any action taken by the Bidder against a public sector entity? If yes, how should the Vendor (Bidder) provide this information (via a different form on in text along with its Quote)?** Please attach a separate page or pages to the form containing a description of the actions or matters responsive to Section 4.4.2.2.
137	4.4.3.1	**The State mentions a narrative format in the Management Overview section. Is this section referring to an executive style summary, or is this describing the way in which the entire RFP response needs to be crafted?** Vendors {Bidders}, in describing how they plan to perform the scope of work, should use whatever format they think conveys their message most clearly.
138	4.4.3.3.3	**Does the state plan to implement the Vendor's solution using a phased approach, including a pilot deployment, with one to multiple phases thereafter?** The State has no specific plans with regard to implementation. The specifics of deployment are to be determined by the Vendor {Bidder} as described in its Quote.
139	4.4.4.4	**RFP page 37, Section 4.4.4.4 Backup Staff. Section 4.4.4.4 states that the Vendor "should" include a list of backup staff that may be called upon to assist or replace primary individuals assigned. Please confirm whether or not the list of backup staff must be included in the Vendor's proposal.** Throughout the Bid Solicitation, mandatory items are designated by "shall" and "must." "Should" items are not mandatory, but are suggested.
140	4.4.5.2	**Please confirm that a transaction is defined as recording the start or end of a visit. If NJ DHS is using a different definition, please provide it.** A transaction is defined as recording both the start and end times of a visit.
141	4.4.5.2	**Pricing Sheet. The pricing sheet template refers to pricing tiers by "transaction." Please define a "transaction." For example, individual visits (check-in / check-out), claims submitted, beneficiary eligibility verification, provider certification inquiry, and so forth?** A transaction is defined as recording both the start and end times of a visit.
142	4.4.5.2	**On the pricing sheet, Would the state please define what a "transaction" is and how 3rd party data aggregation factors into a "transaction." Some**

#	Bid Solicitation Section Reference	Question (Bolded) and Answer
142 (cont)	4.4.5.2	**states define a "transaction" as a visit, while others define it as a single transaction of data. Might the state consider revising the pricing sheet so that "transaction" costs are separated into two pricing categories; the visit data the vendor is collecting with its EVV system as one category and the 3rd party data aggregator data the vendor is processes as a second category?** Refer to Question #140. The State declines to accept this proposed modification to the price sheet.
143	4.4.4.6	**Section 4.4.4.6 on page 38 states: "A Vendor {Bidder} may designate specific financial information as not subject to disclosure when the Vendor {Bidder} has a good faith legal/factual basis for such assertion. A Vendor {Bidder} may submit specific financial documents in a separate, sealed package clearly marked 'Confidential-Financial Information' along with the Quote." Since this is an electronic submission, how is the bidder to mark financials as confidential on the procurement site?** Vendor {Bidder} may submit a redacted copy of their financial information as a separate file, with a cover page stating that the contents of the document are confidential financial documents. These documents will not be made available to the general public.
144	5.2	**Can you clarify what the actual contract duration is? How many years is the base contract? Are there renewals?** Please refer to Section 5.2 of the posted RFP. The initial term of the Blanket P.O. is five (5) years. There are two additional one (1) year extension options.
145	5.5	**This section states: "The Vendor {Contractor} is responsible for the professional quality, technical accuracy and timely completion and submission of all deliverables, services or commodities required to be provided under this Blanket P.O. The Vendor {Contractor} shall, without additional compensation, correct or revise any errors, omissions, or other deficiencies in its deliverables and other services. The approval of deliverables furnished under this Blanket P.O. shall not in any way relieve the Vendor {Contractor} of responsibility for the technical adequacy of its work." Can you please explain how this section corresponds to the specific warranties on page 55? Should this section read that Vendor will correct/revise any errors in accordance with the warranty in Section 5.11?** The Sections referenced should be read as complimentary. The Vendor's {Contractor's} obligations under Section 5.5 should be read to include any scope of work elements that are not specifically addressed in Section 5.11 of the State Standard Terms and Conditions, as modified by Section 5.17.3. See Revised Section 5.17.3 (sub section 5 is deleted). See revised Bid Solicitation Section 5.17.3 dated 05/24/19.
146	5.8	**Reference Page 42, Section 5.8, B.2. The RFP states - If in the course of performance of the Blanket P.O., Vendor {Contractor} encounters a need to incorporate Background IP into a deliverable, but the Background IP was not identified in the Quote, the Vendor {Contractor} must notify the State Contract Manager in writing, identifying the specific Background IP to be incorporated into the deliverable, and requesting approval thereof. Will the State please confirm the vendor's reading that the scope of work**

#	Bid Solicitation Section Reference	Question (Bolded) and Answer
146 (cont)	5.8	**consists entirely in the provision of services and does not include creation, sale or licensing of either software or hardware? In light of clauses such as this, the Vendor respectfully seeks to clarify that the scope of work is for services and not for software creation or licensing.** While the RFP consists of the provision of services, it also requires the Vendor {Contractor} to develop a system using a COTS product or develop a new customized product from scratch. Please refer to Section 5.8.C.1 and 5.17.3 of the RFP.
147	5.9.1	**The last paragraph of this section describes requirements around background checks. Our company completes rigorous background checks on individuals as part of our hiring process. Jurisdictions for criminal searches conducted by our third party consumer reporting agency are determined by the residence, employment, education and Social Security number trace history of the applicant. Would the State consider agreeing to our company's policies, which could be reviewed and discussed as needed?** This section gives the State the option to request background checks in the future. Historically this right has not been exercised by the State when it is confident that the Vendor {Contractor} has conducted proper background checks on its own. Accordingly, the State declines to accept the proposed modification.
148	5.9.1.1	**Are items reasonably understood to be confidential protected by the State's confidentiality obligations (subject to OPRA)? These protections include details such as an application's system architecture, bidder's roadmap and future plans and functions, any current client/customer lists, or corporate information about the bidder.** The State cannot give legal advice as to what is subject to disclosure under OPRA or other laws, and understandings of confidentiality can reasonably differ between different entities. However, in the event that the Vendor {Contractor's} Quote is requested under OPRA, the State will only disclose a redacted version of the Quote, where the redactions are acceptable to the Vendor {Contractor}. Similarly, this section contemplates that any request for Vendor's { Contractor's} confidential information will be communicated to the Vendor {Contractor}, who will then be able to assert an exception to OPRA in relation to the information it wishes to keep from disclosure.
149	5.9.2	**Please consider the following exception to provide that State Data shall be returned or destroyed, unless return or destruction is not feasible. If return or destruction is not feasible, State Data will be retained in accordance with the Agreement. Replace this section with: "Subject to applicable record retention laws, Upon termination/expiration of this Blanket P.O. {Contract} the Vendor {Contractor} must first return all State data to the State in a usable format as defined in the Blanket P.O. {Contract}, or in an open standards machine-readable format if not. The Vendor {Contractor} must then erase, destroy, and render unreadable all Vendor {Contractor} copies of State data according to the standards enumerated in accordance with the State's most recent Information Disposal and Media Sanitation policy, currently 09-10-NJOIT (www.nj.gov/it/ps) and certify in writing that these actions have been completed within 30 days after the termination/expiration of the Blanket P.O. {Contract} or within seven (7) days of the request of an agent of the**

#	Bid Solicitation Section Reference	Question (Bolded) and Answer
149 (cont)	5.9.2	**State, whichever shall come first. However, if return or destruction is not reasonably feasible (for example, because the State Data is saved on electronic data backup or storage solutions), the recipient will maintain the discloser's State Data in compliance with this Section 5.9.2, Data Security Standards, and the recipient's reasonable record retention policies."** This change in "End of Blanket P.O. Data Handling" in section 5.9.2 is acceptable to the State. Please refer to the revised Bid Solicitation, Section 5.9.2 dated 05/24/19.
150	5.9.2.B 5.9.3	**RFP pages 46-47, State of New Jersey Standard Terms and Conditions, Sections 5.9.2.B; 5.9.3. Given that Contract Section 5.9.3 provides that tax return data security requirements are not applicable to this procurement, please confirm that IRS Pub. 1075 does not apply to this contract.** Correct, IRS publication 1075 does not apply to this procurement.
151	5.9.4	**RFP page 47, State of New Jersey Standard Terms and Conditions, Section 5.9.4. Please confirm that FISMA security requirements do not apply to this contract.** FISMA security requirements are applicable to this procurement.
152	5.17	**Reference Pages 49-50, Section 5.17.1. The RFP states - The Vendor {Contractor} shall assume all risk of and responsibility for, and agrees to indemnify, defend, and save harmless the State and its officers, agents, servants and employees, from and against any and all third party claims, demands, suits, actions, recoveries, judgments and costs and expenses in connection therewith - Will the State consider limiting vendor liability to damages directly resulting from vendor's own negligent acts or omissions? In accordance with equitable principles and industry standards, Vendor respectfully requests that its indemnification liability be commensurate to its failure to perform in accordance with its contractual duties.** Please review Section 5.17.1 (a)(i): Vendor's {Contractor's} indemnity obligation is triggered by third party claims: (i) "For or on account of the loss of life, property or injury or damage to the person, body or property of any person or persons whatsoever, which shall arise from or result directly or indirectly from the work and/or products supplied under this Blanket P.O. or the order." Therefore, the obligation to indemnify would only be triggered by claims asserted by a third party who alleges injury or property damage that arises directly or indirectly from the work supplied under the Blanket P.O. Therefore, the State declines to accept this proposed modification.
153	5.17	**Reference Pages 50-51, Section 5.17.1, 4.1.1. The RFP states - The Vendor {Contractor}'s liability to the State for actual, direct damages resulting from the Vendor {Contractor}'s performance or non-performance of, or in any manner related to, this Blanket P.O. for any and all claims, shall be limited in the aggregate to 200% of the fees paid to Vendor {Contractor} for the products or Services giving rise to such damages . . . Will the State consider capping Vendor liability at an amount equal to the total amount that the customer has paid the Vendor in the 36 months prior to the relevant incident? In order to offer the best**

#	Bid Solicitation Section Reference	Question (Bolded) and Answer
153 (cont)	5.17	**possible price, Vendor respectfully requests a cap on liability consistent with industry standards and reasonable apportionment of risk on programs of similar size and complexity.** The State will not revise this Section of the RFP.
154	5.22 (new RFP section)	**Would the State consider the addition of a force majeure clause to protect both the State and vendor in situations beyond their reasonable control? Vendor respectfully requests the insertion of a force majeure clause, common in the industry, for the protection of both parties.** Please refer to revised Bid Solicitation Section 5.22 dated 05/24/19.
155	6.7.1	**DMAHS mentions in the evaluation section that each area will be scored and then multiplied by a weight. Can the state provide bidders with the weights and the amount of points given to each section for use while developing proposals?** No, this information is confidential until Notice of Intent to Award is issued.
156	9.4.2	**Our company's insurers will not give notice of cancellation to any entity other than our company. However, our company, through our insurance broker, will give 30 days' notice to the client should it ever be necessary. Would the State allow for this language to be amended? "All policies must be endorsed to provide 30 days' written notice of cancellation or material change by the contractor or the contractor's insurance broker to the State of New Jersey"?** This change is acceptable to the State. Please refer to revised Bid Solicitation Section 9.4.2 dated 05/24/19.
157	9.5.7	**Reference Pages 71-72, Section 5.7. The RFP states - Where a contractor fails to perform or comply with a contract or a portion thereof, and/or fails to comply with the complaints procedure in N.J.A.C. 17:12-4.2 et seq., the Director may terminate the contract, in whole or in part, upon ten (10) days' notice to the contractor with an opportunity to respond . . . Will the State agree to provide Vendor with a 30-day-cure period, or such other time of greater or lesser length as the parties may agree to in writing, prior to any termination for cause? Vendor respectfully requests that in accordance with industry standards, common business practice, and the principles of equity and fairness, vendor be granted the opportunity to correct any alleged default prior to termination.** According to the wording of Section 5.7, termination may be triggered by a Vendor {Contractor's} failure to comply with the process of filing a formal complaint, and/or commits an act in breach. The "opportunity to respond" signals a window of time in which a Vendor {Contractor} may respond to notice of termination in writing. That response may include a cure, and may lay out a time period for performance of that cure. Also, there will be numerous opportunities to cure poor performance prior to the filing of a formal complaint, and/or a finding of breach sufficient to trigger a termination for cause. Inserting and additional 30 day time period for cure is unnecessary and therefore the State declines to accept this modification.
158	9.5.7	**Reference Pages 71-72/87. Section 5.7; also pages 70-71, Section 5.4. The RFP states - Notwithstanding any provision or language in this contract to the contrary, the Director may terminate this contract at any time, in whole or in part, for the convenience of the State, upon no less than 30 days written notice to the contractor.**

#	Bid Solicitation Section Reference	Question (Bolded) and Answer
158 (cont)	9.5.7	**Will the State agree to compensate Vendor for any unamortized costs and reasonable wind-down costs in the event that the state cancels for any reason other than vendor default?** Please refer to Section 9.5.7.D of the State Standard Terms and Conditions. **Vendor respectfully requests that in the event of any termination for reasons other than default by Vendor, the State reimburse Vendor for the unamortized costs of investments that Vendor undertook in reliance on its agreement with the State.** Please see Section 9.5.7.D of the State Standard Terms and Conditions.
159	9.5.7	**Reference Pages 71-72, Section 5.7. The RFP states - Notwithstanding any provision or language in this contract to the contrary, the Director may terminate this contract at any time, in whole or in part, for the convenience of the State, upon no less than 30 days written notice to the contractor; In the event that the state terminates the contract in part or materially de-scopes the project, will the State agree to negotiate an equitable adjustment of pricing. Because vendor's pricing is offered on the assumption that vendor will be providing the full range of services requested in this RFP, vendor respectfully requests that, in the event of any termination in part, the State be willing to negotiate equitable pricing appropriate to such a restructured deal.** Refer to question #157.
160	9.5.8	**The contractor may not subcontract other than as identified in the contractor's proposal without the prior written consent of the Director. We have thousands of vendors performing a myriad of functions; in order to manage its business and risk in an efficient manner, we must have the ability to change, add and remove vendors in our reasonable business judgment. In a multi-client environment, our company cannot allow one client to exercise control over matters affecting so many different clients. While we cannot accept written consent, would notification of the change for only those subcontractors directly supporting the project (if any) be acceptable?** Notification of changes for the subcontractors directly supporting the project is acceptable. Please refer to the revised Bid Solicitation Section 9.5.8 dated 05/24/19.
161	9.6.1	**RFP page 75, State of New Jersey Standard Terms and Conditions, Section 9.6.1. Would the State clarify that the price reduction obligations in Contract Section 6.1 would only be triggered by contractor/manufacturer pricing decreases in contracts with substantially similar terms, conditions, scope, and volume as this contract?** That is correct.
162	9.6.5	**Reference Page 75, Section 6.5. The RFP states - The New Jersey Prompt Payment Act, N.J.S.A. 52:32-32 et seq., requires state agencies to pay for goods and services within 60 days of the agency's receipt of a properly executed State Payment Voucher or within 60 days of receipt and acceptance of goods and services, whichever is later . . . Will the State**

#	Bid Solicitation Section Reference	Question (Bolded) and Answer
162 (cont)	9.6.5	**agree to pay all invoices within net 30 days? Vendor seeks standard payment return times in order to offer the best pricing possible to the state and to meet our payment obligations to our own employees and vendors in a timely manner.** It is the State's position that the Prompt Payment Act allows the State to pay Vendors {Contractors} earlier than 60 days after the receipt of an invoice. However, the Act does prevent Vendors {Contractors} from charging interest on past due amounts prior to the expiration of 60 days. Accordingly, the State declines to accept the proposed modification.