STATE OF TENNESSEE
DIVISION OF TENNCARE

REQUEST FOR QUALIFICATION # 31865-00602 AMENDMENT # 1 FOR MEDICAID ELECTRONIC HEALTH RECORDS (EHR)- INCENTIVE PAYMENT PROGRAM

AUDIT SERVICES

DATE: March 29, 2019

RFQ # 31865-00602 IS AMENDED AS FOLLOWS:

1. **This RFQ Schedule of Events updates and confirms scheduled RFQ dates.** Any event, time, or date containing revised or new text is highlighted.

EVENT		TIME (Central Time Zone)	DATE (all dates are State business days)
1.	RFQ Issued		February 22, 2019
2.	Disability Accommodation Request Deadline	2:00 p.m.	February 27, 2019
3.	Pre-Response Conference	2:00 p.m.	March 1, 2019
4.	Notice of Intent to Respond Deadline	2:00 p.m.	March 4, 2019
5.	Written "Questions & Comments" Deadline	2:00 p.m.	March 15, 2019
6.	State response to written "Questions & Comments"		March 29, 2019
7.	RFQ Technical Response Deadline	2:00 p.m.	April 9, 2019
8.	State Completion of Technical Response Evaluations		April 17, 2019
9.	State Notice of Qualified Respondent(s) Released		April 18, 2019
10.	State Notice of Intent to Award Released and RFQ Files Opened for Public Inspection		April 22, 2019
11.	End of Open File Period		April 29, 2019
12.	State sends contract to Contractor for signature		May 1, 2019
13.	Contractor Signature Deadline		May 8, 2019
14.	Contract Start Date		July 01, 2019

2. State responses to questions and comments in the table below amend and clarify this RFQ.

Any restatement of RFQ text in the Question/Comment column shall NOT be construed as a change in the actual wording of the RFQ document.

RFQ SECTION	PAGE #	QUESTION / COMMENT	STATE RESPONSE
General Questions		**1.** When was the State's last audit plan approved by CMS?	Tennessee's 2018 audit plan was approved on February 5, 2018. The 2019 audit plan was submitted on February 15, 2019, and we are still awaiting that approval letter.
General Questions		**2.** When was the State's last SMHP approved by CMS?	Tennessee's 2018 SMHP was approved on March 21, 2018. The 2019 SMHP was submitted on February 15, 2019, and we are still awaiting that approval letter.
General Questions		**3.** What has been the historical frequency of EHR audit appeals in Tennessee?	We have completed over 500 EHR audits, and we have had less than 10 appeals.
General Questions		**4.** Total number of EPs & EHs?	We have had 5,423 unique EPs and 109 unique EHs attest to multiple stages of the program.
General Questions		**5.** What percentage is expected to be completed annually?	Per our CMS-approved EHR Audit Strategy, Tennessee must complete audits for 10% of the attesting population of EPs and EHs for each payment year.
General Questions		**6.** How many audits have been completed YTD?	We have completed over 500 audits overall. Please find the approximate breakdown by year below: 2011: 125 2012: 100 2013: 125 2014: 175
General Questions		**7.** How will we gain access to the data?	EP and EH attestations are maintained in the state's Provider Incentive Payment Program (PIPP) portal. The vendor may be provided credentials to the system for efficiency in obtaining the information needed to perform the audits.
General Questions		**8.** What are the data requirements for the CMS tool? Can it be submitted electronically?	Yes, the data for the CMS RO Data Tool can be submitted electronically. The required fields are to state how many audits were planned and how many audits were actually performed for EP AIU audits, EP MU audits, and EH audits.
General		**9.** Are there any restrictions on what systems can be used for risk based	If this question is referring to what system

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Questions		plan?	can be used to help develop the audit plan, then no, there are no restrictions.
General Questions		**10.** What communication methods are acceptable when communicating with EHs or EPs?	It is acceptable to communicate with EHs and EPs via phone, fax, or email. On a rare occasion, the state has also had to visit the EHs and EPs onsite for information.
General Questions		**11.** We have delivered the same, and similar, services Tennessee requested in the Request for Qualifications (RFQ) under different standards. In these instances the Centers for Medicare and Medicaid Services (CMS) has accepted the standards used. Would the State of Tennessee (the State) be open to the use of different standards for this work to be executed?	The State is amenable to the use of both AICPA Standards and GAO Yellow Book standards.
General Questions		**12.** What is the population of the backlogged applications, including the split of adopt, implement, and upgrade (AIU) and meaningful use (MU) applicants	The state has completed audits through payment year 2014. The vendor would be expected to start with payment year 2015 and perform audits through the remaining years of the program. There were 1,616 EP attestations and 26 EH MU attestations in payment year 2015; 1,823 EP attestations and 14 EH MU attestations in payment year 2016; and 823 EP attestations and 2 EH MU attestations in payment year 2017. Payment year 2018 attestations are still open for submission through March 31, 2019.
General Questions		**13.** In what timeframe does the State expected the backlog of audits to be cleared?	The state anticipates it will take a vendor at least 1.5 – 2 years to clear the backlog of payment years needing to be audited. It is also mandatory that allows all necessary audits – past, current, and future years – are completed by the end of the program.
General Questions		**14.** Can the State provide its prepayment validation procedures / process for both eligible professionals (EP) and eligible hospitals (EH)?	The Provider Services staff of TennCare verifies eligibility items, such as license numbers, sanctions, eligible provider/hospital types, group connections, Medicaid IDs, and CEHRT. The Provider Incentive Payment Program (PIPP) portal, where all attestations are housed, calculates whether the provider is hospital-based using MMIS data; compares MMIS encounters to the total number of attested encounters; and calculates patient volume using MMIS encounters. The Quality Improvement staff of TennCare

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			verifies items within meaningful use attestations, including whether the measure was met; if the denominators are appropriate for the specialty; if any exclusions selected were appropriate and reasonable; if descriptions are accurate to questions asked; if appropriate clinical quality measures were selected; and if they met the public health measures.
General Questions		**15.** What information does the State request/receive from EPs and EHs during the application process, and what prepayment validation processes are performed?	The Provider Services staff of TennCare verifies eligibility items, such as license numbers, sanctions, eligible provider/hospital types, group connections, Medicaid IDs, and CEHRT. The Provider Incentive Payment Program (PIPP) portal, where all attestations are housed, calculates whether the provider is hospital-based using MMIS data; compares MMIS encounters to the total number of attested encounters; and calculates patient volume using MMIS encounters. The Quality Improvement staff of TennCare verifies items within meaningful use attestations, including whether the measure was met; if the denominators are appropriate for the specialty; if any exclusions selected were appropriate and reasonable; if descriptions are accurate to questions asked; if appropriate clinical quality measures were selected; and if they met the public health measures. Since CMS determines whether an EH is eligible for meaningful user, Quality Improvement staff do not review data for EHs unless it is a Medicaid-only hospital. Limited documentation is received during pre-payment procedures.
General Questions		**16.** Do the audits involve both the MU Core/Menu Measures and Clinical Quality Measures (CQM) for EPs and EHs?	Our post-payment audits for meaningful use attestations only include the core/menu measures.
General Questions		**17.** How, and in what format, does the State receive MU and CQM attestation data from EPs and EHs?	EPs and EHs submit attestation data via the state's Provider Incentive Payment Program (PIPP) portal.
General Questions		**18.** Please clarify if the data that will be audited includes the EP and EH attestation data for MU Stage 1, 2, and 3.	Yes, the data that will be audited includes EP and EH attestation data for MU Stages 1, 2, Modified Stage 2, and 3.
Attachment F - Contract,	30	**19.** The proposed contract language indicates the first audit plan is due	This was an error. RFQ Pro Forma section A.3.b. has been amended via this

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Section A.3 Audit Services, item b.		January 31, 2019; however, there is contract start date of July 1, 2019 in Section 2 RFQ Schedule of Events table. What date does the State plan to revise the first audit plan due date to?	amendment to require the first audit plan to be due by July 31, 2019.
Attachment F - Contract, Section A.3 Audit Services, b.	30	**20.** Can the State please clarify when the Audit Plan is required to be submitted to the State (the RFQ states January 31, 2019)?	This was an error. RFQ Pro Forma section A.3.b. has been amended via this amendment to require the first audit plan to be due by July 31, 2019.
Attachment F - Contract, Section A.3 Audit Services, item c.	30	**21.** The proposed contract item indicates that the contractor would update and review the audit plan per TennCare request. Does the State anticipate updates to the audit plan more than once a year?	Providing the audit plan once a year will be sufficient as long as there are no changes to the plan that will affect the output for that year.
Attachment F - Contract, Section A.3 Audit Services, item d.	30	**22.** This item of the proposed contract indicates both EP and EH sample selections would be 10% of total payments. Does this 10% sample size apply to EH payment calculations or just EH MU?	The 10% sample size is inclusive of EH MU, EP AIU, and EP MU. EH payment calculation audits were performed by the state.
Attachment F - Contract, Section A.3 Audit Services, item f.	30	**23.** This item of the proposed contract indicates the contractor would assist in updating sections of the State Medicaid Health Plan (SMHP). Would the contractor only make updates as it relates to audits or would the contractor assist in updating other sections of the SMHP?	The contractor would only make updates as it relates to audits.
Attachment F - Contract, Section A.3 Audit Services, item f.	30	**24.** Please confirm that the State is looking for the vendor to provide recommendations for the State Medicaid Health Plan, and that the State is ultimately responsible for implementing and maintaining any changes.	The state is only looking for the vendor to provide information/statistics to be included in the SMHP as it relates to audits.
Attachment F - Contract, Section A.3 Audit Services, item g.	30	**25.** Can the State provide an example of the report and data that is required to be submitted to CMS each quarter?	The required fields in the CMS RO Data Tool are to state how many audits were planned and how many audits were actually performed for EP AIU audits, EP MU audits, and EH audits.
Attachment F - Contract,	31	**26.** This item of the proposed contract indicates the contractor would deliver presentations on audit-related topics.	The state anticipates the need for presentations would be a rare occurrence.

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Section A.3 Audit Services, item h.		Can the State elaborate on the anticipated frequency and volume of the presentations? Would these presentations be conducted in-person or via webinar?	However, there is always a chance the state could be asked by CMS to present on EHR audit-related topics, such as at an annual conference or on a quarterly regional webinar. If such an instance occurred, the contractor would be expected to assist in that situation.
Attachment F - Contract, Section A.3 Audit Services, item i.	31	**27.** The proposed contract states audits should be completed under several auditing standards, i.e. government auditing standards, AICPA, and international standards. Does the State have a preference on which of the auditing standards the audit work should be completed under?	No, the state does not have a preference.
Attachment F- Contract, Section A.7, b.	33	**28.** Requirement A.7, Section B Key Personnel lists the requirements for the Project Director. The requirement states "The Project Director shall have his or her primary office within the Nashville metropolitan area, and shall assume operational responsibilities, oversee quality review responsibilities, coordinate operations with the State, and provide leadership and expertise, as approved by the State". Can the State consider removing the requirement for the location of primary office and replace it with "Upon State request, the project Director will attend meetings in the state offices in-person" or similar alternative?	Yes, the language could be updated to remove the requirement for the Project Director to have his or her primary office located in Nashville as long as the Project Director is available to be in Nashville at the state's discretion.
Attachment F-Contract, Section A.7, b.	33	**29.** Section A.7, b Key Personnel (page 33) requires that the Project Director be a licensed auditor. Would the state considering removing this requirement if the Project Director has significant experience with the Medicaid EHR Incentive Payment Program and MU Audits?	Yes, the state would consider removing this requirement.
Attachment F - Contract, Section A.7 Staffing, b, vi, 1	33	**30.** The proposed contract states the Project Director shall have a primary office within the Nashville area. If the Project Director is available to meet in person at the TennCare offices in Nashville as requested by the State, will the State allow the Project Director to be located in a different location?	Yes, the language could be updated to remove the requirement for the Project Director to have his or her primary office located in Nashville as long as the Project Director is available to be in Nashville at the state's discretion.

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Attachment F - Contract, Section A.12 Staffing, a., iii	37	**31.** Page 9 (A.12. a. iii) of the Pro Forma Contract indicates Contractor shall develop a nondiscrimination training plan within 30 days of the Contract implementation date and provide a copy of the training (which details how annual civil rights training is provided to staff and tracked for compliance). There is also reference to having documents in different languages as well as communication assistance services requested by members and/or participants (ex: Arabic, Braille) and methods used to provide the language and alternative communication service to members/participants (ex: interpretation, translation). Much of this language does not pertain to the audit work we would be doing (we do not have a public population or individuals needing translation for the work we would perform). **Thus, would it be possible to modify the contract to remove this section with it's language and restrictions?**	No. During the audit process, you will be interacting with providers, including their office staff. Our providers come from a diverse cultural backgrounds and you may be interacting with providers or office staff members for whom English is not their first language and are still learning the administrative aspects of the TennCare program. In addition, providers or office staff members may be individuals with disabilities who use assistive technology or other communication assistance services.
Attachment G	n/a	**32.** Can the State elaborate on the distribution of the 180 annual audits by audit type (i.e. EP AIU, EP MU, EH Payment Calculation/AIU, EH MU)? How many EHs vs EPs will need an audit?	The number of audits performed for each payment year will depend on how many providers and hospitals attested in that year. There is not a certain distribution between each audit type as our sample methodology is primarily based on risk ranking. Based on the number of attestations we are seeing for each payment year, we estimate that the number of audits per payment year should not be any greater than 180 for any given year, but other payment years could be significantly lower than 180.

3. Delete RFQ Pro Forma section A.3, b in its entirety and insert the following in its place

A.3.b. No later than July 31, 2019, the Contractor shall submit the Plan to the State. Upon the State's approval in writing, the Contractor shall implement the Plan by commencing AIU and MU audits.

4. Delete RFQ Pro Forma section A.7, b, vi, 1 in its entirety and insert the following in its place (any sentence or paragraph containing revised or new text is highlighted)**:**

A.7.b.vi.1. The Project Director. Upon State request, the Project Director will attend meetings in the state offices in-person and shall assume operational responsibilities, oversee quality review responsibilities, coordinate operations with the State, and provide leadership and

expertise, as approved by the State. The Project Director must have experience in the Medicaid EHR Incentive Payment Program and MU Audits.

The Project Director shall be available to the State in person at TennCare offices in Nashville, Tennessee at the State's request. The Project Director shall serve as the Contractor's point of contact with the State. The Project Director shall have the authority to make decisions and resolve problems on behalf of the Contractor with the State. The Project Director shall attend the monthly status meeting referenced in Contract Section A.5, and any other meetings as directed by TennCare.

5. **RFQ Amendment Effective Date.** The revisions set forth herein shall be effective upon release. All other terms and conditions of this RFQ not expressly amended herein shall remain in full force and effect.