External Quality Review Organization (EQRO) Services
Amendment #2 – Questions and Answers
RFP # 20260731 – RFx # 3160008164
September 3, 2026

This Amendment #2 is issued in response to the vendor questions received regarding RFP # 20260731. Vendors are advised to review the following questions and responses carefully and incorporate them into their proposal submission, as applicable.

Question #	RFP Section	RFP Page #	Question	DOM Response
1	2.0 – 2.1	15	Regarding the statement that "submission date of any first annual reporting requirements in this section will be decided after contract execution," please clarify whether those submission dates will be established solely by DOM or through a mutually agreed-upon implementation schedule developed with the selected EQRO.	Submission dates will be mutually agreed-upon by DOM and the selected EQRO. The schedule will be developed to ensure all required work is completed in time to meet the April 2027 CMS reporting deadline.
2	2.1	15	The RFP indicates that, "Unless otherwise specified, the deliverable dates apply to all contract years following the first year." However, a note further indicates, "Deliverables for the first contract year shall be adjusted as necessary to ensure compliance with the April 2027 CMS submission deadline. Also, submission date of any first annual	No. Any work related to the 2026 year for the April 2027 reporting must be completed by the Vendor who is awarded this contract.

			reporting requirements will be decided after contract execution." Will the incumbent EQRO will be responsible for completing all external quality review (EQR) activities to be included in the 2026 EQR technical report that must be submitted to CMS by April 2027?	
3	2.1	15	What EQR activities have been performed in 2026?	Only EQR Protocol 5 for Calendar Year 2025. The Vendor who is awarded this contract will perform all other activities.
4	2.1	15	What EQR activities have been completed in 2026 that will be reported in the April 2027 EQR Technical Report?	None. The Vendor who is awarded this contract will perform the EQR activities. EQR Protocol 5 will be performed by the incumbent Vendor, and that report will be submitted separately to CMS and not part of the April 2027 EQR Technical Report.
5	2.1	15	Section 2.1 General Overview and Responsibilities includes items 1-11 as Contractor requirements. Are Offerors required to address each of the items? If so, are responses to items 1-11 subject to the page limit, and where	The acknowledgment of these requirements should be included within the proposal's Executive Summary and is subject to the applicable page limit for the Executive Summary.

			in the proposal should the be included?	
6	2.1	15	Section 2.1, item 9 indicates that the Contractor shall be responsible for conducting all reviews effective July 1, 2025, and producing all regularly scheduled monthly, quarterly, and annual reports. Is this an accurate date, or is DOM's expectation that the Offeror will be responsible for the activities and reports beginning December 3, 2026, which is the effective date of the Contract once awarded?	The regularly scheduled reports may begin once the Operational part of the contract begins but retro reporting back to July 1, 2025. DOM is most interested in meeting the CMS deadline of April 2027. If any reporting does not support meeting this deadline, DOM and the Vendor may mutually agree to delay any reporting that may hinder meeting the April 2027 Technical Report deadline.
7	2.1	15	2. Conduct EQR activities that require a site visit by the Contractor onsite or virtually to obtain the required information, at the discretion of DOM. Contractor shall seek prior approval from DOM before initiating the EQR activity. Will DOM allow virtual site visits as revised by EQR Protocols to obtain information for EQR activities?	Yes. DOM expects most, if not all, to be virtual. DOM put "onsite" to allow if at any point there is a need for the Vendor to visit the MCO in person. At this time, the expectation is to make one-two onsite visits during the contract period (not each year), and these visits are expected to be just a small portion of the review (two-three days) and not encompass the entire EQR process/review.
8	2.1	15	3. The RFP states that first-year deliverable dates "shall be adjusted as necessary to ensure compliance	The Offeror may publish a proposed date. DOM and the Offeror will mutually agree on any adjusted dates that are needed in

			with the April 2027 CMS submission deadline." Will DOM publish a revised Year 1 deliverable calendar before proposal submission, or should Offerors propose using the standard dates listed in Sections 2.4–2.19?	order to meet the CMS Deadline of April 2027.
9	2.1	15	5. Acknowledge that DOM reserves the right to make appropriate adjustments in the Scope of Services as necessary, from year to year, to address Medicaid program changes in federal regulations, state requirements, CMS guidance, managed care operations, or program priorities, by written agreement between DOM and the Contractor on an as-needed basis. Will DOM allow the contractor to adjust its budget based on Scope if Services changes?	Cost modifications **may** be permissible if changes in scope of services due to changes in state or federal law or regulations creates a material, demonstrable increase in the cost of contract performance. Any resulting cost adjustments must be executed via a formal written amendment.
10	2.1	15	9. Be responsible for conducting all reviews effective July 1, 2025, and producing all regularly scheduled monthly, quarterly, and annual reports. If reviews were already conducted satisfying the July 1, 2025 effective	Yes. No reviews have been completed effective July 1, 2025. DOM and the Offeror may adjust the schedule in the first Year by mutually agreeing to the schedule to meet the April 2027 deadline.

			date, will the vendor be responsible for retrospectively conducting EQR reviews?	There is an EQR Protocol 5 being performed by a vendor for Calendar Year 2025, but that will not be part of the April 2027 Technical report and submitted separately.
11	2.1 – 2.19	15-38	When not already provided for in the current RFP, does DOM require HSAG to seek approval of methodologies, timelines, audit tools, report templates, survey questionnaires, etc. from DOM prior to commencing an EQRO task? In some cases, the RFP clearly requires prior approval of methodologies, timelines, templates, survey, etc. (such as for the Annual Quality Survey and Network Adequacy tasks), but for other tasks, the RFP is silent (PIP Technical Papers).	No. Prior approval is not required unless expressly stated, however DOM may request detail regarding the other tasks and processes and reserves the right to request any modifications necessary.
12	2.4.1	17	Section 2.4.1 indicates that the Contractor shall, "review and validate clinical and non-clinical PIPs." How many PIPs will each MCO submit for annual validation for the Medicaid population? How many PIPs will each MCO submit for annual validation for the	Each MCO is required to have five PIPs covering the MSCAN and CHIP populations combined: 2 PIPs are required by both MSCAN and CHIP. 1 PIP is specifically designated for MSCAN.

			CHIP population? How many PIPs will each MCO submit for annual validation that include both the Medicaid and CHP populations?	2 PIPs are selected by each MCO and may cover MSCAN, CHIP, or both populations. Generally, MCOs select PIPs that cover both populations.
13	2.4.1(3)(c)	17	For the purposes of the PIP CAP regular status updates, please define "regular."	This item may be mutually agreed upon by the Contractor and DOM. At a minimum, Quarterly, and the maximum, Monthly.
14	2.4.1(3)(c)	17	The RFP includes a requirement that in instances of identified non-compliance, the Contractor shall be responsible for the development, implementation, and monitoring of the MCO's Corrective Action Plan (CAP) related to the PIP. Please clarify the EQRO's role in the development and implementation of the MCOs' PIP CAPs.	The Contractor will develop the recommended Corrective Action Plan based on the Contractor's expertise and submit to DOM for review and approval. Following DOM approval, the CAP will be communicated to the MCO. The MCO will be responsible for implementing the CAP, and the Contractor will monitor the MCO's implementation and progress.
15	2.4.2	17	The RFP requires a deliverable of an Annual PIP Summary Report in addition to the PIP Technical Papers required by Section 2.4.1. Is the Annual PIP Summary Report a separate activity than what is required for the Annual EQR Technical Report?	The Annual PIP Summary Report and Annual EQR Technical Report are two separate activities.
16	2.4.3	18	The RFP states that the Contractor shall "Provide technical assistance to the MCOs as directed by DOM	Yes. Each MCO has a joint PIP that addresses both the MSCAN and CHIP

			regarding performance improvement, including at minimum but not limited to, facilitating quarterly performance improvement/quality improvement calls with each MCO and a separate call for the joint PIP with MCOs each quarter." Is the "joint" PIP conducted for each MCO for both the Medicaid and CHIP populations and submitted for annual validation?	populations and is subject to annual validation. At this time, the MCO is required to have five PIPs for MSCAN and CHIP. There are two PIPs required by the contract that are the same for both populations of MSCAN and CHIP. One is specifically designated for MSCAN. The remaining two PIPs are picked by each MCO and may or may not cover both MSCAN and CHIP although generally they try to select a PIP to cover both populations. The Contractor's expertise is to help provide any guidance, if needed, on quality improvement.
17	2.4.3	18	As part of the PIP activity, the RFP states that the EQRO will receive the HEDIS IDSS file, DSS Fiscal Agent HEDIS data, and fee-for-service data and compare for discrepancies and outliers. Is this requirement for the PIP or the PMV activity?	This requirement is part of the PIP activity. It's included in Section 2.4.3. No. DOM does not have a sample comparison report to provide. Offerors should describe their proposed approach and report format in their response. No. There is no separately identified deliverable for this comparison.

			Can DOM provide a sample comparison report? Is there an associated deliverable?	
18	2.4.3	18	Please clarify the inclusion of this statement with the Protocol 1- Validation of PIPs section: The Contractor shall: 5. Be responsible for conducting the validation of non-HEDIS performance measures in alignment with CMS Protocols, including an on-site visit.	This requirement applies when a PIP includes a non-HEDIS performance measure. A PIP measure may be selected by an MCO or by DOM and may include an Adult or Child Core Set measure that is not a HEDIS measure. In those instances, the Contractor shall validate the non-HEDIS performance measure in alignment with CMS Protocols, including an on-site visit.
19	2.4.3	18	The Contractor is responsible for the validation and technical oversight of MCO quality initiatives. By integrating audited Healthcare Effectiveness Data and Information Set (HEDIS) data and on-site performance measure validations, the Contractor shall ensure that all PIP activities are grounded in accurate data and align with the DOM's quality improvement goals. Is the contractor required to be an NCQA Licensed Organization?	The Offeror shall be an NCQA licensed organization, or subcontract with a vendor, that is NCQA-Licensed organization to conduct HEDIS audits. The Contract must meet all applicable federal and state requirements and possess the qualifications, credentials, and resources necessary to perform the required EQRO activities.
20	2.4.3	18	The Contractor is responsible for the validation and technical oversight of MCO quality initiatives. By integrating audited Healthcare	Virtual is acceptable. DOM expects most, if not all review, to be virtual. DOM put "onsite" to allow if at any

			Effectiveness Data and Information Set (HEDIS) data and on-site performance measure validations, the Contractor shall ensure that all PIP activities are grounded in accurate data and align with the DOM's quality improvement goals. Is the contractor required to perform on-site performance measure validation or is virtual acceptable as permissable by EQR Protocols?	point there is a need for the Vendor to visit the MCO in person. At this time, the expectation is to make one to two onsite visits during the contract period (not each year), and these visits are expected to be just a small portion of the review (two-three days) and not encompass the entire EQR process/review.
21	2.5	18	All CMS Adult and Child Core Set Measures will require validation for MississippiCAN and CHIP, in addition to the Annual Audited HEDIS data. D27. Will DOM specify the annual measure list before contract execution, or should Offerors assume validation of the full Adult and Child Core Sets each year?	Offerors should assume validation of the full CMS Adult and Child Core Sets for MississippiCAN and CHIP each year, in addition to the annual audited HEDIS data. Many Adult and Child Core Set measures are HEDIS measures; however, the Core Set validation requirement applies to the full applicable Adult and Child Core Sets.
22	2.5	19	The RFP indicates that "All CMS Adult and Child Core Set Measures will require validation…" Will this include all mandatory AND voluntary Adult and Child Core Set Measures?	Yes, both mandatory and voluntary.

23	2.5	19	In addition to the noted HEDIS IDSS review process and the CMS Adult and Child Core Set measures, are there additional measures that will require validation, considering this statement: The Contractor shall work with DOM to determine the performance measure(s) that will be evaluated each year of the contract term?	No additional performance measures are identified at this time beyond the HEDIS IDSS review process and the CMS Adult and Child Core Set measures. However, DOM may work with the Contractor during the contract term to determine whether additional performance measures should be evaluated based on program needs or changes in federal or State requirements.
24	2.5	19	The RFP indicates this PMV deliverable: "Submit the Annual Performance Measure Validation report to DOM by September 1st each year of the term of the contract." Please confirm if this deliverable is comprised of individual plan-specific PMV reports or is this expected to be a single, aggregated PMV report deliverable?	DOM's preference is for individual plan-specific PMV reports. Plan-specific reporting will provide DOM with clearer information on each MCO's performance and better support quality-improvement decisions. However, DOM will also accept a single aggregated PMV report if it clearly identifies the validation results, findings, and recommendations for each individual MCO.
25	2.6	19	Is it DOM's intent for the Offeror to conduct an AQS on an annual basis, reviewing approximately one-third of the requirements each year of the three-year period required by EQR Protocol 3?	No. DOM intends for the Contractor to conduct a comprehensive Annual Quality Survey (AQS) annually, as described in Section 2.6. The AQS shall incorporate, at a minimum, the scope and requirements identified in Section 2.6.3, as well as the applicable Medicaid and CHIP managed care regulatory requirements and other standards defined by DOM.

				DOM does not intend for the Contractor to divide the AQS requirements into approximately one-third of the requirements each year over the three-year contract period. The AQS is an annual activity and shall be conducted annually for each MCO, or at DOM's discretion, in accordance with Section 2.6.
26	2.6.1	20	Is DOM's expectation that the Offeror will conduct an AQS beginning in calendar year 2027, with the initial AQS criteria tools being submitted to DOM within 30 days of the contract effective date?	Yes.
27	2.6.2	20	Is DOM's expectation that the Offeror must submit the AQS Deeming Table to DOM within 30 days of the contract effective date as part of the AQS that will be conducted in calendar year 2027? When does DOM anticipate providing to the Contractor the MCOs' accreditation survey results that are needed to complete the AQS deeming table?	Yes. The Offeror must submit the AQS Deeming Table to DOM within 30 days of the contract effective date. DOM anticipates providing the Contractor with the MCO's accreditation survey results immediately upon the contract effective date, as DOM has this information available.

28	2.6.2	20	Section 2.6.2 requires the Contractor to submit the AQS Deeming Table, which provides a detailed comparison of state/federal requirements and the National Committee on Quality Assurance (NCQA) Health Plan Accreditation standards. However, the *Mississippi Division of Medicaid Managed Care Quality Strategy (MCQS) 2026-2029*, page 19, indicates that "Non-duplication of EQRO activities does not apply as defined in 42 CFR § 438.360(c). Does DOM intend to update its MCQS to allow for non-duplication of EQRO activities?	No. DOM does not intend to update the MCQS to allow for non-duplication of EQRO activities. The MCQS currently states that non-duplication does not apply under 42 CFR § 438.360(c), and the Contractor remains responsible for submitting the AQS Deeming Table as required in Section 2.6.2.
29	2.6.4	21	Is it DOM's expectation that the AQS, in addition to reviewing compliance with federal and State MCO contract requirements, also include results of other EQR mandatory and optional activities (e.g., PIPs, PMV, etc.) in the AQS report?	Yes. In addition to reviewing compliance with applicable federal and State MCO contract requirements, the AQS report should include the results of other mandatory and optional EQR activities, such as PIP validation and PMV, as applicable.

30	2.6.4	21	Is an AQS conducted on the Fee-for-Service program? Will the scores/rates be available for the comparison with MCO rates?	No, this is not done in the FFS program; therefore, AQS scores/rates are not available for comparison with MCO rates.
31	2.6.4	21	Does DOM anticipate that the assessment of each MCO's compliance with EPSDT requirements and non-discrimination requirements be conducted as a separate AQS standard?	DOM expects the assessment of each MCO's compliance with EPSDT and non-discrimination requirements to be incorporated into the AQS. The Contractor may recommend that either assessment be conducted as a separate AQS standard, and DOM will consider such a recommendation.
32	2.6.6	22	The RFP requires a deliverable of an AQS Summary Report in addition to the AQS Technical Papers required by Section 2.6.4. Is the AQS Summary Report a separate activity than what is required for the Annual EQR Technical Report?	Yes. The AQS Summary Report is a separate deliverable from the Annual EQR Technical Report. The AQS Summary Report should summarize the results of the AQS Technical Papers, while the Annual EQR Technical Report addresses the broader EQR activities required under the RFP.
33	2.6.6	22	The state references that the contractor will "Ensure that the report includes an outline and rating of each MCO based on quality process standards as outlined in *Protocol 10 – Assist with Quality Rating of Medicaid and CHIP Managed Care Organizations*." Only the state can	DOM has not finalized the specific measures or methodology that will be used for the Protocol 10-based MCO quality rating. A workgroup has begun developing these requirements. Offerors should describe their proposed approach for supporting the quality rating process based on Protocol 10, recognizing that DOM may establish or modify the

			issue quality ratings by publishing measure rates on the MAC QRS. Can DOM provide more details regarding what would be included in the requirement to outline and provide a rating for each MCO based on *Protocol 10* in the AQS?	measures and methodology during the contract term.
34	2.7.1	22	The Contractor shall integrate additional requirements regarding Network Adequacy Standards as CMS releases new protocols related to 42 CFR § 438.358 or new guidance as released by CMS regarding network adequacy and appointment wait time standards for certain services. Are cost modifications permissible depending on new CMS guidance?	Cost modifications **<u>may</u>** be permissible if changes in scope of services due to changes in state or federal law or regulations creates a material, demonstrable increase in the cost of contract performance. Any resulting cost adjustments must be executed via a formal written amendment.
35	2.7.3	23	The RFP language indicates "Contractor shall, at the discretion of DOM, conduct an in-depth focused analysis on network adequacy for Provider Specialists and sub-specialists, annually by June 1st each year." Is the Provider Network Scope deliverable for only this paragraph, or should it include all specialty types included in the above paragraph (i.e., Primary Care,	The Provider Network Scope deliverable includes, at a minimum, the following provider types: Primary Care, Perinatal Health, Ophthalmologists, Dentists, Pediatric Dentists, Hospitals, Behavioral Health, Pharmacy, Wound Care and Home Health. For primary care, behavioral health and specialist services, the contractor must distinguish between adults and children.

			Perinatal Health, Ophthalmologists, Dentists, Pediatric Dentists, Hospitals, Behavioral Health, Pharmacy, Wound Care and Home Health)?	
36	2.7.3	23	Contractor shall, at the discretion of DOM, conduct an in-depth focused analysis on network adequacy for Provider Specialists and sub-specialists, annually by June 1st each year. Is there an expected number of focused analyses and how would this be incorporated into cost proposals?	DOM would like one in-depth network adequacy analysis each year, schedule mutually agreed upon, between DOM and Contractor. This analysis would assist DOM in the preparation of the CMS Network Access and Adequacy Assurances Report (NAAAR) due annually to CMS (or when there is a significant contract change). Pricing is to be included in the "operations cost" of the cost proposal.
37	2.7.4	23	Section 2.7.4 requires the Offeror to submit a detailed comparison of State and Federal requirements and the National Committee for Quality Assurance (NCQA) Health Plan Accreditation standards, or other nationally recognized equivalent standards approved by DOM, for potentially deemable elements for the ANA reviews. However, *42 CFR § Nonduplication of mandatory activities with Medicare or accreditation review* does not allow for nonduplication activities within *Protocol 4: Validation of Network Adequacy*.	The CFR states "to avoid duplication the State may use information from a Medicare or private accreditation review of an MCO, PIHP, or PAHP to provide information for the annual EQR".

			What is DOM's intent for the use of this comparison?	
38	2.7.5	23	Section 2.7.5 indicates: "Within 30 days of the Contract effective date for the ANA reviews and by October 31st of each year of the term, the Contractor shall submit the proposed review criteria (i.e., ANA Action Plan and other tools) to DOM for approval." Is this ANA deliverable the ANA methodology as required by CMS EQR Protocol 4, and, if not, can DOM explain what information should be included in the ANA Action Plan?	Yes, but DOM is also considering anything that will help support the CMS reporting, Network Adequacy and Access Assurances Report (NAAAR) plus eventually, DOM wants detailed analysis that further supports MCOs network adequacy in more detailed analysis than what is required in the EQR but the detailed analysis has not been defined at this time.
39	2.8	24	The encounter data validation activity includes a retrospective medical record review. What are DOM's sampling expectations regarding sample size and sampling parameters (e.g., confidence level and margin of error) for encounter data validation?	DOM seeks for Offeror to include a recommendation for scope of work including sampling size and sampling parameters.
40	2.8	24	The encounter data validation activity includes a retrospective medical record review.	DOM seeks for Offeror to include a recommendation for scope of work including the encounter types and data elements.

			Please clarify the expected scope and frequency of the retrospective medical record review, including whether it is required annually for each MCO and whether DOM has established expectations for the encounter types and data elements to be reviewed.	Every three years is the expectation per the CFR. If CMS changes the requirement, the Contractor is expected to update the frequency to match the CFR.
41	2.8	24	The RFP requires the contractor to use DOM's "current encounter validation process." Please describe the current EDV process and clarify whether DOM expects the existing methodology and scope to continue under the new contract.	DOM contracts with a CPA firm who reconciles the Cash Disbursement Journal (CDJ) with the Encounters bi-monthly. In the process, the CPA firm reviews encounters for potential issues and issues a report. This report can be used for review by the Contractor. Yes, we expect the existing Methodology and scope to continue under the new contract.
42	2.8	24	The Contractor shall be required to validate the accuracy and completeness of all encounter data submitted by the MCOs through an audit that would meet the requirement in 42 CFR § 438.602 (e). Will DOM provide access to the State's encounter data warehouse (DSS / Fiscal Agent) for cross validation, or will the EQRO rely	The Contractor will not have direct access to the State's encounter data warehouse, but DOM may provide data extracts from the Fiscal Agent to the Contractor for use in encounter data validation.

			exclusively on MCO submitted encounter files?	
43	2.9	24	The RFP states that the Contractor will conduct quality-of-care surveys. Is there a sample quality-of-care survey report that can be shared?	DOM does not have a sample quality-of-care survey report to share. Offerors should describe their proposed survey report format and approach in their proposal.
44	2.9.3 / 2.9.4	25	The Provider Data Validation (PDV) and Sampling section notes quarterly validations of the accuracy of provider data submitted by the MCOs. Will this be separate from the annual provider directory validation (PDV) and secret shopper activity, which also validates the accuracy of the provider information submitted by the MCOs? If these are the same activity, will the activity be conducted annually, in accordance with 42 CFR §438.10(h) and 42 CFR §438.68(f) rather than quarterly? The quarterly provider data validation surveys will not meet the 42 CFR §438.68(f) requirements, as those surveys utilize the most current DOM Provider Enrollment	Yes, separate. An annual PDV and secret shopper activity per 42 CFR §438.10(h) and 42 CFR §438.68(f). A quarterly PDV and secret shopper activity is also required.

			File (PEF) rather than the MCOs' online provider directories.	
45	2.9.3 / 2.9.4	25	The Provider Data Validation (PDV) and Sampling section notes that the contractor will work with DOM to determine the appropriate provider types. However, it later states that "telephone provider access surveys are to include primary care providers, obstetricians/gynecologists, outpatient behavioral/mental health, and substance use disorder (SUD) providers." Are these provider types intended to be included in a provider access survey conducted separately from the PDV, or is DOM intending to include the listed provider types within the PDV activity? Please note that, in accordance with 42 CFR §438.10(h) and 42 CFR §438.68(f), the activity must include an annual provider directory validation (PDV) and secret shopper activity that assesses primary care providers, obstetricians/gynecologists, outpatient mental health and	Include within the PDV activity, not separately, comply with the CFR and add any additional per the RFP.

			substance use disorder (SUD) providers, and one additional DOM-selected specialty.	
46	2.9.4	25	The Secret Shopper Activities section notes in Element 8 that the appointment availability validation will include both routine and urgent care appointments. Please note that, in accordance with 42 CFR §438.10(h) and 42 CFR §438.68(f), the activity must assess routine new-patient appointment availability. Does DOM intend to conduct two separate Secret Shopper activities—one to assess routine appointment availability and another to assess urgent care appointment availability? Does DOM intend to conduct one Secret Shopper activity that includes both routine and urgent appointments?	DOM intends for one Secret Shopper activity to include validation of both routine new-patient appointment availability and urgent-care appointment availability. Separate Secret Shopper activities are not required for each appointment type.
47	2.9.5	26	The Validation of Survey Methodology mentions validation of the consumer and provider surveys. Is DOM's intent for the Contractor to validate two different types of surveys?	Yes, as they are completely different surveys.

48	2.9.5	26	What is the frequency of consumer and provider surveys administered, and will this activity be conducted quarterly or annually?	Consumer surveys are administered annually. Provider surveys are administered annually.
49	2.9.5	26	For the Validation of Survey Methodology activity, will any survey instruments to be reviewed be plan-specific survey instruments?	Yes. The survey instruments reviewed as part of the Validation of Survey Methodology activity will be plan-specific survey instruments.
50	2.9.5	26	The Validation of Survey Methodology mentions assessing the reliability and validity of the survey instrument. What is the length of each survey instrument that will be assessed?	The consumer survey instrument is the required CAHPS 5.0 survey. The RFP does not specify the length of the provider survey instrument.
51	2.9.5	26	The Validation of Survey Methodology mentions reviewing survey data analysis and findings/conclusions. Is DOM's intent that the contractor will be responsible for conducting survey data analysis and formulating findings/conclusions?	No. The Contractor is not responsible for conducting the survey data analysis or developing findings or conclusions. The Contractor is responsible for reviewing the MCO's survey data analysis and findings and conclusions to assess whether they are appropriate.
52	2.9.6	26	Section 2.9.6 requires that the results of the survey must be provided to DOM in a format ready to post to DOM's public website. Is it DOM's expectation that the Contractor ensure compliance with	Yes.

			Section 508 of the Rehabilitation Act of 1973?	
53	2.10	27	DOM has indicated that, at DOM's discretion, the Contractor will be responsible for calculating additional performance measures and related analyses as needed. DOM has indicated that evaluations could include, "the assessment of the effectiveness of the Quality Strategy (see also Section 2.14.6), State Directed Payment Programs (SDPs), In Lieu of Services (ILOSs), and other managed care initiatives..." For the purposes of planning and budgeting, which of these activities will be required on an annual basis and which will be required as needed?	The Contractor shall assess the effectiveness of the Quality Strategy annually. Calculating additional performance measures and conducting evaluations related to State Directed Payment Programs, In Lieu of Services, and other managed care initiatives will be required at DOM's discretion, as needed.
54	2.10	27	At DOM's discretion, the Contractor shall be responsible for working with DOM to calculate additional performance measures and related analyses, as needed, and in accordance with 42 CFR §§ 438.358(c)(3), 438.358(c)(7) and 457.1250(a).	The potential number and type of additional performance measures cannot be determined at this time. Any additional performance measures and related analyses will be identified by DOM, at its discretion, as needed during the contract term.

			Can DOM please clarify the potential number and type of additional performance measures?	
55	2.10 Protocol 7	27	The RFP states that the contractor will be responsible for calculating additional performance measures. Can DOM provide the anticipated number of measures that would be calculated?	DOM cannot provide an anticipated number of additional performance measures at this time. Any additional measures will be identified by DOM, at its discretion, as needed during the contract term.
56	2.10 Protocol 7	27	For the additional performance measures calculations, what data sources will be included for the calculation of performance measures (i.e., administrative claims/encounter data, ECDS data, registry data, medical record data)?	The data sources for any additional performance measure calculations cannot be determined at this time. The applicable data sources will depend on the performance measures identified by DOM, at its discretion, during the contract term.
57	2.10 Protocol 7	27	Can DOM confirm what populations the additional performance measures will be calculated for (e.g., statewide, LOBs, managed care plans)?	The populations for which additional performance measures will be calculated cannot be determined at this time. The applicable populations will depend on the performance measures identified by DOM, at its discretion, during the contract term.
58	2.12	27	The Contractor shall provide ad hoc reports as requested by DOM, which may include but are not limited to… What is the expected number of focus studies and and will DOM provide topics at the start of each contract	The number of focused studies is undetermined at this time. Ad Hoc basis throughout the year

			year, or will topics be assigned on an ad hoc basis throughout the year?	
59	2.13	28	The State references that the contractor "shall be responsible for the collection of data, validation of data, and the calculation of performance rates to be displayed on the MAC QRS website." Can DOM confirm the type of data that needs to be collected by the contractor? Will the contractor collect Medicaid administrative data? If the contractor is collecting administrative data, will CMS, MCOs, DOM, or any combination of entities be providing the data?	The data for the MAC QRS website will consist of the MCO's annual audited HEDIS results. The Contractor will not be required to collect Medicaid administrative data, as the MAC QRS activity applies to MCO data. MCOs submit their audited HEDIS results to DOM annually, and DOM will provide the applicable data to the Contractor.
60	2.13	28	If the contractor is responsible for collecting administrative data, will the contractor be responsible for producing validated data for the purposes of performance rate calculations?	No.
61	2.13	28	Will the contractor be collecting HEDIS and CAHPS rates from the MCOs or DOM?	The MCOs submit their HEDIS and CAHPS rates to DOM, and DOM will share the applicable data with the Contractor.

			If the contractor is responsible for collecting HEDIS and CAHPS rates, will validation of data include validating the collected HEDIS and CAHPS rates?	The Contractor will not be responsible for collecting the rates directly from the MCOs. The Contractor will not be required to validate the submitted HEDIS data and CAHPS rates, as the MCOs submit audited HEDIS data and validated CAHPS rates.
62	2.13	28	Is the contractor responsible for calculating all required rates for all required programs, or does DOM have an estimate of how many rates will be calculated for how many programs?	DOM does not expect the Contractor to calculate HEDIS rates. HEDIS rates are calculated by the MCOs' NCQA-certified vendors and submitted to DOM as audited HEDIS results. The MCOs also calculate and submit the applicable Adult and Child Core Set measure rates. DOM will provide the applicable submitted data to the Contractor for the required review, validation, analysis, and reporting activities.
63	2.13	28	The state references that the contractor will "Support, as necessary, any data collection from MCOs and data submission to CMS as required for specified QRS performance measures." For the MAC QRS requirements, data will be posted publicly on the MAC QRS website. Can the State clarify what data submission requirements the contract will be required to support?	The specific data submission requirements for the MAC QRS have not been determined at this time. DOM is in the beginning stages of developing the MAC QRS website and will provide additional direction regarding any required data collection from MCOs and data submission to CMS as the requirements are established.

64	2.13	28	The state references that the contractor will "Modify/enhance the MCO QRS as specified by DOM in response to and in alignment with DOM's changing business requirements (e.g., DOM branding, changes in federal regulations, revisions to the contracts between DOM and MCOs) and/or changes to report card measure specifications (e.g., HEDIS, CAHPS)." What delivery format is the state expecting to receive from the Contractor for the MCO QRS (a Tableau dashboard, a Microsoft PowerBI dashboard, a PDF document displaying QRS information)? Will DOM will be responsible for posting/transferring the information provided by the contractor to the MAC QRS website?	The delivery format for the MCO QRS has not been determined at this time. DOM is in the beginning stages of developing the MAC QRS website and will provide additional direction regarding the required format and the process for posting or transferring QRS information as the requirements are established.
65	2.13	28	Upon issuance of the protocol by CMS, under the direction of DOM, Contractor shall create a quality rating system (QRS) to evaluate and apply a rating to measure the quality of care provided by the MCOs for the DOM Medicaid and CHIP (MAC) QRS website within one (1) year of the date of issuance.	DOM will host the public facing MAC QRS website. The specific data, scoring files, or other materials the Contractor will be required to provide have not been determined at this time.

			Regarding the Quality Rating System (QRS), does DOM expect the EQRO to host the public-facing QRS website, or will DOM host the site and the EQRO provide data and scoring files only?	
66	2.14.1	29	What is the due date for submission of a proposal for inclusion into DOM's QI committees, task forces, or work groups? (2.14.1 states "following contract award")	Not known at this time.
67	2.14.1	29	The RFP states that the EQRO is required to participate in quality improvement committees, task forces, or work group meetings as requested by DOM, whether these meetings occur annually, quarterly, or monthly. Is there schedule and count of the meetings in which the EQRO is required to participate? How many in person meetings does DOM anticipate will be required annually?	DOM has not established a schedule or specific number of meetings at this time. Participation will be as requested by DOM. DOM anticipates that no more than one of these meetings per year will require in-person attendance.
68	2.14.1	29	Can DOM provide charters for the Quality Improvement (QI) committees, task forces, and work	Not available at this time.

			groups to facilitate identifying HSAG's role in these groups? (2.14.1)	
69	2.14.2	30	Included in the Quality Companion Guide activity, the RFP states that the Contractor shall assist in the annual review of the quality strategy. Does this requirement include the Contractor updating the quality strategy?	Yes. The Contractor shall assist DOM with updating the Quality Strategy as part of the annual review, including providing draft revisions or updates, as needed.
70	2.14.3	30	The RFP states that the Contractor shall validate all Corrective Action Plans (CAPs) developed for each MCO and provide a summary report for each that includes a detailed section and analysis for every CAP item. Is there a sample CAP summary report that can be shared?	No. DOM seeks the Contractor's input and recommendation on the CAP analysis and summary report.
71	2.14.3	30	Will DOM require the Contractor to validate and monitor only those CAPs related to the EQRO activities? Will the Contractor be required to validate and monitor CAPs required by DOM for non-EQRO activities?	The Contractor's CAP validation and monitoring responsibilities are not limited to CAPs arising from EQRO activities. They may also include CAPs associated with Additional Activities, such as Mental Health Parity, when the underlying review or assessment was performed by the Contractor.
72	2.14.4	31	Is DOM's expectation that the *draft* EQR Technical Report be submitted to DOM by January 31st?	Yes, but an exception, if requested, is allowed for the first report due based on the timing of the contract award.

73	2.14.5	31	Can DOM provide additional detail regarding the differences in content expected in Deliverable 2 and 3 in this section?	Deliverable 2 is a comparative analysis of HEDIS and CAHPS results following the national benchmark. Deliverable 3 includes a comparison of MCO results to the NCQA Quality Compass Data.
74	2.14.5	31	3. An annual comparative analysis of HEDIS and CAHPS results including comparison of MCO results to the NCQA Quality Compass data, submitted by October 31st each year of the term. Is the vendor required to have access to NCQA's Medicaid Quality Compass data annually?	Yes.
75	2.14.7	32	How does Section 2.14.7 differ from the Provider Data Validation requirements in Section 2.9.3 and the Secret Shopper requirements in Section 2.9.4? Are these intended to be separate activities and deliverables, or may the provider directory accuracy audit be satisfied through the PDV/Secret Shopper methodology and reporting?	Section 2.14.7 checks the online directory itself and can cover all provider types. Section 2.9.3 uses provider phone surveys to validate the MCO's underlying provider file information. Section 2.9.4 tests real world experience of getting an appointment and meeting access/wait time standards. Section 2.14.7 does not specifically require telephone calls, wait time testing, or a statistically valid sample, while those

				elements are expressly required in Sections 2.9.3 and/or 2.9.4. These are separate required activities and deliverables.
76	2.9.6	26	Can DOM confirm that the Contractor's quarterly reporting deliverables consist of MCO-specific findings and all associated raw data, and that reporting of aggregate results across multiple MCOs is not required?	The Contractor's quarterly reports must include MCO-specific findings and all associated raw data, as required in Section 2.9.6. In addition, pursuant to Section 2.19.1, reports must include comparative information across all MCOs, as applicable.
77	2.14.8	33	The RFP states that the contractor shall "prepare reports of ECHO survey findings for each MCO." Will DOM require separate reports for each MCO?	Yes.
78	2.14.8	33	The Contractor must validate the ECHO (Experience of Care and Health Outcomes) Survey that asks health plan enrollees about their experiences with behavioral health care and services. Is the contractor expectexd to conduct an ECHO survey or validate the results provided by the plans? Also, does DOM anticipate implementing The Outpatient Mental Health Survey released by AHRQ?	The Contractor is expected to validate the results of the Echo Survey that will be provided by the plans, not conduct the ECHO survey. No. DOM does not anticipate implementing the AHRQ Outpatient Mental Health Survey at this time.

79	2.14.9	33	For the purpose of pricing, how many readiness reviews should the bidder include in its overall price proposal?	Offerors should assume up to three readiness reviews for pricing purposes, based on the three MCOs currently contracted with DOM. If additional MCOs are added during the contract term, additional readiness reviews may be requested by DOM in accordance with the contract.
80	2.14.9	33	Should the bidder propose and price performance of all aspects of a readiness review, including: operational/administrative, service delivery, information systems management, as well as financial management?	Yes. Offerors should propose and price the full readiness review. The specific scope of each readiness review, including whether financial management functions are reviewed, will be determined by DOM.
81	2.14.9	33	The RFP states that the readiness reviews will be conducted to evaluate compliance with DOM MCO contract requirements. Will the readiness reviews also include federal requirements?	Yes, as applicable.
82	2.9.4	25	To clarify, is DOM's intent for the Contractor to conduct annual secret shopper surveys to validate the accuracy of provider directory information associated with the elements specified in 42 CFR § 438.10(h)(i)-(iii) and (v)-(vi), as required under 42 CFR § 438.68(f)(ii)?	Yes.

83	2.14.10	35	Section 2.14.10 outlines the requirements for a Mental Health and Substance Use Disorder Parity activity. For the purposes of planning and budgeting, is it DOM's expectation that the mental health parity assessment will occur annually?	Yes.
84	2.14.10	35	Will DOM require a mental health parity assessment of both managed care and FFS programs?	No, just the assessment of Managed Care.
85	2.15	36	Where should the response for RFP section 2.15 MCO Reporting Requirements be included in the RFP response?	The response should be included in Attachment B, Addendum 2 – Technical Factors: Methodology (Section 5.3.3(5) Deliverable and Format Compliance).
86	2.15	36	Section 2.15 requires that the Offeror conduct a technical review and analysis, as well as validation, of the data included in the MCO Manual Reports (Appendix 3). What are DOM's expectations of a technical review and validation of these reports? What source data will be made available from the MCOs to conduct a validation of the MCO Manual Reports?	DOM expects the Contractor to independently review and analyze each Manual Report submitted by the MCO, validate the reported information to the extent necessary to assess its accuracy, reliability, and timeliness, and identify operational trends, inconsistencies, or deficiencies that may create risks to member access, quality of care, or financial compliance. DOM will provide the MCO Manual Reports. If additional support is needed, the Contractor may work directly with the

				applicable MCO to request the relevant supporting documentation or data.
87	2.18	37	Section 2.18 requires that the Offeror submit a detailed proposal regarding its plans for evaluating and validating the UM IRR scores calculated and maintained by the MCOs. What are DOM's expectations for evaluating and validating these results?	DOM expects the Offeror to make a recommendation in its proposal.
88	2.18	37	The RFP states that the Contractor shall provide an annual analysis of encounter and other data, including but not limited to, claims data, data from Mississippi's immunization registry if available, the Mississippi Prescription Monitoring Program data, and custom quality metrics calculated by the MCOs for the purpose of providing DOM with	The Fiscal Agent would provide most, if not all, information. However, the MCOs claims would help supplement if needed. DOM does not have a sample report to provide.

			written reports of patterns of utilization, areas of potential over/under utilization, target for special reviews or investigation, and recommendations for improving the efficiency and quality of the DOM program. What entity will provide the data and information to conduct the analysis? Can DOM provide a sample analysis report for review?	
89	2.19.5	41	Item 2 under Section 2.19.5 requires the Offeror to to submit a tracking report of progress on annual reviews by MCO and areas of concern every two weeks. Is DOM's expectation that the Contractor submit one comprehensive report detailing only areas of concern per MCO every two weeks? Should the report include tracking of tasks for all EQRO activities?	No, DOM's expectation is that the Contractor submit one comprehensive report detailing not only areas of concern per MCO but also the progress report shall specify accomplishments during the report period in a task-by-task format, including personnel hours expended, whether the planning tasks are being performed on schedule, and any administrative problems encountered. Yes, the report should include tracking of tasks for all EQRO and additional requirements per the RFP.
90	2.21 / 2.24	41-43	The Contractor shall provide and maintain qualified Key Personnel, staffing, and resources necessary to	No, DOM does not require key personnel to be dedicated 100% to the Mississippi EQRO. However, DOM shall have unlimited

			fulfill all Contract requirements and support all EQRO and EQR activities. Key Personnel are those identified by DOM as essential to successful Contract performance and must receive DOM's prior written approval before assignment, replacement, or changes in responsibilities. Can DOM confirm whether Key Personnel must be dedicated 100% to the Mississippi EQRO contract, or whether shared staffing across other state EQRO contracts is permitted?	access to key personnel for discussion of all aspects of this contract.
91	2.24	44-45	Other than the positions listed under Key Personnel Requirements, may Offerors name other positions as key?	Yes, however DOM reserves the right to approve or disapprove other positions Contractor may name as key.
92	2.24	44-45	Would DOM confirm that the four key personnel are: the Account Manager, a Statistician/Data Analyst, a licensed clinician (MD, DO, RN or equivalent), and a behavioral health specialist?	Yes, the key personnel for program implementation and operations include: Account Manager, Statistician/Data Analyst, a licensed clinician (MD, DO, RN, or equivalent) with at least three (3) years of experienced in Medicaid managed care quality review or utilization management, and a behavioral health specialist with at least three (3) years of experience in behavioral health quality improvement or MHPAEA compliance review.
93	3.1	48	The RFP states "Submission of a proposal in response to this RFP	Yes, submission of the proposal is sufficient acknowledgement. Offerors remain

			constitutes: Adherence to the conditions outlined…Compliance with the Eligibility Requirements…" Please confirm Offerors are not required to respond to these items and that submission of a proposal is sufficient acknowledgement.	responsible for submitting all items expressly identified as required proposal components.
94	3.3.3	50	The RFP states that proposals will be evaluated on whether each Offeror was responsive and responsible. Can DOM provide what criteria will be used to assess "responsive" and "responsible"?	See 3.3.3
95	4.6	60	May we know how much is the appropriated/allocated funding for the resulting contract?	No, appropriated/allocated funding will not be disclosed. Offerors should base their cost proposals on the requirements and pricing instructions contained in the RFP and its attachments.
96	5.1	80	The RFP states that a minimum 11 point font is strongly preferred. Can a smaller font size be used on figures, tables, charts, footnotes, and footers?	Yes. The 11-point font provision is strongly preferred for the primary narrative. Smaller font may be used where reasonably necessary for figures, tables, charts, footnotes, and footers, provided the material remains legible.
97	5.1	80	The RFP instucts Offeror's to number proposal pages sequentially, excluding financial statements.	Yes. Offerors may use their own headers and footers, including sequential proposal page numbers, on attachments

			For the attachments required to be included with the proposal, can the Offeror use its own headers and footers (inclusive of page numbers) and remove the RFP page numbers from the attachments?	incorporated into the proposal. The RFP's original page numbers need not be retained, provided the attachment remains clearly identifiable and the proposal's page numbering is sequential as required.
98	5.2	81	May Offerors include a proposal cover page at the beginning of the proposal before the Transmittal Letter?	**Yes.** A cover page may be included before the Transmittal Letter, provided it does not replace or alter any required content.
99	5.2	81	May Offerors include a table of contents at the beginning of the proposal before the Transmittal Letter?	**Yes.** A table of contents may be included before the Transmittal Letter.
100	5.2	81	Is there a limit to the size of files that can be uploaded on DOMs SharePoint site?	There is no file size limit for the upload to DOM's SharePoint site. If an offeror encounters file size limitations or technical submission issues, Offerors should contact the Procurement Officer before the submission deadline for instructions.
101	5.3.3	85	The RFP states "the Methodology Section shall describe the Offeror's approach to performing the services described in Section 2." Please confirm the Methodology Section is limited to responding to the activities from Section 2.4 to 2.14	The Methodology Section should address the Offeror's proposed approach to performing the services described in Section 2, as applicable to the requirements identified in the RFP. Offerors should not assume that requirements elsewhere in Section 2 are excluded merely because they are not

			and not every section in Section 2 (e.g., Section 2.2 Proposal Requirements, 2.3 Federally Defined Protocols, 2.15 MCO Reporting Requirements, 2.16 Security and Privacy, etc.), and that these other items in Section 2 are presumed to be included as part of the Offeror's submission of a proposal.	specifically referenced in the Methodology instruction. Required responses should be provided in the sections identified by the RFP. Responses for 2.15 are to be included in Section 5.3.3(5).
102	5.3.3	86-87	The RFP includes under the Optional EQR-related activities elected by DOM section, i. through v. Should these optional activities by labeled b. through f. since they are not activities "under" a validation of encounter data activity?	Yes, this was a minor formatting oversight during document preparation. 5.3.3(3) items should be correctly ordered as (b) through (f) rather than (i) through (v).
103	5.3.3	88	The RFP states in element 8.k. that the Contractor's approach to DOM's interaction with contract management staff specifically describe how it will meet the requirements of Sections 2.17 through 2.25 (explain each Section separately). Can DOM describe what it is looking for in the response on how the vendor will meet the requirements of sections 2.17 - 2.25?	The response should demonstrate how the Offeror will operationally satisfy each requirement in Sections 2.17–2.25, rather than merely restating those requirements. A reasonable response can explain the approach, responsibilities, processes, communication, deliverables, and controls applicable to each section. Cross-references are permitted, provided they clearly identify where the substantive response can be found and do not require the evaluator to reconstruct the answer from multiple sections.

			Can this response refer to responses in other sections of the RFP response?	
104	5.3.4	89-90	The RFP states that for the work plan and schedule, the narrative must include Subsections A through D below, in the order listed. The RFP does not include subsection A through D. The RFP includes 1 through 4. Can DOM please clarify that the RFP should indicate subjections 1 through 4 instead of A through D?	Yes. The reference to Subsections A through D is intended to refer to items 1 through 4 in the Work Plan and Schedule requirements. Offerors should address items 1 through 4 in the order presented in the RFP.
105	5.3.4.4	90	The RFP indicates the proposed work plan must include items a-f. May Offerors include one work plan that encompasses all activities in the RFP Sections 2.4 through 2.19 and 2.25, following 5.3.4.4.a-f (e.g., a. Assumptions or Constraints would include PIPs, PMV, ASQ, etc.)?	Yes. Offerors may submit a consolidated work plan encompassing the applicable activities identified in Sections 2.4–2.19 and 2.25, provided the work plan addresses each requirement and includes the information requested in Sections 5.3.4.4(a)–(f). Offerors should clearly identify how each activity is incorporated into the consolidated work plan.
106	5.3.6(9)	93	Is the "Project Manager" referenced in the RFP the Account Manager?	Yes. The Account Manager and Project Manager are the same.
107	5.3.6(9)(v)	94	May Offerors include email addresses for References?	Yes. Offerors may include email addresses for references in addition to the other reference information required by the RFP.
108	5.3.6(6)	94	The RFP states, "a. Professional references, corporate qualifications, and brief biographies for all	If an Offeror proposes to utilize subcontractors to perform services under the resulting contract, the Offeror, in

			proposed subcontractor staff." Would the state confirm that references are for the subcontractor and not for subcontractor staff?	response to Section 5.3.6(6) must submit professional references and corporate qualification details for each proposed subcontractor, as well as brief professional biographies for all assigned subcontractor personnel.
109	5.3.6	94-95	Would DOM confirm that the lists in 5.3.6.9.a (i. through v.) and b (i. through iii.) are the items to be included in resumes?	DOM should be able to identify the required information in either the resume or the accompanying narrative.
110	5.3.6	94-95	May Offerors include other items than those listed in 5.3.6.9.a and b in resumes?	Yes. Offerors may include additional relevant information in resumes, provided that all requirements specified in Section 5.3.6.9(a) and (b) are addressed.
111	5.3.6	94-95	Would DOM clarify what it is requesting for the experience narrative that is to be attached to the resume, e.g., list of positions held?	Brief narrative explaining the individual's relevant experience and qualifications in relation to the proposed role, including relevant positions, projects, responsibilities, and experience applicable to the EQRO scope.
112	5.3.6	95	The RFP states, "If project management responsibilities are assigned to more than one individual during the project (i.e., management may be changed following implementation), resumes shall be provided for all persons concerned." Could DOM clarify if this statement applies to the Offeror's response or is	Applicable after contract award. Yes.

			this applicable after contract award? Does this statement only apply to a scenario when the person fulfilling the Account Manager role changes?	
113	5.3.6	95	The RFP states, "Each project referenced in a résumé should include the client name, the time period of the project, and the time period the person performed, as well as a brief description of the project and the person's responsibilities." Is this sentence referencing only resumes for changes in project management personnel after contract award?	Yes.
114	5.3.8	96	If no deliverable for a given activity is noted in red font, is it DOM's expectation that costs associated with that activity should not be included in the bidder's cost proposal?	**No.** The absence of a red-font deliverable should not by itself mean the underlying activity is excluded from pricing. Offerors should price the activities in accordance with Attachment B and the cost-proposal instructions. See Amendment #4.
115	5.3.8 / Attachment B: Addendum 7	96, 111	Can DOM confirm that the monthly cost, in Attachment B: Addendum 7, is intended to cover all activities identified in Section 2.0, except for Protocols 7, 9, and 10, which are to be priced separately as, as-needed deliverables? If not, please identify	Yes.

			any activities that should be excluded from the monthly cost.	
116	Attachment B: Addendum 7	111	In the Protocol 10 cost proposal worksheet, DOM listed the annual expected units as 2. The MAC QRS will display quality ratings/other required data from all applicable programs, and all information should be housed on a single website. Can DOM clarify what they consider a unit for the QRS activity? Should the QRS be considered one unit?	For pricing purposes, one unit represents one complete QRS deliverable as described in the RFP. The QRS website itself should not be treated as multiple units merely because it contains ratings/data for multiple programs, unless DOM requests separately priced deliverables. One QRS, but two deliverables.
117	Attachment B: Addendum 7	111	Under 2.10, Protocol 7, DOM includes elements from *CMS EQR Protocol 7 - Calculation of Additional Performance Measures* and from upcoming *CMS EQR Protocol 11 - Evaluate State Quality Strategies, State Directed Payments, and In Lieu of Services*. Can DOM confirm that the cost the Offeror lists in the cost sheet should only be for activities related to CMS EQR Protocol 7 and that any activities related to CMS EQR Protocol 11 would not be included in the cost sheet and would be priced on an ad hoc basis?	No – the pricing for Protocol 11 should be included in the pricing quoted for Protocol 7.

118	Attachment B: Addendum 7	111	Attachment B: ADDENDUM 7 - Cost Proposal Worksheet. For optional deliverables (Protocols 7, 9, and 10), should Offerors assume the estimated number of reports per year is fixed, or may DOM request additional reports at the same unit rate?	The annual quantities shown in Attachment B are estimates for proposal evaluation and pricing purposes and do not constitute a guarantee of the number of deliverables DOM will request.
119	Attachment C	114	Attachment C - Disclosure of Subcontractor Information states, "Include information about subcontractors of the Offeror in which the Offeror or owner of the Offeror has a more than 5% ownership interest and/or a management control interest." Please confirm if an Offeror plans to use a subcontractor but does not have more than 5% ownership interest Attachment C does not need to be included in the response.	**Yes.** If the Offeror uses a subcontractor but neither the Offeror nor its owner has more than 5% ownership interest and/or a management control interest in that subcontractor, the specific disclosure described in Attachment C would not be triggered on that basis. This does not eliminate any other subcontractor disclosure requirement contained elsewhere in the RFP.

All other terms, conditions, and requirements of the Request for Proposal remain unchanged and in full force and effect. Vendors are responsible for ensuring that their submissions reflect the corrections outlined in this amendment.

_____	_____
Authorized Signature	Date
_____	_____
Printed Name	Vendor Name