

# Q & As – RFP #19010MW – 08/09/2019	
1	Could you please provide us with the number of Providers that need Enrolled/Credentialed annually? GHS is a teaching facility and new enrollments, revalidations and provider exits will vary. (Approximately 60 new enrollments and 100 revalidations per year).
2	How many need re-enrolled/re-certified annually? Revalidations are required: (Medicaid every 3 yrs., Commercial every 3yrs, Medicare every 5 yrs.). Approximately 100 revalidations per yr. with commercial payors requiring CAQH attestation every 120 days.
3	Provide a breakdown of the taxonomy of the Provider Types – 010-Behavioral Health, 012-Dental, 013-Nutrition, 015-Eye/Vision, 020-Physicians, 022-Physical Therapists, 023-Audiologist, 036-PA's and ANP's
4	Are there any standards you are attempting to meet? Joint Commission, URAC, or NCQA? Yes, NCQA and JCAHO
5	Could you please provide a list of items you want Credentialed? Tasks are directly related to enrollment and revalidation of providers into payor plans thru PECOS GAMMIS CAQH – not credentialing of provider specific items. Location updates may be needed with NPPES to reflect provider current service location and as needed location updates with Medicare, Medicaid, & Commercial payors.
6	Any question and answer session call is scheduled for interested RFP participants – Yes
7	How to appropriately address section 7 of the RFP? Much of this (i.e. subcontracting) is not applicable to how we support our clients. We don't use subcontractors so I am unsure how to best respond: Answer will be posted later on.
8	Project Overview: In the Project Overview, GHS states "The selected platform will provide enrollment and re-enrollment, privileges, denials, ad-hoc reports, onsite and web-based training, analytics and assuring procedures are aligned with GHS risk prevention, Provider Enrollment..." • Please elaborate on "denials." An enrollment log is created by GHS billing team that gives provider data of claims denials. The log is a solid resource to help prioritize which provider accounts to place at the top of the vendor worklist. o Is this Enrollment Denial letters received from outside payors denying an enrolling provider? Yes o Is this claims denials? Yes • Could GHS provide any risk prevention guidelines that Offerors should adhere to? Yes
9	Vendor Registration: Do Offerors need to complete Vendor Registration prior to submitting a bid? Yes

10	The RFP text includes "RFI" when indicating when questions are due. Would GHS please confirm the request is for proposal and not information? Request is for proposal.																				
11	Please elaborate on the RFP text: "Do you manage delegated agreements? If so, what is your process?" Yes, GHS directly corresponds with payors, and amendments or updates to GHS delegated agreements will be relayed to vendor at time of update.																				
12	Please elaborate on the RFP text: "Do you have the ability to depict financial data with in-process enrollment applications?" N/A Is GHS requesting integration with claims data? No																				
13	In addition to the separate original and 10 copies of the Cost Proposal, would GHS desire 10 USB copies to mirror the requirements of the technical submission? No																				
14	How many and in what format would GHS prefer for submission of the confidential/redacted copy? Secure PDF or Word/Excel.																				
15	If an Offeror is submitting a solution with the supplier diversity goal met, do Offerors still need to fill out and submit the Certification of Efforts document? Yes																				
16	Would GHS please provide forms in an editable format? Yes.																				
17	<p>How many GHS providers (MDs and AHPs) will be managed by the new system? Would GHS please provide a rough breakdown of the number of each provider types? As of 31st Jul 2019</p> <table border="1"> <thead> <tr> <th>Taxonomy Provider Type</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>010-Behavioral Health</td> <td>19</td> </tr> <tr> <td>012-Dental</td> <td>3</td> </tr> <tr> <td>013-Dietary / Nutrition</td> <td>9</td> </tr> <tr> <td>015-Eye / Vision</td> <td>1</td> </tr> <tr> <td>020-Physicians</td> <td>42</td> </tr> <tr> <td>022-Physical Therapists</td> <td>21</td> </tr> <tr> <td>023-Audiologist</td> <td>1</td> </tr> <tr> <td>036- PA's and ANP's</td> <td>159</td> </tr> <tr> <td>Total</td> <td>255</td> </tr> </tbody> </table>	Taxonomy Provider Type	Count	010-Behavioral Health	19	012-Dental	3	013-Dietary / Nutrition	9	015-Eye / Vision	1	020-Physicians	42	022-Physical Therapists	21	023-Audiologist	1	036- PA's and ANP's	159	Total	255
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18	How many enrollments and re-enrollments does GHS anticipate monthly or yearly? GHS is a teaching facility and new enrollments, revalidations and provider exits will vary. (Approximately 60 new enrollments and 100 revalidations per year).																				

19	How many networks/plans will providers need enrolled into? 10 agreements	
20	How many contracts are currently delegated contracts? 4 out of the 10 agreements	
21	Approximate Number of Providers 255 providers	
22	Number of States where services are provided 1 state (Georgia)	
23	Number of Payers in GA 10 payers	
24	Are there any existing sources of provider data, enrollment data, facility data, etc. that GHS would like to have imported into the new system? If so, what is the scope and format of these data sources (i.e. SQL database, CSV file, Excel, etc.? Excel worksheet.	
25	Please provide a walk-through of a new provider enrollment and re-enrollment transaction. Specify which steps are performed by GHS employees, the Offeror and the third parties. Separation of tasks to be determined based on agreement between vendor /GHS.	
26	Who is currently providing these services? Services are in-house with GHS.	
27	Mandatory quarterly business reviews to occur with Project Manager. Is this a question or a requirement? Requirement.	
28	Quarterly business review meetings shall occur on site or in person. Is this a question or a requirement? Requirement.	