

**Mission:**

To protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.



**Ron DeSantis**  
Governor

**Joseph A. Ladapo, MD, PhD**  
State Surgeon General

**Vision:** To be the Healthiest State in the Nation

**Addendum 2  
Questions and Answers  
ITN DOH23-025**

**Title XIX and Title XXI Children's Medical Services (CMS) Program**

**DATE:** 12/20/2024

**TO:** Prospective Vendors

**FROM:** Niki Sparks, Procurement Officer  
Florida Department of Health  
Central Purchasing Office

**SUBJECT:** Addendum 2

The purpose of this addendum is to answer questions received in accordance with **Section 2.7**, Questions, of the Invitation to Negotiate (ITN). Please see the Department's response to questions below.

The purpose of this addendum is to modify the below sections and to answer questions received in accordance with **Section 2.7**, Questions, of the Invitation to Negotiate (ITN). This addendum serves as notice of the following change(s):

Deletions are indicated by "~~strikethrough~~" or reference. Additions, updates or replacements are indicated by **highlighting**.

**A. Modifications:** The following modifications are made to **DOH 23-025, CMS Health Plan ITN**:

**1. Attachment A, Section 3.3.2, Reply Submission Requirements, page 15**

One original copy and seven duplicate copies of the Reply must be submitted no later than the date and time set forth in **Section 2.5, Timeline**. In addition, one **original and seven** electronic copies of the Reply **each** on a single USB storage device, viewable in Adobe Acrobat Reader (PDF) must be submitted. **Please ensure that the "original" copies are clearly marked.** The electronic copy submitted must contain the entire Reply as the submitted original copy, including all supporting and signed documents.

The PDF electronic copy of the "original" Reply will be considered the control if there are any differences between the paper and electronic copy



**Addendum 2**  
**Questions and Answers**  
**ITN DOH23-025**  
**XIX and Title XXI Children's Medical Services (CMS) Program**

Hard copy Replies shall be bound individually and submitted in three (3) ring binders or secured in a similar fashion to contain pages that turn easily for review. Each component of the hard copy Reply shall be clearly labeled and tabbed in the order specified below:

- **Exhibit A-2**, Transmittal Letter
- **Exhibit A-2-a**, Qualification of Plan Eligibility
- **Exhibit A-2-b**, Provider Service Network Certification of Ownership and Controlling Interest (if applicable)
- **Exhibit A-2-c**, Additional Required Certifications and Statements
- **Exhibit A-2-d**, Accountable Care Organization Certification of Qualifications (if applicable)
- **Exhibit A-3-a**, Milliman Organizational Conflict of Interest Mitigation Plan
- **Exhibit A-3-b**, Milliman Organizational Conflict of Interest Mitigation Plan Declaration (if applicable)
- Original Proposal Guarantee, **as required Section 3.3.1.5, Proposal Guarantee**
- Financial Information, **as required in Section 3.3.1.6, Financial Information** – tabbed separately as follows:
  - Financial Statements
  - Pro Forma Financial Statements
  - Surplus Insolvency Protection
- **Exhibit A-4**, Unscored Submission Requirements and Evaluation Criteria and applicable attachments/exhibits
- **Exhibit A-5**, Scored Submission Requirements and Evaluation Criteria and applicable attachments/exhibits
- **Exhibit A-6**, ITN Plan Financial Commitment Template Narrative exhibits (response to **Exhibit A-6-b**)
- **Exhibit A-7**, Summary of Respondent Commitments
- **Exhibit A-8**, Certification of Drug-Free Workplace (if applicable)
- **Exhibit A-9**, PDN Utilization Withhold Proposal template.
- **ATTACHMENT D: Application, Data Security, and Confidentiality**
- **ATTACHMENT E: Foreign Countries of Concern Attestation**
- **ATTACHMENT F: Subcontractors List**
- **ATTACHMENT G: HIPPA Business Associate Agreement**
- **ATTACHMENT H: Background and Drug Screening Attestation**
- **ATTACHMENT I: Vendor Certification (PUR 7801)**
- **ATTACHMENT J: Forced Labor Certifications (PUR 2024)**

The PDF electronic copies of documents shall be saved on the USB flash drive, with each component listed below saved separately in individual file folders:

- **Exhibit A-2**, Transmittal Letter
- **Exhibit A-2-a**, Qualification of Plan Eligibility
- **Exhibit A-2-b**, Provider Service Network Certification of Ownership and Controlling Interest (if applicable)
- **Exhibit A-2-c**, Additional Required Certifications and Statements
- **Exhibit A-2-d**, Accountable Care Organization Certification of Qualifications (if applicable)
- **Exhibit A-3-a**, Milliman Organizational Conflict of Interest Mitigation Plan
- **Exhibit A-3-b**, Milliman Organizational Conflict of Interest Mitigation Plan Declaration (if applicable)
- Original Proposal Guarantee, **as required Section 3.3.1.5, Proposal Guarantee**
- Financial Information, **as required in Section 3.3.1.6, Financial Information** – tabbed separately as follows:

**Addendum 2**  
**Questions and Answers**  
**ITN DOH23-025**  
**XIX and Title XXI Children’s Medical Services (CMS) Program**

- Financial Statements
- Pro Forma Financial Statements
- Surplus Insolvency Protection
- **Exhibit A-4**, Unscored Submission Requirements and Evaluation Criteria and applicable attachments/exhibits
- **Exhibit A-5**, Scored Submission Requirements and Evaluation Criteria and applicable attachments/exhibits
- **Exhibit A-6**, ITN Plan Financial Commitment Template Narrative exhibits (response to **Exhibit A-6-b**)
- **Exhibit A-7**, Summary of Respondent Commitments
- **Exhibit A-8**, Certification of Drug-Free Workplace (if applicable)
- **Exhibit A-9**, PDN Utilization Withhold Proposal template.
- **ATTACHMENT D: Application, Data Security, and Confidentiality**
- **ATTACHMENT E: Foreign Countries of Concern Attestation**
- **ATTACHMENT F: Subcontractors List**
- **ATTACHMENT G: HIPPA Business Associate Agreement**
- **ATTACHMENT H: Background and Drug Screening Attestation**
- **ATTACHMENT I: Vendor Certification (PUR 7801)**
- **ATTACHMENT J: Forced Labor Certifications (PUR 2024)**

**2. Attachment A, Section, 4.1.1 Financial Evaluation**

A Certified Public Accountant will evaluate each Respondent’s financial information, as required by **Section 3.3., Reply Contents, Subsection 3.3.1, Mandatory Requirements, Item 3.3.1.6, Financial Information**. Respondents can receive a maximum score of two hundred (200) points based on an analysis in **Table 2, Financial Information Evaluation Point Scale**, below:

<b>TABLE 2</b>		
<b>FINANCIAL INFORMATION EVALUATION POINT SCALE</b>		
<b>Criteria</b>	<b>Scale</b>	<b>Points</b>
What is the likelihood that the Respondent will be able to meet minimum financial requirements?	Likely	200
	Questionable	100
	Unlikely	0

**3. Attachment A, Section 4.8, Execution of the Contract**

The awarded Respondent must sign the Contract within 30 calendar days from the date of receiving it from the Department for final execution, unless there is an automatic stay triggered by the filing of a formal protest. If a formal protest is timely filed, the time to sign the Contract will be tolled. The Department reserves the right to withdraw its Notice of Intent to Award if the Contract is not timely signed, or if it determines that it is in the best interest of the State to do so. The Department also reserves the right to award to another Respondent that submits a BAFO if the Department does not receive a timely signed Contract form the awarded Respondent.

The Department shall incorporate the following documents, which are included in **Exhibit A-10, Standard Contract**, in the final Contract document prepared for execution by the successful Respondent:

**Addendum 2**  
**Questions and Answers**  
**ITN DOH23-025**  
**XIX and Title XXI Children's Medical Services (CMS) Program**

- Standard Contract
- Business Associate Agreement
- Certification Regarding Lobbying Certification for Contracts, Grants, Loans, and Cooperative Agreements
- Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion Contracts/Subcontracts

~~The Department will not consider modifications proposed by the Respondent to the documents listed in Exhibit A-10, Standard Contract.~~

This solicitation, including all its addenda, the Department's written response to written inquiries, and the successful Respondent's Reply, including information provided through negotiations, shall be incorporated by reference in the final Contract document.

The successful Respondent shall perform its contracted duties in accordance with the resulting Contract, this solicitation, including all addenda, the successful Respondent's Reply to this solicitation, and information provided through the negotiations. In the event of conflict among resulting contract documents, any identified inconsistency in the resulting Contract shall be resolved by giving precedence in the following order:

- The resulting Contract, including all attachments, exhibits and any subsequent amendments.
- This solicitation, including addenda.
- The successful Respondent's Reply to this solicitation, including information provided through negotiations.

Department reserves the right to amend the resulting Contract within the scope set forth in this solicitation (to include original Contract and all attachments) to clarify requirements or if it is determined by the Department that modifications are necessary to better serve or provide covered services to the eligible population.

The State of Florida's performance and obligation to pay under the Contract resulting from this solicitation is contingent upon an annual appropriation by the Legislature.

4. Attachment B, Exhibit B-1, V.Services Administration, Item E.4(c)(3)(b)(vii)  
(3) Tier 3
  - (b) The Respondent shall use a stratification algorithm approved by the Department for Tier 3 which will include enrollees who are not receiving SNF or PDN services, and meet one of the following:
    - (vii) Enrollee with  $\geq 34$  visits to 3 different specialists in 6-month timeframe, OR
5. Attachment B, Exhibit B-1, V.Services Administration, Item E.4.c.4  
(4) Tier 4
  - (c) Enrollees with  $\leq 3$  visits to 3 different specialists in 6-month timeframe
6. **Exhibit A-5**, Scored Submission and Requirement Criteria SRC# 16 page 5 of 110:
  1. The percentage of in-network providers who were in at least one LAN 2A+ VBP agreement for ~~CY 2021, 2022, and 2023~~ **CY 2020, 2021, and 2022.**

**Addendum 2**  
**Questions and Answers**  
**ITN DOH23-025**  
**XIX and Title XXI Children’s Medical Services (CMS) Program**

2. The percentage of providers in LAN 2A+ VBP agreements who were paid more than **\$10,000** in rewards because of achieving or surpassing VBP outcomes for ~~CY 2021, 2022, and 2023~~ **CY 2020, 2021, and 2022**.
  3. The percentage of total claim-based expenditures in LAN 3A+ VBP agreements in ~~CY 2021, 2022, and 2023~~ **CY 2020, 2021, and 2022**.
7. Exhibit A-5, Scored Submission Requirements and Evaluation Criteria, SRC# 18, page 14 of 110

**Response Criteria:**

<b>RESPONSE CRITERIA</b>	
<b>Order of Contract Selection Required?</b> <i>See page 2.</i>	<b>Yes</b>
<b>Narrative Response Required?</b> <i>If yes, list in form field below.</i>	<del>No</del> <b>Yes</b>
<b>Character Limit?</b> <i>Character limits are inclusive of spaces.</i>	<del>N/A</del> <b>10,000</b>
<b>Attachments Allowed?</b> <i>If yes, list in form field below.</i>	<b>Yes</b>
<b>SRC Template Required?</b> <i>Original format must be submitted.</i>	<b>Yes</b>
<b>Internal Reports Required?</b> <i>See Attachment A, Section C.1.a.2</i> <i>See Attachment A, Section 3.5.9</i>	<b>Yes</b>

8. Exhibit A-5, Scored Submission Requirements and Evaluation Criteria, SRC# 32, page 66 of 110

**Response Criteria:**

<b>RESPONSE CRITERIA</b>	
<b>Order of Contract Selection Required?</b> <i>See page 2.</i>	<b>No</b>
<b>Narrative Response Required?</b> <i>If yes, list in form field below.</i>	<del>No</del> <b>Yes</b>
<b>Character Limit?</b> <i>Character limits are inclusive of spaces.</i>	<del>N/A</del> <b>10,000</b>
<b>Attachments Allowed?</b> <i>If yes, list in form field below.</i>	<b>Yes</b>
<b>SRC Template Required?</b> <i>Original format must be submitted.</i>	<b>Yes</b>
<b>Internal Reports Required?</b> <i>See Attachment A, Section C.1.a.2</i> <i>See Attachment A, Section 3.5.9</i>	<b>Yes</b>

- B. Responses to Questions received pursuant to Section 2.7, Questions:** Please see the Department’s response to questions received by the due date outlined in **Section 2.5**. Timeline, of the ITN, below:

**Addendum 2**  
**Questions and Answers**  
**ITN DOH23-025**  
**XIX and Title XXI Children’s Medical Services (CMS) Program**

#	Question	Answer
1	<p>In preparing our response to DOH23-025 CMS ITN, we have noticed the following issues that we felt warranted early communication due to the procurement timeline:</p> <ul style="list-style-type: none"> <li>• Columns B and C of Exhibit A-1 Questions Template align with the SMMC ITN, not the CMS ITN.</li> <li>• We cannot locate Exhibit A-6-b Financial Commitment Supporting Documentation. Respondents need editable versions of A-4 and A-5 in order to enter narrative responses where instructed.</li> <li>• There are discrepancies regarding what reporting years are being requested. Please confirm that the years entered on the Respondent Tab should be 2021, 2022, and 2023.</li> <li>• Response Criteria advises "Internal Reports Required? See Attachment A, Section C.1.a.2," but we cannot locate this section.</li> </ul>	<p>The Department is unable to respond to this statement due to the question being unclear.</p> <p>Exhibit A-6-b was uploaded to the solicitation site on 11/22/24.</p> <p>The years entered on the Respondent tab should be 2020, 2021 and 2022.</p> <p>The Department is unable to respond to this statement due to the question being unclear.</p>
2	<p>Exhibit A-6 identifies Exhibit A-6-b, ITN Plan Financial Commitment Supporting Documentation as a separate Word document, but this exhibit has not been provided in the ITN documents.</p>	<p>Exhibit A-6-b was uploaded to the solicitation site on 11/22/24.</p>
3	<p>I work at [REDACTED], a home health agency focused on pediatric caregiving through innovative and tech solutions. I saw the ITN notice and wanted to get more details. Is this open to providers or just SMMCs?</p>	<p>Refer to Exhibit A-2-a, Qualification of Plan Eligibility.</p>
4	<p>We noticed that Exhibit A-6-b Financial Commitment Supporting Documentation (Word document) is referenced as a mandatory item, but it was not provided as a part of the DOH023-025 CMS Health Plan – Invitation to Negotiate (ITN). Can the State please provide Exhibit A-6-b?</p>	<p>Exhibit A-6-b was uploaded to the solicitation site on 11/22/24.</p>
5	<p>Because I am new, will you advise as to the steps to applying?</p>	<p>Refer to Attachment A</p>

**Addendum 2  
Questions and Answers  
ITN DOH23-025  
XIX and Title XXI Children’s Medical Services (CMS) Program**

#	Question	Answer
6	<p>In Exhibit A-5-a Submission Requirements and Evaluation Response Template 6.27.24 SRC 16 is requesting data for CY 2020 - 2022. However, in Exhibit A-5-SCORES SUBMISSION REQUIREMENTS-Final SRC 16 requests data for CY 2021 - 2023. Can you please confirm the Contract Years that are to be in scope for this SRC.</p>	<p>SRC #16 requires data for CY 2020- CY 2022. See Addendum 2, Modifications, Item 5.</p>
7	<p>In Exhibit A-5-a, for SRC# 35, when plugging contracts into the template, we noticed that that points are not being totaled correctly. For example, if we put in a contract that was implemented on 6/30/2021 and expires 9/30/2026 (over 3 years in length), 0.5 points are awarded but based on the scoring criteria, 1 point should be awarded. Will the Department please correct the formula in the response template so points are awarded appropriately.</p>	<p>See updated Exhibit A-5-a for corrected formula.</p>
8	<p>In Exhibit A-5-a, for SRC# 35, the prompt notes the following with respect to the length of the contract: The respondent will enter the contract end date as it appears in the applicable contract. However, dates after October 1, 2019, will not be counted toward the actual length of contract in years.</p> <p>Please confirm this should say that dates after October 1, 2024 will not be counted toward the actual length of contract in years.</p>	<p>Confirmed</p>
9	<p>Many states do not contract their Medicaid programs (e.g. medical care, integrated medical and behavioral health services, transportation services and/or long-term services and support) using a single contract. Please confirm that if a respondent holds multiple Medicaid contracts in a state, the respondent should combine the contracts to count them as one contract for the purposes of addressing SRC# 35.</p>	<p>Confirmed</p>



**Addendum 2  
Questions and Answers  
ITN DOH23-025  
XIX and Title XXI Children's Medical Services (CMS) Program**

#	Question	Answer
10	<p>To address SRC# 35, respondents are tasked with identifying up to twenty of their, and/or their parent, affiliate and subsidiary companies', current and/or recent capitated contracts for managed care services. Evaluation criteria for SRC# 35 states respondents will be evaluated on "The extent of [their] ability to maintain contracts," i.e., by calculating the length of each contract in years, with contracts greater than 5 years capturing the maximum points available.</p> <p>For respondents that acquired other plans and intend to identify contracts held by the plans they acquired in Exhibit A-5-a (SRC# 35), please confirm that for those contracts respondent should input the date of acquisition as the Contract Implementation Date.</p>	Confirmed
11	Section 3.6 of the ITN (found on pg. 18) states that if a subcontract has been identified at the time of Reply submission, a copy of the proposed subcontract must be submitted to the Department. As submitting proposed subcontracts could amount to over 10,000 pages of additional documentation, please confirm this documentation can be submitted post contract award.	In accordance with Section 3.6, If a subcontract has been identified at the time of Reply submission, a copy of the proposed subcontract must be submitted to the Department.
12	In attachment B, sub-bullets 4c, 4d, and 4e are not there. Please provide those sub- bullets for review.	No information is missing, this is a formatting error that lead to the alphabetic numeration out of order.
13	If a respondent is a Florida corporation with headquarters in Florida but is a wholly owned subsidiary of a non-Florida corporation that is headquartered in another state, for the purposes of addressing SRC #37, please confirm respondent should indicate that it's corporate headquarters is not located in Florida.	Respondent will need to consult with their legal counsel to determine how they would need to respond based on their internal structure.



**Addendum 2  
Questions and Answers  
ITN DOH23-025  
XIX and Title XXI Children’s Medical Services (CMS) Program**

#	Question	Answer
14	To address SRC# 36 (Compliance History – Part 1), respondents are tasked with reporting imposed actions (liquidated damages, fines, penalties, sanctions, and Corrective Action Plans (CAPs)) for each of the three contracts identified through the order of contract selection. As imposed actions due to poor quality performance (i.e. missing minimum standards for HEDIS performance) can often be attributed to Care Coordination and/or Case Management challenges, it is our understand that such imposed actions should be reported under the Care Coordination and/or Case Management drop down. Will the Department please confirm our understanding is correct?	Per Exhibit A-5 Scored Submission Requirements and Evaluation Criteria, the respondent shall report imposed actions (liquidated damages, fines, penalties, sanctions, and Corrective Action Plans (CAPs)) and contract terminations as directed.
15	Can the Department please confirm the expectation around the completion of CAHPS Adult Survey for the CMS Plan. Section B.1.a.1 states that only the Child with CCC supplemental survey is required, but D.1.c implies that the Adult Survey is also required.	Confirmed.
16	Based on our review of A-6-c CMS Plan Databook, we don't believe that sufficient information has been provided to allow respondents to estimate the number of members that would be in each case management stratification tier. These tiers determine case management requirements and case manager caseload ratios. Respondents will have to make assumptions about the acuity/risk of the population which could either lead to higher or lower case management administrative expense PMPM results. If this information is not provided for the respondents, cost bids cannot be compared without additional adjustments or considerations. Can a standardized future rate year member stratification be provided for use by respondents to ensure all case management administrative PMPM bids are developed on a consistent basis?	A future rate year stratification cannot be provided. The current member stratification for the CMS Plan as of October 2024 is as follows:  Tier 1 = 38 Tier 2 = 2,140 Tier 3 = 13,629 Tier 4 = 62,533 Tier 5 = 22,146

**Addendum 2  
Questions and Answers  
ITN DOH23-025  
XIX and Title XXI Children’s Medical Services (CMS) Program**

#	Question	Answer
17	Exhibit A-6 identifies Exhibit A-6-b, ITN Plan Financial Commitment Supporting Documentation as a separate Word document, but this exhibit was not provided on November 14th, 2024 with the other ITN documents. Exhibit A-6-b is integral to the appropriate completion of the Actuarial Memorandum and the Financial Commitments Template A-6-a. Please provide Exhibit A-6-b.	Exhibit A-6-b was uploaded to the solicitation site on 11/22/24
18	In the Financial Commitments Template Exhibit A-6-a, tab "CMS Managed Care Initiatives," column F allows respondents to choose from a dropdown of different categories of service. The four options for category of service are as follows: "Inpatient FFS", "Outpatient FFS: ER", "Outpatient FFS: Other than ER" and "Transplant Services." Please advise how the categories of service shown in the Exhibit A-6-c CMS Plan Databook should be mapped to these four available options in the template. Or should respondents assume that "Outpatient FFS: Other than ER" be considered the default category where all other remaining categories of service are grouped.	An updated Exhibit A-6-a is provided to address the items identified in this question.
19	The "CMS Plan Margin" tab in Exhibit A-6-a Financial Commitments Template requests a CMS Plan Expanded Benefit Commitment as a proportion of the capitation rates for the CMS Plan for the duration of the upcoming contract. However, expected capitation rates for the future contract years was not provided within the ITN Exhibits. The absence of this information may result in an inability to accurately compare CMS Plan Expanded Benefit percentage commitments between respondents because an assumption for the denominator of this calculation will need to be developed by each respondent. Can a standardized capitation rate be provided to be used for the purpose of calculating expanded benefits as a proportion of capitation rates? If not, please advise how this difference will be considered during reviews of financial commitments.	A future rate year stratification cannot be provided. The current member stratification for the CMS Plan as of October 2024 is as follows:  Tier 1 = 38 Tier 2 = 2,140 Tier 3 = 13,629 Tier 4 = 62,533 Tier 5 = 22,146

**Addendum 2**  
**Questions and Answers**  
**ITN DOH23-025**  
**XIX and Title XXI Children's Medical Services (CMS) Program**

#	Question	Answer
20	Columns F-I on the CMS Managed Care Initiatives tab of Exhibit A-6-a are not crosshatched when a respondent selects "No" in cell C12 of the Instructions & General Inputs tab to indicate that they do not currently operate in the CMS Plan Program. Please confirm that respondents not currently operating in the CMS Plan program can leave columns F through I on the CMS Managed Care Initiatives tab blank.	Confirmed.
21	After reviewing Attachment I (Vendor Certification Form), it is our understanding that health insurers are not considered a common carrier, as defined in section 908.111, F.S., or a contracted carrier and as such, should check the box to indicate this is N/A. Can the Department please confirm our understanding is correct?	Respondent will need to consult with their legal counsel to determine how they would need to respond based on their internal structure.
22	Sub-bullet A states "Provider will have multi-level user rights (e.g., service providers, Department staff/managers/executives, and individuals, enrollees, family members/caretakers) for the website." Does the Medicaid agency require access to secure Member and Provider websites via a role access login?	The Medicaid Agency does not require access, the Department does require access to secure Member and Provider websites via a role access login.
23	In Attachment B, Section XV. Accountability, subsection C. Managed Care Plan Submission Requirements (page 224), the first numbered section is "10." Will the Department please provide sub-bullets "1-9" for review?	No information is missing, this is a formatting error that lead to the alphabetic numeration out of order.
24	In the Subcontractor Template Exhibit A-4-d SRC #14 - Proposed Subcontractor Tool, column D "Delegated Functions" contains a dropdown menu that, due to an external link, does not function, not allowing for the selection of one of the five functional areas. Please provide an updated Exhibit A-4-d SRC #14 - Proposed Subcontractor Tool.	See the updated Exhibit A-4-, Proposed Subcontractor Tool.
25	Please confirm that simple electronic signatures will be accepted by the Department for all documents requiring signature.	Confirmed.

**Addendum 2  
Questions and Answers  
ITN DOH23-025  
XIX and Title XXI Children's Medical Services (CMS) Program**

#	Question	Answer
26	Please confirm a font other smaller than 11pt may be used for graphics, charts, tables, figures, and attachments, footnotes, headers and footers.	In accordance with Attachment A, Section 3.2, Reply Format, "Font size and style are at the Respondent's discretion, but should be at least 11 point.". Original source templates shall be used, but the responses must comply with the at least 11 point requirement. The Respondent is permitted to use a paper size no larger than 11x17 to display graphics, flow charts and reports.
27	Will the State confirm Respondent's branding font for logo and graphics is acceptable?	Confirmed.
28	Will the state allow the Exhibit number only on the tab tail due to the length of the Tab name?	Confirmed.
29	Will the state provide direction on where to include the below attachments as required to include with submission as they are not listed in Section 3.3.2 Reply Submission Requirements. Pg 32 - Attachment D - Application, Data, Security, and Confidentiality (5.2) Pg 33 - Attachment E - Foreign Countries of Concern Attestation (5.8) Pg 18 - Attachment F - Subcontractors List (3.6) Attachment H - Background and Drug Screening Attestation (5.12) Pg 15 - Attachment I - Vendor Certification Form (3.3.1.14) Pg 35 - Attachment J - Forced Labor Certifications (3.3.1.15)	Refer to Addendum 2, Modifications, Item #1 (update the Section 3.3.2 Reply Submission to include the documents)
30	Please confirm that the Electronic/USB submission of the response is to be delivered in the same method as the original and copy printed submissions.	Confirmed

**Addendum 2  
Questions and Answers  
ITN DOH23-025  
XIX and Title XXI Children’s Medical Services (CMS) Program**

#	Question	Answer
31	Please confirm respondents should use the PDF versions of Exhibit A-4 and Exhibit A-5, provided by the Department, to create a template that allows for respondents to enter their response.	On 11/22/24, editable versions of Exhibit A-4 and Exhibit A-5 were uploaded to the solicitation site.
32	Some of the excel spreadsheets provided by the Department, when printed to PDF, do not have the correct headers/footers (SMMC), meet the font requirements set by the Department, or have the incorrect SRC and solicitation number. Please confirm respondents are permitted to update the provided excel templates to meet the font requirements, edit headers/footers, and correct the SRC and solicitation numbers.	Confirmed.
33	Please confirm the Department will accept supporting documentation/attachments received from outside sources that do not conform to formatting requirements as they may not be modified (ex financial documents).	In accordance to Section 3.2 Reply Format, font size should be at least 11 point. The Respondent is permitted to use paper size up 11x17.
34	Please confirm the Department will allow respondents to use 11x17, Z fold inserts, for attachments such as quality reports, organizational charts, work flows, and the provided excel templates to ease in the review of response.	Confirmed.
35	Please confirm that for files larger than 100 pages, respondents may submit electronically only with a placeholder in the printed versions indicating where the response item is located.	Confirmed.
36	Please confirm that respondents may hid/omit blank lines in the Department provided Excel files when printing to prevent excess printing.	Hiding or omitting lines is not permitted
37	During conversion of the Department's provided Excel exhibits to PDF, it was identified that the row height and column width are locked preventing the expansion of the cell to display all content in the printed version. Based on the inability for the Department to review all information provided in the cells will the Department allow Excel files to be submitted electronically only?	All Excel templates have been provided in their original format.

**Addendum 2  
Questions and Answers  
ITN DOH23-025  
XIX and Title XXI Children’s Medical Services (CMS) Program**

#	Question	Answer
38	Please confirm the requirement for continuous pagination only pertains to SRC Form responses and attachments are excluded.	The Department will allow Respondents to follow the pre-programmed footer and pagination. Respondents shall name and label attachments to refer to their respective SRC number.
39	As Exhibit A-6-b: Financial Commitment Supporting Documentation (Word document) has not been provided as of the deadline for Q&A submissions, will the Department allow respondents the opportunity to submit questions related to this document as this is a critical component to the Financial Commitment development and supporting documentation provided in the Actuarial Memorandum and certification?	Exhibit A-6-b was uploaded to the solicitation site on 11/22/24.
40	As a result of bid protest activities challenging agency award determinations, there are instances in which vendors are awarded contracts on an interim basis pending the final outcome of protest litigation. In our experience, such contracts contain terms automatically terminating the contract in the event the protest is ultimately unsuccessful, upon the issuance of a final court decision resolving the protest litigation. Given that such interim contracts automatically end by their own terms, for reasons unrelated to vendor performance or “compliance history,” and without action by either the vendor or the contracting agency, it appears clear that the Department’s intent in auto-scoring “Compliance History” under SRC #36 was not to impose a 25 point scoring penalty upon bidders who have previously held such interim contracts. As such, we understand that the automatic termination of interim contracts upon the conclusion of the litigation giving rise to them would not constitute “ha[ving] a managed care contract partially or fully terminated before the contract end date (with or without cause)” within the meaning of SRC #36. Nevertheless, in an abundance of caution we ask that the Department please confirm that this understanding is correct.	Confirmed.

**Addendum 2  
Questions and Answers  
ITN DOH23-025  
XIX and Title XXI Children’s Medical Services (CMS) Program**

#	Question	Answer
41	Similarly, please confirm that contracts terminated prior to their originally scheduled expiration dates as a result of bid protests or legal challenges to the procurement giving rise to the contracts are outside the scope of SRC #36.	Confirmed.
42	Can you provide additional details on the methodology used by the independent vendor for conducting network adequacy reviews, including any associated timelines?	The methodology is at the Agency for Healthcare Administration’s discretion.
43	Are there specific thresholds or conditions under which enrollment caps or algorithm adjustments are imposed?	The Agency for Healthcare Administration determines the algorithm and plan enrollments, including that of CMS Health plan.
44	How does the Agency plan to handle discrepancies identified during the Managed Care Plan’s review of X12-834 enrollment files?	This question is not applicable to this solicitation.
45	What are the reporting requirements for involuntary disenrollment requests submitted to the Agency?	The awardee will notify the Department of involuntary enrollment requests. The Department would coordinate with the Agency for Health Care Administration.
46	Are there specific timelines or benchmarks for completing provider credentialing and contracting under this contract?	This will be determined during the readiness review for the awardee.
47	What is the Agency’s process for selecting new quality metrics for managed care plans, and how often are these metrics updated?	This question is not applicable to this solicitation.
48	Are there specific guidelines or templates for conducting satisfaction and experience surveys as part of quality improvement?	This question is not applicable to this solicitation.



**Addendum 2  
Questions and Answers  
ITN DOH23-025  
XIX and Title XXI Children’s Medical Services (CMS) Program**

<b>#</b>	<b>Question</b>	<b>Answer</b>
49	What are the minimum data-sharing requirements between Managed Care Plans and community partners involved in care coordination?	Refer to Attachment B, Section I, General Overview
50	Are there any restrictions on introducing additional expanded benefits beyond those outlined in the Scope of Services?	Expanded benefits beyond the Scope of Services will be determined during negotiations.
51	Could the Agency clarify acceptable methods for notifying enrollees about new plan features without violating restrictions on unsolicited contact?	This question is not applicable to this solicitation.
52	What are the expected turnaround times for Agency approval of marketing materials submitted by the Managed Care Plan?	This question is not applicable to this solicitation.
53	Are there predefined templates or software requirements for submitting the Managed Care Plan’s annual reports as required in Section XV?	Refer to Attachment B, Section XV Accountability
54	What are the specific auditing mechanisms to ensure compliance with fraud and abuse prevention guidelines?	Refer to Attachment B, Section IX Administration and Management and Section XV Accountability
55	What are the criteria for obtaining prior written approval from the Agency for providing redetermination assistance to non-nursing facility enrollees?	The Agency for Healthcare Administration determines criteria for redetermination assistance.

**Addendum 2**  
**Questions and Answers**  
**ITN DOH23-025**  
**XIX and Title XXI Children’s Medical Services (CMS) Program**

#	Question	Answer
56	Are there specific performance metrics for evaluating the effectiveness of partnerships under the Community Partnerships to Improve Outcomes (CPIO) initiative?	The Agency for Healthcare Administration will determine any metrics related to CPIO.
57	How will the interoperability requirements for Managed Care Plan documentation systems be enforced, and what compliance checks will be performed?	The Agency for Healthcare Administration will determine compliance and enforcement.
58	What guidelines must Managed Care Plans follow for the preauthorization of services to avoid delays in enrollee care?	Refer to Attachment B, Section V, Service Administration
59	What specific processes are required to ensure continuity of care for enrollees transitioning between benefits or plans?	Refer to Attachment B, Section XIII Quality of Care
60	What are the Agency’s expectations for monitoring and evaluating subcontractor compliance with contract provisions?	Refer to Attachment B, Section IX Administration and Management
61	What validation processes must Managed Care Plans implement to ensure the accuracy of encounter data submissions?	Refer to Attachment B, Section IX Administration and Management
62	Requirement: The Respondent shall provide the following pro forma financial statements for the Respondent’s Florida operation, broken down by line of business. Can the Department please clarify the definition of LOB? Does this refer to Title XIX vs Title XXI for CMS Health Plan? Or does this refer to CMS Health Plan Operations vs. SMMC Health Plan Operations for a Respondent who is an existing Florida Medicaid SMMC plan?	The Respondent shall provide the pro forma financial statements related to all Florida lines of business participating in Statewide Medicaid Managed Care (SMMC) regardless of whether the Respondent is the primary contractor or subcontractor.

**Addendum 2  
Questions and Answers  
ITN DOH23-025  
XIX and Title XXI Children’s Medical Services (CMS) Program**

#	Question	Answer
63	The form only has space for 3 subcontractors. Should the respondent Respondent submit multiple forms to include all proposed subcontractors?	Yes.
64	We noticed that Exhibit A-6-b Financial Commitment Supporting Documentation (Word document) is referenced as a mandatory item, but it was not provided as a part of the DOH023-025 CMS Health Plan – Invitation to Negotiate (ITN). Can the Department please provide Exhibit A-6-b?	Exhibit A-6-b was uploaded to the solicitation site on 11/22/24.
65	What are the “minimum financial requirements” as referenced in this section?	See Addendum 2, Modifications Item #2.  An external contracted Certified Public Accountant (CPA) will use its independent accounting review criteria to determine the likelihood that the Respondent will meet minimum financial requirements.
66	<p>The cover page of the ITN requires a signature certifying that the bidder accepts all the terms and conditions of the Standard Contract. However, the Standard Contract, which is referred to as Exhibit A-10 in the ITN, was not published with the ITN.</p> <p>Please publish the Standard Contract so all bidders can review prior to proposal submission.</p> <p>Additionally, ITN section 2.1 expressly provides that DOH intends to negotiate the terms and conditions of the Standard Contract, and ITN section 3.8 allows bidders to submit exceptions to the terms and conditions of the Standard Contract. ITN section 4.8, on the other hand, states that DOH will not consider modifications to the Standard Contract.</p> <p>Please confirm whether all bidders will be allowed, per ITN 3.8, to submit exceptions to the terms and conditions of the Standard Contract for the DOH Negotiation Team to consider and potentially negotiate those terms with the bidders.</p>	Confirmed. Per Section 3.8, The Department will allow suggested edits to the standard contract. The Department’s legal team will determine whether to include the suggestions into the final contract.

**Addendum 2**  
**Questions and Answers**  
**ITN DOH23-025**  
**XIX and Title XXI Children’s Medical Services (CMS) Program**

#	Question	Answer
67	For the Order of Contracts sections of Exhibit A-4 and A-5, please confirm that a bidder may rely on contracts of its parent company and its affiliated companies. If Respondents have multiple contracts in Florida, do Respondents need to include each Contract separately and organize per Order of Contracts?	For the Order of Contracts sections of Exhibit A-4 and A-5, Respondents may rely upon its parent company and its affiliated companies contracts. If operating several separate contracts within a state, the Respondent shall denote each contract separately.
68	Requirement: Replies should be limited to a page size of 8.5” x 11” inches.  Question: Some of the Department's Exhibits, as well as graphics/flow charts that will be presented with our response, are best printed at 11x17 or will be unreadable. May we use 11x17 size paper?	The Respondent is permitted to use a paper size no larger than 11x17.
69	The ITN requires that Financial Information (Pro Forma Financial Statements, Surplus, Insolvency Protection) should be submitted as hard copies. This can add 700+ pages to our response. May we submit Financial Information as electronic only?	Financial information may be submitted electronically only, but must include a placeholder in the binder indicating where the response item is located.
70	Can the Department please clarify the delivery and submission instructions? To which building should the response binders be delivered and to whom? Will a receipt be provided upon submission?	Refer to Attachment A, Section 3.5, Instructions for Submittal.  Yes, a receipt may be provided upon submission.
71	Can the Department please provide a data set that shows the frequency of diagnoses for the children currently served by CMS Health Plan to provide Respondents equal opportunity in the development of their Proposals?  Can the Department please provide the current distribution of members served by CMS Health Plan by Case Management Tier (e.g. # in Tier 1; # in Tier 2; # in Tier 3; # in Tier 4; # in Tier 5)?	The Respondent’s question is unclear.  Response to missed question Tier 1 = 38 Tier 2 = 2,140 Tier 3 = 13,629 Tier 4 = 62,533 Tier 5 = 22,146

**Addendum 2  
Questions and Answers  
ITN DOH23-025  
XIX and Title XXI Children’s Medical Services (CMS) Program**

#	Question	Answer
72	<p>Requirement: All pages should be sequentially numbered, and one-inch margins should be used.</p> <p>Question: Should pages be sequentially numbered by Tab or through the entire proposal?</p>	<p>In accordance to Section 3.2 Reply Format, all pages should be sequentially numbered. (PROGRAM- Ask procurement advice)</p>
73	<p>Requirement: Font size and style are at the Respondent’s discretion but should be at least 11 point.</p> <p>Question: Can a smaller, readable font size be used for tables and figures/graphics?</p>	<p>In accordance to Section 3.2 Reply Format, font size should be at least 11 point.</p>
74	<p>Please confirm that Dental services are carved out for Title XXI.</p>	<p>Dental is an included service for Title XXI.</p>
75	<p>Can the Department please provide the number of enrollees currently receiving twenty-four (24) hour private duty nursing services?</p>	<p>As of November 2024, there are 814 members authorized for 24/7 PDN services.</p>
76	<p>SRC #16 specifies to input data into Exhibit A-5-a for CY2021, CY2022, and CY2023, however, the Exhibit A-5-a VBP tab for this question is pre-populated with columns for CY2020, CY2021, and CY2022. Can the Department please confirm for which three-year period it would like Respondents to provide data?</p>	<p>See Addendum 2, Modifications, Item #6</p>
77	<p>On Exhibit A-5-a within the Autism tab “Social support services provided for adolescents with autism (unscored)” (column A, row 14), this section appears to be a fillable field for free text however it is locked, will the Department provide a second version of the Autoscore tool?</p>	<p>Refer to Exhibit A-5-a V2 for unlocked fields.</p>

**Addendum 2  
Questions and Answers  
ITN DOH23-025  
XIX and Title XXI Children’s Medical Services (CMS) Program**

#	Question	Answer
78	<p>The drop-down references for Attachment/Exhibit Identified and Section Identified do not align with DOH23-025 CMS, the correct reference is: Attachment A Instructions and Special Conditions Section 3.0 Instructions for Reply Submittal 3.3.1.8 Financial Commitments</p> <p>Financial Commitments – The Respondent shall complete and submit Exhibit A-6-a, Financial Commitment Template, and Exhibit A-6-b, ITN Plan Financial Commitment Supporting Documentation. Exhibit A-6-b, ITN Plan Financial Commitment Supporting Documentation was not provided. Please provide the required document.</p>	<p>Exhibit A-6-b was provided on the solicitation site on 11/22/24.</p>
79	<p>The drop-down references for Attachment/Exhibit Identified and Section Identified do not align with DOH23-025 CMS, the correct reference is: Exhibit A-4 Unscored Submission Requirements and Evaluation Criteria</p> <p>Response Criteria advises "Internal Reports Required? See Attachment A, Section C.1.a.2)." Section C.1.a.2 does not exist. Please provide the required information.</p>	<p>See Addendum 2, Modification Items #6 and #7.</p>
80	<p>Exhibit A-4 Unscored Submission Requirements and Evaluation Criteria states Failure to submit each required form in its original format may result in rejection of the response. Failure to submit each required SRC template in its original format may result in rejection of the response. Please provide an editable version of Exhibit A-4 Unscored Submission Requirements and Evaluation Criteria.</p>	<p>An editable version of Exhibit A-4 Unscored Submission Requirements and Evaluation Criteria was uploaded to the solicitation site on 11/22/24.</p>

**Addendum 2**  
**Questions and Answers**  
**ITN DOH23-025**  
**XIX and Title XXI Children’s Medical Services (CMS) Program**

#	Question	Answer
81	<p>Exhibit A-5 Scored Submission Requirements and Evaluation Criteria states Failure to submit each required form in its original format may result in rejection of the response. Failure to submit each required SRC template in its original format may result in rejection of the response. Please provide an editable version of Exhibit A-5 Scored Submission Requirements and Evaluation Criteria.</p>	<p>An editable version of Exhibit A-5 Scored Submission Requirements and Evaluation Criteria was uploaded to the solicitation site on 11/22/24.</p>
82	<p>The drop-down references for Attachment/Exhibit Identified and Section Identified do not align with DOH23-025 CMS, the correct reference is:  Attachment B, Exhibit B1 Children's Medical Services Managed Care Plan  Section V. Services Administration  E.4.c.(3).(b).(vii)</p> <p>Enrollee with &gt; visits to 3 different specialists in 6-month timeframe,  OR  The # of visits is blank. Please specify the number of visits required for this item.</p>	<p>See Addendum 2, Modifications Item #4</p>
83	<p>The drop-down references for Attachment/Exhibit Identified and Section Identified do not align with DOH23-025 CMS, the correct reference is:  Attachment B, Exhibit B1 Children's Medical Services Managed Care Plan  Section V. Services Administration  E.4.c.(4).(c)</p> <p>Enrollees with ≤ visits to 3 different specialists in 6-month timeframe  The # of visits is blank.  Please specify the number of visits required for this item</p>	<p>See Addendum 2, Modifications Item #5</p>



**Addendum 2  
Questions and Answers  
ITN DOH23-025  
XIX and Title XXI Children's Medical Services (CMS) Program**

#	Question	Answer
84	<p>The drop-down references for Attachment/Exhibit Identified and Section Identified do not align with DOH23-025 CMS, the correct reference is: Exhibit A-4-d SRC14 Proposed Subcontractors Tool</p> <p>On the Instructions Tab, under the Provider Services header, we do not see Credentialing listed as one of the types of delegated subcontractors to be listed in our response. Please confirm that we should not include them in our response.</p>	Please review the specifications in SRC 12.
85	For "Contract Implementation Date," please confirm Respondents should use the original date of implementation to demonstrate contract longevity and continuity, as contract periods vary significantly by state.	Confirmed.
86	Exhibit A-5 Scored Submission Requirements and Evaluation Criteria states, Attachments are acceptable for any SRC response when indicated in the Response Criteria and must be referenced in the form field for the respective SRC and located behind each respective SRC response." However, In this ITN, SRC#'s 18, 20, 28, 30, 32 allow attachments but do not require a narrative response. Please confirm the requirement to reference attachments within the narrative response does not apply to these SRCs.	See Addendum 2, Modifications Item #7 and Item #8. SRCs 20, 28 and 30 do not require a narrative.
87	There are discrepancies regarding what reporting years are being requested. Please confirm that the years entered on the Respondent Tab should be 2021, 2022, and 2023.	The years entered on the Respondent tab should be 2020, 2021 and 2022.
88	<p>The drop-down references for Attachment/Exhibit Identified and Section Identified do not align with DOH23-025 CMS, the correct reference is: Exhibit A-6-a CMS Plan ITN - Financial Commitment Template</p> <p>Plan Membership sheet does not have a column for CY 2023.</p>	Plan membership does not include CY 2023. See updated Exhibit A-6-a CMS Plan ITN Financial Commitment.

**Addendum 2  
Questions and Answers  
ITN DOH23-025  
XIX and Title XXI Children’s Medical Services (CMS) Program**

#	Question	Answer
89	The Community Partnerships tab on Exh A5A is not displaying the number of regions or counties in columns O and Q. Please confirm the formulas in those cells/columns are correctly calculating points based on the number of entries for the points allocated for service areas.	See updated Exhibit A-5-a Submission Requirement and Evaluation Response Template.
90	There appears to be an inconsistency in the Community Partnerships tab regarding scoring allocation for number of counties served. The description lists 13 points available for 100% of counties served, but the maximum point column lists only 10 points available. The description also lists the maximum points available as 97 rather than the 100 listed at the top of the tab and in other evaluation material. Are the 97 points weighted, or this is an error?	Please review the scoring for this item.
91	Section 3.2 requests sequential pagination, however each source template provided by the Department has its own pre-programmed paginated footer. Please confirm the Department will allow respondents to follow the same pre-programmed footer and pagination format for each individual document included in our reply.	The Department will allow Respondents to follow the pre-programmed footer and pagination. Respondents shall name and label attachments to refer to their respective SRC number.
92	<p>Paragraph 2 of Section 3.2 reply format, as well as A-4 and A-5 requirements, specify that respondents replies are required to be on 8.5 x 11 paper, with 11pt. arial font and one inch margins.</p> <p>However, all of the source templates provided by the Department are pre-programmed with varying margins, page sizes, font styles and font pt. sizes which do not meet those requirements.</p> <p>Please confirm Respondents are allowed to submit the source templates in their original format that was provided by the Department.</p>	In accordance with Attachment A, Section 3.2, Reply Format, "Font size and style are at the Respondent's discretion, but should be at least 11 point." Original source templates shall be used, but the responses must comply with the at least 11 point requirement. The Respondent is permitted to use paper size up 11x17.

**Addendum 2  
 Questions and Answers  
 ITN DOH23-025  
 XIX and Title XXI Children’s Medical Services (CMS) Program**

#	Question	Answer
93	<p>Paragraph 2 of Section 3.2 reply format as well as A-4 and A-5 requirements - specify that respondents replies are required to be on 8.5 x 11 paper, with 11pt. arial font and one inch margins.</p> <p>However, all of the source templates provided by the Department are pre-programmed with varying margins, page sizes, font styles and font pt. sizes which do not meet those requirements.</p> <p>For the electronic PDFs and printed hard copies, please confirm that Respondents are allowed to update the page layout to fit the information on 8.5 x 11 with one inch margins keeping the font size and style as provided with no scaling (the information will fall across multiple pages), OR would the Department prefer Respondents reduce the print scaling setting to "fit sheet on one page" 8.5 x 11 with one inch margins, which will reduce the font size?</p>	<p>In accordance with Attachment A, Section 3.2, Reply Format, "Font size and style are at the Respondent's discretion, but should be at least 11 point." Original source templates shall be used, but the responses must comply with the at least 11 point requirement. The Respondent is permitted to use paper size up 11x17.</p>
94	<p>The following required documents referenced in 3.3.1 Mandatory Requirements are not included in Section 3.3.2 Reply Submission Requirements. Please advise where the Department would like Respondents to provide these required documents within our reply and if each require a tab.</p> <ul style="list-style-type: none"> <li>- Title Page</li> <li>- Attachment E, Foreign Countries of Concern Attestation</li> <li>- Attachment F, Subcontractos List</li> <li>- Attachment H, Background and Drug Screening Attestation</li> <li>- Attachment I, Vendor Certification Form (PUR 7801)</li> <li>- Attachment J, Forced Labor Certifications (PUR 2024)</li> </ul>	<p>Refer to Addendum 2, Modifications Item #1 (update the Section 3.3.2 Reply Submission to include the documents)</p>

**Addendum 2  
 Questions and Answers  
 ITN DOH23-025  
 XIX and Title XXI Children’s Medical Services (CMS) Program**

#	Question	Answer
95	<p>Section 3.10 states Respondent will provide the Department with a separate redacted paper and electronic copy of their Reply and briefly describe in writing the grounds for claiming exemption from the public records law, including the specific statutory citation for such exemption. Please advise where you would like us to provide the brief description within our reply.</p>	<p>The justification for claiming exemption from public record will be requested by the Department upon receipt of a public records request.</p>
96	<p>Some required attachments such as pre-existing organizational charts, financial reports, subcontractor attachments, scanned contracts, marketing or provider communications, etc. are prepared by an outside source and do not meet the reply format requirements. Please confirm Respondents are allowed to reduce the page layouts to fit the 8.5 x 11 page requirement and the font and margin requirements will not apply to such pre existing materials.</p>	<p>No, this is not allowed. Respondents are permitted to use a paper size up to 11x17 to assist with formatting.</p>
97	<p>Section 3.10 Public Records and Trade Secrets, paragraph 1 states “ Respondent must segregate and clearly mark the document(s) as “CONFIDENTIAL”.</p> <p>Please confirm that you do NOT want Respondents to physically separate (segregate) the pages with confidential information from reply, but rather to mark the confidential material by adding the word “CONFIDENTIAL” to the header of those pages.</p>	<p>The Respondent shall not physically separate or segregate the pages that are marked “CONFIDENTIAL”.</p>

**Addendum 2  
 Questions and Answers  
 ITN DOH23-025  
 XIX and Title XXI Children’s Medical Services (CMS) Program**

#	Question	Answer
98	<p>The drop-down references for Attachment/Exhibit Identified and Section Identified do not align with DOH23-025 CMS, the correct reference is:            Attachment B, Exhibit B1 Children's Medical Services Managed Care Plan            Section VIII. Quality            B.1.d.</p> <p>What are the expectations for the reporting of calendar year 2025's HEDIS measures? The majority of NCQA's HEDIS measures have continuous enrollment requirements for members to be eligible for the measures, which includes only one allowable gap in enrollment for the entire measurement year of up to 45-days. Due to this new contract starting later in the calendar year, we are not going to be able to report full HEDIS rates by July 1, 2026 for calendar year 2025.</p>	<p>The expectation for reporting HEDIS measures for 2025, would be based upon contract award date.</p>
99	<p>The drop-down references for Attachment/Exhibit Identified and Section Identified do not align with DOH23-025 CMS, the correct reference is:            Attachment B, Exhibit B1 Children's Medical Services Managed Care Plan            Section VIII. Quality            B.3.b.</p> <p>Will we be responsible for improving the rates of the five (5) agency-calculated performance measures by at least two percent in 2025? With the contract starting so late in the year, we will not have a full year to impact our results.</p>	<p>Yes</p>

**Addendum 2  
Questions and Answers  
ITN DOH23-025  
XIX and Title XXI Children’s Medical Services (CMS) Program**

#	Question	Answer
100	<p>The drop-down references for Attachment/Exhibit Identified and Section Identified do not align with DOH23-025 CMS, the correct reference is: Attachment B, Exhibit B1 Children's Medical Services Managed Care Plan Section VIII. Quality B.3.c.</p> <p>Is the Contract Year 1 that requires a 10% improvement for the SBIRT measures going to be 2025? With the contract starting so late in the year, we will not have a full year to impact our results.</p>	Yes
101	<p>The drop-down references for Attachment/Exhibit Identified and Section Identified do not align with DOH23-025 CMS, the correct reference is: Attachment B, Exhibit B1 Children's Medical Services Managed Care Plan Section VIII. Quality B.1.c.</p> <p>Should the transition year for performance measure reporting be calendar year 2025, not 2024?</p>	Yes
102	<p>The drop-down references for Attachment/Exhibit Identified and Section Identified do not align with DOH23-025 CMS, the correct reference is: Attachment B, Exhibit B1 Children's Medical Services Managed Care Plan Section VIII. Quality B.1.b.</p> <p>Shouldn't the first performance measure report be due no later than July 1, 2026, covering the partial calendar year of 2025?</p>	Due to the timing of this solicitation, the awardee of this solicitation would not be responsible for the July 1, 2025 submission. The vendor awarded this contract will be reporting the first performance measure report on July 1, 2026, covering calendar year of 2025.

**Addendum 2  
Questions and Answers  
ITN DOH23-025  
XIX and Title XXI Children’s Medical Services (CMS) Program**

#	Question	Answer
103	<p>The drop-down references for Attachment/Exhibit Identified and Section Identified do not align with DOH23-025 CMS, the correct reference is: Attachment B, Exhibit B1 Children's Medical Services Managed Care Plan Section XII. Sanctions and Corrective Action Plans C.4.</p> <p>Will all of the performance measure sanctions be applicable to both Title 19 &amp; 21?</p>	Yes
104	<p>The drop-down references for Attachment/Exhibit Identified and Section Identified do not align with DOH23-025 CMS, the correct reference is: Attachment B, Exhibit B1 Children's Medical Services Managed Care Plan Section XII. Sanctions and Corrective Action Plans C.</p> <p>Will all of the performance measure liquidated damages be applicable to both Title 19 &amp; 21?</p>	Yes
105	<p>The drop-down references for Attachment/Exhibit Identified and Section Identified do not align with DOH23-025 CMS, the correct reference is: Attachment B, Exhibit B1 Children's Medical Services Managed Care Plan Section XII. Sanctions and Corrective Action Plans C.4.a.(2)</p> <p>NQCA is retiring the Antidepressant Medication Management HEDIS measure starting in 2025; will this measure be replaced in the Performance Measure Sanction groups programs or just removed and not replaced?</p>	The Agency for Health Care Administration will determine the HEDIS measures.



**Addendum 2  
Questions and Answers  
ITN DOH23-025  
XIX and Title XXI Children’s Medical Services (CMS) Program**

#	Question	Answer
106	<p>The drop-down references for Attachment/Exhibit Identified and Section Identified do not align with DOH23-025 CMS, the correct reference is: Attachment B, Exhibit B1 Children's Medical Services Managed Care Plan Section XIII. Liquidated Damages C.7.a.</p> <p>NQCA is retiring the Antidepressant Medication Management HEDIS measure starting in 2025; will this measure be replaced in the Performance Measures Liquidated Damages tiered program or just removed and not replaced?</p>	<p>The Agency for Health Care Administration will determine the HEDIS measures.</p>
107	<p>Order of Contract Selection is required, per the instructions, for SRC #30, but the A-5-a data tool does not have additional table elements to include additional contracts. Can you please confirm if we are to include other contracts?</p>	<p>The Respondent’s submissions for all Submission Requirements and Evaluation Criteria (SRC) pertaining to prior contract experience will utilize the same three (3) contracts throughout, based on information input by the respondent in Exhibit A-5-a, Respondent Information tab</p>
108	<p>The drop-down references for Attachment/Exhibit Identified and Section Identified do not align with DOH23-025 CMS, the correct reference is: Exhibit A-5-a Submission Requirements and Evaluation Response Template SRC #30 Autism Spectrum Disorders</p> <p>Line 14 requires us to enter text supplying "Social support services provided for adolescents with autism" but the textbox is protected and is not allowing us to enter information.</p>	<p>See the updated Exhibit A-5-a Submission Requirements and Evaluation Response Template.</p>

**Addendum 2  
Questions and Answers  
ITN DOH23-025  
XIX and Title XXI Children’s Medical Services (CMS) Program**

#	Question	Answer
109	<p>The drop-down references for Attachment/Exhibit Identified and Section Identified do not align with DOH23-025 CMS, the correct reference is: Exhibit A-9 PDN Quality Withhold Calculation</p> <p>PDN Utilization Rates in Aggregated Results table don't update with revisions made in the Quality Withhold Scenarios table. Please confirm that an updated A-9 template will be provided.</p>	<p>See the updated Exhibit A-9 PDN Quality Withhold Calculation.</p>
110	<p>Are we to use the way in which the provider is enrolled on the AHCA PML for the counts or what we know to be true based on who actually provides the service? Sunshine Health has identified providers enrolled as a SIPP on the Provider Master List but do not provide SIPP services; if bidders include every SIPP on the PML it will give an artificially inflated point value. For example, in Region C, we are required to have 2 SIPP in the region, there are 6 SIPP NPIs on the PML. However; 4 of the SIPP listed do not provide SIPP services and 2 of the NPIs for SIPP are associated with the same provider with a duplicate location. Should our counts reflect the 6 on the PML or the 1 we know that actually provides SIPP services (excluding the duplicate location)?</p>	<p>Respondents should provide accurate and truthful information in response to this solicitation.</p>
111	<p>SRC #18 does not provide a Response Form for narrative and is marked as "No" for narrative but asks the Respondent to detail its experience and proposed approach to implementing chronic disease management for a population of people with low socioeconomic resources. Please confirm bidders additional details should be included as attachments since no narrative is required.</p>	<p>See Addendum 2, Modifications Item #7</p>

**Addendum 2  
 Questions and Answers  
 ITN DOH23-025  
 XIX and Title XXI Children’s Medical Services (CMS) Program**

#	Question	Answer
112	Exhibit A-6-a CMS Managed Care Initiatives tab has a header in cells G-I 5 referencing MMA. Is DOH looking for Managed Care Initiatives for the MMA program or exclusively for CMS? Should the header say "Historical Savings (For Plans Currently Operating in the CMS Program)" instead of "Historical Savings (For Plans Currently Operating in the MMA Program)"?	The Managed Care Initiatives referenced is for the MMA program. See Exhibit A-6-a Financial Commitments V2.

**Failure to file a protest within the time prescribed in section 120.57(3), Florida Statutes, or failure to post the bond or other security required by law within the time allowed for filing a bond shall constitute a waiver of proceedings under Chapter 120, Florida Statutes.**