

Arkansas Department of Health RFP DH-22-0019 Consolidated Vendor Questions/ADH Response

Section 1 General

Question 1: We understand Bid Opening Date is May 17th. What is the anticipated date ADH will complete the Technical Review of the Bids?

Response: We anticipate that the review process would not exceed thirty days

1.2 B

Question 2: What is the likelihood that the start date of December 15th could change? (Is it possible that the contract will start earlier or later than December 15, 2022?)

Response: It is clearly stated that the anticipated start date is subject to movement. We are unable to determine the how much, if any, movement will occur.

1.2 B

Question 3: Please provide a clarification of expected timeline for Contract Award and Call Center “go-live” dates.

Response: Timeline will be discussed and coordinated with the successful vendor.

1.9 A

Question 4: Based on Q&A response time, would ADH consider an extension for submission?

Response: No.

2.2

Question 5: Will we be provided a listing of available resources?

Response: Provision of available resources will be a collaborative effort between ADH and the successful vendor.

2.2

Question 6: Is the call center required to be open on state observed holidays?

Response: Call Center will close for Christmas day, New Years’ day, and Thanksgiving day.

2.4 C

Question 7: Section 2.5, item G, #1, 2, and 5 are case management in nature. Is follow up for these care plans expected and if so, will a separate identifier (other than patient registry ID number and call confirmation number) be required for quality assurance?

Response: No other identifiers have been determined to be needed at this time, however, if an ID number is not available Vendor must have other QA search methods available.

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2.4 C

Question 8: If at any time a situation is identified through this process that requires mandatory reporting, we are required to submit a referral with the victim's name to Child Protective Services and/or Adult Protective Services. How do we document the referral to CPS/APS to support any future liabilities?

Response: The documentation process for referrals will be jointly developed by the successful vendor and the ADH

2.4 D

Question 9: What is the expected call volume for this body of work?

Response: Unknown

2.4 D

Question 10: What is the anticipated length of each call type for this body of work?

Response: Unknown

2.4 C

Question 11: The Contractor must make no record of a caller's personally identifiable information. However, at Section 2.4.F, a quality assurance (QA) plan and process is required and includes among other things monitoring at least 5% of live and **stored calls**. Later, at Section 2.4.I, there is reference to a unique call confirmation number and a Registry ID number. Is the bidder to infer all written record and digital recording of a call is to be tied strictly to the unique confirmation number or Registry ID number?

Response: Yes, however, if number is not available QA processes must available by other means.

2.5 D

Question 12: Complaint Analysis and Corrective Action Plan: Is this 24 clock hours or 24 business hours?

Response: 24 clock hours

2.6

Question 13: Please define 100% answer rate. Does the 100% answer rate include callers who disconnected before their call was able to be answered considering wait time is less than five (5) minutes as stated in the performance standards?

Response: Answer all calls. If caller hangs up it is an abandoned call.

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2.6

Question 14: Please define the following terms and provide time metric expected:

1. Abandoned call
2. Short call
3. 5-minute hold time (total hold time? Or initial hold time?)

Response: Answered respectively

1. Hangs up before agent/system answers
2. Term is not referenced in the RFP
3. Initial hold time – when phone call is answered and agent connects live to call

General

Question 15: Is any correspondence required to be sent to the callers? Method of sending: email, physical mail?

Response: Resource materials/information will be emailed or faxed to the Medical Providers. The Medical Providers will then provide the resource materials/information to the caller. Mode of transmission will be the Medical Providers choice. Non abortion patient callers may receive information via email. Postage/ mailing is not anticipated at this time.

1.8

Question 16: Would the State allow vendors to provide a Voluntary Product Accessibility Template (VPAT) upon award? This information contains sensitive information and given the public nature of RFP responses, this could pose a security risk to Contractors.

Response: Yes, VPAT requirements will be discussed the successful vendor.

2.3 A

Question 17: The State outlines past performance requirements. Are there any other requirements for past performance that are not listed that will be used in the State's evaluation of past performance?

Response: 2.3 A is outlining minimum qualifications and experience. It does not address past performance.

2.4 D. 1

Question 18: The State requires "Clinical staff availability required and must have appropriate current Arkansas licenses at time of contract award." Can the State elaborate on the types of licensing that is required?

Response: Arkansas licensed clinical/medical professionals that can provide support to the vendor related to obstetric care, primary care, mental or behavioral health counseling, postpartum care.

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2.4 D 2

Question 19: The State requires Contractors to hire and train based on ACA 20-16-2405 and 20-16-2406. These statutes look to be about criminal and civil penalties. How do these statutes apply to the Contractor?

Response: The laws detail specific employment standards which relate to prior employment, as such, the vendor will be responsible for ensuring all staff hired meet the hiring and training requirements.

2.4 J

Question 20: The State identifies that Contractor “shall prohibit discussion of abortion or related topics and be in compliance with ACA 20-16-2406.” How does the State anticipate Contractors to answer calls regarding or initiated by abortion and not discussing abortion?

Response: Vendor is responsible for training staff and the development of scripts that do not discuss abortion.

2.5 B

Question 21: How will a caller obtain a patient registry ID number?

Response: Patient Registry ID numbers are obtained by the medical provider.

2.5 C

Question 22: Is it the wish of the State for the chosen vendor to operate under the State system solely or will a system integration and data transfer be optional?

Response: Yes, integration and transfer of data is permitted. Please see item 2.5 H on page 11 of 20.

2.5 G

Question 23: Is it the wish of the State for the chosen vendor to develop a listing of regional resources for the agent to provide the patient once a needs assessment identifies a deficiency? 2nd: Meaning the patient, once assessed, will be directed to resources in their area to help assist with the identified needs?

Response: Yes, refer to question 5.
2nd part of question: Yes

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2.5 G

Question 24: The State lists that in 2.6., contract is to provide “assistance in accomplishing the plan.” Can the State please expand on what accomplishing the plan entails? Does this require follow up with patients?

Response: This is not detailed in a prescriptive manner but two reasonable examples to consider are: a. Helping caller prioritize the options/resources in order callers individual needs
b. Helping the caller make an appointment with a resource provider by placing a 3-way call to the resource.

2.5 H

Question 25: Referring back to section C, will the chosen vendor have the ability to load daily update files or will the vendor be required to work from the State system.

Response: Refer to 2.5 H on page 11 of 20.

General

Question 26: What is the anticipated (or estimated) call volume at: Unknown, refer to question 9

- Contract start Unknown
- Month 3 Unknown
- Month 6 Unknown

General

Question 27: In general, what is the current internal staffing for these types of calls?

Response: Unknown, this is a new law and requirements are based on AT 90_ of 2021

General

Question 28: In general, what is the current caller hold time for these types of calls?

Response: Refer to question 27.

General

Question 29: How will the public be made aware of the Every Mom Matters program?

Response: The ADH will publicize via various means.

General

Question 30: How will the State market this program to citizens?

Response: Refer to question 29

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1.2 B

Question 31: Does this start date refer to the date the vendor must begin providing services or the date it must begin work?

Response: Refer to question 2

1.2 B

Question 32: When does ADH anticipate the vendor will begin to serve clients?

Response: Refer to question 3

1.8 C

Question 33: The list of documents to include in the Technical Proposal Packet begins with "2." Is there an item 1. that is missing?

Response: 1.8 C contains a numbering error, please allow number two to serve as number 1, etc.

1.9 A

Question 34: Is the submission date correct? When will the responses be published?

Response: DH-22-0019 Addendum 1, issued on 5/6/2022 addressed and corrected the issue.

1.12

Question 35: Given that the Bid Price Sheet calls only for the total cost of the proposal, how should a prospective vendor identify the costs involved in the program?

Response: Vendor is responsible for assessing and determining costs for the program as described in the RFP specifications and requirements.

1.12

Question 36: How should a vendor account for the possibility that the number of women seeking abortion Arkansas may be higher or lower in a given year than before?

Response: Refer to question 35

1.12

Question 37: Should the vendor include marketing expenses in its proposal?

Response: No.

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1.12

Question 38: If those other items force the vendor to incur additional expense that isn't anticipated by the current scope of work, can the vendor and ADH modify the cost of award to reflect the additional work?

Response: If mutually agreed upon, the contract may be amended to add items to the scope of work and to add additional funding.

1.16 A

Question 39: Does this requirement preclude prospective vendors from discussing the RFP with parts of the state government outside ADH, such legislators?

Response: No, however, any information that you receive concerning the RFP from any source other than the ADH buyer can be considered official information and should not be used to interpret or clarify any part of the RFP document or process.

1.25 A

Question 40: Does this requirement only prohibit prospective vendors from discussing the RFP with the news media? Does it also prohibit any discussions with other private citizens (i.e., people who are not state employees)?

Response: The referenced directive does not extend beyond public media.

2.2

Question 41: Is the vendor required to provide resource access assistance offers to all women seeking an abortion in Arkansas?

Response: Resource offers are to be provided to all abortion patients calling the Every Mom Matters phone line.

2.2

Question 42: How should the vendor account for the possibility of fluctuations in the number of women seeking an abortion in the state.

Response: Vendor is responsible for assessing and determining costs for the program as described in the RFP specification and requirements.

2.2

Question 43: How many women and families of each client type should the vendor serve?

Response: Unknown, this is a new law and requirements are based on Act 90 of 2021.

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2.2

Question 44: Does the scope of the program include providing healthy pregnancy program services and care plan coordination services on an ongoing basis?

Response: A person whose pregnancy is terminated prior to birth may access the Every Mom Matters program for 6 months after termination and persons with a child or children under the age of 2 may access the Every Mom Matters program.

2.2

Question 45: Should the program seek to serve women and families beyond those women seeking abortion in Arkansas?

Response: See item 2.5 on page 10 of 20. Provide free resource access assistance offers to:

1. Arkansas women who are pregnant, including minors and parents/legal guardian of the pregnant minor.
2. Arkansas families with children under the age of two.
3. Patients seeking an abortion in Arkansas.

2.4 C

Question 46: Does this requirement apply to only the initial resource access assistance offer or also to subsequent services offered to the client through the program?

Response: All Calls

2.4C

Question 47: If a caller voluntarily provides contact information for the purpose of allowing the vendor to follow up after the initial call or for the vendor to provide additional services offered through the program, may the vendor record that contact information?

Response: No

2.4 C

Question 48: Are there any circumstances in which a caller may voluntarily provide, and thus the vendor record, identifiable information?

Response: No

2.4 E

Question 49: The Bid Solicitation Document contains Sections 2.4(D) and (F) but not Section 2.4(E). Is there an additional minimum requirement?

Response: No, this was a sequential numbering error.

2.4 I

Question 50: How will the state's secure database function with respect to these numbers?

Response: The State's secure database will be discussed with the successful vendor.

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2.5 B

Question 51: Is the Bid Solicitation requiring the Every Mom Matters Act vendor to provide the statutorily required unique identifying number to women seeking an abortion?

Response: No

2.5 B

Question 52: Please clarify whether the vendor must provide call confirmation numbers to all clients or only to those seeking abortion in Arkansas.

Response: All

2.5 B

Question 53: Please clarify what function call confirmation numbers and registry ID numbers serve and what process is required for each.

Response: Call confirmation numbers are issued by the vendor and provided to the caller. Registry ID numbers are issued by the ADH data systems for patients. Both numbers are part of the data system.

2.5 B

Question 54: Please clarify what role the abortion physician and the state's secure database play in the process of issuing registry ID numbers.

Response: Arkansas annotated Code 20-16-2407 (a)(3)(B) The secure database shall: (i) generate a unique identifying number (ii) Be accessible only to a person who is to perform an abortion , an agent of the person performing an abortion, agencies and the Department.

2.5 B

Question 55: Please clarify how the vendor must issue call confirmation numbers to callers.

Response: Verbally

2.4 J

Question 56: Does this requirement prevent a vendor from discussing abortion in a way that encourages childbirth as an alternative to abortion?

Response: Discussion of abortion or related topics is prohibited.

2.4 J

Question 57: If a woman identifies a medical issue related to abortion as a factor in her decision, does this requirement prohibit the vendor from discussing that issue with her using medically accurate information?

Response: Discussion of abortion or related topics is prohibited.

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2.4J

Question 58: If a woman identifies a medical issue related to abortion as a factor in her decision, does this requirement prohibit the vendor from discussing that issue with her using medically accurate information?

Response: The ADH published booklet titled “A Woman’s Right to Know” may be provided to any caller. The vendor may not discuss abortion or abortion related information with a caller.

2.4J

Question 59: What is the intended scope of this requirement?

Response: Compliance with Act 90 of 2021

2.5 E

Question 60: In what way should the vendor send the required reports?

Response: Electronically

2.5 G

Question 61: Does ADH anticipate that all services will be actually provided on the initial call of every woman calling the program (as opposed to offered)?

Response: The offers and resources are to be provided during the initial call.

2.5 G

Question 62: Are women who are not presently seeking an abortion in Arkansas eligible to receive a “resource access assistance offer”?

Response: Refer to Question 45

2.5 G

Question 63: Will the vendor be able to provide follow-up healthy pregnancy program and care plan coordination services after the initial call?

Response: All callers should be provided all offers of services that make up the Every Mom Matters program. A caller is not limited to a single call, they can call back.

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2.5 G

Question 64: Are there any requirements related to how many appointments a client should receive how or how long care should last?

Response: Clinical appointments and care details are private matters between the licensed provider and the patient. All callers should be provided all offers of services that make up the Every Mom Matters program. A caller is not limited to a single call, they can call back.

2.5J

Question 65: If the contract begins on December 15, 2022, does ADH anticipate the vendor have this reporting system in operation prior to January 1, 2023, when the requirements related to the vendor's providing resource access assistance offers to all women seeking an abortion in Arkansas begin?

Response: The "anticipated" start date of the contract is December 15th. ADH expects all reporting systems to be available on the contract start date. Vendor should be prepared to provide access to all resources on the contract start date.

2.5 J

Question 66: When does ADH anticipate the vendor should begin providing these reports?

Response: First reports will be due the second day of live call center operations. Those reports will be reporting on the first day of call center operations.

2.5 J

Question 67: Will the vendor be required to report the number of women who receive resource access assistance offers who request care plan coordination services or healthy pregnancy program services?

Response: Yes

2.6

Question 68: How is the answer rate defined? What is considered an answer? And what is considered a call for the rate's denominator?

Response: How is the answer rate defined: number of calls received by the vendor call system divided by the number of calls answered by a live agent. What is considered an answer: Answered by a call center live agent. What is considered a call for the rates denominator: A call received by the vendor call center phone system.

E1 a

Question 69: With respect to E1.a., what form of documentation is appropriate? Is a narrative explanation of the name, purpose, and dates of operation sufficient?

Response: A written narrative providing name, purpose, and dates of operation.