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July 28, 2004

**To:** All Interested Bidders

**Re: RFP #: 05-X-34750**

**HEALTH BENEFITS COORDINATOR  
MEDICAID MANAGED CARE PROGRAMS**

Bid Due Date: **August 12, 2004 (2:00 p.m.)**

Mandatory Pre-Bid Conference Date: July 19, 2004 (9:30 a.m.)

### **ADDENDUM #4**

The following constitutes Addendum #4 to the above referenced solicitation. This addendum is divided into the following parts:

Part 1: Answers to questions.

Part 2: Additions, deletions, clarifications and modifications to the RFP

Part 3: Bidders Conference Attendees

Part 4: Presumptive Eligibility Pregnant Women Providers

Part 5: NJ FamilyCare Presumptive Eligibility Providers

It is the bidder's responsibility to ensure that all changes are incorporated into the original RFP.

All other instructions, terms and conditions of the RFP shall remain the same.

Sincerely,

***Christine Weiland***

Christine Weiland

Team Leader

Purchase Bureau

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**PART 1**  
**HEALTH BENEFITS COORDINATOR**  
**MEDICIAD MANAGED CARE PROGRAMS**  
**Bid Number 05-X-34750**

**Answers to Questions**

Questions were submitted by the following firms:

Unisys Corporation  
 Policy Studies Inc.  
 ACS  
 Maximus  
 Automated Health Systems

Note: Some of the questions have been paraphrased in the interest of readability and clarity. Each question is referenced by the appropriate RFP page number(s) and section where applicable. Further, all questions submitted, thus far, are not answered in this addendum. Additional addenda will be issued.

#	Page #	RFP Section Reference	Question	Answer
1.			The answer to question 46 in Addendum 1 states, “all documents received by the contractor must be imaged and entered into the contractor’s tracking system within two (2) business days of receipt.” We will get documents at field offices, CWAs, community sites during presentations, home visit, etc. When is the contractor required to forward these documents in hard copy form to other entities (beneficiaries or applicants, the State, counties, etc.)?	Hard copy would be required when a case is transferred to the county. The case should be transferred in two (2) business days from when it is initially processed. Hard copy record may be needed for State staff review of renewals and should be given to the State staff within two (2) business of the request. A hard copy of the PSF would normally be given to the beneficiary when the form is completed by the beneficiary with the HBC’s help.
2.	11	1.1	The RFP states Option 1 consists of County Welfare Agencies (CWAs) performing eligibility and all its associated functions and Option 2 as the contractor performing eligibility and all its associated functions. The RFP later states “Option 1 therefore details all accountabilities and tasks, processes, and procedures as being those required should the State’s 21 CWAs assume and perform eligibility processing for <i>NJ FamilyCare Plan A</i> cases as intended within the scope of work.” In addition, the RFP states in preparing costs for Option 2 bidders should take into account costs “associated with performing eligibility <i>determinations and processing for all programs including AFDC Medicaid and NJ FamilyCare ...</i> ” For Option 1 are bidders to	Option 1 would mean that the CWAs would process eligibility for Plan A cases and continue to process eligibility for AFDC cases.

#	Page #	RFP Section Reference	Question	Answer
			assume CWAs will do eligibility for: a) NJ FamilyCare Plan A cases only; or b) all programs including AFDC Medicaid and all NJ FamilyCare (A, B, C, D, and I)?	
3.	11	1.1	If Option 1 includes CWAs doing eligibility for NJ FamilyCare Plan A cases <i>only</i> , are bidders to assume they are responsible for eligibility for all other cases that are not classified as Plan A?	Yes.
4.	11	1.1	If Option 1 includes CWAs doing eligibility for NJ FamilyCare Plan A cases only, and bidders are to assume they are responsible for eligibility for all other cases that are not classified as Plan A, please clarify what the contractor's role will be for Plan A cases. Specifically, will the contractor be responsible for any tasks related to eligibility determination other than initial pre-screening of income to determine the probability that the applicant is a Plan A case?	No
5.	20 22	2.2	The definitions of Commissioner's Referral, Director's Referral, and Governor's referral indicate that that they require a timely response as indicated on the referral cover sheet. What minimum amount of response time will be provided to the vendor?	48 hour turnaround time to process to completion.
6.	20 22	2.2	Will the answer to the question above change if input from the applicant or member is required?	No
7.	20	2.2	A completed application is defined with the dispositions of approved, denied, dismissed, or withdrawn. Does "dismissed" include those that are timed out?	Yes
8.	22 29	2.2 3.2.1.3	Is it the State's requirement that the staff that answers calls in the Call Center be HBCs and therefore subject the education and experience requirements of Section 3.2.1.3?	Yes
9.	22 29	2.2 3.2.1.3	Is it the State's requirement that the non-supervisory staff that perform required activity	Yes

#	Page #	RFP Section Reference	Question	Answer
			in the field, including retention activities, be HBCs and therefore subject the education and experience requirements of Section 3.2.1.3?	
10.	25	2.2	The retention program definition indicates that activities include but are not limited to listed items. What other activities will the vendor be responsible for, if any?	Will be determined by the State at a later date.
11.	27	3.1.1	The RFP states that the operations and management site facility shall be located in New Jersey within a 30 mile radius of the DMAHS facility. Is the contractor required to perform all processing and call center functions, except for disaster recovery and appropriate field activities, within a 30 mile radius of the DMAHS facility?	Yes
12.	27	3.1.1	If the answer to the question above is no, what activities can be performed at sites not meeting these requirements?	Not applicable
13.	27 32	3.1.1 3.3.2	Does the call center facility required in Section 3.3.2 have to meet the site requirements (i.e., within a 30 mile radius of the DMAHS Quakerbridge facility) specified in Section 3.1.1	Yes
14.	27	3.1.2	Although the CMO office is to be separate and unique from the project office can the LAN/WAN and telephony solutions be part of the project's infrastructure?	Yes
15.	27	3.1.2	If the CMO (and project) office is secured with a proximity card system can the CMO office be located in the same building - separated by a demising wall - as the project office?	Yes
16.	27	3.1.2 3.1.2.1	State requirements seem to be for 5 management offices, 3 support FTEs, 1 supervisory and 12 additional DMAHS FTEs, in addition to a separate monitoring office, conference room for 20, rest rooms, and common rooms. Does the State plan to have 21 plus staff on-site for contract management, monitoring, training, and/or liaison?	Yes, but may not be all at same time.

#	Page #	RFP Section Reference	Question	Answer
17.	27	3.1.2 3.1.2.1	If the answer to the previous question is no, how many?	Ten (10) plus Option 2 may require State staff on-site to review Plan A cases.
18.	27	3.1.2.1	The RFP indicates that the contractor will be expected to provide space for “approximately” 1 supervisor and 12 additional FTEs. Should the contractor plan for possibly more than 1 supervisor?	No
19.	27	3.1.2.1	If the answer to the previous question is yes, how many?	Not available
20.	27	3.1.2.1	Is a cubicle sufficient for the Supervisor or will a private office be required?	Private office is necessary
21.	27	3.1.2.2	Please provide the specific number for the printers, fax machines, copiers, typewriters, audio-visual, and other equipment required.	One PC for each State staff person. one printer, copier, fax machine for all state staff at contractor site is sufficient.
22.	27	3.1.2.2	Please provide specific requirements for the personal computers, e.g. lap-tops, desktops, printers, fax machines, copiers, typewriters, audio-visual equipment requested.	One copier, one printer, one fax machine for all State staff, individual PCs
23.	27	3.1.2.2	Please also provide the types and amounts of supplies.	State will issue supplies.
24.	27	3.1.3	Please clarify what is meant by “e-mail access between the contractor and State staff.” Will the contractor be required to provide access between the State e-mail addresses and the contractors e-mail addresses or will the contractor be required to provide separate e-mail addresses for each State staff member on the contractor’s internal e-mail system?	State staff must have access to State email system.
25.	28	3.1.5.2	The RFP states that a copy of the annual audit report shall be submitted to the State Contract Manager for review and approval. Under AICPA guidelines, an auditor’s report cannot require an outside party’s approval. Please strike the requirement for State Contract Manager approval.	The State does not consider itself an outside party as the contractor is paid by and providing services to the State.
26.	28	3.1.6.1	Please clarify to what “corrective action plan” this section refers?	Any corrective action plan that the State Contract Manager has asked the contractor to produce because of poor contractor performance.

#	Page #	RFP Section Reference	Question	Answer
27.	28	3.1.6.1	Will the State consider changing the requirement from 24 hours to 1 business day?	No.
28.	28	3.1.6.1	Will the State consider including a provision for the State Contract Manager to reasonably extend the deadline based on the complexity of the situation, the detail requested in the response, the detail required in the requested report, and or the detail requested in the operational status summary once notified within the by the contractor (within the required timeframe) of the time required to appropriately meet the State Contract Manager request?	This determination will be made by the State at a later time.
29.	28 37	3.1.7.1 3.4.12 3.4.12 (c)	As all new documents are to be scanned into the Contractor imaging system upon receipt and the State staff is to have access to the imaged documents, please confirm that the State will consider a legible image of an application and its supporting documentation as the original record thereby negating the need for the State to request the original paper file for those new documents that have to be imaged. Will the State consider putting a limit on the number of documents required to be provided in 2 business days for all the historical files that are only available in hard copy or allowing a longer retrieval time for records when larger volumes are requested?	State requires hard copy original file.  The State may consider this.
30.	28 37	3.1.7.1 3.4.12 3.4.12 (c)	If the answer to the previous question is yes, what will these guidelines be?	Unknown at this time.
31.	29	3.1.11.1 3.1.11.2 3.1.11.3	Should these be sections 3.1.8.1 through 3.1.8.3?	Yes.
32.	29	3.2.1.2	Does the state consider any staff with supervisory responsibility subject to the requirements of this provision?	Yes.
33.	29	3.2.1.2	Will the State waive the education requirement for the incumbent's existing, experienced Project Directors, managers, and supervisors?	No.

#	Page #	RFP Section Reference	Question	Answer
34.	29	3.2.1.3	Will the State waive the education requirement for the incumbent's existing, experienced HBCs?	No.
35.	30	3.2.3	Is the subcontractor background check limited to those on-site at the project or all subcontractors?	Limited to those on-site.
36.	30	3.2.3	As it can take upwards of 6 weeks (or longer) to receive fingerprint results, is the successful bidder's implementation staff restricted from commencing start-up work until results have been received?	No.
37.	30	3.2.3	As it can take upwards of 6 weeks (or longer) to receive fingerprint results, can prospective employees, whose results have not returned, attend training?	No.
38.	30	3.2.3	Will there be certain infractions that would be identified through the criminal history check that are deemed minor enough not to exclude employment? If so, please provide a list.	Yes  Will provide to the contractor at implementation.
39.	30	3.2.3	Please clarify to what "sign in/sign out" process this refers. Does this refer to signing in and out of the Contractor's operational facility or does this refer to signing in/out of the State eligibility or other systems?	Both
40.	31	3.2.3	Please specify the security procedures established by the State that must be observed by the contractor and contractor's personnel.	Approvals for look-up and change capability for the NJFC and New Jersey Care 2000+ programs.
41.	31	3.2.5	If the contractor temporarily increases staff due to unanticipated demand or other reason, will the contractor be allowed to return to previous staffing levels when the need had been reduced?	Would need to be discussed with State. All personnel changes must be prior approved by the State Contract Manager.
42.	32	3.3.1.1	Please confirm that it is the State's intention and direction that HBCs escalate a call to State operational staff prior to use of the any typical call center escalation process the Contractor may have in place, e.g. HBC to Supervisor, Supervisor to Manager, etc.	The State's intention is for the contractor to take all measures possible to resolve the call without involving the State staff. This is the contractor's responsibility.

#	Page #	RFP Section Reference	Question	Answer
43.	32	3.3.1.1	Please define "State operational staff"	This staff will be identified after the contract is awarded.
44.	32	3.3.2	Does all Call Center staff have to be located within 30 miles of the DMAHS Quakerbridge facility?	Yes.
45.	32	3.3.3	Do other programs refer just to PSP?	Refers to future NJFC programs that may established.
46.	32	3.3.3	If the answer to the previous question is yes, what other programs does this section refer? Will the addition of programs other than New Jersey Care 2000+, NJFC, or PSP be considered out-of-scope and thereby subject to additional funding?	Not known at this time.
47.	33	3.3.1.9.1 3.3.1.9.2	Should these sections be numbered 3.3.9.1 and 3.3.9.2?	Yes.
48.	35 86- 87	3.3.18 5.18.3	Do 95% of calls have to be answered within 60 seconds or 90 seconds?	90 seconds.
49.	35 86- 87	3.3.18 5.18.3	Does the average speed to answer calls have to be less than 30 seconds?	30 seconds or less.
50.	35 86-87	3.3.18 5.18.3 5.18.5	Section 5.18.5 specifies a case in which the State may reduce the monthly cost of the contract by a percentage for each day the standards are not met. The example used indicates a standard of 95% of calls answered within 90 seconds and applies it to five continuous business days. The 95% within 90 seconds is consistent with 3.3.18.5; however the measurement period there is weekly, not five continuous business days. The standard in 5.18.3 is daily and within 60 seconds. Please clarify what penalties will apply related to call center standards.	Measurement is five (5) continuous business days that 95% within 90 seconds.
51.	35	3.3.19	This section indicates that "All call center staff, shall" and specifies requirements (the first five bullets). Is the State requiring 100% compliance on the first 5 bullets in this section? If not, what level of performance on each of these is acceptable?	Yes.

#	Page #	RFP Section Reference	Question	Answer
52.	35	3.3.20.1	Please confirm that the State will provide written approval of the alert rapidly enough to facilitate the contractor's ability to meet the requirement to distribute the alert within 1 business day of an incident or that in such cases as this is not possible, the contractor will not be held accountable for the 1 business day requirement.	The State will provide approval to ensure the distribution of the FAST ALERT within one business day.
53.	36	3.3.23.4	Should this be numbered 3.3.23.3?	Yes.
54.	36	3.3.23.4	Is it the State's intention that outreach and follow-up attempts should continue indefinitely?	No.
55.	36	3.3.23.4	If the answer to previous question is no, what is the minimum number of attempts that must be made?	Depends upon if beneficiary can be reached or if phone message was left.
56.	38	3.5.1.6	Please clarify the requirements for applications on which more than one individual is applying for coverage when there is adequate information to make a final determination for one or more but not all of the individuals applying for coverage.	To be finalized by the State once RFP is awarded.
57.	38 40	3.5.1.6 3.5.1.11 (b)	Will the contractor be required to handle information not provided after the initial request for the associated documents, indicated in 3.5.11 b), in accordance with the Missing Information requirements in Section 3.5.1.6?	Will be determined by the State at a later date.
58.	38 40	3.5.1.6 3.5.1.11 (b)	Please confirm if this initial request for the associated documents is to be considered the first missing information request letter as referenced in Section 3.5.1.6.	Will be determined by the State at a later date.
59.	38	3.5.1.6 (a)	How is the contractor to handle information received on a case after an applicant has received the letter terminating further action on the application.	This business rule will be formulated once the contract is awarded.
60.	38	3.5.1.6 (a)	If information is received after the two attempts at mail outreach and the letter "terminating further action", will the applicant be required to reapply should the contractor subsequently	This business rule will be formulated once the contract is awarded.

#	Page #	RFP Section Reference	Question	Answer
			receive additional information?	
61.	39	3.5.1.7	Please confirm that the "State's facilities" are those the Contractor is required to provide in Section 3.1.2.	No. The State's facilities include DMAHS' facilities at Quakerbridge Plaza.
62.	39	3.5.1.9	Will the Contractor be required to translate all notices and correspondences from English into Spanish?	Yes.
63.	39	3.5.1.9	If the answer to the previous question is no, who will?	Not applicable
64.	39	3.5.1.9	Is the requirement of 3.5.1.9 that the contractor be ready to provide written notices and correspondences in any language? If so, this is a very, very expensive requirement that will greatly increase bidders' cost.	The current requirement is that material be translated into Spanish.
65.	39	3.5.1.9	If the answer to the previous question is no, please clarify the requirement.	Not applicable
66.	39	3.5.1.10	Please clarify the difference between one (1) business week and five (5) business days?	Business week is Monday to Friday, five (5) business days could be a rolling five (5) business days.
67.	38 40	3.5.1.6 (a) 3.5.1.12	Please clarify the difference between the requirement to process completed applications within 5 days of receipt of all information (Section 3.5.1.12) with the requirement in Section 3.5.1.6 (a) that indicates that additional information received is to be processed within 3 days.	Section 3.5.1.12 applies to a completed application that is received; 3.5.1.6 refers to the receipt of missing information for an application that has already been processed.
68.	40	3.5.1.13 (b)	What type of access will the vendor have to the Department of Labor files?	On-line.
69.	40	3.5.1.13 (b)	If a difference occurs between current wages reported on the application and documented through older data on the Department of Labor files, what action should the contractor take?	Will be formulated as part of business rules once contract is awarded.
70.	40	3.5.1.13 (b)	Does the amount or percent of difference change the action that the contractor should take?	Yes, as well as being dictated by the information on the application in comparison the Dept. of Labor report.
71.	40	3.5.1.13 (b)	This section indicates that the Contractor should use the State's Labor files "... to obtain or validate financial data..." Please confirm	State will provide business rules when wage information on application matches DOL report.

#	Page #	RFP Section Reference	Question	Answer
			whether the Contractor may use information on the State wage file in lieu of sending a letter requesting additional wage information when an application indicates the applicant has wages but has not sent any supporting wage documentation.	
72.	40	3.5.1.14 (a)	Since imaged copies of documents can be printed “at will” to produce a “hardcopy,” will the State consider the imaged correspondence to meet the “hardcopy” and the “any other correspondence associated with the case to date” requirements referenced here?	No
73.	40	3.5.1.14 (b)	Will the contractor be permitted to accept address change information by telephone?	<b>If</b> the appropriate security has been taken to ensure that it is the beneficiary calling.
74.	41	3.5.1.15 (c)	For paper or web-site applications, for which there is no direct personal contact with HBC project staff, is health insurance information to be obtained from anywhere other than the NJFC application whether it be paper or electronic?	The State will decide whether an outreach needs to be done to the beneficiary to obtain this information.
75.	41	3.5.1.15 (c)	If the answer to the previous question is yes, please specify where health insurance information will be obtained.	The beneficiary.
76.	41	3.5.1.16	How many specified distribution points of contact are there?	Consider the umbrella organizations as points of contact.
77.	42	3.5.1.23	Are cases that become Plan A upon status change, transferred to the CWAs?	For option 1 yes, for Option 2 no.
78.	42	3.5.1.24 3.5.1.25	These sections appear to contradict each other. Section 3.5.1.24 states that within two business days of imaging the returned renewal documents, the contractor shall review and process all beneficiary responses. The next section states that renewals should be processed within 30 days of receipt. Please explain.	Section 3.5.1.25 requires all completed renewals to be processed with 30 days of receipt.
79.	44	3.6.1.4	Please clarify; is the contractor to be present and disseminate information or is the contractor to facilitate the health fairs?	Both.

#	Page #	RFP Section Reference	Question	Answer
80.	44	3.6.1.4	Please define “facilitate”?	Make arrangements for facility, contact and confirm attendance by MCOs, pay for space if needed, be available at the health fair to outreach and educate New Jersey Care 2000+ and NJ FamilyCare beneficiaries and assist in managed care enrollments and NJFC application completion.
81.	46	3.6.1.7 (c)	This section of the RFP addresses voluntary eligibility categories, but two bullets state “Conduct follow-up telephone or mail contact with beneficiaries to minimize the necessity of MCO auto-assignment” and “As directed, and in accordance with State specifications, compile, maintain and report all pertinent statistical data associated with the managed care enrollment of the mandatory eligibility categories.” As auto assignment and mandatory eligibility does not apply to voluntary eligibility categories, please clarify..	This should reference voluntary eligibility categories. There is no auto assignment of voluntary eligibility categories
82.	47	3.6.1.12	Please define the contractor’s role in market surveys. Also, please provide specifics on the scope of these surveys.	Contract will work with State’s advertising contractor.
83.	47	3.6.1.13	When in the initial contract year does the State anticipate the managed care educational campaign to occur?	Within the first year of the contract award, working with the State’s advertising contractor.
84.	47	3.6.1.13	Over what time frame is the educational campaign expected to run?	Term of the contract.
85.	47	3.6.1.13 (b) 3.6.1.13 (g)	It is difficult to tell the difference between these two requirements. Please clarify.	(g) expands on the kinds of venues for this education in addition to written material.
86.	47, 48	3.6.1.13 (g) 3.6.1.14	Please clarify how the requirements of paragraph 2 in Section 3.6.1.14 differ from or relates to the requirements in Section 3.6.1.13 g)?	One describes the information/substance of the education and outreach, the other is the requirement to have a draft strategy.
87.	47	3.6.1.13 (h)	This section states that “DMAHS shall reserve the right to determine... any changes or modifications in the scope of work related to this task.” This is an open-ended requirement which would drive a bidder’s price up substantially. Please specify a limit.	Scope of work changes would be addressed by amendment in accordance with Section 5.24 of the RFP.
88.	50, 51	3.6.3.3 3.6.3.8	These sections have the same titles but have differing/conflicting requirements. Which section,	The two sections possess complimentary rather than conflicting information. Example, 3.6.3.3 specifically addresses assistance with the Plan Selection Form (PSF), emphasizes information for

#	Page #	RFP Section Reference	Question	Answer
			or what requirements of each section, applies?	each member of the family etc. whereas 3.6.3.8 emphasizes assistance in the actual completion of the PSF. The requirements of both need to be precisely met.
89.	50	3.6.3.4	Please define what is meant by "the resource" in the first sentence of this subsection.	The contractor will be the resource for this information when assisting the beneficiary in choosing an MCO.
90.	50	3.6.3.4	Is the contractor responsible for developing and maintaining the provider directories?	The contractor will be responsible for maintaining the provider directories.
91.	50	3.6.3.4	What is meant by "funds transfer"?	This phrase is located in 3.6.6.4 and means electronic transfer of funds.
92.	57	3.6.6.4	What fund transfer options will be made available to beneficiaries?	Debit
93.	58	3.6.6.10	What timeframe is defined as "immediate" as it pertains to correspondence receipts from the lock-box?	Within one (1) business day
94.	60	3.7.5.1	This section states that all disenrolled PSP cases will be fast-tracked through the managed care plan selection process within thirty (30) business days of PSP termination. Does this refer to the children only or are there disenrollment situations in which the adult household members (if previously enrolled in FamilyCare) would also be enrolled into a managed care plan?	The State will establish this at a later date.
95.	62	3.8	Is the State requiring that a CAHPS certified survey administrator conduct the survey?	Yes.
96.	62	3.8.1.1	The last sentence in this section states "DMAHS will ensure that the contractor has access to client names and addresses." Does this mean that the survey may include populations for which the Contractor will not have demographic information in the Contractor's data base?	Possibly.
97.	62	3.8.1.1	If the answer to the previous question is yes, please identify and define those populations.	Information in bidder's library.
98.	76 77	4.4	Section 4.4 states "The bid proposal should be submitted in one volume and that volume divided into four (4) sections as follows: • Section 1 - Forms (Section 4.4.1)	The Functionality Checklist should be included in Tab 5-Detail Functionality Check List.

#	Page #	RFP Section Reference	Question	Answer
			<ul style="list-style-type: none"> <li>• Section 2 - Technical Proposal (Section 4.4.2)</li> <li>• Section 3 - Organizational Support and Experience (Section 4.4.3)</li> <li>• Section 4 - Cost Proposal (Section 4.4.4)”</li> </ul> <p>However, the table on page 77 refers to five tabs/sections, with section 5 RFP reference as 4.4.3. Can you confirm the addition of tab number five to the required proposal volume and clarify the appropriate reference section for tab five?</p>	
99.	83	5.4	<p>The second paragraph of this section indicates that the contract may be extended for up to two additional years at the same terms, conditions, and pricing as the base contract term. Attachment 5 of the RFP does not require pricing for the option years. Therefore, this section seems to indicate that the price for the potential years 4 and 5 will be equal to the pricing for year 3. Is this correct?</p>	Pricing is determined as stated in Attachment 5.
100.	83	5.4	<p>Due to the fact that there is always cost escalation (staff merits increases and inflation) each year, would the state consider allowing the option year pricing to escalate with the prevailing Consumer Price Index (CPI)?</p>	No
101.	84	5.8	<p>This section indicates that “Approval of deliverables furnished under this contract shall not in any way relieve the contractor of responsibility for technical adequacy...” At what point, after approval, may the contractor consider deliverables final?</p>	Once the state is satisfied that the deliverable is implemented and fully integrated and operational within the contractor’s system and staff has been adequately trained.
102.	86	5.16.3	<p>Would the State add “The State will make reasonable attempts to quickly replace the vendor on a permanent basis? When the vendor has been permanently replaced, the defaulting contractor’s obligation will end.”</p>	No
103.	87	5.18.4	<p>This section indicates that “All Call Center HBCs, or operators, shall” and specifies five bulleted requirements. Although all vendors will certainly strive for 100%</p>	100%

#	Page #	RFP Section Reference	Question	Answer
			compliance, what level of performance on each of these is acceptable?	
104.	87	5.18.4	If 100% compliance is not achieved, what, if any, specific financial actions (penalties or otherwise) will be applied?	See 5.18.5
105.	87 88	5.18.5 5.18.7 5.18.9	Each of these sections regarding damages includes percentages that will be applied against the contractor's monthly payment. The damages detailed in these sections are specific to particular functions within the project. Due to the fact that the price / cost associated with performing each of these functions is only a portion of the overall fixed price, would the state consider applying each of these penalties to only the portion of the overall fixed price that correlates to the function specified?	No
106.	87 88	5.18.5 5.18.7 5.18.9	If the answer to the previous question is yes, how will the percentage that each of these functions represents of the total price be calculated?	Not known at this time.
107.	87	5.18.5	Section 5.18.5 specifies a case in which the State may reduce the monthly cost of the contract by a percentage for each day the standards are not met. The example used indicates that the standard was missed by 15% on 5 continuous business days and indicates a monthly cost reduction for Call Center services damages of 15%. Call Center services are not separately priced. What base would this penalty be applied to?	Will be determined by the State at a later date.
108.	87	5.18.5	If the standard was missed on 10 consecutive business days, would 30% be applied?	Yes.
109.	87	5.18.5	If the answer to the previous question is no, what amount would be?	Not applicable
110.	87	5.18.5	What would be the maximum damages in a month under this provision, and one single call center standard being missed?	All Call Center standards are expected to be met.
111.	87	5.18.5	If two or more call center standards are missed, what is the maximum monthly	All Call Center standards are expected to be met.

#	Page #	RFP Section Reference	Question	Answer
			liability?	
112.	87	5.18.5	Please explain how these penalties are being calculated.	Applicable percentage of monthly payment.
113.	87	5.18.7	This section indicates that “An error will arise and damages assessed if...the enrollment transactions contain an error, as defined within the scope of work.” Please specify the definition of an error.	Any manual or systems transaction, calculation, etc. that results in an application/enrollment not being processed timely and accurately according to contract standards.
114.	87	5.18.7	Since the State is not penalized for technical errors (Social Security Act 1903 (u) (1) (A) E (ii)), 42 CFR 431.804, and CMS State Medicaid Manual Section 7309) and there are no corresponding damages to beneficiaries, will the contractor be penalized for such errors?	The State will determine the damages and whether an error is technical or not.
115.	87	5.18.7	Please cite the federal or State definitions for Medicaid and S-CHIP errors that the State will be applying.	Contract standards and performance.
116.	87	5.18.7	Will errors be assessed if the source data changed between the time the application was processed by the vendor and the time of the State review?	Cannot be determined at this time.
117.	87	5.18.7	What are the appeal procedures if the contractor believes they processed the case correctly?	No formal appeal, discussion with State Contract Manager.
118.	87	5.18.7	Will the damages assessed under the provisions of this section apply to the entire billed amount or just to eligibility processing?	Entire bill.
119.	87	5.18.7	If damages assessed under this provision just apply to the eligibility processing portion of the payment, how will this amount be determined given that the price submission from the bidder does not specify this?	They do not apply to just the eligibility portion.
120.	87	5.18.7	If the answer to the previous question is just eligibility processing, how will this amount be determined given that the price submission from the bidder do not specify this?	Not applicable
121.	87	5.18.6	Please verify that this section does not apply to the well over 50% of applications that	Provision specifies complete applications.

#	Page #	RFP Section Reference	Question	Answer
			include missing information.	
122.	88	5.18.8, 5.18.9	Section 5.18.9 indicates that “An error will arise and damages assessed if...the enrollment transaction contains an error, according to the directions defined above.” Does “above” refer to Section 5.18.8?	Yes.
123.	88	5.18.8 5.18.9	Is it the intent of DMAHS to include all suspended transactions as errors?	Cannot determine at this time as state would need a definition of suspended transactions.
124.	88	5.18.9	What are the appeal procedures if the contractor believes they processed the case correctly?	Discussion with State Contract Manager.
125.	88	5.18.9	Will the damages assessed under the provisions of this section apply to the entire billed amount or just to enrollment processing?	Entire amount.
126.	88	5.18.9	If the answer to the previous question is just enrollment processing, how will this amount be determined given that the price submission from the bidder do not specify this?	Not applicable
127.	88-89	5.18.9 5.18.10	How do the provisions of these two sections apply?	5.18.9 relates to timeliness and transaction error. 5.18.10 relates to the costs that DMAHS has incurred because of the contractor’s error, such as capitation payments, fee for service payments. etc.
128.	88-89	5.18.9 5.18.10	Under these provisions, can a vendor’s payment be reduced twice for the same error?	Yes for different reasons.
129.	90	5.19	When will “certification that all services have been satisfactorily performed” occur?	As soon as is appropriate based on contractor’s performance and ability to correct problems/deficiencies both manual and systemically.
130.	90	5.19	When will the remainder of retainage be released?	As soon as is appropriate based on contractor’s performance and ability to correct problems/deficiencies both manual and systemically.
131.	90	5.19	Define “satisfactory performance”.	Contractor has performed all contract performance standards accurately and timely.
132.	90	5.19	There are numerous performance requirements through the RFP. Will partial release of retainage be allowed if some performance standards are met, while others are missed? If so, how will this be calculated?	Based on contractor’s performance and areas of deficiency.
133.	11	1.1	For each option, is the division of contractor and CWA responsibilities for processing	Yes.

#	Page #	RFP Section Reference	Question	Answer
			annual redeterminations the same as the division of responsibilities for processing applications and initial determinations?	
134.	11 37 105 106 108	1.1 Paragraphs 4 and 5 Section 3.5.1.2 Attachment 5 Attachment 5A Attachment 5C  1.1, Paragraphs 4 and 5 Section 3.5.1.2 Attachment 5 Attachment 5A Attachment 5C	<p>Section 1.1, paragraph 4, and the pricing attachments refer to Option 1 for Plan A only as being “without eligibility.” However, Section 1.1, paragraph 5 implies that under Option 1, CWAs will perform eligibility for FamilyCare Plan A cases. Together with Section 3.5.1.2 on page 37, this indicates that the contractor will determine eligibility for non-Plan A cases under Option 1.</p> <p>Do we correctly understand that, under Option 1, CWAs will determine eligibility for Plan A cases but the contractor will determine eligibility for all other plans, including Plans, B, C, D, I, and PSP? In other words, do we correctly understand that “without eligibility” should be interpreted as “without Plan A eligibility”?</p> <p>Do we correctly understand that, under Option 2, the contractor will determine eligibility for all plans, including Plans A, B, C, D, I, and PSP? If our understanding is incorrect, please list the programs for which the contractor must determine eligibility under Option 1 and Option 2.</p>	<p>Yes.</p> <p>Yes.</p> <p>Yes. Also included is Plan H.</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>
135.			How frequently does the State negotiate the MCO contracts for renewal? How many MCOs have dropped out over the term of the current contract and what was the frequency of those dropouts?	The current MCO Contract originated in 1995 and is extended with a renewal annually. In 1995 there were fourteen (14) MCOs. The last MCO contract termination occurred in 2001. Five (5) MCOs have remained under contract since 2001.
136.			Should bidders assume that Jersey Care and New Jersey Care 2000+ are synonymous? If this assumption is not correct, please provide information to distinguish between the two programs.	No. New Jersey Care 2000+ is the Medicaid managed care program for all TANF, SSI Aged, Blind and Disabled and New Jersey Care(Jersey Care).....Special Medicaid program pregnant women and children and aged, blind and disabled.

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137.			Will the bidder be able to mark sections of its proposal as proprietary and confidential? If so, what criteria must be used by the bidder to designate sections proprietary and confidential?	In accordance with Section 1.4.6 of the RFP, all parts of the bid proposal will become a public record.
138.			Are we responsible for any services for NJFC Plan I under Option 1 or Option 2? If so, please identify the special and unique requirements for which the contractor is responsible for NJFC Plan I.	Plan I identifies the fee for service period for NJ FamilyCare Plan D parents/caretakers.
139.	29		In order for bidders to submit a responsive cost proposal, please confirm how many meetings of the types listed in Section 3.1.11.1 should the contractor expect in a typical month?	For larger counties, a daily presence by the HBC is needed.
140.	29	3.1.11.2 (under Section 3.1.8)	Section 3.1.11.2 (under Section 3.1.8) states that the State will evaluate the need for HBCs at each CWA. In order for bidders to submit a responsive cost proposal, please confirm how many CWA-based HBCs should bidders assume are required?	In counties with a large population, the HBC would need a daily presence. For counties with a small population, the need will be less. Current contractor has 44 field HBCs.
141.	27	3.1.2.1 1 <sup>st</sup> Sentence	Please confirm that the contractor shall provide the following office space to support State personnel: 5 offices 3 workstations/workspace for 3 support FTEs 13 workstations/workspace for one (1) supervisor and twelve (12) DMAHS FTEs .	Yes, however, Supervisor should have private office and contract monitoring staff should have private offices.
142.	27	3.1.2.1 2 <sup>nd</sup> Sentence	Regarding the requirement to guarantee complete facility privacy, does this mean the contractor is required to provide separate common rooms, rest rooms, etc for the State personnel? Does the State want the contractor to incur the expense of building separate restrooms for the State staff?	No.  No.
143.	27	3.1.2.1 2 <sup>nd</sup> Sentence	Regarding the requirement to guarantee complete facility privacy, does this mean the contractor is required to provide a separate entrance and that the space is not part of the contractor's workspace? In other words, would a corner of the contractor's contiguous	No  Yes.

#	Page #	RFP Section Reference	Question	Answer
			space meet this requirement?	
144.	27	3.1.2.2	Will 2 fax machines be sufficient to cover DMAHS staff: one for the Contract Management Office and one for the DMAHS contract monitoring and liaison staff?	Yes
145.	27	3.1.2.2	Is there any other telecommunications equipment that the contractor should account for when considering what needs to be provided to DMAHS staff, besides telephone sets?	Nothing more than what is stated in the RFP.
146.	27	3.1.2.2	How many lockable filing cabinets will DMAHS staff need?	To be determined at a later date.
147.	28	3.1.4.1	Does the state foresee any additional contract changes based on state approved administrative changes to the policy manual?	Not at this time.
148.	28	3.1.5	In the RFP statement "The contractor shall secure the services...to conduct a financial and operations audit of the contractor's overall performance." In order for bidders to submit a responsive cost proposal, please confirm the State mean to identify this audit as a SAS70 Type II audit? If not, can the State define the specific scope of the audit services to be rendered?	The audit services to be rendered are financial and operational audit.
149.	28	3.1.6.1 1 <sup>st</sup> Sentence	Will the State reimburse the Contractor for costs associated with a corrective action plan if the problems identified were not caused by the Contractor or were beyond the Contractor's control?	Will be determined by the State at the time of the Corrective Action Plan.
150.	28	3.1.6.1	Section 3.1.6.1 refers to corrective action plans. Under what circumstances will formal corrective action plans be required? Please provide specific requirements for the Corrective Action Plan.	The need for a Corrective Action Plan will be determined by State project manager based on Contractor's inability to meet contract requirements.
151.	29	3.1.7.1 3.1.7.4	The contract requires imaging of all documentation. What are the types and quantities of hardcopy documents that the vendor required to store and for what period of time? Can this material be stored in a secure off-site location through a 3 <sup>rd</sup> party.	Yes, all hard copy documents received for the NJ FamilyCare program? and New Jersey Care 2000+ must be maintained. They can be maintained off-site

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			<p>Should the contract provide for acquisition and storage of files from previous contractor? If so approx. how many files and/or how many linear feet of files are currently in the archive?</p> <p>How long must the contractor retain hardcopies of the documentation after it has been imaged? How many files will be transferred from the incumbent that will need to be stored? How much space is currently utilized by the incumbent to maintain custody of all records?</p> <p>If the current incumbent utilizes a subcontractor for this effort, can you please identify the space utilized and the cost to maintain the space and/or services to maintain the custody of these records in detail (either monthly or annually for the past year)?</p>	<p>Yes. Unknown at this time.</p> <p>Already answered.</p> <p>Current contractor uses DocuSafe to store documents off-site.</p>
152.	29	3.1.8	<p>Under what circumstances is a face-to-face meeting required for NJ Family Care applicants under Parts B, C, D, and I? Other than for the initial application, under what circumstances is a face-to-face meeting required for Part A? Will the State provide information on how many such meetings take place per month? Are face-to-face meetings to be available on a drop-in basis or only by appointment?</p>	<p>Face to face not required.</p> <p>Not required.</p> <p>If needed or requested by client, drop in and appointment</p>
153.	29	3.1.8	<p>For Option One (CWA determines eligibility for Plan A) we assume the county offices will access the contractor's system. Please confirm that this is an accurate assumption.</p> <p>Will the counties and or the State have responsibility for establishing connectivity to the contractor's system? Or, does the contractor have responsibility for providing connectivity to county offices and ensuring that the</p>	<p>This is not accurate</p> <p>The contractor is responsible for providing connectivity and this should be addressed in the price proposal</p>

#	Page #	RFP Section Reference	Question	Answer
			requirement for connectivity is addressed in their price proposals?	
154.	29	3.1.8	<p>For contractor staff that will be located in the field and Welfare offices, will there be a way for them to access the applications through the County or State offices, or at a minimum access to the public Internet?</p> <p>If not, then what is the policy surrounding access provided to vendors who need to access the contract applications?</p>	<p>There is currently no way for the contractor to access applications at the county or State offices. It will be up to the contractor to secure this type of access.</p> <p>Currently field staff inquires about applications thru the 800#.</p>
155.	29	3.1.9	Please confirm that, for HIPAA purposes the contractor will serve as a Business Associate to the State.	Yes, the contractor will be a business associate to the State.
156.	29	3.2.1.3	<p>This requirement states “...HBCs shall have experiential knowledge of the State’s health care and social service structure. HBCs shall possess direct knowledge of New Jersey’s geographic and demographic structure and/or composition....”</p> <p>Is it the State’s intention that only personnel previously employed by either the incumbent or the State satisfy these requirements? If not, please define “experiential” and “direct” knowledge?</p>	<p>No.</p> <p>Personnel should have experience in the health care or social service field. The direct knowledge may come from being a recipient of services or working/volunteering in that field.</p>
157.	30	3.2.1.4	<p>HBCs shall have multi-lingual capabilities to be able to communicate effectively with the diverse populations in New Jersey. <b>The number of such personnel shall be sufficient</b> to effectively administer all aspects of the contract and meet the performance standards specified in this contract.</p> <p>Can the State specify the current number of such personnel?</p>	At least one half of the current contractor’s operator and field staff are bilingual.
158.	30	3.2.1.5	How many registered nurses are currently on staff to support the exemption process?	One

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159.	30	3.2.2	The RFP states that the complete organizational chart is due 30 days prior to the end of the Contract Transition Period. Please clarify if this is 30 calendar or 30 business days.	30 business days.
160.	30	3.2.2.1	The contractor shall submit a revised, up-to-date organization chart to the State Contract Manager by the first of every month and obtain State approval for organizational changes prior to implementation.  Does the State require prior approval for ALL organizational and staff changes or only those impacting key staff?	All organization changes and staff changes at supervisory level and higher.
161.	30	3.2.3 2 <sup>nd</sup> paragraph; 1 <sup>st</sup> sentence	As a contractor working in the public sector, our organization routinely conducts background checks for our employees. We utilize consumer-reporting agencies to perform criminal activity searches. Will the State allow the Contractor to utilize consumer-reporting agencies to perform the background checks as an alternative to using SBI or a State Police background check?	No
162.	31	3.2.5	Please confirm that this RFP requirement does not apply to release of personnel for performance related issues	This requirement does not apply to release of personnel for performance related issues.
163.	32	3.3.1.1	When stating that “Any problems or issues that are beyond the scope of the HBC shall be forwarded to the appropriate State operational staff...”, is it a requirement for the contractor to be able to transfer the caller on the phone to a state employee inside the contractor site, outside the contractor site, or both depending on the situation? This information is required to determine an effective technical solution.	This would only happen in rare instances, routinely, the call should be handled by whatever contractor staff is necessary, e.g. operator, supervisor, director to resolve the call.
164.	32	3.3.1.1	Is the call center expected to provide program eligibility information to medical providers for any of the programs in the New Jersey Care 2000+ and/ NJ	Only within bounds of HIPAA.

#	Page #	RFP Section Reference	Question	Answer
			FamilyCare programs?	
165.	31	3.3.1.1	Will the contractor or the state be making the determination whether an individual can be exempted from manage care?	The State with a recommendation from the contractor.
166.	33	3.3.7	How many messages per night/weekend are anticipated. How many are in Spanish? What is the procedure for messages that are left in languages other than English?	Number of outbound calls will be available at the bidder's conference. Four week average from 6/19/04 thru 7/10/04 is 3,549 outbound calls made. For message left in languages other than English, the contractor must get them translated and use an HBC or the language line to call the client back.
167.	34	3.3.14.2	Please clarify whether the vendor is to monitor 10% of randomly selected calls or 10% of all calls.	10% of the calls shall be monitored each day. These calls are randomly selected.
168.	35 86 87	3.3.18 5.18.3	<p>The call center standards in Sections 3.3.18 and 5.18.3 appear to be inconsistent.</p> <p>Will the standards be applied on a weekly basis (as stated in Section 3.3.18) or a daily basis (as stated in Section 5.18.3)? Which is correct: the first bullet in 3.3.18 (90 seconds) or the first bullet in 5.18.3 (60 seconds)?</p> <p>Please confirm that the final bullet in Section 5.18.3, which addresses waiting times "after being answered", provides the correct interpretation of the final bullet in Section 3.3.18.</p>	<p>Five continuous business days.</p> <p>The first bullet is correct.</p> <p>Yes, waiting times in the queue shall not exceed three minutes. This is a requirement in both sections.</p>
169.	35	3.3.20	What is he the turnaround time for the Contract Manager to respond to the written alert?	Once the State has approved the written alert, it is expected that the contractor will distribute within one day.
170.	36	3.3.23	How are urgent, acute and/problematic cases identified? By the State? By the contractor? Can the State provide a more specific definition of an urgent, acute or problematic case? What is the current weekly volume of such cases?	<p>Usually by the State.</p> <p>It is now a manageable volume. Contractor delays and errors, both systemic and processor, can contribute to the volume of urgent or problematic cases.</p>
171.	36	3.3.23.4	Section 3.3.23.1 specifies that urgent calls must be processed to final disposition within 3 business days. Section 3.3.24.4, calls for weekly phone outreach for these calls. If urgent calls are resolved in 3 days, what is the intended purpose of the phone outreach?	When there is a need to contact the client and the contractor has attempted contact without success.

#	Page #	RFP Section Reference	Question	Answer
172.	37	3.4.1.1	Section lists both an enrollment form and a Plan Selection Form. Please confirm that there is a difference between these two forms? . Is the enrollment form for voluntary enrollees and a Plan Selection Form for mandatory enrollees?	There is no difference between these two forms  No it is the same form.
173.	37 39	3.4.1.2 3.5.1.7	<p>Sections 3.4.1.2 and 3.5.1.7 require the contractor to provide state access to its imaging and EPMS systems “at both the contractor’s and State’s facilities”. How many state staff will require access to contractor systems, in how many different locations? Who is responsible for establishing connectivity between contractor systems and State workstations? Do all State locations have access to the Internet? If software or equipment upgrades are necessary in order to establish connectivity at State locations, who will bear the cost?</p> <p>Does DMAHS intend to have non-Division personnel accessing imaged documents? In order to prepare a responsive proposal, please provide the estimated number of State users that will need access to the imaging system. Please also provide the number of concurrent State users who will need access to the system.</p>	Contractor.  Yes.  Already answered.
174.	37	3.4.1.2	<p>Will there be any distinction between which employees can see which imaged documents, or should it truly be that, “all State and contractor employees have access to all imaged documents following the imaged documents’ entry on to the contractor’s system?”</p> <p>Will access to imaged documents be limited to on-site state and contractor staff or will images need to be made available to state staff in other locations and County Welfare offices?</p>	All State employees.          State staff on-site and at DMAHS office at Quakerbridge Rd.

#	Page #	RFP Section Reference	Question	Answer
175.	37	3.4.1.2©	Will access to the contractors system and/or image access need to be granted to state employees outside of the contractor facility and contractor provide state employee facility? If so, what other locations will need access?	At DMAHS offices at Quakerbridge Rd.
176.	37	3.4.1.2	In order for bidders to develop a responsive price proposal, please provide the average number of pages per fax and the number of pages received for each type of fax (e.g., missing information, renewal request, etc.) can they be separated by fax subject type and approximate number of faxes per subject per month?	Not available
177.	37	3.5.1.1 3.5.1.2	Please clarify the requirement for “preliminary eligibility assessments.” What eligibility criteria must be considered in a preliminary assessment?	Eligibility for any NJFC plan including Plan A.
178.	37	3.5.1.1	In order to screen applications for existing Medicaid coverage, please confirm that the contractor will have on line access to the OIT Medicaid eligibility file.	Yes, the contractor will have on-line access to OIT Medicaid eligibility file.
179.	37	3.5.1.2	If the CWA denies eligibility for Plan A, is the case returned to the contractor so that eligibility for other programs can be determined?	Yes
180.	37	3.5.1.2	Is application to be forwarded to CWA after it is considered complete (i.e. all supporting documentation has been received), or simply when it is received? If the contractor passes the application on prior to supporting documentation, is the State then responsible for gathering any missing documentation?	Forward to CWA upon completion of screening. It will be the county’s responsibility to get supporting documentation.
181.	38	3.5.1.2	Is County Board of Services same as CWA? Is the default to the County Board of Social Services the same as forwarding the case to the CWA for processing? If not, please clarify this requirement.	Yes.  Yes.
182.	37 38	3.5.1.2a 3.5.1.4c	Pg 37 – this is not specific to a Plan and requires a letter be sent within 5 business days of receipt of application; pg 38 – is specific to non-Plan A and requires a letter be sent within	Section 3.5.1.2 outlines the Preliminary Eligibility Assessment with 3.5.1.2(a) requiring the notification, within five (5) business days, of application receipt and potential transfer to a CWA. Section 3.5.1.4 and 3.5.1.4(c) indicates the two (2)

#	Page #	RFP Section Reference	Question	Answer
			2 business days of receipt of application. Please clarify.	day notification when the contractor is responsible for non-Plan A eligibility determination and functions indicated in this Section
183.	38	3.5.1.3	Are visual maps required for CWA selection to forward applications to or can it be based on zip code? E.g., are there exceptions where one resident on the boarder of a zip code area would be handled by a different CWA?	Zip codes do not always indicate the right county. Another means should be used.
184.	38	3.5.1.4	Please confirm that for Option 2, the Contractor will also have responsibility for Plan A eligibility.	Yes for Option 2 the contractor will have responsibility for Plan A.
185.	38	3.5.1.4	There seems to be a discrepancy in the mailing time requirements between section 3.5.1.2.a (which states 5 days to mail receipt confirmation letter) and section 3.5.1.4.c (which states 2 days to mail receipt confirmation letter).  Please clarify.	Issue as in # 64 above. Section 3.5.1.2 refers to Preliminary Eligibility Assessment and Section 3.5.1.4 the contractor's responsibility in non-Plan A eligibility determinations.
186.	38	3.5.1.6 1 <sup>st</sup> paragraph 1 <sup>st</sup> sentence	Because there was only one month of data available in the Procurement Library, will the State please identify the average number of missing information letters that are generated on a daily basis for the last six months?	Weekly average Missing information letters sent is 5448 for the period 6/19/04 thru 7/10/04.
187.	38	3.5.1.6 1 <sup>st</sup> paragraph 2nd sentence	Because there was only one month of data available in the Procurement Library, will the State please identify how many second (after 15 calendar days) missing information letters are generated on a daily basis for the last six months?	Not available
188.	38	3.5.1.6 1 <sup>st</sup> paragraph 3rd sentence	Because there was only one month of data available in the Procurement Library, will the State please identify how many letters terminating further action on the application are generated on a daily basis for the last six months?	Not available
189.	38	3.5.1.6	When is an application considered to be missing information? On initial incomplete request or after partial receipt of returned information.	Both situations would be considered missing information.

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190.	39	3.5.1.7 ©	What is meant by reconciliation between documents imaged and documents data entered?	If these tasks are done separately, the contractor must ensure that all imaged documents are separated by case and data entered for each document received.
191.	39	3.5.1.9 P	All notices and/or correspondence are currently provided in either English or Spanish. Does the State anticipate the need to generate notices in any other languages?	Yes, there may be a need in the future.
192.	39	3.5.1.9	According to the English version of the application form, the applicant can specify the language that he or she "speaks at home." Please confirm that notices and other correspondence are required only in English and Spanish.	The State cannot confirm this at this time.
193.	39	3.5.1.10	Does the phrase 'termination of last eligibility segment' refer to the beneficiary's presumptive eligibility segment?	Yes
194.	39 53	3.5.1.10 3.6.4.1	Except for newborns, are there any other exceptions for beneficiaries of any age becoming eligible for Plan A, B, C, and D on the first day of the month as indicated in Chapter 79, 10:79-2.5, pg 10? Is there an exception to this rule for presumptive eligibles?	For NJ FamilyCare, except for effective dates for newborns (dob), all other eligibles have effective dates for the first of the month. PE is date specific also, but the contractor would not be establishing the PE record, the State does. . If a PE individual is ultimately found eligible for full benefits under NJ FamilyCare, the effective date would be the first of the month in which PE was done.
195.	40	3.5.1.11b	From where should the link described in 3.5.1.11 be provided? Will this link be on the NJ FamilyCare website? Please confirm that the contractor is not responsible for creating or maintaining a NJ FamilyCare website for the State?	NJFamilyCare Website.  The contractor is not responsible for maintaining the NJFC website.
196.	40	3.5.1.11b	Are electronic applications currently received and processed by the current Contractor? If so, how many applications are received on daily/weekly basis?	In testing stage.
197.	40	3.5.1.13 (b)	Is a real-time interface with "live" DOL files required, or can the contractor accept periodic DOL file updates and perform its match against these files? If there is a current interface with DOL files, please provide the format and data definitions for these files?	Real time interface.

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198.	40	3.5.1.13 b	If client does not provide verification of income, can the Department of Labor file be used as an alternative to approve financial eligibility, or must the client still provide verification him/herself before can be approved eligible? If the Department of Labor conflicts with the client's documentation, which source of information is given priority?	Client must provide documentation that does not conflict with DOL information.
199.	40	3.5.1.14 1 <sup>st</sup> paragraph 1 <sup>st</sup> sentence	Please confirm that DOL files go directly to the contractor rather than being funneled to the contractor through the State.	DOL files go directly to the contractor.
200.	40	3.5.1.14b 1st sentence	In order for bidders to develop a responsive price proposal, please confirm how many NJFC identification cards are returned on a daily/weekly basis? Over the past six months, what is the average number of identification cards returned on a daily/weekly basis?	Monthly basis between 3,000 to 5,000 cards.
201.	40	3.5.1.14b 2 <sup>nd</sup> sentence	In order for bidders to develop a responsive price proposal, please confirm how many letters are issued on a weekly basis trying to contact beneficiaries whose identification cards were returned to the contractor? Over the past six months, what is the average number of letters issued on a daily/weekly basis?	Not available
202.	40	3.5.1.14b 3rd sentence	In order for bidders to develop a responsive price proposal, please confirm how many beneficiaries have eligibility terminated on a weekly basis because they failed to respond to letters requesting correct and current address information? Over the past six months, what is the average number of beneficiaries who have eligibility terminated on a daily/weekly basis?	Not available
203.	40	3.5.1.15	At how many local community sites must the contractor assist applicants? On what schedule (i.e., how often) must the contractor be available at these sites? Is the contractor required to provide	To be determined by contractor's outreach strategies.

#	Page #	RFP Section Reference	Question	Answer
			system access at these sites?	
204.	41	3.5.1.17	Under Option 2, does DMAHS retain final approval rights for Plan A eligibility determinations?	Yes
205.	41	3.5.1.17	Under Option 2, what means does the State envision for preventing duplication of benefits? In other words, does the State intend to provide access for contractor staff to the DFD eligibility system and/or the MMIS? Please identify the other external systems with which the contractor is required to interface to support the eligibility determination process.	Access to the Medicaid eligibility file.
206.	41	3.5.1.17	Under Option 2, will the State require the EPMS to perform all IEVS interfaces? Must EPMS interface with SVES? The Child Support Enforcement system?	The State will require the EPMS to perform all IEVS interfaces. SEVS and the Child Support System are not included.
207.	41	3.5.1.17	Under Option 2, will the State require the EPMS to perform enumeration processing with SSA?	
208.	41	3.5.1.17	Under Option 2, will the State require the EPMS to transmit eligibility information to the DFD eligibility system, to the MMIS, or to both?	Eligibility Information will be transmitted to the State's Medicaid eligibility file only.
209.	41	3.5.1.17	Under Option 2, does the CWA retain final approval rights for Plan A eligibility determinations?	No, however, the State must approve all Plan A eligibility determinations.
210.	41	3.5.1.19	If the contractor assumed responsibility for the determination of eligibility for subsequent NJ FamilyCare eligibility categories or Plans, would a contract amendment be issued by the State?	This would be discussed at the appropriate time with the contractor in accordance with Section 5.24 of the RFP.
211.	41	3.5.1.20	What type of support is the contractor required to provide for the appeals process? Is the contractor to provide staff to attend appeals hearings, prepare documentation for hearings, etc.?	At Grievance Hearings, the contractor will prepare the case for review and have staff attend the hearings.
212.	41	3.5.1.20	Can the notification of a beneficiary's right to appeal be a form letter?	Yes, beneficiaries must be notified of their rights 10 days before they are terminated from NJFC.

#	Page #	RFP Section Reference	Question	Answer
213.	42	3.5.1.23	When there is a change in status requiring a new eligibility determination, is supporting documentation substantiating the change required? If so, are there associated time parameters?	Yes, depending upon the status change.  Yes, 3 business days to process the case based on the status change.
214.	42	3.5.1.26	Please clarify the requirement in Section 3.5.1.26. What does the “review and analysis” consist of, and what deliverable or end product must be provided to the State as a result?  Is the “information collected” referring to information collected during renewal processing? What is the purpose of these reviews?	Information collected does refer to data/information collected during the renewal process or at other times as may be warranted and for purposes such as, a beneficiary change in household income and therefore eligibility status, a change in dependent/dependency status and therefore eligibility status, a change in third-party coverage and therefore eligibility status etc..
215.	42	3.5.1.26	In what method should cases be selected for audits of consumer data? Should audits be done prior to eligibility determination on a single case or on a set amount of cases after approval/denial? What is the process to follow if a discrepancy is found between the client reported information and other state systems?	The State will advise what cases will be selected for audit, depending upon what data the State needs.
216.	42	3.5.1.28	If the beneficiary appeals a termination, must eligibility and coverage continue until the appeal is decided? What happens if the beneficiary is denied on the application and appeals, does the start date go back to the initial application date?  We understand that the contractor can back three months for Plan A retroactive eligibility, does retroactive eligibility apply to any of the other plans? .If the appeal is in the beneficiary’s favor, do we give them retroactive eligibility? For Plan A families, they have a right to continuation of benefits throughout the Fair Hearing process if they so choose. For Plans B, C, and D, this is not the case.	No. If a family is denied initial eligibility, appeals, and wins, the effective date would be the date of application, if appropriate. Retroactive eligibility applies to Plan A cases only. Retro active eligibility is the 3 months prior to the date of application. The family must meet the eligibility requirements in any or all of the 3 months to receive retroactive coverage. So, if a family wins on appeal, it does not necessarily mean they would be eligible for retro benefits, unless of course, they met the requirement.

#	Page #	RFP Section Reference	Question	Answer
217.	42	3.5.1.28c	Is it correct to assume that “the contractor shall update the NJFC eligibility file” through a batch file sent to OIT?	Yes
218.	43	3.6.5 5 <sup>th</sup> bullet	Please identify the specific agencies/entities that the contractor currently sends/receives files to/from. Please identify the general content of the files and the transmission frequency (daily, weekly, etc.).	The contractor receives an address file from DYFS monthly, and receives a newly eligible address file and an auto assignment file from OIT weekly. The contractor sends a daily file to update OIT for NJFC eligibility and New Jersey Care 2000+ managed care enrollment.
219.	43	3.6.1	Is the MCES responsible for maintaining a waiting list for enrollment into Plan B, C, and D as described in Chapter 79, Section 10:79, 1.1, pg 4?	No
220.	43	3.6.1	Please confirm that the MCES should not include functionality to calculate capitation payments to the MCOs	Capitation payments to the MCO are not the responsibility of the contractor.
221.	43	3.6.1 bullet #2	What is meant by “complete case tracking?”	The ability to identify the status of a managed care enrollment or PSF at any time.
222.	43	3.6.1.1	Since the contractor is to work with the State’s advertising contractor, which cannot happen until after the contract award, what is the timeline for 1) development of the outreach plan 2) implementation of the outreach plan.	Will be developed with contractor after RFP bid award
223.	43	3.6.1.3	This section indicates that the contractor will “...maintain, control and coordinate the dissemination...” of outreach materials. Will the contractor be creating and producing these materials, or will this be the responsibility of some other entity?	Outreach materials will be created and produced by the DHS’s advertising contractor, MWW.
224.	44	3.6.1.3a	How many mailing campaigns has DMAHS historically initiated on an annual basis? What is the average size of the mailing campaigns in terms of number of outbound pieces of mail?	Four (4) to five (5) mailing campaigns annually. Outbound pieces of mail would be totally dependent upon the potential enrollees being targeted and the type and number of materials to be included in the mailings.
225.	44	3.6.1.5	Which counties currently do not have mandatory enrollment?	For AFDC, TANF and NJ FamilyCare and New Jersey Special Medicaid programs pregnant women and children, all counties are mandatory for managed care enrollment. For Aged, Blind and Disabled, non-dually eligible (no Medicare, just Medicaid) beneficiaries, all counties are mandatory, but only Camden county has auto assignment.

#	Page #	RFP Section Reference	Question	Answer
226.	44	3.6.1.5 3.6.1.6	Is MACC an agency of DMAHS?	Yes, it is the field office of the Division of Medical Assistance and Health Services.
227.	44	3.6.1.6 paragraph c	When the state makes the eligibility determination, will they electronically pass on to the contractor the necessary information to identify populations requiring mandatory enrollment or voluntary enrollment?	Yes
228.	44	3.6.1.6 (a)	Can the State be more specific about subsection a) by providing an example of operational modifications that the contractor might be expected to implement?	Initiate outreach to populations that were voluntary but the State policy was changed to make them mandatory.
229.	44	3.6.1.6©	Is the auto-assignment criteria based on an equal distribution of the appropriate managed care populations to each MCO or is different criteria used? Please provide the auto-assignment criteria.	Auto assignment criteria are not available; this is not the contractor's responsibility.
230.	45	3.6.1.6 (e)	How many one-on-one and group visits for new Medicaid clients should the contractor include in its staff planning and costing? Does the one-on-one and group meeting requirement also apply to new CHIP clients?	All newly eligibles for all Medicaid/NJFC populations that have not chosen an MCO should be outreached to choose.
231.	45	3.6.1.7	In what circumstances would an individual have more than one active eligible Medicaid number?	Beneficiary could have both a DYFS number and a TANF number or an SSI number or a NJFC number or have a Medicaid number from two different counties.
232.	46	3.6.1.7	Are enrollments for voluntary and/or mandatory for full month periods or can enrollment for either group be terminated or effective mid-month?	The only terminations that are not a full month or a termination due to death.
233.	47	3.6.1.12	Section 3.6.1.12 states that assistance with promotional campaigns "may be required" and that market surveys may "possibly" be conducted. Should bidders include the cost of these possible requirements in their proposals? What criteria should bidders use in order to estimate the cost?	Yes, costs for these requirements should be included in accordance with specifications indicated in the pricing section and schedule. Criteria could include consultation, design, development, testing etc.
234.	48	3.6.1.13 (j)	Because there was only one month of data available in the Procurement Library, please provide the percentage of enrollments currently	34%

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			automatically assigned for the past six months.	
235.	47	3.6.1.13 ©	How is reading level measured? (Flesch-Kincaid Grade Level?) Is reading level measured in English translation only?	A fifth (5 <sup>th</sup> ) grade reading level, measured in English is used.
236.	47	3.6.1.13 (m) bullet #4	Please clarify what is meant by “MCO enrollments, by mail, letters and instructions.”	In referring to technical information to be used in consultation with the DHS advertising contractor, this refers to the design of those forms and other print materials that may be used to secure MCO enrollments, including their associative instructions
237.	48	3.6.1.14	For the deliverables mentioned in this section, please confirm that by “contractual start date”, the State is referring to the Contract Operational Start Date.	Yes, the contract start date is the Contract Operations Start date.
238.	48	3.6.1.14	This section states that the contractor must provide the opportunity for every beneficiary to personally meet with an HBC. On an annual basis, what percentage of beneficiaries does the State expect to take advantage of this opportunity? How many beneficiaries are likely to request more than one meeting?	Potential for every mandated enrollee to meet face to face.  Not available
239.1 1 2	49	3.6.1.18	Please clarify the meaning of the following RFP statement: “interface with OIT in processing beneficiary selections, exemption/exclusion data (these transactions will emanate both from the work of the contractor, as well as, the MCOs).” Do MCOs process exemptions?	No, the MCOs do not process exemptions.
240.	51	3.6.3.4 <sup>51</sup> (b)	Will the Contractor receive the provider directory updates directly from the MCOs or from DMAHS?  How often are provider directory updates transmitted (e.g., weekly, monthly, etc.)?	The provider directory updates will be sent by DMAHS.  3.6.3.4 (b)  Monthly.
241.	51	3.6.3.5 and 3.6.3.9	These sections specify that Plan Selection Forms must be processed within 2 days of receipt but states that 1 day is allowed for review and 2 days is allowed for data entry and verification. Should it be 3 business days? Also,	Section 3.6.3.5 refers to Managed Care Application Review. Section 3.6.3.9 refers to Managed Care Plan Selection Form Processing. No, it is two (2) business days of receipt. Within the two (2) day time frame.

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			in Section 3.6.3.5, part (a), the verification of enrollment data transmissions to the OIT eligibility system is also indicated. Does the transmission need to occur and be confirmed within the 2 day time frame or is it to occur within 1 business day of the completion of data entry and verification (enrollment process) as stated in Section 3.6.3.11?	
242.	51	3.6.3.6 (a)	How frequently is the contractor required to provide the enrollment notifications – daily, weekly or monthly?  Is the frequency the same for all MCOs or is there a specific schedule for each individual MCO?	Daily.  Same for all MCOs.
243.	51	3.6.3.6 Paragraph a	Are there currently any participating MCO's that are not able to receive enrollment notifications electronically? If so, how are they currently receiving this information?	No.  Currently MCOs receive enrollment data electronically (bulletin board) and hard copy.
244.	51	3.6.3.6 Paragraph b	If the contractor is imaging all PSF's and is required to send copies to the MCO's, is the contractor also required to take photocopies of all PSF's so that a hard copy can be retained on site. Is the imaged copy sufficient?	Imaged copy is sufficient.
245.	51,56	3.6.3.6 Paragraph c 3.6.4.18 Paragraph a	How are signed receipts sent from the MCOs: hard copy or electronically? Is an e-mail acknowledging receipt of a batch of PSF's on a particular date by the MCO sufficient or is a signature required for each PSF received?	Acknowledgement by batch is acceptable as well as email.
246.	51	3.6.3.8 (b)	Please confirm that this requirement refers to obtaining information from the beneficiary.	Yes, this applies to the beneficiary and family members on the same case.
247.	52.	3.6.3.13 a) – Incomplete Plan Selection form review	Because there was only one month of data available in the Procurement Library, please confirm how many incomplete enrollment forms were received on a weekly basis for the past six months.	Not available.
248.	52	3.6.3.13 a) – Incomplete Plan Selection form	This section requires the contractor to attempt to resolve the cause of a bad	Please note general Section headings. Section 3.5.1.14 refers to Returned documentation under NJ FamilyCare Application and Eligibility

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		review	address within 5 business days of the mail's return to the contractor. Section 3.5.1.14 requires the contractor to make an attempt to contact the applicant/beneficiary to resolve bad addresses within 2 business days. Please clarify why there are two different standards for handling bad addresses	processing. Section 3.6.3.13 refers to Incomplete Plan Selection form (PSF) review and timelines associated with the. PSF. This section indicates, "the contractor review any and all forms associated with the enrollment process etc." These are different processes.
249.	52,53	3.6.3.13 3.6.4.1	What are other reasons for not processing a Plan Selection Form other than failure to provide an MCO selection? .  If a form is returned but not signed, is the beneficiary still auto-assigned to a MCO? Would any of these reason's result in a beneficiary losing eligibility into one of the New Jersey Family Care Plans? .	Not signed, already received a PSF for this beneficiary, beneficiary termed., duplicate numbers  Auto assignment is time sensitive, if signed form is received by contractor and can be processed before auto assignment takes place, the beneficiary would not be auto assigned. Eligibility for NJ FamilyCare Plans B, C and D cannot become effective until an MCO selection is made and processed
250.	52	3.6.3.13	Is this the same missing information process as described in 3.5.1.6 – 3.1.5.8?	Yes.
251.	53	3.6.3.15	What is the timeframe for the following: "The contractor shall, at all times, produce and mail confirmation letters to each enrollee stating the MCO the beneficiary has selected or been assigned to and the effective date of the enrollment."	One business day is the timeframe.
252.	53	3.6.4	Describe the requirements for contractors to produce identification cards. What is turnaround time? What is the format?  What information must be generated by contractor's information system? How many cards are produced by month and for which plan(s)?.	Turnaround time is two business days from the date of eligibility and enrollment. To be supplied by the State.  Sample card will be available on the RFP website. The state will provide the vendor with a template. Not available
253.	53	3.6.4.1	Based on this requirement, is a completed Plan Selection Form a requirement for eligibility determination to take place?	Yes but only for NJFC plans B, C and D.
254.	53	3.6.4.4 and 3.6.4.6	Is the contractor required to notify beneficiaries of their approved eligibility status? If yes, what notification process should the contractor use (e.g., mail, phone, etc.)	Yes.  Formal letter.

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255.	53	3.6.4.5 and 3.6.4.6	For NJFC Plan C, D, and other Plans, how is the potential enrollee notified to pay the appropriate premium initially? One condition of enrollment is that the premium be paid prior to becoming an enrollee (Section 3.6.4.5), but the enrollment verification letter is not sent until the enrollment process is complete (Section 3.6.4.6).	Letter and invoice sent to the beneficiary.  Currently, first an eligibility letter is sent if there is no MCO selection or if there is a premium due. Once MCO selection and premiums are paid, an enrollment letter is sent with an effective of enrollment in NJFC.
256.	54	3.6.4.7, Paragraph a	After updating the state's eligibility file with enrollment information, will the state forward back to the contractor in a daily file a confirmation of the enrollment so that the contractor may make the enrollments effective?	The enrollments are made effective by the contractor when the file is sent to the State's eligibility file. A confirmation that the transaction was accepted or rejected will be sent back to the contractor from the State's eligibility file.
257.	54	3.6.4.8	This section of the RFP states that the contractor is required to transmit all plan selection forms to the MCOs electronically. Section 3.6.3.6 (b) on page 51 requires the contractor to forward copies of all plan selection forms to the MCOs.  There seem to be several conflicting processes described in the RFP (e.g., 3.6.3.6, 3.6.4.8, and 5.18.8). Please confirm which process the State would like the contractor to use.	Right now the requirement is electronic and hard copy of PSF must be sent.  Through development of the managed care enrollment system, the capability for electronic transmission is required. However, as identified in Section 3.6.3.6(c), the contractor shall additionally maintain, on file, copies of all signed Plan Selection Forms received. While electronic transmission is required, situations may occur, in the association with an MCO, where electronic transmission in a given circumstance may not possible resulting in the requirements as indicated in the RFP.
258.	54	3.6.4.10	If non-Plan A Selection Form is submitted without an MCO selected, is the beneficiary NOT auto-assigned after 30 days?  Is eligibility for the non-Plan A program lost?	Correct, only Plan A cases and TANF cases are auto assigned.  Eligibility for Plans B, C and D cannot be established until the MCO selection has been made. The contractor would be required to outreach the client to try to get a completed PSF.
259.	54	3.6.4.11	Please confirm that NJ FamilyCare cases in a pending status are not included in the refund discovery process.	Correct, the premium should not be refunded until a reasonable effort by the contractor has been made to secure an MCO selection. However, even with the contractor's best efforts, if an MCO selection cannot be secured, the case should be dismissed and the premium, if already received, should be refunded.
260.	54	3.6.4.12	Is a Good-Cause reason required before an MCO transfer can be made (outside of annual open enrollment periods)?	Yes. After the first 90 days of enrollment, up to twelve months, a beneficiary would need good cause to transfer from one MCO to another.

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261.	54	3.6.4.13 2 <sup>nd</sup> bullet	The bullet indicates that lock-in provisions are in place for the Medicaid and NJ FamilyCare beneficiaries. Please identify the eligibility/aid categories that are subject to the lock-in provisions.	TANF, NJ FamilyCare Plans A,B, C, D.
262.	54	3.6.4.14	Is the beneficiary required to submit a signed form for transfer, disenrollment, or re-enrollment, or can the contractor process telephone requests without a signed form?	Signed form is necessary and good cause reason noted, should it be required.
263.	55	3.6.4.14 (a)	The section asks the contractor to send a copy of forms back to the beneficiary. Does this refer to a confirmation letter or an actual copy of the form that the beneficiary sent in to the contractor?	The current contractor leaves the beneficiary a copy of the form(s) if the HBC assisted in the completion, otherwise a copy is sent to the client as well as the confirmation letter.
264.	57	3.6.5.8	Once a final exemption determination has been completed by MACC staff, will MACC return the exemption packet to the contractor?	Yes, the contractor is responsible for the updating the eligibility file with an approved exemption. If the exemption is not approved, the temporary exemption is removed from the eligibility file and the client must be sent an enrollment packet by the contractor.
265.	57	3.6.5.9	This section requires the contractor to complete all required data entry to OIT... within the same two business day period. In other sections of the RFP, there are references to providing batch updates to OIT for eligibility and enrollment information. Please clarify whether the State's eligibility files are available on line to contractor personnel for updating of appropriate information or whether the interfaces with OIT is by batch process or whether it is a combination of both. If the latter, please clarify as to which functions are on line interfaces versus batch.	Online functions are available and can be used as long as the contractor can update their MCES system with the online information.
266.	57	3.6.5.10	Please clarify this standard. Does it apply to initial receipt of exemption requests (per Section 3.6.5.5, the contractor has 30 days to determine the completeness and accuracy of the exemption request) or does it apply to making a recommendation on completed exemption request packets (see Section 3.6.5.6)?	Applies to receipt and making a recommendation. This should all be completed within 30 days.

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267.	57	3.6.5.11	Please identify the Office of Customer Service. Is the database maintained by the Office different from the OIT database?	These were formally called the MACC offices. Yes, however, this may not be needed at this time.
268.	57	3.6.6	For Plans C and D, will beneficiaries no longer be billed for premiums owed once the cost-sharing limitation is reached as discussed in Chapter 79, 10:79-6.9, pg 38?  If so, how will the contractor be informed of personal contributions to care other than the premium amount that was made by the beneficiary?	Yes.  By the beneficiary.
269.	57	3.6.6	Is the service provider required to invest any excess funds? .If so, who owns the interest income and what type of investments is allowed?	No Account should be non-interest bearing.
270.	57	3.6.6	In cases where a beneficiary is retroactively enrolled, will the contractor be required to process and collect premiums for the retro months? If so, is the beneficiary allowed to receive benefits if the premium has not been collected for those retroactive months?  Are premiums adjusted for retroactive disenrollments? What are the requirements for outstanding premiums upon disenrollement?  Do the contractor's responsibilities to collect outstanding premiums cease once the beneficiary is disenrolled? If the contractor is not responsible, do we transfer the outstanding balance to another state agency to perform the remaining collection procedures?	Only Plan A cases can be retroactively enrolled.  Yes. Collection efforts will cease, however, all outstanding premiums need to be paid before beneficiary can reopen their case or reapply.  Yes.  No.
271.	57	3.6.6	What are the requirements for disenrolling beneficiaries who fail to meet their premium obligations? . What are the requirements for reinstating beneficiaries who have been disenrolled for failure to pay their premiums?	Balance due must be equal to or greater than 2 months overdue  See answer to #167 above.

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272.	57	3.6.6	Are beneficiaries allowed to prepay their premiums? If so, for how many months in advance can the beneficiaries pre-pay?	Yes. No limit
273.	57	3.6.6.1	Are premiums prorated? (E.g. Bi-monthly, daily, etc.)	No.
274.	57	3.6.6.3	If the contractor is producing the premium notices, what is the purpose of the premium billing mail file and what entity is it sent to? Is the premium file referenced used to create the notices to beneficiaries with the information listed in the RFP?	State for review.  Yes.
275.	57	3.6.6.4	What types of bank accounts are needed for premiums and refunds?  Is the contractor required to maintain a "zero balance" account?  Banks charge fees in cases where a check is returned for insufficient funds (NSF). Does the State permit these fees to be passed to the beneficiary or is the contractor's bid price expected to cover these fees?  How many checks are returned for NSF on a monthly basis?	Checking account-non-interest bearing.  No  The State does not permit insufficient fund fees to be passed to the beneficiary.  Available in bidder's library, NJ FamilyCare monthly report.
276.	58	3.6.6.5	What types of credit card transactions are required (e.g., walk-in, mail, phone and/or web)? What are the credit card transaction volumes by transaction type - walk-in, mail, phone and/or web?	Currently mail-in. The State would like to have phone and web transactions for credit card payments for premiums. Already answered.
277.	58	3.6.6.5	Because the credit card industry charges different fees based on the credit card type used. We recommend that the contractor be required to process only Visa MasterCard transactions in order to keep costs down. Please confirm that this is acceptable to the State.	Can be discussed once bid is awarded
278.	58	3.6.6.6	Will the bank accounts for collection of premiums and disbursement of refunds be owned by the State or service provider?	Contractor

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279.	58	3.6.6.6	Does the State have a preferred banking provider?	No.
280.	58	3.6.6.6	In order for bidders to develop a responsive price proposal, please confirm that the State or service provider is responsible for the bank fees.	Contractor responsible for bank fees.
281.	58	3.6.6.7	In order for bidders to develop a responsive price proposal, please confirm the estimated monthly volume of collections via check, credit card, and ACH drafts?	Bank statement in bidder's library in HBC Monthly Report.
282.	58	3.6.6.7	In order for bidders to develop a responsive price proposal, please confirm the estimated monthly volume of refunds via check, credit card, and ACH drafts..	Available in bidder's library
283.	58	3.6.6.7	In order for bidders to develop a responsive price proposal, please confirm how often collections must be sent to the State and by what method (i.e. check, ACH, wire).	Every 14 days, a wire transfer is made to the State from the contractor.
284.	58, 61	3.6.6.7 3.7.16	What is meant by "discovery?" How is discovery defined?	Discovery means that the contractor has taken an action on a case that would result in a refund to the customer.
285.	5861	3.6.6.7 3.7.16	Should contractor allow time for payments to clear the banking system before refunding?	Yes.
286.	58, 61	3.6.6.7 3.7.16	Are refunds prorated?	May be prorated by month.
287.	58	3.6.6.8	What are the timeframes and dates set by DMAHS for the receipt of premium contributions?	The State will establish these timeframes.
288.	58	3.6.6.8	Please clarify that this requirement is for premium payments received and deposited.	Yes, this requirement is for premium payments received and deposited.
289.	58	3.6.6.9	If a beneficiary is terminated for failure to pay a premium contribution due and later reapplies for benefits, is the beneficiary required to pay the delinquent premium that caused his/her termination in addition to current premiums due?	Yes.
290.	58	3.6.6.9	What are the specific requirements and what are the timelines, dates, and procedures with beneficiary	These will be established by the State at a later date.

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			notices for premiums that are not received?	
291.	59	3.6.7.6, 2 <sup>nd</sup> sentence	Is the survey to be sent within 14 business or 14 calendar days?	Business days.
292.	59	3.7	Please confirm that the DMAHS/PSP will be making the payments to the beneficiaries in the PSP program.	PSP will be making the payments to the beneficiaries in the PSP program.
293.	59, 61	3.7 3.7.16	It is assumed that a beneficiary is charged premiums as dictated under the New Jersey Family Care Program until such time that the beneficiary is approved for PSP. Who processes eligibility on cases identified as PSP? It appears that the state does this work and forwards the information to the contractor in the eligibility file. Please clarify.	Contractor determines eligibility for NJFC which is a prerequisite for the PSP program
294.	59	3.7	Is the contractor responsible for tracking State Contributions to employer premiums?	No
295.	59	3.7.1	Section 3.7.1 states that the information needed to process PSP cases is received "from the beneficiary's submitted information." Will all information related to PSP, including insurance availability, premium, and employer identification data, be received directly from the beneficiary? If not, please explain the flow of information between employers, beneficiaries, the contractor, and the State, under the PSP program.	The contractor will obtain beneficiary information on the NJFC application concerning possible employer health insurance and forward that information to the PSP program.
296.	59	3.7.1	Please explain the flow of money from the State to the employer under the PSP program. Do we correctly understand that in those situations when employees are receiving financial assistance for their use in buying into employer-sponsored healthcare coverage, the contractor will pay the applicable amount to the beneficiary (the employee), not to the employer, and that the State reimburses the contractor?	No, the contractor will not be responsible for making any payments in the PSP program.

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297.	59	3.7.2	In order for bidders to prepare a responsive price proposal, please confirm, on average, how many cases involving potential other insurance are identified on a weekly basis for the past six months.	Not Available
298.	59	3.7.2	Advise the state of all cases involving the potential of other insurance on a weekly basis – Is this electronic?	Available in bidder's library, monthly listing in NJFC Monthly report.
299.	60	3.7.4.1	How will the PSP notify us when a beneficiary has been approved for PSP coverage as the more cost-effective option so that the premium billing can be suppressed and new eligibility ID cards can be issued or when a beneficiary has not been approved due to non-cooperation, for example?	Via email.
300.	60	3.7.5 2 <sup>nd</sup> sentence	In order for bidders to prepare a responsive price proposal, please confirm, on average, how many disenrolled PSP cases occur on weekly basis for past six months.	Not Available
301.	60	3.7.5	If beneficiaries disenrolled from PSP are to select a managed care option, how are 'wraparound' services covered by plan under New Jersey Family Care?	PSP Wrap Services are only available while enrolled in PSP.
302.	60	3.7.5	What are the requirements associated with PSP termination?	There are various reasons for PSP termination's such as 1) Employer's plan no longer cost effective, 2) Termination of employment, 3) Failure to provide required information, 4) NJ FamilyCare eligibility terminated.
303.	60	3.7.6	What is the State's definition of premium suppression? What are the State's criteria for premium suppression? What are the contractor's responsibilities for premium suppression?	PSPs cost shares are paid by the PSP unit, not the contractor.
304.	60	3.7.10	In order for bidders to prepare a responsive price proposal, please confirm where the State's PSP office are staff are located? Who is responsible for establishing connectivity between the State staff's personal computers and the contractor's PSP database?	At DMAHS administrative offices at 11A Quakerbridge Plaza, Hamilton Township.  The connectivity is the responsibility of the contractor.
305.	60	3.7.11	What constitutes failure to cooperate with PSP requirements? Is this limited to the failure to provide eligibility-related information to the contractor?	Failure to provide eligibility regarding failure to reply to request made by the PSP Unit, yes.

#	Page #	RFP Section Reference	Question	Answer
			On average, how many terminations occur on monthly basis due to failure to cooperate with PSP requirements?	Averages approximately 25 per week for 2004.
306.	61	3.7.15	Please clarify what is meant by "cost sharing expenditures paid by individuals." Under PSP, do beneficiaries share in the cost of employer insurance premiums? If so, is the beneficiary's share of the cost submitted to the state (in the same way as non-PSP premiums) or to the employer? Are beneficiaries responsible for any other costs that must be tracked by the contractor?	Cost Sharing expenditures paid by Individuals. Cost Share refers to expenses incurred by PSP clients for such things as the employer plan's "deductibles" and "Copays". The PSP Unit reimburses the client or provider any amount the exceeds what would have been required by the NJ FamilyCare plan.
307.	61	3.7.15 /	The contractor is required to manage and track cost-sharing expenditure paid by individuals.  What documentation will be provided to the contractor to track these expenditures? Are cost sharing caps in place and is the contractor expected to track expenditures against the cap? If caps are in place, is it an annual cap? We assume that premium payments and cost-sharing payments as two separate and distinct transactions. Please confirm that individuals will not be making cost-sharing payments directly to the contractor	Tracking is done within the PSP Unit.  The client is responsible for informing the contractor they exceed the 5% cap. It is then the responsibility of the contractor to verify, maintain records of and advise the PSP Unit if the cap has been exceed. A-Beneficiary must provide to the contractor. B-5% is case specific based on yearly gross income. C-5% is a calendar year annual cap.
308.	61	3.7.15	Is any communication (electronic interface, e.g.) required with the individuals employer necessary to track any PSP expenditures and cost-sharing?	No
309.	62	3.8.1 – CAHPS Satisfaction Survey 4 <sup>th</sup> sentence	This section of the RFP requires the contractor to prepare and initiate a survey no later than February 1, 2005. The Contract Transition Period is scheduled to occur from October 1, 2004 through March 31, 2005. If the contractor mails the surveys on February 1 <sup>st</sup> , is it the state's intention that the contractor's mailroom be functional prior to the April 1 <sup>st</sup> operational	These dates will be adjusted based on the actual contract operational start date.

#	Page #	RFP Section Reference	Question	Answer
			start date? Will the state consider having the survey initiated by the incumbent contractor, with the incoming contractor's responsibilities (collecting data and completing the results tabulations) beginning after the operational start date?	The CAHPS survey will not be initiated by the incumbent contractor.
310.	63	3.9.1.1 a)	Please confirm that the reconciliation process is intended to be based on an electronic comparison of data on the OIT and contractor systems.. Does this reconciliation process exist under the current contract?	Yes, the reconciliation is intended to be based on an electronic comparison of data on the OIT and contractor systems  Yes.
311.	64	3.10.1.1	Please confirm that by "implementation (contractual start date)" the State means the contract operational start date.	Yes, this means the contract operational start date.
312.	69	3.12.1.1 (o), 1 <sup>st</sup> sentence	Regarding the requirement for a separate toll free hot line: Is there a current integrity hotline under the current contract? If so, how many calls are received on the hotline on a weekly or monthly basis? If there is a current hotline, will the current toll free number be transferred to the new contract? If the number will be transferred, please identify what the current toll free number is.	No
313.	69	3.12.1.1 (o), 3 <sup>rd</sup> sentence	Regarding disseminating information on the integrity hotline:  1. Does the State intend that this be separate and distinct from other program materials?  2. Is this information currently disseminated with enrollment materials? If so, please provide a copy of the material.	Yes.  No.
314.	68	3.12.1.1, Paragraph I	Other than the DOL and Social Security Death Index, what are the other systems are we required to access for public records?	The commercially available data bases are: Lexis/Nexis, Choicepoint or Westlaw.  Other commercial and free public records websites include the following:  www.taxrecords.com www.netronline.com/public_records.htm www.searchsystems.net ("County Databases" under New Jersey)

#	Page #	RFP Section Reference	Question	Answer
315.	74	3.13.1 (cc)	References are made to MCO capacity. Is the contractor required to track MCO capacity and/or panel sizes and freeze or unfreeze enrollments accordingly? The scope of work in the RFP did not address this functionality.	No the State will track MCO capacity and/or panel sizes.
316.	78,80	4.4.2 4.4.3	Section 4.4.2 requires “examples of <i>all</i> system-generated reports.” Section 4.4.3 requires bidders to “provide samples of <i>all</i> reports, forms and other data type documents it intends to use during the course of this contract.” (Emphasis added.) Due to the large volume of material that these requirements could produce, will the state allow bidders to provide examples of major reports and other documents that address key RFP requirements? Can the reports and other documents be provided in an appendix to the proposal, with appropriate references within the body of the proposal?	Yes. Reports can be provided in an appendix with the appropriate references.
317.	79	4.4.2.3 and 4.4.2.4	Please clarify the difference between the Contract Schedule required in 4.4.2.3 and the Mobilization and Implementation detailed timetable required in 4.4.2.4.a.	Contract schedule shows the major milestones and deliverables that are required for this contract. Mobilization and Implementation plan is the detailed timetable to accomplish implementation.
318.	81	4.4.3 (b), 1 <sup>st</sup> bullet	This section implies that the contractor is responsible for conducting a marketing campaign for the program yet there are no specific requirements in the scope of work regarding a marketing campaign. Please clarify.	The State’s Advertising contractor will design the campaign.
319.	82	4.4.3.8 Subcontractor(s), sections A. and B.	Please confirm that sections A. and B. are duplicates. If so, please state which (A or B.) should be deleted and whether the remainder of the section should be re-lettered accordingly.	Yes, they are duplicates.
320.	86	5.18.1	Please identify the specific percentage that will be used to reduce the monthly cost of the contract for any services not received. Is this percentage in addition to the 15% payment retention documented on the Contract Cover Sheet (page 3	Yes.

#	Page #	RFP Section Reference	Question	Answer
			of the RFP)? Assuming this percentage is different from the retention percentage, once the contractor has delivered the service, when will the State release the withheld amount?	Will be determined by the State.
321.	86	5.18.1	How will the State calculate the “appropriate percentage” referenced in Section 5.18.1?	Will be determined based on services not received.
322.	89	5.18.11, last line of paragraph /	Please confirm that this should actually read “with the provision of health benefits and services rendered for the <i>duplicate enrollment</i> .”	The wording should be revised to read “duplicate enrollment.”
323.	89	5.18.12, second to last and last lines of paragraph	Please confirm that the damages would be assessed only for the time period in which the individual should have been enrolled in the program.	Yes, damages will be assessed only for the time period in which the individual should have been enrolled in the program.
324.	90	5.19	How will the State define “satisfactory” performance for the purposes of releasing 90% of the retainage? If the contractor’s performance is determined to be unsatisfactory, what process will be followed to allow the retainage to be released? The RFP states that the balance will be released when the State Contract Manager has certified that all services have been satisfactorily performed. Once satisfactory performance has been rendered by the contractor, how many days following the three months (3) stated in the RFP can the contractor expect payment of 90% of the retainage? When, and under what conditions, will the remaining 10% of the retainage be released to the contractor?  What is the frequency of the certifications? When will they occur (e.g., quarterly, annually)?	Must be in contract compliance for all performance standards.  Will be determined by the State.  This will be worked out with the contractor and State.  Unknown at this time.
325.	86 - 90	5.18.1 – 5.19	Can the contractor assume that the reduction for penalties such as, failure to meet call center performance standards, is addressed through the retainage or does the state envision additional penalties. If so, please specify what	This is additional penalties  Listed in the RFP.

#	Page #	RFP Section Reference	Question	Answer
			those penalties will be.	
326.	86	5.18.2	How long after the state has certified the system failure has been corrected will the funds be released to the contractor?	Will be determined by the State.
327.	86	5.18.2	How will the State calculate the reduction in payment referenced in Section 5.18.2? How will the “value of costs and services not received” be calculated or determined?	The State will determine what performance standards were not met, as well as impact on operations and beneficiaries.
328.	86 - 90	5.18.1 – 5.18.16	The RFP does not contain provisions for a cure period or formal corrective action process prior to assessing damages. Please confirm that the State will have a formal cure period before assessing damages.	The State cannot confirm this at this time.
329.	87	5.18.5	Please confirm that if the service level drops to 90% that there would be 5% damages assessed based on the sample provided in the RFP	Yes.
330.	87	5.18.6	Please confirm that the 5-day period begins upon receipt of all of the documentation required to determine eligibility, including any “missing information” from the original application.	This section requires that a completed application that is received must be must be processed to final disposition within 5 business days.
331.	87	5.18.7	What criteria will be used to determine whether an eligibility determination error has occurred?	Contract performance standards concerning accuracy and timeliness. This could be systems or human error.
332.	87	5.18.7	Should item (b) in Section 5.18.7 refer to eligibility transactions, not enrollment transactions? (Note: enrollment transactions are addressed in Section 5.18.9.)	Yes, it should be eligibility transactions.
333.	88	5.18.9	How will the State determine what percentage of enrollment transactions contain errors?	To be determined by the State with the contractor after the RFP is awarded.
334.	91,10 6-107	5.25, Attachments 5A & 5B,	In section 5.25, the RFP states that the contractor will be paid a monthly fixed payment for each month of the contract. This section further states that Transition payments will be made monthly, in accordance with the Transitional Period Price Lines in Appendix 5. The Transition Period Pricing Schedule in Appendix 5 provides 6 pricing lines, which appear to be tied to major implementation milestones.	

#	Page #	RFP Section Reference	Question	Answer
			<p>Should bidders assume that payments during the transitional period will be made:  in an equal monthly amount determined by dividing the Total Transition Price by six, or  monthly, in the specific dollar amount provided on each pricing line on the Pricing Schedule? (i.e. Month 1 payment equals the amount on Pricing line 1, Month 2 payment equals the amount on Pricing line 2, etc.),  or  following the successful completion of each milestone provided in each of the pricing lines?,  or</p>	
335.	3 83	5.4 1 <sup>st</sup> paragraph 1 <sup>st</sup> and 2 <sup>nd</sup> sentences	<p>This section states the term of the contract is 3 years and 6 months. The Contract Effective Date and Contract Expiration Date on Page 3 of the RFP are October 1, 2004 and December 31, 2007 respectively. This period represents a contract term of 3 years and 3 months. Please clarify which is the correct contract term.</p>	The contract term is 3 years and 6 months.
336.	83	5.5	<p>Is there a contract transition cooperation clause in the current vendor's contract?</p>	Section 5.26 of the current contract provides procedures for turnover.
337.	93	6.3.2	<p>The RFP states that bidders will be ranked according to the total bid price in Attachment 5. As there are multiple pricing groups in Attachment 5, how will the State determine the 'total bid price' that will be used in the ranking process?</p>	Total bid price with and with eligibility.
338.	96	Attachment 1	<p>There are "wrap-around" problems in several places in the copy of Attachment 1 that was supplied with the RFP. Also, an incorrect bid number is listed at the top of the form. We believe that this could result unclear bidder responses. Please provide a clean copy of Attachment A.</p>	All required Purchase Bureau Forms are available on the purchase Bureau website <a href="http://www.state.nj.us/treasury/purchase">www.state.nj.us/treasury/purchase</a> .
339.	105	Attachment 5	<p>Attachment 5 provides for a conversion of payment methodology from fixed to variable should total Managed</p>	

#	Page #	RFP Section Reference	Question	Answer
			Care Enrollment and/or NJ FamilyCare enrollment fluctuate outside of an established range. How often will enrollment, and subsequent pricing methodologies be evaluated?	It will be evaluated monthly.
340.	105	Attachment 5	Attachment 5 provides for a conversion to variable pricing should enrollment fluctuate outside of established ranges. There is one methodology described for fluctuations in the total managed care population, and a separate methodology for changes specific to NJ FamilyCare enrollment. Since NJ FamilyCare is a subset of the total Managed Care population, it is conceivable that significant changes in that population could also place the total managed care population outside of the established range. In the event that a change in the NJ FamilyCare enrollment causes enrollment for that population to fall outside of the NJ FamilyCare range, and that change also causes the total managed care enrollment to fall outside of that range, which factor will be used to determine the price-per-person?	Will be evaluated as stated in Attachment 5.
341.	106-107	Attachments 5A & 5B	The Pricing Schedules for the Transition Period include pricing lines for activities to be performed during the six-month transition period. Pricing lines 3 and 4, on Attachment 5A and lines 9 and 10 on Attachment 5B, (Establishing telecommunications functionality and Operations Procedure & Policy Manual creation/acceptance respectively) require bidders to provide pricing according to a unit category of 'each' while other pricing lines are priced according to the unit category 'task'. If these two items are priced differently from the other 4 items, the sum of all 6 items will not yield the actual total price for the Transition	Some price lines require a price for each item and others are per task. The lines remain unchanged.

#	Page #	RFP Section Reference	Question	Answer
			Period. Please clarify.	
342.	106 - 109	Attachments 5A through 5D	Does Year 1 for Attachments 5C and 5D begin on the operations start date? If not, when does it start?	Yes, Attachments 5C and 5D begin on the operations start date.
343.	109 108	Attachment 5C, Item 13 and Attachment 5D – Price Schedule With Eligibility // Item 16	Please confirm that the bidder should enter its annual price for operations without eligibility services. Please explain the reference to an “eligibility campaign.”	Yes, the bidder should enter its annual price for each option: one with Plan A eligibility and one without Plan A eligibility.
344.	108 109	Attachment 5C Item 15 Attachment 5D Item 18	Will the State consider moving mail costs from price evaluation to provide consistency across all bids? If not, please provide the baseline assumption that all bidders should use for determining pass-through costs.	Total Annual cost is above the pass through lines.
345.	108	Attachment 5C & 5D	The Pricing Schedules for the Operations years provide for one, fully loaded Firm Fixed Price for each year of operations. Since the Transitional Period will encompass the first six months following the Contract Effective Date, should bidders assume that the pricing for <u>each</u> operational year will consist of a full 12 month period commencing 6 months after the Contract Effective Date?	Yes
346.	108- 109	Attachments 5C & 5D,	On the Operations Pricing Schedules, lines 14 and 15 on Attachment 5C and lines 17 and 18 on Attachment 5D do not appear to be included in the Total Annual Price calculation. Should bidders assume that these two pricing categories are not included in the ‘total price’ used to rank bidders in the evaluation process?	You are correct.
347.	108- 109	Attachments 5C & 5D	On Attachment 5C, bidders are asked to provide Pass Through Mailing Costs for each of the operational years according to a unit category of ‘each’. On Attachment 5D, the unit category field for Pass Through Mailing Costs is blank. Please clarify how bidders are to present this cost item on the Pricing Schedules.	Bidders should present this cost as “each.”

#	Page #	RFP Section Reference	Question	Answer
348.	119	Appendix 3	There appears to be a typo in the RFP. Please confirm that the Response Scale = 1 for the item "If requested by the client, this functionality could be added."	Yes, this is a typo and should be 1
349.		General	Clarification on scope of surveys and who is responsible for data analysis and reporting?	This will be determined by the State, however, currently analysis and reporting is not done by the contractor.
350.		General	There are several references to providing State User access to the contractor systems. Can contractors establish connectivity to the State's Network through one, centralized point, through which all required state access will be granted?	The State would like to have one centralized point.
351.		Addendum 1, Response to Question 1.2,	Only one month of data was provided in the Document Review Room. This is not enough information to prepare a responsive proposal in terms of determining required staffing levels to meet RFP requirements. Please provide monthly totals for a minimum of 6 months to help bidders prepare responsive and reasonable technical and cost proposals.	Not available
352.		Addendum 1, Response to Question 1.5, Page 2	Regarding the average 137,000 documents/letters that are mailed monthly, please provide the average weight of the following types of mailings: Application/enrollment packets Disenrollment related mailings Renewal kits  This information is needed to prepare a responsive price proposal.	Not Available
353.		Addendum 1, Response to Question 1.13, Page 2	Does the incumbent use subcontractor personnel to staff the county offices?	No
354.	3	Addendum 1, Response to Question 3,	There are a significant number of questions and requests for additional information that responses are needed from the State to help ensure that prospective bidders have a solid understanding of the RFP requirements and they are in a position to prepare responsive proposals.	No.

#	Page #	RFP Section Reference	Question	Answer
			Due to the requirement to prepare two separate proposals, the number of questions, and the fact that responses to the questions may have a significant impact on a non-incumbent bidder's response, will the State please extend the proposal due date to help ensure a fair and competitive procurement?	
355.	4	Addendum 1, Response to Question 8,	<p>Please identify the space and equipment requirements for state monitoring activities. How many offices/cubicles must be provided?</p> <p>How many FTEs must be accommodated?</p> <p>What office equipment must be provided?</p> <p>This information is required to prepare a responsive price proposal.</p>	<p>Addressed in RFP</p> <p>6 offices, 15 cubicles. 21 Office work station.</p>
356.	5	Addendum 1, Response to Question 15,	Regarding the fact that the number of HBCs operating routinely in the counties is "fluid". Is the number fluctuating because of a program/volume driven reduction/addition in workforce or is the contractor simply moving existing staff from one county office to another as needed? Could the state please provide an average number of HBCs typically operating in the counties?	Average 3-4 HBCs.
357.	5	Addendum 1, Response to Question 16,	Please identify the counties with the highest populations.	Essex, Hudson, Passaic are some of the counties with the highest population.

**Part 2**

**HEALTH BENEFITS COORDINATOR  
MEDICAID MANAGED CARE PROGRAMS  
Bid Number 05-X-34750**

*Additions, Deletions, Clarifications and Modifications to the RFP*

#	Page#	RFP Section Reference	Additions, Deletions, Clarifications and Modifications
	26	2.2	<p>Add the following definition:</p> <p><b><u>NJ FamilyCare – Plan H</u></b> – State operated program that provides limited managed care coverage to uninsured in accordance with N.J.A.C.:</p> <p>Childless adults who are not eligible for WFNJ/GA and whose income is below 100 percent of the Federal poverty level; and Restricted alien parents/ caretakers enrolled in NJ FamilyCare with children below the age of 19 who do not qualify for AFDC or AFDC/related Medicaid with earned income below 134 percent of the Federal poverty level.</p> <p>In addition to the specified managed care services, eligibles may access certain limited services that are paid fee-for-service.</p>
	33	3.3.7 3.3.9	<p>Please renumber 3.3.7 and 3.3.9 to: 3.3.7, 3.3.7.1, 3.3.7.2 and 3.3.9, 3.3.9.1, 3.3.9.2</p>

ATTENDANCE RECORD - MANDATORY BIDDER'S CONFERENCE

Health Benefits Coordinator Medicaid Managed Care Programs - Division of Medical Assistance  
 Bid Number 05-X-34750 T-1392  
 Scheduled Bid Opening Date: Thursday, August 12, 2004 - 2pm  
 Representing Purchase Bureau: Christine Weiland  
 Representing Using Agency: Michele Romeo

NAME	ORGANIZATION	TELEPHONE	FAX	E-MAIL	TIME OF ARRIVAL
Tom McGraw	MAXIMUS	804-357-9739	703-251-8240	tommcgraw@maximus.com	9:15
Rose Baverman	Pruett	215-529-9810	215-579-9893	roselb@pruet.com	9:15
John Panella	ACS	410-986-5021	410-837-1879	John.Panella@ACS-INC.com	9:15
LORI MALONEY	JANUS Solutions	609-466-0200 x101	609-466-1010	lmaloney@janussolutions.com	9:15
Mark F. Steven	Passyil Pouchy PDS	973-881-3208	973-881-3232	in.steven@pbss.org	9:17
Patsy Stofe	Patricia Stofe Consulting	215-345-8169		psstofe@comcast.net	9:17
STEPHEN B FAEDMAN	CAPGEMINI	917-934-5270	973-453-8036	STEPHEN.B.FAEDMAN@CAPGEMINI.COM	9:18
Bruce Goboro	UNISYS	215-986-6788	215-986-2729	Bruce.Goboro@univis.com	9:20
Kend Hank's	Autofair Health Sys	412-367-3030 x2221	412-367-1213	Hank's@autofair-health.com	9:25

ATTENDANCE RECORD - MANDATORY BIDDERS CONFERENCE

Health Benefits Coordinator Medicaid Managed Care Programs - Division of Medical Assistance  
 Bid Number 05-X-34750 T-1392  
 Scheduled Bid Opening Date: Thursday, August 12, 2004 - 2pm  
 Representing Purchase Bureau: Christine Weiland  
 Representing Using Agency: Michele Romeo

NAME	ORGANIZATION	TELEPHONE	FAX	E-MAIL	TIME OF ARRIVAL
David W. Alder	Policy Studies	303-863-0900	303-295-0244	DAlder@Policy-Studies.com	9:27
David M. Anderson	AMA Int'l Tech	609-217-8073	270-584-5474	David@ama-intltech.com	9:29
Pat Mazerzko	Hbbhuf	601-777-5787		pmazerzko@hbbhuf.com	9:30
Sue Shapiro	Hbbhuf	609-421-6005		sshapiro@hbbhuf.com	9:30
Joseph Formica	Govt Procurement Advisors	215-493-8118	215-493-7663	formica@paol.com	9:30
Edward W. Fox	Am Consulting	732-302-2572	732-211-2455	EDWARD-FOX@AMCONSULT.COM	9:32
Patrick Lazzaro	Rosario Consulting LLC	973-881-3189	973-2886593	pkaz@rosario.com	9:36
David Kehr	Gait Procurement	ADVISORS 908-422-3922	609-392-4203	kehr@advisors.com	9:46

ATTENDANCE RECORD - MANDATORY BIDDER'S CONFERENCE

Health Benefits Coordinator Medicaid Managed Care Programs - Division of Medical Assistance  
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NAME	ORGANIZATION	TELEPHONE	FAX	E-MAIL	TIME OF ARRIVAL
A. Jick	Defin Corp.	732-573-9882			9:40
B. Jones	PS/I	393 7799			
E. Mound	PS/I	393 7799			
S. Maulthby	YTP	973-3460 763-8888	973-363- 3406	smaultsbyle @hcl.com	

**Part 4**  
**HEALTH BENEFITS COORDINATOR**  
**MEDICAID MANAGED CARE PROGRAMS**  
**Bid Number 05-X-34750**

**PRESUMPTIVE ELIGIBILITY PREGNANT WOMEN PROVIDERS**

<b>ID</b>	<b>PROVIDER NAME</b>	<b>ADDRESS</b>	<b>COUNTY</b>
094	Atlantic City Medical Center	Women's Health Services Jimmie Leeds Road Pomona, NJ 08240	Atlantic
106	Atlantic City Medical Center	Atlantic Care, Health Plex 1401 Atlantic Avenue Atlantic City, NJ 08041	Atlantic
121	Atlantic Health Initiatives, Inc. <b>FQHC</b>	1401 Atlantic Avenue, Suite 2600 Atlantic City, NJ	Atlantic
057	Shore Memorial Hosp.	Health and Conference Center 1 E. New York Avenue Somers Point, NJ 08244	Atlantic
048	Southern Jersey Family Medical Centers, Inc. <b>FQHC</b>	860 So. Whitehorse Pike, Bldg A Hammonton, NJ 08037	Atlantic
120	Southern Jersey Family Medical Center <b>FQHC</b>	1301 Atlantic Avenue Atlantic City, NJ 08401	Atlantic
016	Hackensack Medical Center	Clinic Registration 60 Second Street Hackensack, NJ 07601	Bergen
083	Englewood Hospital & Medical Center	350 Engle Street Englewood, NJ 07631	Bergen
022	Holy Name Hospital	718 Teaneck Road Teaneck, NJ 07666	Bergen
086	Valley Hospital	Community Care 1114 Goffle Rd Hawthorne, NJ 07506	Bergen
030	Virtua - Memorial Hospital of Burlington County	175 Madison Avenue Mount Holly, NJ 08060 Actual site location is: 1638 Route 38 Mount Holly, NJ 08060	Burlington
065	Lourdes Medical Center of Burlington County	218 A Sunset Road Willingboro, NJ 08046	Burlington
087	West Jersey Health Systems	101 Carnie Blvd. Voorhees, NJ 08043	Camden
084	Camcare Health Corporation <b>FQHC</b>	3 Cooper Plaza Camden, NJ 08103	Camden
097	Camcare Health Corporation <b>FQHC</b>	2610 Federal Street Camden, NJ 08105	Camden

102	Camcare Health Corporation <b>FQHC</b>	87 Carl Miller Blvd. Camden, NJ 08103	Camden
010	Cooper Hospital University Medical Center	Women's Care Center 3 Cooper Plaza, Suite 301 Camden, NJ 08103	Camden
052	St. John's Clinic	6 <sup>th</sup> and Erie Streets Camden, NJ 08102	Camden
082	Planned Parenthood of Southern NJ	317 Broadway Camden, NJ 08103	Camden
040	Osborn Family Health Center	Our Lady of Lourdes Medical Center 1600 Haddon Avenue Camden, NJ 08103	Camden
059	Kennedy Family Health Services at Somerdale	1 Somerdale Square Somerdale, NJ 08083	Camden
004	Burdette-Tomlin Memorial Hospital	Social Services Dept. Rt. 9 & Stone Harbor Blvd. CMCH, NJ 08210	Cape May
110	South Jersey Hospital	Women's Center 105 Manheim Avenue Bridgeton, NJ 08302	Cumberland
038	South Jersey Hospital-Newcomb	65 South State Street Vineland, NJ 08360	Cumberland
078	Clara Maass Medical Center	1 Franklin Avenue Belleville, NJ 07109	Essex
007	Columbus Hospital	495 North 13 <sup>th</sup> Street Newark, NJ 07107	Essex
013	Hospital Center at Orange	188 South Essex Avenue Orange, NJ 07050-3499	Essex
036	Newark Community Health Centers <b>FQHC</b>	741 Broadway P.O. Box 1960 Newark, NJ 07101	Essex
037	Newark Community Health Center <b>FQHC</b>	101 Ludlow Street P.O. Box 1960 Newark, NJ 07101	Essex
090	Newark Community Health Centers <b>FQHC</b>	East Orange Primary Care 444 William Street East Orange, NJ 07017	Essex
034	Mountainside Hospital	P.C.C. Clinic Bay and Highland Avenues Montclair, NJ 07042	Essex
035	Newark Beth-Israel Medical Center	HealthStart Maternity Clinic 4 <sup>th</sup> Floor Room 8 201 Lyons Avenue Newark, NJ 07112	Essex

051	St. James Hospital	228 Lafayette Street Newark, NJ 07105	Essex
079	St. Barnabas Medical Center	Old Short Hills Road Livingston, NJ 07039	Essex
055	St. Michael's Medical Center	268 Dr. Martin Luther King Blvd. Newark, NJ 07102	Essex
067	UMDNJ University Hospital	Doctor's Office Center Suite 5100, 90 Bergen Street Newark, NJ 07003	Essex
060	Kennedy Family Health Services at Washington	Washington Pavilions 100 Kings Way East, Suite A3 Sewell, NJ 08080	Gloucester
063	Underwood Memorial Hospital	Family Practice Center Prenatal Care Program 35 Oak Street Woodbury, NJ 08096-2699	Gloucester
003	Bayonne Hospital Clinic	29 East 29 <sup>th</sup> Street Bayonne, NJ 07002	Hudson
018	Horizon Health Center <b>FQHC</b>	714 Bergen Street Jersey City, NJ 07306	Hudson
023	Jersey City Medical Center <b>FQHC</b>	Family Health Center 935 Garfield Avenue Jersey City, NJ 07304	Hudson
075	North Hudson Community Action <b>FQHC</b>	Community Health Center 5301 Broadway West New York, NJ 07093	Hudson
112	North Hudson Community Action <b>FQHC</b>	Community Health Center 714-31st Street Union City, NJ 07087	Hudson
117	North Hudson Community Action <b>FQHC</b>	Community Health Center 324 Palisades Avenue Jersey City, NJ 07306	Hudson
074	St. Mary's Hospital-Hoboken	Family Health Center 122-132 Clinton Street Hoboken, NJ 07030	Hudson
041	Palisades General Hospital	7600 River Road North Bergen, NJ 07047	Hudson
096	Meadowlands Hospital Medical Center	55 Meadowlands Parkway Secaucus NJ 07096	Hudson
031	Capital Health Systems at Mercer	446 Bellevue Avenue P.O. Office Box 1658 Trenton, NJ 08618	Mercer
020	Henry J. Austin Health Center <b>FQHC</b>	321 North Warren Street Trenton, NJ 08618	Mercer

105	RWJ University Hospital at Hamilton	One Hamilton Health Place Hamilton, NJ 08690-3599	Mercer
123	Robert Wood Johnson University	437 East State Street Trenton, NJ 08608	Mercer
071	University Medical Center at Princeton	252 Witherspoon St. Princeton, NJ 08540	Mercer
050	St. Francis Medical Center	Patients Accounting Dept. 601 Hamilton Avenue Trenton, NJ 08650	Mercer
099	JFK Medical Center Family Practice	65 James Street Edison, NJ 08818	Middlesex
089	Raritan Bay Medical Center	Community Health Center 530 New Brunswick Ave. Perth Amboy, NJ 08861	Middlesex
061	UMDNJ Robert Wood Johnson Medical Ctr. <b>FQHC</b>	Eric B. Chandler Health Center 277 George Street New Brunswick, NJ 08901	Middlesex
056	St. Peter's Medical Center	254 Easton Avenue New Brunswick, NJ 08903	Middlesex
024	Jersey Shore Medical Center	71 Davis Avenue Neptune, NJ 07753	Monmouth
032	Monmouth Medical Center	O.P.D. Clinic 300 Second Avenue Long Branch, NJ 07740	Monmouth
091	Riverview Medical Center	Riverview Division 1 Riverview Plaza Red Bank, NJ 07701	Monmouth
027	Visiting Nurse Association of Central Jersey <b>FQHC</b>	141 Bodman Place Red Bank, NJ 07701	Monmouth
015	Centra State Medical Center	1001 West Main Street Freehold, NJ 07728	Monmouth
122	Key Port Primary Care Center <b>FQHC</b>	35 Broad Street Keyport, NJ 07735	Monmouth
070	Chilton Memorial Hospital	Maternal/Child Health 97 West Parkway Pompton Plains, NJ 07444	Morris
095	St. Clare's Community Health Center	400 W. Blackwell Street Dover, NJ 07801	Morris
033	Morristown Memorial Hospital	Medicaid Billing Office 100 Madison Avenue P.O. Box 111 Morristown, NJ 07962-1956	Morris
118	Southern Ocean County Hospital	1140 Route 72 West	Ocean

		Manahawkin, NJ 08050	
008	Community Medical Center Clinic	99 Highway 37 West Toms River, NJ 08755	Ocean
009	Community Medical Center Clinic	Southern Ocean County 15 Recovery Road Manahawkin, NJ 08050	Ocean
124	Ocean Health Initiatives, Inc.	101 Second Street Lakewood, NJ 08701	Ocean
029	Meridian Health Systems	Brick Hospital Division 425 Jack Martin Boulevard Brick, NJ 08723	Ocean
107	Barnert Memorial Hospital	171-175 Market Street Paterson, NJ 07505	Passaic
002	Barnert Memorial Hospital	Women's Health Services 680 Broadway Paterson, NJ 07514	Passaic
043	Paterson Community Health Center <b>FQHC</b>	227 Broadway Paterson, NJ 07501	Passaic
042	General Hospital at Passaic	Women & Children's Health Center 110 Main Street Passaic, NJ 07055	Passaic
076	Paterson Counseling Ctr.	319-321 Main Street Paterson, NJ 07505	Passaic
021	St. Joseph's Hospital & Medical Center	Teen OB Clinic 703 Main Street Paterson, NJ 07505	Passaic
053	St. Joseph's Hospital & Medical Center	Frank X. Graves Family Health Center 21 Market Street Paterson, NJ 07505	Passaic
054	St. Joseph's Hospital & Medical Center	High Risk Clinic 703 Main Street Paterson, NJ 07505	Passaic
072	St. Mary's Hospital	211 Pennington Avenue Passaic, NJ 07055	Passaic
109	St. Mary's Hospital	Family Health Center 148 Eight Street Passaic, NJ 07055	Passaic
069	Memorial Hospital of Salem County	HealthStart Salem-Woodstown Road Salem, NJ 08079	Salem
073	Somerset Medical Ctr.	110 Rehill Avenue Somerville, NJ 08876	Somerset
058	Newton Memorial Hospital	175 High Street	Sussex

		Newton, NJ 07860	
045	Plainfield Health Center <b>FQHC</b>	1700-58 Myrtle Avenue Plainfield, NJ 07063-1038	Union
014	Trinitas Hospital	65 Jefferson Avenue Elizabeth, NJ 07201	Union
093	Overlook Hospital	99 Beauvoir Avenue Summit, NJ 07902	Union
119	Elizabeth Port Community Center <b>FQHC</b>	155 First Street Elizabeth, NJ 07063	Union
017	Hackettstown Community Health Center	651 Willow Grove Street Hackettstown, NJ 07840	Warren

**Part 5**  
**HEALTH BENEFITS COORDINATOR**  
**MEDICAID MANAGED CARE PROGRAMS**  
**Bid Number 05-X-34750**

**NJ FAMILYCARE PRESUMPTIVE ELIGIBILITY PROVIDERS**

<u><b>ID#</b></u>	<u><b>PROVIDER</b></u> <b>NAME</b>	<u><b>ADDRESS</b></u>	<u><b>COUNTY</b></u>
586	Atlantic City Health Dept.	Division of Health, City Hall 1301 Bacharach Street Atlantic City, NJ 08401	Atlantic
571	Atlantic City Medical Ctr.	Mainland Division Jimmie Leeds Road Pomona, NJ 08240	Atlantic
572	Atlantic City Medical Ctr.	1401 Atlantic Avenue Atlantic City, NJ 08401	Atlantic
637	Atlantic City Medical Ctr.	City Division 1925 Pacific Avenue Atlantic City, NJ 08401	Atlantic
650	Atlantic Health Initiatives, Inc.	1401 Atlantic Avenue, Suite 1600 Atlantic City, NJ 08401	Atlantic
669	Drenk, Atlantic, (MR)	1289 Route 38, Suite 203 Hainesport, NJ 08036	Atlantic
677	Family Service Association, (YCM)	3073 Creek Avenue Egg Harbor Twp., NJ 08234	Atlantic
540	Shore Memorial Hospital	1 E. New York Ave. Somers Point, NJ 08244-	Atlantic
504	Southern Jersey Family Medical Center, <b>FQHC</b>	860 S.Whitehorse Pike Hammonton, NJ 08037	Atlantic
633	Southern Jersey Family Medical Center <b>FQHC</b>	Pleasantville Center 932 South Main St. Pleasantville, NJ 08232	Atlantic
660	Care Plus NJ, Inc. (MR)	610 Valley Health Plaza Paramus, NJ 07652	Bergen
665	Comprehensive Behavioral HealthCare (YCM)	516 Valley Brook Avenue Lyndhurst, NJ 07071	Bergen
516	Englewood Hospital & Medical Center	350 Engle Street Englewood, NJ 07631	Bergen
554	Hackensack University Medical Center	30 Prospect Avenue Hackensack, NJ 07601	Bergen
551	Holy Name Hospital	718 Teaneck Road Teaneck, NJ 07666	Bergen

630	Valley Hospital	223 North Van Dien Ave. Ridgewood, NJ 07450	Bergen
670	Drenk, Burlington, <b>(MR)</b>	1289 Route 38, Suite 203 Hainesport, NJ 08036	Burlington
675	Family Services of Burlington <b>(YCM)</b>	112 Woodlane Rd, Suite 21 Mount Holly, NJ 08060	Burlington
526	Lourdes Medical Center of Burlington County	218 A Sunset Road Willingboro, NJ 08046	Burlington
543	Virtua Memorial Hospital of Burlington County	175 Madison Avenue Mt. Holly, NJ 08060	Burlington
640	Virtua Health West Jersey- Marlton Campus	90 Brick Road Marlton, NJ 08053	Burlington
531	CamCare Health Corporation <b>FQHC</b>	3 Cooper Plaza Camden, NJ 08103	Camden
532	CamCare Health Corporation <b>FQHC</b>	2610 Federal Street Camden, NJ 08105	Camden
533	CamCare Health Corporation <b>FQHC</b>	87 Carl Miller Blvd. Camden, NJ 08103	Camden
579	CamCare Health Corporation <b>FQHC</b>	6 <sup>th</sup> and Erie Streets Camden, NJ 08102	Camden
545	Cooper Hospital, University Medical Center	Dept. of Financial Counseling 1 Cooper Plaza Camden, NJ 08103	Camden
591	Cooper Pediatrics	3 Cooper Plaza, Suite 200 Camden, NJ 08103	Camden
598	Kennedy Family Health Center- Cherry Hill Campus	Chapel Avenue and Cooper Landing Rd Cherry Hill, NJ 08002	Camden
600	Kennedy Health Systems Stratford Campus	Admissions Office 18 East Laurel Road Stratford, NJ 08084	Camden
518	Kennedy Family Health Services	1 Somerdale Square Somerdale, NJ 08083	Camden
636	Our Lady of Lourdes Hospital	Attn: Financial Counseling 1600 Haddon Avenue Camden, NJ 08103	Camden

541	Our Lady of Lourdes Medical Center	1600 Haddon Avenue Camden, NJ 08103	Camden
686	Steininger Behavioral Care Service <b>(YCM)</b>	19 East Ormond Avenue Cherry Hill, NJ 08034	Camden
581	Virtua Health West Jersey-Camden Campus	1000 Atlantic Avenue Camden, NJ 08104	Camden
641	Virtua Health West Jersey – Berlin Campus	100 Townsend Ave. Berlin, NJ 08009	Camden
642	Virtua Health West Jersey-Voorhees Campus	Tatem Brown Court 1000 Carnie Blvd. Voorhees, NJ 08043	Camden
570	Virtua West Jersey Health System	101 Carnie Blvd. Voorhees, NJ 08043	Camden
500	Burdette-Tomlin Memorial Hospital	2 Stone Harbor Blvd. Cape May Court House, NJ 08210	Cape May
658	Cape Counseling Service, Inc. <b>(YCM)</b>	128 Crest Haven Road Cape May Court House, NJ 08210	Cape May
583	Cape May County Health Department	4 Moore Road Cape May Court House, NJ 08210	Cape May
671	Drenk, Cape May, <b>(MR)</b>	1289 Route 38, Suite 203 Hainesport, NJ 08036	Cape May
536	Community Health Care, Inc. <b>FQHC</b>	105 Manheim Avenue Bridgeton, NJ 08302	Cumberland
655	Community Health Care, Inc.	Cohansey Center, 70 Cohansey St., PO Box 597 Bridgeton, NJ 08302	Cumberland
537	Community Health Care, Inc. <b>FQHC</b>	319 Landis Avenue Vineland, NJ 08360	Cumberland
658	Cumberland Guidance Center, <b>(YCM)</b>	RD#1, Carmel Rd PO Box 808 Millville, NJ 08332	Cumberland
672	Drenk, Cumberland, <b>(MR)</b>	1289 Route 38, Suite 203 Hainesport, NJ 08036	Cumberland

621	South Jersey Hospital System	Newcomb Medical Center 65 South State Street Vineland, NJ 08360	Cumberland
622	South Jersey Hospital System- Bridgeton Division	Irving and Manheim Avenues Bridgeton, NJ 08322	Cumberland
624	South Jersey Hospital System – Millville	1200 North High Street Millville, NJ 08332	Cumberland
689	UMDNJ (YCM)	University Behavioral HealthCare Dept. 523, PO Box 11679 Newark, NJ 07102	Essex
662	Catholic Community Services (MR)	37 Evergeen Place East Orange, NJ 07018	Essex
567	Clara Maass Medical Center	1 Clara Maass Drive Belleville, NJ 07109	Essex
584	Columbus Hospital	495 North 13th Street Newark, NJ 07104	Essex
676	Family Intervention Services (YCM)	60 Evergreen Place East Orange, NJ 07089	Essex
539	Hospital Center at Orange	188 South Essex Ave. Orange, NJ 07050	Essex
520	Irvington General Hospital	832 Chancellor Ave. Irvington, NJ 07111	Essex
651	Mountainside Family Practice Associates	799 Bloomfield Avenue Verona, NJ 07044	Essex
608	Mountainside Hospital	1 Bay Avenue Montclair, NJ 07042	Essex
566	Newark Beth-Israel Medical Center	201 Lyons Avenue Newark, NJ 07112	Essex
683	Newark Beth-Israel Medical Center (YCM)	Wing H/3 201 Lyons Avenue Newark, NJ 07112	Essex
529	Newark Community Health Center <b>FQHC</b>	101 Ludlow Street Newark, NJ 07101	Essex

555	Newark Community Health Center <b>FQHC</b>	444 William Street East Orange, NJ 07017	Essex
578	Newark Community Health Center <b>FQHC</b>	741 Broadway Newark, NJ 07114	Essex
559	St. Barnabas Medical Center	Old Short Hills Road Livingston, NJ 07039	Essex
611	St. James Hospital (Cathedral Healthcare)	155 Jefferson Street Newark, NJ 07105	Essex
612	St. Michael's Medical Center (Cathedral Healthcare)	268 Dr. Martin Luther King Blvd. Newark, NJ 07102	Essex
550	UMDNJ - University Hospital	150 Bergen Street Newark, NJ 07103	Essex
673	Drenk, Gloucester, ( <b>MR</b> )	1289 Route 38, Suite 203 Hainesport, NJ 08036	Gloucester
597	Kennedy Family Health Center- Washington Township Campus	#435 Hurssville-Crosskeys Rd Turnersville, NJ 08012	Gloucester
517	Kennedy Family Health Services at Washington	Washington Pavillions 100 Kings Way East Sewell, NJ 08080	Gloucester
563	Underwood Memorial Hospital	35 Oak Street Woodbury, NJ 08096	Gloucester
588	Columbus Health Center	1115 Christopher Columbus Drive Jersey City, NJ 07302	Hudson
601	Greenville Hospital	1825 Kennedy Blvd. Jersey City, NJ 07305	Hudson
589	Horizon Health Services <b>FQHC</b>	714 Bergen Avenue Jersey City, NJ 07306	Hudson
524	Jersey City Family Health Center <b>FQHC</b>	935 Garfield Avenue Jersey City, NJ 07304	Hudson
602	Jersey City Family Health Center	355 Grand Street Jersey City, NJ 07302	Hudson
596	Meadowlands Hospital & Medical Center	55 Meadowlands Parkway  <i>Secaucus, NJ 07096</i>	Hudson

613	North Hudson Community Action Corp. <b>FQHC</b>	324 Palisade Avenue Jersey City, NJ 07302	Hudson
501	North Hudson Community Action Corp. <b>FQHC</b>	5301 Broadway West New York, NJ 07093	Hudson
502	North Hudson Community Action Corp. <b>FQHC</b>	1116 43 <sup>rd</sup> Street Union City, NJ 07087	Hudson
558	North Hudson Community Action Corp. <b>FQHC</b>	714 31 <sup>st</sup> Street Union City, NJ 07087	Hudson
568	Palisades General Hospital	7600 River Road North Bergen, NJ 07047	Hudson
556	St. Mary's Hospital	122-132 Clinton Street Hoboken, NJ 07030	Hudson
587	West New York Family Health Center	5300 Bergenline Ave West New York, NJ 07093	Hudson
690	<b>YCS/YCM (YCM)</b>	3133 Central Avenue Union City, NJ 07078	Hudson
681	Hunterdon Medical Center <b>(YCM)</b>	2100 Westcott Drive Flemington, NJ 08822	Hunterdon
617	Capital Health Systems at Mercer (PEFC not done since 7/12/2001)	446 Bellevue Avenue Trenton, NJ 08618	Mercer
675	Greater Trenton CMHS, Inc. <b>(YCM)</b>	1001 Spruce St., Suite 205 PO Box 1416 Trenton, NJ 08607	Mercer
534	Henry J. Austin Health Center <b>FQHC</b>	321 North Warren St. t Trenton, NJ 08618	Mercer
523	Robert Wood Johnson University at Hamilton	One Hamilton Health Place Hamilton, NJ 08690	Mercer
562	St. Francis Medical Center	601 Hamilton Avenue Trenton, NJ 08629	Mercer
506	University Medical Center at Princeton	253 Witherspoon St. Princeton, NJ 08540	Mercer
661	Catholic Charities, <b>(YCM)</b>	26 Safran Avenue Edison, NJ 08837	Middlesex

564	JFK Medical Center	65 James Street Edison, NJ 08818	Middlesex
649	Jewish Renaissance Medical Center	272A Hobart Street Perth Amboy, NJ 08861	Middlesex
515	Raritan Bay Medical Center	530N Brunswick Ave. Perth Amboy, NJ 08861	Middlesex
614	Robert Wood Johnson, University Hospital	One Robert Wood Johnson Place P.O. Box 2601 New Brunswick, NJ 08901	Middlesex
553	St. Peter's Medical Center	254 Easton Avenue New Brunswick, NJ 08901	Middlesex
688	UMDNJ-CMHC at Piscataway <b>(YCM)</b>	671 Hoes Lane Piscataway, NJ 08855	Middlesex
544	UMDNJ-RWJ Medical Center <b>FQHC</b>	227 George Street New Brunswick, NJ 08901	Middlesex
667	CPC Behavioral HealthCare, Inc. <b>(YCM)</b>	270 Highway 35 Redbank, NJ 07701	Monmouth
603	Bayshore Community Hosp.	727 North Beers Street Holmdel, NJ 07733	Monmouth
503	Centra State Medical Center	1001 West Main Street Freehold, NJ 07728	Monmouth
666	CPC Behavioral HealthCare, Inc. <b>(MR)</b>	901 W. Park Avenue, Suite 2F Ocean, NJ 07712	Monmouth
590	Jersey Shore Medical Center	71 Davis Avenue Neptune, NJ 07754	Monmouth
527	Monmouth Medical Center	300 Second Avenue Long Branch, NJ 07740	Monmouth
639	Riverview Medical Center	1 Riverview Plaza Red Bank, NJ 07701	Monmouth
507	Visiting Nurse Assoc. of Central Jersey	35 Broad Street Keyport, NJ 07735	Monmouth
508	Visiting Nurse Association of Central New Jersey <b><u>FOHC</u></b>	Red Bank Primary Care Center 141 Bodman Place Red Bank, NJ 07701	Monmouth

580	Visiting Nurse Association of Central New Jersey <b>FQHC</b>	527 Cookman Avenue Asbury Park, NJ 07712	Monmouth
528	Chilton Memorial Hospital	97 West Parkway Pompton Plains, NJ 07444	Morris
552	Morristown Memorial Hospital	100 Madison Avenue P.O. Box 1956 Morristown, NJ 07962	Morris
685	Ocean Mental Health Service, Inc. ( <b>YCM</b> )	160 Route 9 Bayville, NJ 08721	Ocean
509	Community Medical Center Clinic	INPT Access Department 99 Highway 37 West Toms River, NJ 08755-6423	Ocean
530	Kimball Medical Center	600 River Avenue Lakewood, NJ 08701	Ocean
519	Meridian Health Systems	Brick Hospital Division 425 Jack Martin Blvd. Brick, NJ 08724	Ocean
628	Southern Ocean County Hospital	1140 Route 72 West Manahawkin, NJ 08050	Ocean
514	General Hospital Center at Passaic	350 Boulevard Passaic, NJ 07055	Passaic
682	Mental Health Clinic-Passaic ( <b>YCM</b> )	1451 VanHouten Avenue Clifton, NJ 07013	Passaic
525	Paterson Counseling Center	319-321 Main Street Paterson, NJ 07505	Passaic
635	Paterson Community Health Center <b>FQHC</b>	<b>227 Broadway</b> Paterson, NJ 07501	Passaic
546	St. Joseph's Hospital and Medical Center	Teen OB Clinic 703 Main Street Paterson, NJ 07503	Passaic
547	St. Joseph's Hospital and Medical Center	Frank X. Graves Family Health Center 21 Market Street Paterson, NJ 07505	Passaic

548	St. Joseph's Hospital and Medical Center	(High Risk Clinic) 703 Main Street Paterson, NJ 07503	Passaic
549	St. Joseph's Hospital and Medical Center	Clifton Family Practice 716 Broad Street Paterson, NJ 07013	Passaic
561	St. Mary's Hospital	211 Pennington Ave. Passaic, NJ 07055	Passaic
674	Drenk, Salem, (MR)	1289 Route 38, Suite 203 Hainesport, NJ 08036	Salem
680	HealthCare Commons, Inc. (YCM)	500 S. Pennsville Auburn Rd. Carneys Point, NJ 08069	Salem
512	Memorial Hospital of Salem Co.	Salem-Woodstown Road Salem, NJ 08079	Salem
623	South Jersey Hospital System - Elmer	West Front Street Elmer, NJ 08318	Salem
631	Southern Jersey Family Medical Center-Salem	238 East Broadway Salem, NJ 08079	Salem
679	Richard Hall Community Mental Health Center (YCM)	500 N Bridge Street PO Box 6877 Bridgewater, NJ 08807	Somerset
593	Somerset Medical Center	110 Rehill Avenue Somerville, NJ 08876	Somerset
684	NewPoint Behavioral Health Care (YCM)	OutPost Division 1070 Main Street, PO Box 448 Sewell, NJ 08080	Sussex
619	Newton Memorial Hospital (YCM)	175 High Street Newton, NJ 07860	Sussex
627	St. Clares Community Health Center-Sussex Campus	20 Walnut Street Sussex, NJ 07461	Sussex
663	Children's Specialized Hospital (YCM)	314 South Avenue Fanwood, NJ 07023	Union
652	Elizabethport Community Health Center	1700-58 Myrtle Avenue Plainfield, NJ 07063	Union

595	Overlook Hospital	99 Beauvior Avenue Mail Box 245 Summit, NJ 07902	Union
538	Plainfield Health Center <b>FQHC</b>	1700-58 Myrtle Avenue Plainfield, NJ 07063	Union
565	Trinitas Hospital	925 East Jersey Street Elizabeth, NJ 07102	Union
615	Trinitas Hospital	225 Williamson Street Elizabeth, NJ 07207	Union
687	Trinitas Hospital ( <b>MR</b> )	225 Williamson Street Elizabeth, NJ 07206	Union
585	Hackettstown Community Hospital	651 Willow Grove St. Hackettstown, NJ 07840	Warren
592	Warren Hospital	185 Roseberry Street Phillipsburg, NJ 08865	Warren