



## COMMONWEALTH of VIRGINIA

### DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

600 East Broad Street, Suite 1300

Richmond, VA 23219

August 22, 2016

#### ADDENDUM No. 4 TO VENDORS:

**Reference Request for Proposal:** RFP 2016-02, Modular Core Services Solutions

**Dated:** July 15, 2016

**Proposal Due Date:** September 23, 2016

Below are updates that may delete, add, modify or clarify certain aspects of the aforementioned RFP. Please incorporate as necessary.

#### 1. Adjustment to proposal due date

DMAS has changed the due date and time for receipt of proposals. As referenced throughout the RFP, please update the date and time as follows:

**Proposal Due Date:** September 23, 2016, 12 Noon ET

#### 2. Update 4 references to Exhibit H to refer to Appendix H

References to Exhibit H in requirements MCSS-PROJ-DDI-023, MCSS-PROJ-DDI-024, MCSS-PROJ-DDI-025, and MCSS-IS-004 should refer to Appendix H. The following requirements in Appendix J.2 – Milestones and Deliverables and Appendix J.11 – Integration Services are updated as follows:

Appendix J.2 – Milestones and Deliverables

MCSS-PROJ-DDI-023	The Contractor shall provide a draft of the Policy and Procedures Manual as described in the Managed Environment section in <b>Appendix H</b> .
MCSS-PROJ-DDI-024	The Contractor shall provide a final Policy and Procedures Manual as described in the Managed Environment section in <b>Appendix H</b> .
MCSS-PROJ-DDI-025	The Contractor shall provide an Operating Level Agreement as described in the Managed Environment section in <b>Appendix H</b> .

Appendix J.11 – Integration Services

MCSS-IS-004	The Contractor shall conform to the responsibilities and expectations of an Integrated Supplier as described in the Managed Environment section in <a href="#">Appendix H</a> .
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All five (5) MCSS RTMs have been updated to reflect these edits.

**3. Updates to Appendix J.9 – Portal**

MCSS-TECH-WEB-034	The Contractor shall ensure the website provides live chat functionality for end user personnel to be connected with a customer service representative (site specific).
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Requirement MCSS-TECH-WEB-034 is deleted from the Care Management (CRMS), Performance Management (PEMS), and Plan Management (PLMS) modules of the MCSS RFP. This requirement will now read “This requirement intentionally deleted in RFP 2016-02, Addendum 4” in the CRMS, PEMS, and PLMS Requirements Traceability Matrices (RTMs). The requirement remains in the Operations Services (OPSS) and Provider Services (PRSS) modules and their respective RTMs.

MCSS-TECH-WEB-035	The Contractor shall ensure the website provides auto call back technology. Auto call back shall be triggered based on the average wait time, the number of people in the queue, the current service level, or the current abandon rate to reduce the number of repeat callers, and provide greater customer satisfaction (site specific).
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Requirement MCSS-TECH-WEB-035 is deleted from each of the 5 modules of the MCSS RFP. This requirement will now read “This requirement intentionally deleted in RFP 2016-02, Addendum 4” in the CRMS, OPSS, PEMS, PLMS, and PRSS Requirements Traceability Matrices (RTMs).

**4. Update requirements MCSS-ME-010 and MCSS-ME-011 and insert new requirements MCSS-CM-073 and MCSS-CM-074**

The following requirements, MCSS-ME-010 and MCSS-ME-011, are transferred from Appendix J.20 – Member Eligibility and Enrollment to Appendix J.19 – Care Management

A. Update requirements in Appendix J.20 – Member Eligibility and Enrollment as follows:

MCSS-MEE-010	This requirement intentionally deleted in RFP 2016-02, Addendum 4
MCSS-MEE-011	This requirement intentionally deleted in RFP 2016-02, Addendum 4

The MCSS RTM for Operations Services Solution has been updated to reflect this change.

B. Insert requirements MCSS-CM-073 and MCSS-CM-074 to Appendix J.19 – Care Management

MCSS-CM-073	The Solution shall provide the capability to process Level of Care Review Instrument (LOCERI) forms submitted, including but not limited to editing, updating and maintaining the information, and incorporating appropriate workflow and applying appropriate eligibility, including ensuring the individual meets the criteria for the service being authorized.
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MCSS-CM-074	The Solution shall provide the capability to support pre-admission screening processing, including editing, updating and maintaining the information on related forms (including but not limited to UAI, DMAS-96, DMAS-95 Level I, DMAS-95 Level II, and DMAS-97), and incorporating appropriate workflow and applying appropriate eligibility; editing includes but is not limited to ensuring the individual meets the criteria for the service being authorized.
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The MCSS RTM for Care Management Services Solution has been updated to reflect this change.

**5. Update to Measurement field for MCSS-SLA-002**

The Measurement criterion is updated to reflect the following for MCSS-SLA-002: Website response times must be < two (2) seconds ninety-nine percent (99%) of the time.

ID	Description	Measurement	Remedy
MCSS-SLA-002	Website response times Website response time is measured at the Contractor's router	< two (2) seconds ninety-nine percent (99%) of the time	1% of monthly contract value

**See Attachment 1 (below) for additional questions posed by Offerors and the Department of Medical Assistance Services (DMAS) responses.**

Please note some questions may take additional time to generate an adequate response. If you do not see a response to a question you have submitted, please monitor the DMAS and eVA website for future addendums.

A signed acknowledgment of this addendum must be received by this office, either prior to the proposal due date and hour required or attached to your proposal response. Signature on this addendum does not substitute for your signature on the original proposal document. The original proposal document must be signed.

Sincerely,



**Christopher M. Banaszak**  
DMAS Contract Manager

Name of Firm: \_\_\_\_\_

Signature and Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Attachment 1**  
**RFP 2016-02, Addendum 4**  
**Offerors Questions and DMAS Responses**

RFP	Question #	RFP Cite	Offeror Question	DMAS Response
MCSS	38	General	The number of questions and the need to receive answers before completing the solution suggest additional time will be needed to allow bidder's adequate review and analysis of all data. Will the State consider extending the proposal due date to reflect a 2nd round of questions and answers, and a new submission date?	If a decision is made to extend the deadline, DMAS will notify all participating Offerors by posting an Addendum on the eVA and DMAS websites.
MCSS	39	1.a.1 Page 3, Figure 1	In the interest of controlling costs, rather than proposing a SOA data exchange from the contractor's ESB to the ISS ESB, can the solution initiate service calls from the contractor's solution directly to the ISS ESB so that only one ESB is necessary?	The vendor is expected to comply with the enterprise service bus specific requirements in the RFP.
MCSS	40	1.e.4 Pages 29-30	Are each MCSS component responsible for generating letters and other notifications or is this a shared service?	Each MCSS component is responsible for generating the letters and other notifications produced by that solution that meet the requirement of the OPSS module which is the module responsible for mailing all MES system-generated letters and reports as per OPSS-OM-072 and OPSS-OM-073.
MCSS	41	3.a.7.3 Page 49	Will the ISS vendor propose/select a preferred list of COTS products for database management, document imaging, searching, business rules, etc.? Can this list be shared with MCSS Vendors?	The ISS vendor will not propose/select software solutions for other vendors.
MCSS	42	3.a.7.3 Page 49	Are there any COTS products available for Contractor use via State or Agency enterprise licensing?	No. The vendor should bid and price its COTS products as part of their solution.

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RFP	Question #	RFP Cite	Offeror Question	DMAS Response
MCSS	43	3.a.11 Page 51-52	Is data conversion required for all components of the MCSS? Does the State have file formats that will be used? Is data clean up a part of this process?	<p>The Contractor for each application that is defined as the authoritative source for a set of data will be responsible for the conversion of that data.</p> <p>Please refer to the MES Procurement Library for information on file formats. Each Contractor shall propose their conversion strategy that includes data profiling and cleaning as it applies to their application and explain how it will meet the requirements as stated in the RFP.</p>
MCSS	44	3.a.11 Page 52	This section states that, "The Contractor shall convert the historical and active data, including all reports, letters, and imaged documents that are needed by and applicable to the solution." Can the State provide a list of these items by MCSS component, the current media and the meta data definitions?	<p>The data to be converted by each Contractor is dependent upon their solution.</p> <p>Please refer to the MES Procurement Library for information on file types and meta data definitions.</p>
MCSS	45	General	<p>The Consolidated Requirements Matrix spreadsheet has several embedded links that trace back to internal documentation. These links break the drop-down field validation on most worksheets.</p> <p>Please release a new version of the Consolidated Requirements Matrix with updated links and lookups.</p>	The completion of the RTM document is not dependent on, or intended to be based on the use of drop-down lists.
MCSS	46	OPSS - Appendix A Page 96	MCSS-SLA-002 lists the measurement as '> two (2) seconds ninety-nine percent (99%) of the time'. Was it DMAS' intention to write > two seconds 1% of the time?	Website response times must be < two (2) seconds ninety-nine percent (99%) of the time.

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**Offerors Questions and DMAS Responses**

RFP	Question #	RFP Cite	Offeror Question	DMAS Response
MCSS	47	Page 75-76 Section 6.f.3 Contractor Personnel	<p>Table 6: DDI Key Personnel Requirements for OPSS and PRSS identifies a position called "Project Manager (Certification)."</p> <p>Table 8: Operations Key Personnel Requirements for OPSS and PRSS identifies a position called "Certification Manager (12 months)."</p> <p>Since both of these positions refer to Certification, will the Commonwealth identify the major job responsibilities of each position? How do those responsibilities differ for the DDI position and the Operations position?</p>	<p>The certification of the MES may be modular or may take place 6 months after go-live. The duties between DDI and Operations positions may overlap, they are to prepare for the certification by doing such things as gathering artifacts, working with DMAS on CMS presentations, coordinating with IV&amp;V.</p>

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MCSS	48	General - Addendum 2 and RFP 2016-02 Sections 9.a.14., 9.b	<p>Five proposals are required in order to bid on all five MCSS Solutions along with the need to create and submit redacted proposals; the need to submit hard copy proposals; the need to address each item in RFP Section 3, Scope of Work, and the Mandatory and Optional Options; and the need to respond to hundreds of RTM requirements and requirements included in Appendices J.1 through J.29.</p> <p>This RFP was released on July 15 and the proposal is due on September 9th, less than two months turnaround. States very often allow 12 weeks for complex proposals such as this one. The pre-proposal conference was on August 4th, five weeks before the submission date.</p> <p>These proposal activities are also taking place along with other concurrent proposals being prepared for other DMAS MES procurements presenting a significant proposal development resource challenge. For example, the proposal Financial Management System is due on August 5th.</p> <p>Given that the “Contractors shall submit their best proposals and not assume there will be an opportunity to negotiate, amend, or clarify any aspect of their initial submitted proposals.”, we respectfully request a 2 week extension to the due date to September 23, 2016 in order to be able to respond with multiple proposals compliant with all RFP instructions.</p> <p>We believe the additional two weeks will materially enhance the ability of responders to submit quality proposals to the Commonwealth and benefit the procurement process for DMAS.</p>	<p>If a decision is made to extend the deadline, DMAS will notify all participating Offerors by posting an Addendum on the eVA and DMAS websites.</p>

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RFP	Question #	RFP Cite	Offeror Question	DMAS Response
MCSS	49	General	The dropdown function on the Excel file RFP 2016-02 Modular Core Services, is not working. Will DMAS please provide us with a new version of this file with a functioning drop down feature to enable submission in the designated format?	The completion of the RTM document is not dependent on, or intended to be based on the use of drop-down lists.
MCSS	50	CRMS - 3.a.7.2	If the contractor is proposing a SaaS solution, is the contractor required to host their solution in DMAS datacenter?	The vendor is not mandated to host the solution in the DMAS/State data center.
MCSS	51	CRMS - Expectations of the Contractor	Can DMAS confirm what types of data and the historical period that needs to be converted for the Care Management Module?  Please confirm that only open and not exhausted service authorizations are to be converted.	The data to be converted by each Contractor is dependent upon their solution.  Details of data exclusions for conversion activities will be agreed upon in JAD sessions with the successful bidders after contract award.
MCSS	52	J.20 Member MCSS-MEE-003	Requirement MCSS-MEE-003 states, "The Solution shall provide the capability to accept real-time asset information transactions from VaCMS, and process based on DMAS business rules, including but not limited to updating patient payment amount and status, creating triggers to close service authorizations, and including in applicable reports and interfaces." Can the Department provide additional information on the types of asset transactions referenced here, including business process and data elements?	The requirement is to be able to accept and store information through real-time transactions such as assets. The transactions are DSS VaCMS transactions where the data is captured and sent to MES. The VaCMS transactions are defined in the vendor's library under system documentation/VaCMS MMIS transactions. Additional data may be required to be captured and stored as the business process deems necessary.

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MCSS	53	J.20 Member MCSS-MEE-010 and 011	Requirements MCSS-MEE-010 and MCSS-MEE-011 request the OPSS contractor to capture and process forms for long-term care services. The Department has also included a separate RFP for Care Management services. Can the Department please clarify responsibilities between the Operations Services Solution and Care Management contractors related to review and approval of long-term care services?	The requirements are being transferred to the Care Management Solution. This change is addressed in Addendum X.
MCSS	54	CRMS - J.14 MCSS-TECH-WEB-034 and J.19 CRMS-TECH-WEB-034	Is DMAS expecting the Care Management Solution to have live chat functionality in its portal? Who will the live chat agents be? How many live chat agents are expected?	DMAS is expecting to have portal live chat functionality. Care Management modularization is new to DMAS and therefore we have not yet defined the live agent roles and responsibilities.
MCSS	55	J.21 Provider MCSS-PEE-035	Requirement MCSS-PEE-035 states, "The Solution shall use geocoding to assign FIPS code values to each provider based on street level address and provide reporting on any provider records that could not be assigned." Will geocode information be included in the legacy provider extracts, or will the PRSS contractor be required to perform address validation and geocoding for each current provider as part of the data conversion effort?	Geocoding will be included on legacy provider extracts, but the proposed solution must use geocoding technology to assign FIPS codes for future enrolled providers and ensure the accuracy of the legacy codes being converted.

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**Offerors Questions and DMAS Responses**

RFP	Question #	RFP Cite	Offeror Question	DMAS Response
MCSS	56	J.24 Operations Mgmt MCSS-OM-061	Requirement MCSS-PL-061 states, "The Solution shall include FFS and pharmacy claims as well as encounters in a claim status inquiry and response." Please clarify expectations for the expected interface needs and standard for sharing pharmacy claims and encounter data with the Operations Management Solution.	As referenced in MCSS-OM-061, Encounter and Pharmacy interfaces will be defined during the DDI requirements gathering and handled through the ISS solution. EPS and PBMS will be the source of Encounters and Pharmacy data respectively.
MCSS	57	Page 42 Section 3.a.7.1	Does this apply to internal applications and websites ONLY used by the Contractor with no access to the Commonwealth or Providers?	All modules and applications within the MES must comply with the mandated standards and protocols and be in full compliance with the Contract in Appendix H.
MCSS	58	Page 86, Section 9.a.17, Table 12 Procurement timeline	Will DMAS please extend the proposal due date two weeks to 09/23/2016? Breaking the Core Services RFP into 5 distinct modules has created more opportunities for vendors to participate. An extension will allow Prime Contractors with the time needed to evaluate new partnerships. This will be extremely valuable to the SWAM community in presenting their value propositions to potential partners.	If a decision is made to extend the deadline, DMAS will notify all participating Offerors by posting an Addendum on the eVA and DMAS websites.
MCSS	59	Page 146-164 J2-IDs 023,024,025 and J11-ID 004	Would DMAS clarify where to find "Exhibit H" as referenced in these requirements or confirm that these requirements should state "Appendix H" instead?	This is addressed in Item 2 of RFP 2016-02, Addendum 4.

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RFP	Question #	RFP Cite	Offeror Question	DMAS Response
MCSS	60	CMRS - J.19 - MCSS-CM-018	Can DMAS confirm that these online reminders and educational resources are internal to be directed to care managers? Please confirm that there is not an expectation to allow members and or providers to access health reminders and educational resources via a web portal.	Some online reminders, educational resources, and health alerts are intended to be applicable to and shared with members and providers, and should be accessible through a web portal.
MCSS	61	Page 151, Section J.3 Testing -013 and 017	Would DMAS please define the DMAS-supplied automated testing tools?	Each Contractor shall propose their chosen tools and explain how they will meet the requirements.
MCSS	62	CRMS - J.19 - MCSS-CM-027	Does DMAS have a uniform treatment plan? If not, how many different treatment plans are in use in VA? Is it DMASs intention for the vendor to store these various treatment plans in current format or map them to an universal plan?	DMAS does not currently have a universal treatment plan. DMAS expects to work with the Contractor during the DDI to determine the best method for collecting and storing treatment plan information based on the capabilities of the CRMS.
MCSS	63	CRMS - J.19-MCSS-CM-028	Who will be directly entering treatment plan and outcome information?	Treatment plan and outcome information will be entered or uploaded by health plans and providers through a web portal.
MCSS	64	CRMS - J.19 - MCSS-CM-030	Who are the external contractors?  Is DMAS anticipating external contractors such as MCOs to directly use the care management solution to perform their care management services?	DMAS expects MCOs to directly use the care management solution to update care management information regarding DMAS members.

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**RFP 2016-02, Addendum 4**  
**Offerors Questions and DMAS Responses**

RFP	Question #	RFP Cite	Offeror Question	DMAS Response
MCSS	65	CRMS J.19 MCSS-CM-033	Who is approving the services in the treatment plan? Please confirm that it is DMAS's expectation that the vendor map claims and/or encounters against the treatment plan to determine if services are being provided in accordance to the plan.	Services in the treatment plan will be approved by DMAS or another vendor. The Contractor should explain the capabilities of its solution to map claims and/or encounters against the treatment plan to determine if services are being provided in accordance to the plan.
MCSS	66	CRMS J.19 MCSS-CM-038	Please confirm if this requirement is to determine a LOC from the assessment and treatment plans (i.e. the CMS-485 for Tech Waiver and EPSDT, and the DMAS-352 for DME), or to use the LOC and other data to calculate a risk score?	The CRMS must have the capability to calculate a risk score, and update as needed, based on information available within the system.
MCSS	67	CRMS J.19 MCSS-CM-052	Please identify the users (and how many) who will be entering service authorizations into the solution?	The number of users that will be entering service authorizations in the MES environment is not known at this time.
MCSS	68	CRMS J.19 MCSS-CM-053	Can DMAS confirm that the contractor is expected to develop a web portal for providers to transmit and get appropriate service authorization responses? Are there other provider portals that the system will need to interface with?	The Care Management Solution must provide a web portal for providers to request service authorizations and receive responses.  The Care Management Solution must provide information as needed through a web portal as described in Section 3.a.7.3.

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RFP	Question #	RFP Cite	Offeror Question	DMAS Response
MCSS	69	CRMS J.19 MCSS-CM-053	<p>a. Does DMAS expect the Care Management contractor to supply a scanner for handling of incoming paper requests?</p> <p>b. Who will manage the scanning process?</p> <p>c. Is DMAS expecting a fax solution that converts faxes to electronic documents?</p> <p>d. Who will index them into the document management system for workflow/routing?</p> <p>e. Can DMAS identify how many faxes and paper documents are transmitted annually?</p>	<p>a. No.</p> <p>b. Processing incoming mail is part of the OPSS.</p> <p>c. No, not as part of the CRMS.</p> <p>d. This will be determined based on the MES Solutions selected.</p> <p>e. The CRMS is a new system and the number of faxes and paper documents to be used is not known and will be determined by the solution.</p>
MCSS	70	CRMS J.19 MCSS-CM-054	Does the Commonwealth have agreements with current clinical guideline solutions to support business rules or are you looking for other non-clinical rules?	DMAS currently has a contract for clinical guidelines that support our business rules.
MCSS	71	CRMS J.19 MCSS-CM-068	<p>Are consumer directed services being entered/authorized within this system or within another system?</p> <p>If it is another system, how will authorizations be transmitted to the contractor's system?</p>	The Care Management Solution must support the entry of requests for authorizations of Consumer Directed services.

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RFP	Question #	RFP Cite	Offeror Question	DMAS Response
MCSS	72	CRMS J.19 MCSS-CM-071	Please confirm that the vendor will only be responsible to store the assessment for non-enrolled individuals and forward to the claim processor for adjudication, not actually process the transaction for payment.	The Care Management Solution must collect, store and make available the information for assessments of non-enrolled individuals that will be used by the OPSS to generate the claim or payment request. Details of the solution shall be determined in association with the other MES Contractors and DMAS.
MCSS	73	Page 191, J.21-PEE-046	Would DMAS confirm if this requirement is asking the vendor to accept externally generated IDs that are non-NPIs?	DMAS confirms.
MCSS	74	Page 208, J.27	The requirement IDs in Appendix J – Modular Core Services Solution Requirements, subsection J.27 – Provider Management do not align with the Provider Core Services Requirements Traceability Matrix.  Subsection J.27 has 43 requirement IDs, where the RTM has 46 requirement IDs. Please confirm that vendors should use the Provider Core Services Requirements Traceability Matrix as the governing document when addressing requirements in the proposal response.	J.27 and the associated RTM both have 46 requirements.

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RFP	Question #	RFP Cite	Offeror Question	DMAS Response
MCSS	75	OPSS Page 56, Section 3.b.4.1	<p>Call center support for provider inquiries into claim payment status appears to be contained with section J.29.A – Provider Call Center, and therefore a component of Provider Services Solution (PRSS) scope rather than Operations Services Solution (OPSS) scope.</p> <p>Please confirm that the “responding to inquiries for claim payment status” associated with this section (OPSS) refers to the processing of the 276/277 EDI transaction.</p>	J.24 addresses the requirements related to claim payment status inquiries supported by OPSS.
MCSS	76	OPSS Page 62, 224, Section 3.c.2.3, J.29	<p>There are no specific requirements stated in this Request For Proposal. Please confirm that the requirements for Mass Mailing are those that are outlined in the Storage and Distribution of Materials and Printing Services RFP 2016-08. If there are other or additional requirements please specify.</p>	Yes. The Mass Mailing requirements are outlined in the Storage and Distribution of Materials and Printing Services RFP 2016-08.
MCSS	77	Page 86, Section 9.a.17, Table 12	<p>Will DMAS please extend the proposal due date two weeks to 09/23/2016? Breaking the Core Services RFP into 5 distinct modules has created more opportunities for vendors to participate. An extension will allow Prime Contractors with the time needed to evaluate new partnerships. This will be extremely valuable to the SWAM community in presenting their value propositions to potential partners.</p>	If a decision is made to extend the deadline, DMAS will notify all participating Offerors by posting an Addendum on the eVA and DMAS websites.
MCSS	78	Page 146 and 164 J.2-023, 024, 025 and J.11-004	<p>Would the Commonwealth clarify where to find “Exhibit H” as referenced in these requirements or confirm that these requirements should state “Appendix H.”</p>	This is addressed in Item 2 of RFP 2016-02, Addendum 4.

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RFP	Question #	RFP Cite	Offeror Question	DMAS Response
MCSS	79	Page 203, MCSS-OM-072	Is postage expense a "pass-through" expense that is reimbursed by the Commonwealth?	Postage costs will be considered a pass-through expense back to DMAS and shall not be included in the supplier's fixed price bid.
MCSS	80	OPSS J.23 MCSS-ME-014	Requirement MCSS-ME-014 states, "The Solution shall provide the capability to maintain uncompensated property transfer information that aligns with VaCMS." Please provide additional details of the type of information the MES will receive from the VaCMS, and an explanation of follow-on business processes to be managed by OPSS vendor.	<p>The requirement is to be able to accept and store information from VaCMS real-time transactions such as uncompensated property transfer information.</p> <p>The current VaCMS transactions are defined in the vendor's library under system documentation/VaCMS MMIS transactions. Additional data may be required to be captured and stored as the business process deems necessary such as additional uncompensated property information.</p>
MCSS	81	OPSS J.29 MCSS-MM-001	Please provide the following metrics relative to: the number of mailings with estimated quantities plus any specifications for envelopes, inserts and variable personalization requirements; and, the volume of materials required for storage so as to meet anticipated storage capacities.	Please refer to the Mass Mailing requirements in the Storage and Distribution of Materials and Printing Services RFP 2016-08.
MCSS	82	OPSS J.29 MCSS-MM-001	Please confirm that postage costs incurred supporting mass mailings will be considered a pass-through expense back to DMAS and shall not be included in the supplier's fixed price bid.	Confirmed. Postage costs will be considered a pass-through expense back to DMAS and shall not be included in the supplier's fixed price bid.

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RFP	Question #	RFP Cite	Offeror Question	DMAS Response
MCSS	83	OPSS- Page 50, 3.a.8 Electronic Data Interchange and the RTM EDI tab	Which EDI requirements apply to each of the five Core Services RFPs? We noted that EDI was removed from the Data Warehouse procurement. Similarly, will the Commonwealth remove EDI requirements from other RFPs, where EDI is not part of the scope of work for that particular vendor?	DMAS removed the following EDI Requirements as stated in Addendum 2: Performance Management RFP, PEMS-EDI-001 through PEMS-EDI-016. Plan Management RFP, PLMS-EDI-001 through PLMS-EDI-016.
MCSS	84	OPSS 3.a.11 Conversion	How will the data be supplied for data conversion (i.e. direct system access or flat files)? If direct access, can you provide what the source system is (i.e. VSAM, DB2 z/OS, Oracle, etc.)?	Details of data transfer for conversion activities will be agreed upon in JAD sessions with the successful bidders after contract award.
MCSS	85	OPSS 3.a.11 Conversion	What are the frequencies and volumes that will be supplied for conversion, include the amount of data being moved and the time window needed? (Example, 100 GB once a week, in a 6 hour overnight window, etc.) Please also comment how much of the data will be in HIPAA transaction format vs table-like formats like pulling from Databases or flat files.	Details of data transfer for conversion activities will be agreed upon in JAD sessions with the successful bidders after contract award.

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MCSS	86	1.d.1.19 Statistics	Can DMAS please confirm the current claims suspense rate by claim type?	<p>The following % metrics in the cell below were from claims processed from 8/1 through 8/7/2016.</p> <table border="1"> <thead> <tr> <th>Claim Type</th> <th>Estimated Pend/Suspense Rate</th> </tr> </thead> <tbody> <tr> <td>UB92 Hospital Inpatient</td> <td>12.0%</td> </tr> <tr> <td>UB92 Nursing Home (SNF)</td> <td>0.00%</td> </tr> <tr> <td>UB92 Hosp Outpatient / Home Health</td> <td>4.30%</td> </tr> <tr> <td>HCFA Personal Care</td> <td>0.00%</td> </tr> <tr> <td>HCFA Practitioner</td> <td>8.40%</td> </tr> <tr> <td>Drug Pharmacy</td> <td>8.90%</td> </tr> <tr> <td>HCFA Lab</td> <td>1.30%</td> </tr> <tr> <td>XOV Title 18</td> <td>26.8%</td> </tr> <tr> <td>UB92 Intermediate Care (ICF)</td> <td>0.30%</td> </tr> <tr> <td>HCFA Transportation Assessments</td> <td>15.9%</td> </tr> <tr> <td></td> <td>0.10%</td> </tr> </tbody> </table>	Claim Type	Estimated Pend/Suspense Rate	UB92 Hospital Inpatient	12.0%	UB92 Nursing Home (SNF)	0.00%	UB92 Hosp Outpatient / Home Health	4.30%	HCFA Personal Care	0.00%	HCFA Practitioner	8.40%	Drug Pharmacy	8.90%	HCFA Lab	1.30%	XOV Title 18	26.8%	UB92 Intermediate Care (ICF)	0.30%	HCFA Transportation Assessments	15.9%		0.10%		
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MCSS	87	OPSS- Statistics	1.d.1.19 Can DMAS please provide the average percentage of in-scope claims that require adjustments?	<p>The following % metrics are based upon a recent week of activity:</p> <table border="1"> <thead> <tr> <th>Claim Type</th> <th>Adjustment</th> </tr> </thead> <tbody> <tr> <td>UB92 Hospital Inpatient</td> <td>2.74%</td> </tr> <tr> <td>UB92 Nursing Home (SNF)</td> <td>1.47%</td> </tr> <tr> <td>UB92 Hosp Outpatient / Home Health</td> <td>4.88%</td> </tr> <tr> <td>HCFA Personal Care</td> <td>2.77%</td> </tr> <tr> <td>HCFA Practitioner</td> <td>2.21%</td> </tr> <tr> <td>Drug Pharmacy</td> <td>3.49%</td> </tr> <tr> <td>HCFA Lab</td> <td>2.04%</td> </tr> <tr> <td>XOV Title 18</td> <td>1.45%</td> </tr> <tr> <td>UB92 Intermediate Care (ICF)</td> <td>0.00%</td> </tr> <tr> <td>HCFA Transportation</td> <td>0.88%</td> </tr> <tr> <td>Capitation Payments (HMO)</td> <td>0.00%</td> </tr> <tr> <td>Assessments</td> <td>0.09%</td> </tr> </tbody> </table>	Claim Type	Adjustment	UB92 Hospital Inpatient	2.74%	UB92 Nursing Home (SNF)	1.47%	UB92 Hosp Outpatient / Home Health	4.88%	HCFA Personal Care	2.77%	HCFA Practitioner	2.21%	Drug Pharmacy	3.49%	HCFA Lab	2.04%	XOV Title 18	1.45%	UB92 Intermediate Care (ICF)	0.00%	HCFA Transportation	0.88%	Capitation Payments (HMO)	0.00%	Assessments	0.09%
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**Offerors Questions and DMAS Responses**

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MCSS	88	OPSS 1.d.1.19 Statistics	Can DMAS please provide the inbound document volume month by month or by annum that will be received by Fax for the Operational Services organization's mailroom for processing?	The number of incoming facsimiles are not segregated from other incoming paper forms, and therefore, are included in the paper scanning total.																																										
MCSS	89	OPSS 1.d.1.19 Statistics	For the provided FFS claim volumes in Table 2: Virginia Medicaid Statistics - of the 38,139,668 FFS claims processed between 1/1/15-12/31/15 can DMAS please provide the percentage distribution of paper (mail/fax) vs electronic claims (portal/EDI) that the Operational Services organization will receive annually? Please also provide the break down by claim type if available.	<p>The following % metrics are for calendar year 2015. Please note that FFS claim volume is expected to decrease with the expansion of MCO.</p> <table border="1"> <thead> <tr> <th>FFS Claim Type</th> <th>Paper/Fax %</th> <th>EDI/DDE %</th> </tr> </thead> <tbody> <tr> <td>Paper</td> <td>4%</td> <td>96%</td> </tr> <tr> <td>Hospital Inpatient</td> <td>25%</td> <td>75%</td> </tr> <tr> <td>Nursing Home (SNF)</td> <td>1%</td> <td>99%</td> </tr> <tr> <td>Hosp Outpatient/Home Health</td> <td>8%</td> <td>92%</td> </tr> <tr> <td>Personal Care</td> <td>0%</td> <td>100%</td> </tr> <tr> <td>Practitioner</td> <td>8%</td> <td>92%</td> </tr> <tr> <td>Pharmacy</td> <td>0%</td> <td>100%</td> </tr> <tr> <td>Lab</td> <td>2%</td> <td>98%</td> </tr> <tr> <td>Title-18 (Medicare)</td> <td>2%</td> <td>98%</td> </tr> <tr> <td>UB92</td> <td>7%</td> <td>93%</td> </tr> <tr> <td>DMAS-30</td> <td>2%</td> <td>98%</td> </tr> <tr> <td>Intermediate Care (ICF)</td> <td>0%</td> <td>100%</td> </tr> <tr> <td>Transportation</td> <td>13%</td> <td>87%</td> </tr> </tbody> </table>	FFS Claim Type	Paper/Fax %	EDI/DDE %	Paper	4%	96%	Hospital Inpatient	25%	75%	Nursing Home (SNF)	1%	99%	Hosp Outpatient/Home Health	8%	92%	Personal Care	0%	100%	Practitioner	8%	92%	Pharmacy	0%	100%	Lab	2%	98%	Title-18 (Medicare)	2%	98%	UB92	7%	93%	DMAS-30	2%	98%	Intermediate Care (ICF)	0%	100%	Transportation	13%	87%
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MCSS	90	OPSS 1.d.1.19 Statistics	Can DMAS please clarify the scope of member billing services that the operational services team is expected to perform? For example, is the Operational Services team expected to provide a lockbox as well as perform billing reconciliations?	The RFP section being referred to pertains to statistics and does not refer to specific member billing services or requirements. DMAS is unable to respond to the question with the submitted RFP reference.																																										
MCSS	91	OPSS 1.d.1.19 Statistics	Can DMAS please provide the number of HIPP clients that the Operational Services organization will be managing?	As of 8/15/2016, there were 1595 active HIPP cases in the Legacy MMIS.																																										

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MCSS	92	OPSS 1.d.1.19 Statistics	Can DMAS please provide the number of existing benefit plans (or equivalent) and forecast the number of new benefit plans to be created or updated that the Operational Services organization will be configuring and maintaining?	The current number of benefit plans at the highest level is 66. The number of new benefit plans as well as the number currently existing may change and will be dependent upon the approved solution.
MCSS	93	OPSS 1.d.1.19 Statistics	Can DMAS please confirm what volume of calls out of 304,408 are from members versus providers?	The following % metrics are based on the 1st half of calendar year 2016.  Provider            57% Member             30% Medical              3% EDI                    1% Web                    9%
MCSS	94	PRSS Page 2, Section 1.a.1	If the Provider Services Solution (PRSS) is expected to be live prior to the remainder of the MCSS, is the PRSS system expected to integrate/interface with the current legacy MMIS until the OPSS solution is live?	Yes, the PRSS is expected to integrate/interface with the current legacy MMIS until DDI Phase II is complete.
MCSS	95	PRSS Page 2, Section 1.a.1	Will the provider functionality within the PRSS system run in parallel with the provider subsystem functionality provided by the legacy MMIS?	The PRSS is expected to integrate/interface with the current legacy MMIS until DDI Phase II is complete.

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MCSS	96	PRSS Page 44, Section 3.a.7.2.	If DMAS opts for its own hosting option, who (DMAS, VITA, or contractor) will be in charge of infrastructure support (server operating system, SAN setup)? And who will be in charge of middleware and database management and support?	<p>VITA/DMAS Hosting solution:</p> <ul style="list-style-type: none"> <li>• VITA will establish and manage the data center including the facility, power and cooling needs</li> <li>• VITA will stand up the HW, OS, prewire the LAN and firewall as related to the solution for all the application environments including DR</li> <li>• VITA will provide OS patching and monitor for performance and application security for all environments</li> <li>• VITA will provide all infrastructure components needed to support the hosted application, network connectivity, desktop client/applications install and DR at the associated Commonwealth costs for services to DMAS</li> <li>• Will Install and configure software application on the VITA racked up hardware for all the applicable environments including DR</li> <li>• Will provide project management services and associated SMEs to facilitate and assist with the stand-up of the VITA hosted infrastructure to support the vendor solution</li> </ul>

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MCSS	97	PRSS Page 222, RTM Page 107, and Appendix J29 PRSS-PM-APPL-016	While most solutions are configurable or programmable to do all of these things, a business analyst or programmer will likely be necessary for some of the listed functions. Will DMAS please remove this requirement?	DMAS will not remove this requirement. There are situations on a regular basis when fields need to be changed as court and OAG requirements change regularly and items like user ID and case assignments require change. With this noted, the vendor should describe the proposed Solution's abilities and limitations in meeting the requirement.
MCSS	98	OPSS Page 182, Section Appendix J.20 MEE-003	Is the intent of the requirement to allow external users/stakeholders to direct input data into the MMIS?	This specific requirement addresses interface functionality with VaCMS, an eligibility system maintained by the Virginia Department of Social Services. With regard to this specific question, the solution shall support direct input from external users with proper business rule validation.
MCSS	99	OPSS Page 199, Section Appendix J.24, OM-005	Can vendor propose the use of Optical Character Recognition (OCR) software or other data capture tools that increase the accuracy and efficiency of claims data entry operations?	The vendor is free to propose any solution with regards to capturing paper claims that would provide a more accurate and efficient claims data entry process and is not limited to any current system functionality.

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MCSS	100	3.a.7.3 Page 49	Integration Services states: "Subject to the implementation period of performance, a Contractor may send or receive data through the MES ISS Contractor to a different MES Contractor in the Transition Phases of moving toward a MES environment. Every effort will be made to standardize the interchange upfront. However, the Contractor may be called upon to change to an exchange-based interface when onboarding new solutions." Will such changes be handled as enhancements to the already implemented module, or should the vendor price such changes as a DDI cost? Can the State share how integration will occur along the ISS flight path?	The integration of existing modules will be planned and coordinated by the ISS vendor and will result in the definition of the interfaces during DDI. Due to the MES flight paths, the Contractor shall assume some changes to the interfaces will occur during DDI based on the actual implementation schedules.
MCSS	101	Page 39 Section 3.a.6 Turnover	If the vendor's solution is a SaaS solution, it is our assumption that this requirement does not apply for a SaaS solution since reusable code will not be reusable outside of the SaaS solution, would DMAS confirm if our assumption is correct?	The Contractor must transfer the data, and any customized or configured objects.
MCSS	102	CRMS J.19 MCSS-CM-052	Please identify the users (and how many) who will be entering service authorizations into the solution?	The number of users that will be entering service authorizations in the MES environment is not known at this time.

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MCSS	103	Page 191, J.21 PEE-045	Can DMAS clarify the intent of the requirement? Is this to store non-production network affiliations? Please clarify DMAS evaluation process as it relates to the contractor meeting this requirement?	The requirement is to have the ability to accept provider network files and conduct network adequacy evaluations, but not actually load those provider files into production. DMAS is seeking the ability to load and evaluate network files, but not actually have those providers loaded into the MES, when working with a new entity. This process will be performed prior to the loading of the network to production.
MCSS	104	OPSS 1.d.1.19 Statistics	Can DMAS please confirm what volume of calls were completed through the IVR system for Member versus Provider if applicable?	Call Center volume statistics may also include Service Centers, Enrollment Brokers, and Web Portal Users – but generally Provider Calls represent 60% of call volume and Members 30% of call volume.
MCSS	105	OPSS-Page 216, RTM page 1, Appendix J.29 OPSS-MCC-006	Will using the Virginia Relay Partner program satisfy this requirement? Or, do you expect vendors to offer a separate TDD line	DMAS is open to the best possible solution to meet this requirement, but the contractor's proposed solution must support Telecommunications Device for the Deaf (TDD).