



COMMONWEALTH of VIRGINIA

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

600 East Broad Street, Suite 1300

Richmond, VA 23219

September 8, 2016

ADDENDUM No. 6 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. Change to Appendix C – Pricing, Section C.1 Price Proposals

The paragraph “Pricing Schedules B-I, Operation and Maintenance (O&M) Phase Price Instructions” is replaced with the following:

PRICING SCHEDULES B-I, OPERATION AND MAINTENANCE (O&M) PHASE PRICE INSTRUCTIONS

The Schedules used in this section include Schedule B – Ongoing Operations and Maintenance for State FY 2018-19 through Schedule I - Ongoing Operations and Maintenance for State FY 2025-26.

In Pricing Schedules B thru F, Offerors must specify a fixed price to operate the proposed solution for each year of the initial four year base period of the contract Operational and Maintenance Phase. Pricing Schedules G thru I specify the fixed price to operate the proposed solution for each of the four (4) one year optional extensions. The Contractor awarded a contract will be paid the monthly amount as determined in final negotiations.

2. Attachment 2 (below) provides a listing of DMAS Provider Class Types

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

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 6
Offerors Questions and DMAS Responses

RFP	Question #	RFP Cite	Offeror Question	DMAS Response										
MCSS	226	3.a.7.3	Are all components of the MCSS required to meet the business continuity and disaster recovery standards for availability? There are major cost considerations that should be taken into account given the type data and number of hosting environments.	Only production components are required to meet COOP and DR standards for availability.										
MCSS	227	Section Appendix C, schedule A.1-A.5	<p>Please confirm that the “Total Price” and “Calculated Percent of Total Price” column in Pricing Schedule A (A.1-A.5) should be completed the following way, assuming the example in Table C-2 for DDI SFY 1: “Total Price.”</p> <table border="0"> <tr> <td>(A.1) Fixed Monthly Payments \$1.79M</td> <td style="text-align: right;">89.5%</td> </tr> <tr> <td>(A.2) Quality Maintenance Payments \$140K</td> <td style="text-align: right;">7%</td> </tr> <tr> <td>(A.3) Licenses Price \$10K</td> <td style="text-align: right;">.5%</td> </tr> <tr> <td>(A.4) CMS Cert. Quality Maint. Payments \$60K</td> <td style="text-align: right;">3%</td> </tr> <tr> <td>(A.5) Total Stage Price (Sum A.1 – A.4) \$2M</td> <td style="text-align: right;">100%</td> </tr> </table>	(A.1) Fixed Monthly Payments \$1.79M	89.5%	(A.2) Quality Maintenance Payments \$140K	7%	(A.3) Licenses Price \$10K	.5%	(A.4) CMS Cert. Quality Maint. Payments \$60K	3%	(A.5) Total Stage Price (Sum A.1 – A.4) \$2M	100%	The assumption is correct.
(A.1) Fixed Monthly Payments \$1.79M	89.5%													
(A.2) Quality Maintenance Payments \$140K	7%													
(A.3) Licenses Price \$10K	.5%													
(A.4) CMS Cert. Quality Maint. Payments \$60K	3%													
(A.5) Total Stage Price (Sum A.1 – A.4) \$2M	100%													
MCSS	228	Section 2b	<p>Section 2b states "The Contractor will address and adhere to the requirements relating to Virginia's Technology Standards, and any subsequent updates. These requirements can be found in Appendix J.1 – Technology Standards."</p> <p>We were unable to locate a section in RFP 9.b.2 (Contractor's Proposal Format) in which to put our response to Section 2b. Can the Department please provide guidance on where this should be included in our response?</p>	<p>Contractors should include their response to Appendix J.1 – Technology Standards under Section 9.b.2.1, File 3, sub-section 1.7- Technology.</p> <p>Contractors should also properly document the Proposal Mapping section in the Requirements Traceability Matrix (RTM) to provide a cross-reference to the location(s) of where compliance with each requirement is described.</p>										

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RFP	Question #	RFP Cite	Offeror Question	DMAS Response
MCSS	229	Section 6.b.1	Requirement 6.b.1 indicates that this section is not to exceed 5 pages. Will the Department allow an additional 5 pages per subcontractor that performs 10% or more of the contract value? As an example, if the Contractor had one subcontractor that was performing 10% of the contract value, would the Department allow a total of 10 pages for this section?	Suppliers may allocate 5 additional pages to each subcontractor who will be performing 10% or more of the contract value.
MCSS	230	C.1 Price Proposals	The introduction to the price proposals sections states, "In Pricing Schedules B thru F, Offerors must specify a fixed price to operate the proposed solution for each year of the initial five year base period of the contract Operational and Maintenance Phase. Pricing Schedules G thru I specify the fixed price to operate the proposed solution for each of the three (3) one year optional extensions". Table C-1: Contract Stage Pricing Table on page 117 states that the Base O&M Term will run for an initial base period of four (4) years for operations and maintenance, with provisions for four (4) one (1) year extensions. Will the state please validate the base and option periods for O&M?	A correction has been made in RFP 2016-02 Addendum 6.

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RFP	Question #	RFP Cite	Offeror Question	DMAS Response
MCSS	231	Price Schedules K, L, and M	Pricing Schedules K, L, and M represents an annual amount – which is used for multiple years. Could the Department provide guidance on how vendors should show COLAs, as the pricing sheets do not accommodate them?	<p>Pricing Schedules K, L, and M are fixed prices covering multiple years of the contract and there are no provisions for Suppliers to factor in a Cost of Living Assessment (COLA).</p> <p>Suppliers need to develop their initial pricing in consideration of their future increases as the pricing will not be adjusted during the term of the contract. COLA will only be considered if the Department requires the purchase of additional enhancement hours. (See Price Schedule K, COLA table).</p>

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MCSS	232	Price Schedule K	Schedule K contains a field for a COLA % with the following title "Cost of Living Assessment (COLA) Factor (Per SFY) if the Department requires the purchase of additional Enhancement hours". Would this column/percentage not be more applicable to Schedule M Labor rates? Or is it the intent of the State to only purchase additional Enhancement hours from the roles defined in Schedule K and not Schedule M?	The COLA rate factor requested within Schedule K will apply only to the purchase of additional Enhancement hours in SFY of the contract. As defined in the narrative for Schedule M, "All costs associated with Schedule M is for informational purposes only but may be used during the performance of the contract to calculate Offeror reimbursement rates for other projects identified and approved by the Department". These rates will provide a "Baseline" to help ensure "fair consideration" is achieved for future initiatives that may fall outside the original solution. The Suppliers proposed COLA rate may also be utilized in the calculation of fair consideration for supplemental staff pricing.
MCSS	233	Appendix B	The Initial Period as defined by the State in an answer to an earlier question includes Design, Development and Implementation (DDI) Year 1 and Year 2, as well as Operation and Maintenance Years 1-5. However the Pricing sheets are using all 10 years. Does this state intend for the SWAM % to be populated considering all 10 years, as the pricing sheets reflect?	As defined under Section B of Appendix B, the Supplier should populate the "Planned Contract Dollars" to be spent with DSBSD certified small businesses during the initial period of the contract which would be DDI and the initial four (4) years of Operations and Maintenance.
MCSS	234	Contract, Section U, Services	Will DMAS please provide a definition of the term "Licensed Services" since it not part of the definition of "Services"?	See RFP 2016-02, MCSS Appendix H, Exhibit G, Section 1, E., for definition of Licenses Services.

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RFP	Question #	RFP Cite	Offeror Question	DMAS Response
MCSS	235	Contract, Section 11.E, Software Evolution	Will DMAS please explain whether “merge or splinter” is meant to apply to specific Software or the company that owns the Software? In either case, will DMAS please provide their interpretation of “merge or splinter”?	“Merge or Splinter” applies to specific software proposed or utilized in the Suppliers solution. For reference, merge is to combine and splinter is to separate or fragment.
MCSS	236	Contract, Section 15	Section 15, Policies and Procedures Manual conflicts with the Policy and Procedures Manual requirements in Section 9 D, Managed Environment. Please confirm Section 15 can be deleted.	Comments regarding exceptions or changes to the contract need to be documented in the Contract template (Appendix H) in the form of margin notes/comments and redline. The final terms and conditions of the contract shall be agreed upon during negotiations (Reference RFP Section 8).
MCSS	237	Contract, Section 20. D. Confidentiality Stmt	Will DMAS please confirm that the requirements of Section D - Confidentiality Statement are already covered in Section 24 Compliance, and that Section D – Confidentiality Statement can be deleted, as it is a duplicate provision?	Although similar, it is DMAS’ desire to maintain both provisions.
MCSS	238	Contract, Section 27 L. Survival	Will DMAS please identify which provisions they specifically are requiring to survive? For example, there isn’t a “Content Privacy and Security” provision.	If applicable, all provisions of the contract identified under Appendix H, Section 27, L., shall survive the expiration or termination of the Contract. For purpose of this Contract, these are categorically defined since it would be impractical to identify all specific provisions.

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RFP	Question #	RFP Cite	Offeror Question	DMAS Response
MCSS	239	Contract, Section 19 Escrow Agreement	The Escrow agreement language refers to an Exhibit C (Escrow Agreement) and an Attachment A to the Escrow Agreement. These items were not supplied with the other RFP documents. In order for all vendors to better understand the detail requirements of the Escrow Agreement, The Escrow agreement language refers to an Exhibit C (Escrow Agreement) and an Attachment A to the Escrow Agreement. These items were not supplied with the other RFP documents. In order for all vendors to better understand the detail requirements of the Escrow Agreement, will the Commonwealth provide both documents (Exhibit C and its Attachment A)?	Exhibit C referenced in Section 19 of Appendix H, Contract Template, is a document to be provided by the Supplier prior to execution of contract. Attachment A to the Escrow Agreement is also a document to be provided by the Supplier and identifies the materials and info covered by the escrow agreement.
MCSS	240	General	Will DMAS please provide a Word version of the RFP 2016-02 Modular Core Services Solution document?	No. RFP documents are posted in only PDF format.
MCSS	241	Section C.1, Price Schedule L Licenses	Would DMAS please clarify, if it is the assumption that the vendor will price out 100 licenses for all components for price comparisons across vendors? For example, would 100 licenses be required for call recording software solutions (PCC-012)?	As stated in the RFP, "For the evaluation purposes, Offeror shall assume one hundred (100) Department licenses are needed per product/ component, based on user access." Additionally, The vendor is to respond with a cost per users so DMAS can establish a per license cost, regardless of the number of users. The pricing should include ALL licensing costs not accounted for in the other pricing spreadsheets that are considered part of the solution.

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RFP	Question #	RFP Cite	Offeror Question	DMAS Response
MCSS	242	3.a.7.2	<p>The RFP states, "2. The Contractor shall also offer and price a second option for hosting the Solution hardware at VITA in the Chesterfield, VA offices. The Contractor is required to comply with VITA standards and meet VITA-approved SLAs. Please refer to Appendix A – Service-Level Agreements for SLA requirements and additional information."</p> <ul style="list-style-type: none"> • Will the Commonwealth provide the hardware to host the solution at VITA or will the Contractor provide the hardware? • Will the Commonwealth provide the system software (for example, database license) to host the solution at VITA or will the Contractor provide the system software? • Will the hardware for the Chesterfield location need to be transferred to this location or is the Contractor simply hosting the solution at this location? 	<p>VITA/DMAS Hosting solution:</p> <ul style="list-style-type: none"> • VITA will establish and manage the data center including the facility, power and cooling need • VITA will stand up the HW, OS, prewire the LAN and firewall as related to the solution for all the application environments including DR • VITA will provide OS patching and monitor for performance and application security for all environments • 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 • Contractor will Install and configure software application on the VITA racked up hardware for all the applicable environments including DR • Contractor 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

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RFP	Question #	RFP Cite	Offeror Question	DMAS Response
MCSS	243	6.b.1	Is the Prime Contractor required to describe its subcontractor(s) within the five pages allocated to its Core Business description, or may the Prime allocate five additional pages per subcontractor?	Suppliers may allocate 5 additional pages to each subcontractor who will be performing 10% or more of the contract value.
MCSS	244	6.c.1	<p>The RFP requests that the bidder provide the percent of our total annual revenue derived from provision of services relevant to the scope of work. As a company that works extensively with health services, our Health Division owns the Provider Services business line in addition to other lines that are relevant to the PRSS (e.g., enrollment broker).</p> <ul style="list-style-type: none"> Does the Commonwealth expect this figure to be specific to provider work? 	The figures provided should be relevant to the module for which the Supplier will be submitting a proposal (Provider Services Solution, Care Management Solution, Plan Management Solution, Performance Management Solution or Operation Services Solution).
MCSS	245	9.b.2.1	<p>The RFP states that, in its proposal, the “Contractor shall address each item in RFP Section 3, Scope of Work, in the order provided.”</p> <p>Several subsections in the Scope of Work refer the bidder to various J-series Appendices for detailed requirements (e.g., “The IV&V and CMS Certification Requirements are provided in Appendix J.5 – IV&V and CMS Certification.”)</p> <ul style="list-style-type: none"> Is it the Commonwealth’s intention that the bidder address each individual requirement, as identified in the J-series Appendix, in detail or simply affirm compliance with the Appendix’s requirements overall? 	<p>The requirements listed in Appendix J are for informational purposes only and are also duplicated in the Requirement Traceability Matrix (RTM). Response to the listed requirements in the RTM shall be included in the Suppliers response to the appropriate section. (Example: Suppliers response to section 3.a.4 should also incorporate the Suppliers response to the requirements listed in the RTM for that section).</p> <p>The Supplier should also follow other instructions as documented in the RTM.</p>

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RFP	Question #	RFP Cite	Offeror Question	DMAS Response
MCSS	246	Addendum 3; Q10 & Q13	<p>In response to Question 10 in Addendum 3, DMAS states: "The level of integration that can be achieved between the PRSS and ISS for the PRSS Phase 1 implementation will be established in coordination with the ISS Contractor."</p> <p>In response to Question 13 in Addendum 3, DMAS indicated that no information is available regarding the Single Sign-On product to be deployed.</p> <ul style="list-style-type: none"> • Since the level of integration that can be achieved for the PRSS Phase I and the Single Sign-On product are not known at this time, is it correct to assume that assumptions made for purposes of finalizing the solution, schedule, and costs may require adjustment once these details are known and available, and that DMAS will work with the Contractor to make resulting contract changes as needed? 	<p>The bidder should not assume the schedules or costs will require adjustments. As to the solution, the bidder should consider fluidity during the DDI Phases in delivering the solution as the ISS solution is solidified. The vendor should facilitate all the necessary integration components and comply with the master integration plan during the DDI and O&M project phases.</p> <p>The Flight plan dates are high level estimates that will be revised with the awarded vendor. The Flight Plan should be used as a guide to create a staggered Master Implementation Plan. There will be a collaboration of DMAS and other MES Suppliers on actual dates.</p>

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RFP	Question #	RFP Cite	Offeror Question	DMAS Response
MCSS	247	General	<p>There are a number of unknowns resulting from the dependency on the ISS Contractor's approach, standards, and schedule.</p> <ul style="list-style-type: none"> • Is it correct to assume that MCSS bidder assumptions made for purposes of finalizing the solution, schedule, and costs may require adjustment once these details are known and available, and that DMAS will work with the Contractor to make resulting contract changes as needed? 	<p>The bidder should not assume the schedules or costs will require adjustments. As to the solution, the bidder should consider fluidity during the DDI Phases in delivering the solution as the ISS solution is solidified. The vendor should facilitate all the necessary integration components and comply with the master integration plan during the DDI and O&M project phases.</p> <p>The Flight plan dates are high level estimates that will be revised with the awarded vendor. The Flight Plan should be used as a guide to create a staggered Master Implementation Plan. There will be a collaboration of DMAS and other MES Suppliers on actual dates.</p>
MCSS	248	General	How many existing Providers have been rescreened to the ACA requirements?	The Commonwealth has completed revalidations for all Medicaid providers as required under the Affordable Care Act, Section 6401 (a).
MCSS	249	Appendix J.21; MCSS-PEE-028	<p>This requirement indicates the contractor is to implement and manage a help desk for provider relationship management, coordinate with other contractors to manage, support, and resolve provider enrollment issues, electronic transactions and inquiries.</p> <p>Please clarify who these "other contractors" are and their role related to provider enrollment.</p>	This is a modularized core service solution. There will be the need for coordination of information across all MES vendors as referenced at the beginning of the RFP.

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RFP	Question #	RFP Cite	Offeror Question	DMAS Response
MCSS	250	Appendix J.27; MCSS-PM-044	Will DMAS confirm that the language in MCSS-PM-044 referring to LOCERI and uniform screening is referring to links to existing forms, online applications and any associated materials (FAQs, forms, tutorials, etc.), rather than providing these services within the scope of the PRSS contract?	The development of the portal for these processes is in the scope of work for the PRSS contract. This information will be accessed by other solutions across the MES.
MCSS	251	Appendix A; SLA-010	Certain SLAs could 'cascade' down and trigger others due to a major system outage. One example could be a disaster recovery scenario where other SLAs for application uptime are also not met. Specifically, failing to meet SLA MCSS-SLA-10 might also impact the ability to meet other SLAs. In this scenario, will DMAS confirm that the original SLA be the only penalty applied, or will all 'follow-on' service levels also be assessed for penalties?	All SLAs that are not met will apply.
MCSS	252	Appendix A; SLA-010 and SLA-022	The combination of requirements MCSS-SLA-010 and MCSS-SLA-022 require an active-active site to achieve. No one data center can guarantee 100% SLA and 120s require that the DR site be at least warm. Will the state be open to a SLA of 99.95% within the primary site and a 4 hour RTO on the DR site to ensure costs are kept in control?	No, the SLAs remain as stated.
MCSS	253	OPSS-EDI-014	999 and TA1 transaction are standard X12 transactions. As such, the syntax, segments and code sets follow the X12 standard and cannot be altered. Can the Commonwealth explain the intent of this requirement?	The intent of the requirement is to reduce the call volume from the submitter and also increase the Tier1 Tier2 Tier3 support throughput.
MCSS	254	OPSS-OM-006	Can the Commonwealth specify the current standards being referred to in this requirement?	HIPAA requirements for electronic attachments.

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RFP	Question #	RFP Cite	Offeror Question	DMAS Response
MCSS	255	MCSS-OM-019	Since the DDE function is tied to the provider self-service feature list, we recommend to moving the DDE requirements from the OPSS to Provider Services Solution (PRSS). Thus all provider self-servicing functions are available to the provider in a single centralized portal and not disbursed across multiple vendor's solutions.	The DDE requirements will remain with OPSS. In the interest of having a one stop centralized solution, the links between solution portals will be defined during the design phase of the project.
MCSS	256	General	Would the Department provide a breakout of Providers by provider type, specialty and risk level?	See RFP 2016-02, Addendum 6, Attachment 2.
MCSS	257	1.d.1.19	<p>In Table 2 in RFP section 1.d.1.19, DMAS has provided statistics on the number of providers broken down into 9 categories - billing, site, Medicaid, FAMIS, MCO only, TDO, ORP, CMM, and CCC MCOs.</p> <p>The counts appear to be duplicated. For example, the site provider's count is the highest at 195K providers. Does it include counts from the other provider groupings?</p> <p>What is the difference between Medicaid and FAMIS and how do these volumes relate to the billing and site provider counts?</p> <p>Please also confirm if these are active providers only. In order to size the solution properly, we need to know how many of enrolled providers would require screening on a monthly basis.</p>	<p>The statistics presented in Table 2 in RFP section 1.d.1.19 represent provider locations and do not reflect unique provider NPIs. As an example, the same provider location under the same NPI may be both a billing and service location. There are duplicates between programs as the same provider location may participate in multiple programs; Medicaid, FAMIS, and TDO are different programs.</p> <p>The monthly monitoring does not require any site visits to be made.</p> <p>There are approximately 50,000 active providers which require monthly monitoring. This includes performing the required ACA provider screening database checks on a monthly basis.</p>

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RFP	Question #	RFP Cite	Offeror Question	DMAS Response
MCSS	258	Appendix J.21; MCSS-PEE-037	<p>The RFP requirement states: “The Solution shall provide the ability to receive and maintain the provider data information as sent by the managed care organizations (including but not limited to MLTSS, Medallion, Dental, Transportation, and Behavioral Health), and retain all provider data as submitted (i.e., location and taxonomy code) at the detail level.</p> <ul style="list-style-type: none"> - Follow all CMS and Commonwealth requirements for the capture, processing, and evaluation of managed care providers - Maintain provider information specific to each managed care contractor” <p>Please clarify what “evaluation of managed care providers” in the first bullet entails.</p>	<p>The Managed Care Final Rule states that the state Medicaid agency has oversight of all providers. This includes ensuring that providers participating in managed care plans follow the Provider Screening Regulations of the ACA. As managed care and other innovative programs like MLTSS develop and evolve the vendor could be responsible for only certification/registration requirements, full enrollment or up to the full blown network adequacy analysis specified in the access and managed care regulations. A vendor must demonstrate its capability and flexibility to accommodate it all.</p>

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MCSS	259	Appendix J.21; MCSS-PEE-044	<p>The RFP states the following: The Solution shall provide options for DMAS processing of managed care providers to be based on DMAS business needs and requirements. Both approaches shall support ASO contractors and MCO providers who do not have an NPI. Provide the option for DMAS to accomplish this in either of the following ways:</p> <ul style="list-style-type: none"> • Accept and store unique non-NPI provider IDs from each submitter. Use these numbers as the key/ identifier for the provider. Do not require / assume that the MES will 'register' providers in order to submit their provider data. The MCO's unique ID will be used for processing of encounters. • Have managed care providers register prior to submission of their provider data to the MES <p>Is the intention to offer both options, or either one?</p> <p>Please explain how the registration process would work, specifically is this a self-registration, or does the registration process require review/approval by DMAS or the contractor? If so, please detail that process including technical requirements. What identifier is used in the registration option?</p> <p>Also, recent legislation (CMS-2390-F) requires that network providers will be screened, enrolled, and revalidated as done in FFS. Is it DMAS intention to include this scope of work in the RFP? If so, please provide the detailed requirements.</p>	<p>Reference RFP section MCSS-PEE-045 that states "accomplish this in either of the following ways"; so, therefore, if Contractor's solution is capable of addressing both approaches, please provide both recommendations.</p> <p>Detailed technical requirements will be gathered during DDI phase. As per the first bullet point in the RFP section MCSS-PEE-045 indicates that the MCO would handle the registration and ultimately feed the "non-NPI identifier" to DMAS. The review/approval will be conducted by the MCO Contractor and, once verified, sent to DMAS. This process will be dependent upon the various MCO contracts and will be solidified during JAD sessions.</p> <p>DMAS requires the Contractor to propose solution(s) and approach to screening, enrollment, and revalidation. Any required changes to the solution will be addressed during DDI.</p>

Attachment 2
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Provider Class Types

App Grp	Application	Provider Class Type	VAMMIS Provider Type	VAMMIS Specialty	Rule Risk Category	Risk Score	Prev Screen	App Fee Req.
1	Comprehensive Outpatient Rehab Facility (CORF)	019	CORF (Outpatient Rehab Facility)		Moderate	50	Y	Y
1	Hospital	001	Hospital, in-state, General	<ul style="list-style-type: none"> • Case Management • Early Intervention • Family Practice • Nutrition • Patient Education 	Limited	20	N	Y
1	Hospital	091	Out-of-State Hospital	<ul style="list-style-type: none"> • Case Management • Early Intervention • Family Practice • Nutrition • Patient Education 	Limited	20	N	Y
1	Hospital Medical Surgery Mental Health and Mental Retarded	013	Hospital – Medical Surgery – Mental Health Retardation	<ul style="list-style-type: none"> • DD Waiver • Early Intervention • Early Intervention – Targeted Case Mgmt • Mental Health Clinic 	Limited	20	N	Y
1	Hospital Medical Surgery Mental Retarded	009	Medical Surgery - Mentally Retarded	<ul style="list-style-type: none"> • DD Waiver • Early Intervention • Early Intervention – Targeted Case Mgmt • Mental Health Clinic 	Limited	20	N	Y
1	Hospital TB	005	TB Hospital		Limited	20	N	Y
1	Long Stay Hospital	004	Long Stay Hospital	<ul style="list-style-type: none"> • AIDS 	Limited	20	N	Y

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App Grp	Application	Provider Class Type	VAMMIS Provider Type	VAMMIS Specialty	Rule Risk Category	Risk Score	Prev Screen	App Fee Req.
1	Long Stay Inpatient Hospital	012	Long Stay Inpatient Hospital - Mental Health		Limited	20	N	Y
1	Private Mental Hospital(inpatient psych)	003	Hospital – EPSDT Psychiatric Hospital		Limited	20	N	Y
1	Rehab Outpatient	057	Outpatient Rehabilitation		Limited	20	N	Y
1	Rehabilitation Hospital	014	Hospital In-State Rehab	<ul style="list-style-type: none"> • Early Intervention • Family Practice 	Limited	20	N	Y
1	Rehabilitation Hospital	085	Out-of-State Rehab Hospital	<ul style="list-style-type: none"> • Early Intervention • Family Practice 	Limited	20	N	Y
1	State Mental Hospital(Aged)	002	State Mental Hospital (Aged)		Limited	20	N	Y
1	State Mental Hospital(less than age 21)	007	State Mental Hospital (less than age 21)		Limited	20	N	Y
1	State Mental Hospital(Med-Surg)	008	State Mental Hospital (Med-Surge)		Limited	20	N	Y

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App Grp	Application	Provider Class Type	VAMMIS Provider Type	VAMMIS Specialty	Rule Risk Category	Risk Score	Prev Screen	App Fee Req.
2	Audiologist	044	Audiologist	<ul style="list-style-type: none"> • Anesthesiology • Cardiac Surgery • Cardiology • Colon and Rectal Surgery • Critical Care • Dermatology • Doctor of Osteopathy • Emergency • Endocrinology • Ear, Nose, and Throat • Family Practice • Gastroenterology • General Practice • General Surgery • Hematology/ Oncology • Infectious Disease • Internal Medicine • Neonatology • Nephrology • Neurological Surgery • Neurology • Nuclear Medicine • Obstetrics & Gynecology • Ophthalmology • Orthopedic Surgery 	Limited	20	N	N

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Provider Class Types

App Grp	Application	Provider Class Type	VAMMIS Provider Type	VAMMIS Specialty	Rule Risk Category	Risk Score	Prev Screen	App Fee Req.
2	Audiologist (continued)	044	Audiologist	<ul style="list-style-type: none"> • Osteopathy • Otolaryngology • Pathologist • Pediatrics • Perinatology • Physical Medicine & Rehabilitation • Plastic Surgery • Preventative Medicine • Psychiatry • Pulmonary • Radiation Oncology • Radiology • Rheumatoid • Substance Abuse • Surgery Cardiothoracic • Telemedicine (Physicians Only) • Thoracic Surgery • Transplant Surgery • Urology • Vascular 	Limited	20	N	N
2	Baby Care	036	Baby Care	Same as Audiologist	Limited	20	N	N
2	Certified Professional Midwife	105	Certified Professional Midwife		Limited	20	N	N
2	Chiropractor	026	Chiropractor		Limited	20	N	N

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2	Clinical Nurse Specialist - Psychiatric Only	034	Clinical Nurse Specialist - Psychiatric only		Limited	20	N	N
2	Clinical Psychologist	025	Clinical Psychologist		Limited	20	N	N
2	Licensed Clinical Social Worker	076	Licensed Clinical Social Worker		Limited	20	N	N
2	Licensed Marriage and Family Therapist	102	Licensed Marriage and Family Therapist		Limited	20	N	N
2	Licensed Professional Counselor	021	Licensed Professional Counselor		Limited	20	N	N
2	Licensed School Psychologist	101	Licensed School Psychologist		Limited	20	N	N
2	Nurse Practitioner	023	Nurse Practitioner	<ul style="list-style-type: none"> • Acute Care • Adult • Certified Nurse Midwife • Family • Geriatric • Neonatal • Pediatric • Psychiatry • Women's Health (OB/GYN) 	Limited	20	N	N
2	Optician	032	Optician		Limited	20	N	N
2	Optometrist	031	Optometrist		Limited	20	N	N
2	Physician	020	Physician		Limited	20	N	N

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2	Physician	095	Out-of-State Physician		Limited	20	N	N
2	Physician	040	Dentist		Limited	20	N	N
2	Podiatrist	030	Podiatrist		Limited	20	N	N
2	Psychiatrist	020	Psychiatrist		Limited	20	N	N
2	Psychiatrist	095	Out-of-State Psychiatrist		Limited	20	N	N
2	Substance Abuse Practitioner	103	Substance Abuse Practitioner		Limited	20	N	N
3	Ambulance	080	Transportation (Emergency Ambulance)		Moderate	50	Y	Y
3	Ambulance	083	Out-of-State Transportation (Emergency Ambulance)		Moderate	50	Y	Y
3	DME	062	Durable Medical Equipment/Supplies		Moderate – Revalidating High – Newly enrolling	50 80	Y	Y
3	Emergency Air Ambulance	082	Emergency Air Ambulance		Moderate	50	Y	Y
3	Emergency Air Ambulance	084	Out-of-State Emergency Air Ambulance		Moderate	50	Y	Y
3	Hearing Aid	038	Hearing Aid		Limited	20	N	N

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3	Home Health Agency	058	Home Health Agency - State		Moderate – Revalidating High – Newly enrolling	50 80	Y	Y
3	Home Health Agency	059	Home Health Agency - Private		Moderate – Revalidating High – Newly enrolling	50 80	Y	Y
3	Hospice	046	Hospice		Moderate	50	Y	Y
3	Independent Laboratory	070	Independent Laboratory		Moderate	50	Y	Y
3	Independent Laboratory	098	Out-of-State Laboratory		Moderate	50	Y	Y
3	Local Education Agency	072	Education Services (School Division)		Limited	20	N	N
3	Pharmacy	060	Pharmacy		Limited	20	N	N
3	Prosthetic Services	064	Prosthetic/Orthotic		Moderate – Revalidating High – Newly enrolling	50 80	Y	Y
3	Renal Unit	050	Renal Unit (Renal Dialysis)		Limited	20	N	Y
4	Adult Day Health Care	048	Adult Day Health Care		Limited	20	N	N
4	Private Duty Nursing	063	Private Duty Nursing		Limited	20	N	N
5	Federally Qualified Health Center	052	Federally Qualified Health Center		Limited	20	N	Y

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5	Health Department Clinic	051	Health Department Clinic		Limited	20	N	N
5	Rural Health Clinic	053	Rural Health Clinic		Limited	20	N	Y
6	Developmental Disability Waiver	056	Developmental Disabled Waiver		Limited	20	N	N
7	Alzheimer's Assisted Living Waiver	079	Alzheimer's Assisted Living Waiver		Limited	20	N	N
7	Treatment Foster Care Program	022	Treatment Foster Care Program		Limited	20	N	N
8	Qualified Medicare Beneficiary (QMB)	099	Medicare Crossover		Limited	20	N	N
9	ICF-Mental Health	016	ICF - Mental Health		Limited	20	N	Y
9	ICF-MR Community Owned	018	ICF - Mentally Retarded - Community Owned		Limited	20	N	Y
9	ICF-MR State Owned	017	ICF - Mentally Retarded - State Owned		Limited	20	N	Y
9	Intensive Care Facility	015	Nursing Home - Intensive Care/Nursing Facility (ICF/NF)		Limited	20	N	Y
9	Skilled Nursing Home	010	SNF-Non Mental Health		Limited	20	N	Y
9	SNF-Mental Health	006	SNF-Mental Health		Limited	20	N	Y

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9	SNF-MR	011	SNF - Mentally Retarded		Limited	20	N	Y
10	Psych Residential Inpatient Facility	077	Residential Psychiatric Treatment		Limited	20	N	Y
12	Consumer Directed Service Coordination	073	Consumer Directed Service Coordination		Limited	20	N	N
14	Personal Care	055	Personal Care		Limited	20	N	N
14	Respite Care	047	Respite Care		Limited	20	N	N
15	Personal Emergency Response System	062	Personal Emergency Response System		Moderate – Revalidating High – Newly enrolling	50 80	Y	Y
16	Case Management DD Waiver	073	Case Management for DD Waiver		Limited	20	N	N
17	CMHP Transition Coordinator	073	Transition Coordinator for the Children’s Mental Health Program		Limited	20	N	N
17	Transition Coordinator	106	Transition Coordinator		Limited	20	N	N
18	PACE	104	PACE Provider		Limited	20	N	N
19	Family Caregiver Training	061	Family Caregiver Training		Limited	20	N	N
20	Mental Retardation Waiver	056	Mental Retardation Waiver		Limited	20	N	N

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21	Mental Health Services	056	Mental Health Mental Retardation and Substance Abuse Services		Limited - all others Moderate -- Community Mental Health Centers	20 50	Y	Y - only for specialty 041
22	Early Intervention	108	Early Intervention		Limited	20	N	N
23	Group Enrollment	multiple	Group Billing Enrollment		Limited	20	N	N
23	Group Enrollment	100	Non-Medicaid TDO		Limited	20	N	N
25	Ambulatory Surgical Center	049	Ambulatory Surgical Center		Limited	20	N	Y
26	Ordering, Referring, or Prescribing Provider	If Provider Type selected = "Other", 078. Else assign based on selected provider type.	ORP Other or Provider Type corresponding to Provider Type selected on application		Limited	20	N	N
N/A	N/A (DMAS or PES manager enrolls/maintains)	107	MMIS Contractors or Vendors		Limited	20	N	N
N/A	N/A (DMAS-LTC enrolls)	109	Out of State ICF Provider		Limited	20	N	Y