COMMONWEALTH of VIRGINIA

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
600 East Broad Street, Suite 1300
Richmond, VA 23219

June 25, 2014

ADDENDUM No. 1 TO VENDORS:

Reference Request for Proposal: **RFP 2014-01**
Dated: **May 28, 2014**
Due: **~~July 10, 2014~~ July 15, 2014**

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

ATTENTION: Proposal Due Date as referenced on RFP cover sheet and other sections has been changed. Proposals will now be accepted until 10:00 AM E.S.T. on July 15, 2014.

Page 35, Section 3.4, Task D.3:
CHANGE – Section 3.4, Task D.3, is changed to read per the following:

Task D.3 Performance Measure Validation

Special instruction: Replicate Task ~~G~~ **G.1** of this RFP for the Financial Alignment Initiative (without deeming). The PMV for the CCC shall be conducted and reported separately from Medallion II and FAMIS managed care PMVs. Encounter data validation measure for year 1 is captured in Task D.5. The following matrix lists the performance measures for validation by the Contractor for each year:

Page 39, Section 3.4, Task F.2:
CHANGE – Table F.2.1 is changed to read per the following:

Table F.2.1

Measure	Notes
Antidepressant medication management (administrative)	The measures' steward is NCQA/HEDIS, however, each of

Measure	Notes
Comprehensive well-child visit (hybrid)	these measures will be considered a "HEDIS-Like" measures since the Contractor will need to adjust some of the specifications due to the transitory environment of the foster care population. The baseline focused study shall include ~~FFS (services provided in calendar year 2012) compared with~~ managed care for services provided in calendar year 2014. DMAS will provide the claims data for both years. 2013 is considered a transition year for shifting the population from FFS to managed care, and will not be used for trending purposes.
Follow-up care for children prescribed ADHD medication (administrative)	
Follow-up after hospitalization for mental illness(administrative)	
Diabetes screening for people with schizophrenia or Bipolar disorder who are using antipsychotic medications (administrative)	
Weight assessment and counseling for nutrition and physical activity for children/adolescents (hybrid)	
Children and adolescents access to primary care practitioners (administrative)	
• Use of Higher than Recommended Doses of Antipsychotics in Children and Adolescents • Use of Multiple Concurrent Antipsychotics in Children and Adolescents • Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics • Follow-up Visit for Children and Adolescents on Antipsychotics • Metabolic Screening for Children and Adolescents Newly on Antipsychotics • Metabolic Monitoring for Children and Adolescents on Antipsychotics	These measures and their technical specifications are new HEDIS measures per NCQA. Slight adjustments may be used for the technical specifications to enable appropriate use for this population in Virginia Medicaid managed care.

Page 52, Section 3.4 Task M:

CHANGE – Section 3.4, Task M is changed per the following:

Methodology: Data collection for the CAHPS survey shall be completed by the end of the second quarter of each calendar year. The EQRO should design methodology that will aim toward having response rates that will provide meaningful results and at least meet the minimum required response rate set forth by NCQA for CAHPS. The EQRO must be an NCQA-certified CAHPS vendor or sub-contract with an NCQA certified CAHPS vendor for this task. The Contractor will be expected to add two supplemental questions of DMAS' choosing to either the general survey OR the Children with Chronic Conditions survey each year. **The Offeror shall provide pricing for the CAHPS Child Medicaid Health Plan Survey with the Children with Chronic Conditions (CCC) measurement set.**

Page 67, Section 18.4, Binding Proposals:

CHANGE – Section 18.4, third paragraph is changed per the following:

The Offeror shall submit an original and five (5) copies of the Technical Proposal and one original of the Cost Proposal by the response date and time specified in this RFP. Each copy of the proposal shall be bound separately. This submission shall be in a sealed envelope or sealed box clearly marked "RFP 2014-01 Technical Proposal." In addition, the original of the Cost Proposal shall be sealed separately and clearly marked "RFP 2014-01 Cost Proposal" and submitted by the response date and time specified in this RFP. The Cost Proposal forms in Attachment I shall be used. The Offeror shall also submit one electronic copy (compact disc preferred) of their Technical Proposal in MS Word format (Microsoft Word 2007 or compatible format) and of their Cost Proposal in MS Excel **or MS Word** format (Microsoft **Excel or** Word 2007 or compatible format). In addition, the Offeror shall submit a redacted electronic copy in PDF Technical Proposal and their Cost Proposal, in which the Offeror has removed proprietary and confidential information. Please note that, as described below, merely redacting information is not sufficient to comply with *Code of Virginia* § 2.2-4342(F).

Page 72, Section 18.11.2, Item 3.Reference and Work samples:

CHANGE – Section 18.11.2, Item 3 is changed per the following:

3. References and work samples:

a) Two customers who will substantiate the Offeror's qualifications and capabilities to perform the services required by the RFP **and who can substantiate the quality of the work processes and outputs**;

b) **A listing of** ~~Contact information for~~ all EQRO contracts and independent review of appeals contracts for Medicaid and CHIP and any Virginia based contracts with the Commonwealth; and,

c) A state-approved report for each of the three mandatory EQRO activities and one focused study report, one annual technical report, and one other report of the Offerors choosing. These work samples belong in Offerors Appendix and shall not count toward page limit. Each report must be from a state the Offeror is currently under contract with for performance of EQRO activities.

The Offeror shall complete the Reference Form in Attachment VI for each reference ~~and contract~~ **listed under 3a.**, which includes the contract name, address, telephone number, contact person, and periods of work performance.

Page 91, Section 21.13 Renewal of Contract:

CHANGE – Section 21.13 in Special Terms and Conditions is changed to read per the following:

21.13 Renewal of Contract

This contract may be renewed by the Commonwealth for up to two successive one year periods under the terms and conditions of the original contract except as stated in 1. and 2. below. Price increases may be negotiated only at the time of renewal. Written notice of the Commonwealth's intention to renew shall be given approximately 90 days prior to the expiration date of each contract period.

1. If the Commonwealth elects to exercise the option to renew the contract for an additional one-year period, the contract price(s) for the additional one year shall not exceed the contract price(s) of the original contract, **in addition to any modifications**, increased/decreased by **no** more than the percentage increase/decrease of the Services category under the Commodity and Services Group of the CPI-W section of the Consumer Price Index of the United States Bureau of Labor Statistics for the latest twelve months for which statistics are available.

2. If during any subsequent renewal periods, the Commonwealth elects to exercise the option to renew the contract, the contract price(s) for the subsequent renewal period shall not exceed the contract price(s) of the previous renewal periods, **in addition to any modifications**, increased/decreased by **no** more than the percentage increase/decrease of the Services category under the Commodity and Services Group of the CPI-W section of the Consumer Price Index of the United States Bureau of Labor Statistics for the latest twelve months for which statistics are available.

1) See Attachment 1 for list of potential Offerors who have submitted letters of intent before the due date and time:

2) See Attachment 2 for the Department of Medical Assistance Services response to questions/inquiries as submitted by potential Offerors.

3) See Attachment 3 for Encounter Data Elements.

A signed acknowledgment of this addendum must be received by this office either prior to the 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 2014-01 Addendum 1
Letters of Intent Received before Due Date/Time

No.	Company
1.	Delmarva Foundation
2.	Health Services Advisory Group (HSAG)

Attachment 2
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Vendor Questions and Answers

Question Number	Section	Question/Comment	DMAS Response
1.	General	What is the anticipated dollar amount of this contract?	Cost estimates relating to a proposed procurement transaction prepared by or for an agency shall not be open to public inspection (Code of Virginia, §2.2-4342B).
2.	**Page 26** 3.4, Task A	The RFP states that the annual work plan (AWP) be prepared in Microsoft MS Project. Is it permissible to use another application, such as MS Excel, to display the AWP as long as the AWP delineates each task, with milestones, deliverables, and planned completion dates through the end of the first contract year?	Yes, that is acceptable
3.	**Page 27** 2.1	Appendix I is not included with the RFP and this content appears to be covered by Appendix A. Please confirm that Appendix A contains the managed care stratification by region and by FIPS.	Yes, correct
4.	**Page 30** 3.2.a	Please clarify the expectations of the in-person requirements gathering session. Is this for the first contract year only? Or, will the contractor be required to conduct an in-person requirements session each year?	The Contractor shall set forth the agenda and conduct the initial requirements gathering session in order to gather the information needed to conduct the Tasks that are scheduled to begin during the first year of the contract. After the comprehensive initial session, and beginning with the second year of the contract, the Contractor shall conduct an onsite requirements gathering session prior to the first time a Task is conducted. This shall apply throughout the entire duration of the contract.

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Question Number	Section	Question/Comment	DMAS Response
5.	**Page 30** 3.2.a	Please clarify the expectations of the in-person requirements gathering session. Is it permissible to have the Project Director facilitate the meeting onsite, with other staff participating by phone or video?	As noted in Task A "The Contractor shall bring all staff included in the proposal who are designated to provide a level of effort that amounts to 25% or greater of one FTE for the first contract year." Therefore, for the first requirements gathering session shall include the Project Director and the other staff. Subsequent requirements gathering sessions may be conducted with the Project Director onsite and other staff by phone or video.
6.	**Page 30** 3.2.a and Task A	In an effort to start work on the tasks as quickly as possible, is it permissible to use the kickoff meeting as a requirements gathering session for some or all of the tasks?	Yes, so long as the deliverable timelines are adhered to.
7.	**Page 30** 3.2.b	Please define what is meant by "work plan." Is it a timeline, Gantt chart, resource plan, etc.? Is the offeror expected to submit a work plan as part of its response, or just confirm that it will submit a work plan for review and approval prior to execution of the task?	For the proposal, the Offeror can use a work plan template with components that best articulate how the tasks will be completed and managed, such as timelines, staffing, and milestones. DMAS is not interested in a repeat of the RFP language, but a clear representation on how the Offeror plans to ensure timely, efficient, accurate completion of each tasks' deliverables. DMAS expects a high-level work-plan for the initial four years in the proposal. In reference to **18.11.5 Chapter Five: Work Plan and Project** the term Project Plan is used synonymously with Work Plan. More detailed workplans for each fiscal year shall be provided to DMAS on an annual basis and shall reflect the decisions from the requirements gathering sessions.

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Question Number	Section	Question/Comment	DMAS Response
8.	**Page 30** 3.2.h	For the Fixed Schedule of Deliverables element 3.2h wherein the RFP requires, "Deck of slides and presentation of results to DMAS and stakeholders" does DMAS anticipate the presentations will be provided onsite? Or, will the presentations be provided via webinar or video-conference?	The presentation shall occur in person during the quarterly managed care quality collaborative meeting at DMAS in Richmond, VA. The Contractor shall be prepared to provide the presentation at the first collaborative meeting that is held after the final report(s) for each Task is/are approved by DMAS.
9.	**Page 30**, paragraph 6 All Tasks, with the exception of Tasks A, B, C, and H	In Section 3.2.g Fixed Schedule of Deliverables (one page 30), it states the following: "3.2.g DMAS approved final report for DMAS and public domain – due date for each Task is provided in the Task;" Can DMAS clarify whether all deliverables will be required to be 508-compliant?	None of the deliverables are required to be 508 compliant.
10.	**Page 30** 3.3	What is the anticipated award date of the contract?	We anticipate making an award sometime around October 2014.
11.	Nature and Scope of Services, **Task D.2 Performance Improvement Project Validation**, **Page 34**.	Regarding CCC PIP Validations, it appears that the first validation is due in June 2016. Is there any EQRO PIP activity expected prior to that date, besides PIP training for the CCCs?	No, other than PIP validation training for the MMPs
12.	Nature and Scope of Services, **Task D.2 Performance Improvement Project Validation**, **Page 34**.	Similar to the MCOs, will the CCCs be completing two PIPs each?	Yes, two PIPs each.
13.	Nature and Scope of Services, **Task D.3, Performance Measure Validation**, Page 35	Will there be 3 or 6 measures validated in Years 2 and 3?	Six

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Question Number	Section	Question/Comment	DMAS Response
14.	Nature and Scope of Services, **Task D.3, Performance Measure Validation**, **Page 35**	What are the standards or thresholds that have been established for the three CCC measures in year one? What are the standards or thresholds that have been established for the other three measures added for Years 2 and 3?	Please refer to Dual Demonstration VA Specific Reporting Requirements for detail measure specifications. Please note that the thresholds/benchmarks are still pending awaiting CMS and DMAS approval.
15.	**Page 35** Task D.3 Key Assumptions: The EQRO tasks for the Financial Alignment Initiative Demonstration shall be conducted and reported separately from the Medicaid/FAMIS managed care EQRO activities 34, 2nd paragraph, last sentence	Please clarify whether it is acceptable to DMAS for the EQRO to organize separate sessions or days for the Financial Alignment Initiative Demonstration and Medicaid/FAMIS managed care EQRO activities within the same onsite visit to an organization who maintains both the CCC and MCO contracts with the DMAS.	D.3 : Yes Note: This task should replicate methodology for Task G.1, not Task G as is stated in the RFP.
16.	**Page 35** Task D.3 Table 1 – Quality Withhold Measures for Demonstration Year 1 for PMV.35, Table 1	It is not clear if the data used for calculating the Plans of Care and Documentation of Care Goals measure is all administrative data. Please clarify if the measures listed in Table 1 are all measures from administrative data the MMPs will use to calculate their rates.	Assessments will be administrative data; Plans of care will be administrative data; Documentation of goals on plans of care will be a chart review; Adjudicated claims will be administrative data. For more info on measure specifications, please refer to CMS Dual Demonstration Core Reporting Requirements and Dual Demonstration VA Specific Reporting Requirements.
17.	**Page 35**, Table 1 Task D.3 Table 1 – Quality Withhold Measures for Demonstration Year 1 for PMV.	Please clarify whether specifications for these measures are available from DMAS.	Yes, please refer to CMS Dual Demonstration Core Reporting Requirements and Dual Demonstration VA Specific Reporting Requirements.

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Question Number	Section	Question/Comment	DMAS Response
18.	**Page 36**, 1st paragraph, 1st sentence Task D.3 Deliverable exception: First PMV (final reports) for the Financial Alignment Initiative due to DMAS no later than October 1, 2016.	Please clarify/confirm that the EQRO is to provide one PMV report for each MMP and that no aggregate report is expected for this activity.	Correct
19.	**Page 36**, 1st paragraph Task D.3 Deliverable does not mention the timeline for 3.2h Deck of slides and presentation of results described under Section 3.2.	Please specify the timeline and delivery format for the deck of slides and presentation of results for Task D.3.	The presentation shall occur in person during the monthly CCC MMP Quality Monitoring meeting at DMAS in Richmond, VA. The Contractor shall be prepared to provide the presentation at the first meeting that is held after the final report for each Task is approved by DMAS
20.	Nature and Scope of Services, **Task D.4 Comprehensive OSR** for CCCs, **Pages 36 & 50**	Are CCC MCOs eligible for deeming	No
21.	**Page 36** and **Page 53** Task D.5 and Task N	What are DMAS' expectations regarding the lines of business, number of Contractors, and number of claim types, encounter data elements for which encounter data will be validated? We would like to know if Medallion II and FAMIS should be conducted as separate EDVs.	Regarding D.5, the encounter type and data elements for validation are to be determined by CMS and DMAS. Additional guidance can be found on Palmetto GBA, the Dual Demonstration Encounter Data Contractor Website. Task N: There are currently seven (7) MCOs for Medallion 3.0 (Task N). EDV is to be based on only one line of business (combined Medicaid/CHIP). There are roughly 600 data elements currently captured for each encounter record, depending on transaction type (NCPDP, 837P, 837I).

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Question Number	Section	Question/Comment	DMAS Response
22.	**Page 36 and Page 53** Task D.5 and Task N	Will MCOs/MMPs submit encounter data directly to the offeror, or will data for the MCOs/MMPs and DMAS be provided by DMAS? Will the offeror be expected to procure data from CMS for the dually eligible members in the MMP? Please describe the frequency, format/layout, volume, and extent of data submitted to the offeror.	Regarding D.5, the encounter data will be provided by DMAS to the Offeror including all encounter data needing validation. No additional data needs to be purchased. The encounter data file from DMAS will include all encounter data generated for all services provided under CCC. Task N: Encounter data for the EDV will be provided by DMAS via SAS extracts from data that has been processed in the MMIS. There will be a single point in time extract. Layouts of these files are attached for informational purposes only (see attachment 3 to RFP Addendum 1), and are subject to change.
23.	**Page 36 and Page 53** Task D.5 and Task N	Please specify how frequently the MCOs/MMPs are contractually required to submit encounter data to DMAS. Please identify any contract requirements, submission guidelines, or encounter data based expectations currently governing encounter data submissions by the MCOs/MMPs.	Regarding D.5, the frequency is monthly. Additional guidance can be found on Palmetto GBA, the Dual Demonstration Encounter Data Contractor Website Task N: MCOs submit weekly encounter files to DMAS. Refer to the Medallion 3.0 2014-2015 contract and Managed Care Technical Manual on the DMAS website for complete details about DMAS' submission requirements.
24.	**Page 36 and Page 53** Task D.5 and Task N	If verification of omission rates is expected as a component of the EDV, to what extent will the offeror be granted access to the DMAS [PMMIS/MMIS] for verification of omission rates, or will this verification be conducted in conjunction with DMAS?	Regarding D.5, this will not apply to CCC since encounter data will not be imported into MMIS. Task N: The EQRO will receive all encounter data processed by the MMIS in the extracts, so access to the MMIS would not provide any additional perspective on omission of MCO encounter data. It is DMAS' expectation that the EQRO will employ relevant statistical techniques in the EDV in order to identify potential areas of omission.

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Question Number	Section	Question/Comment	DMAS Response
25.	**Page 36 and Page 53** Task D.5 and Task N	Because medical record review is an optional EDV under the CMS protocol, does DMAS anticipate the need for medical record review as an additional verification of encounter data in each reporting year or only in the second reporting year? If so, please identify any expectations surrounding sampling parameters (e.g., confidence level, margin of error,) and anticipated sub-strata.	Regarding D.5, confidence level of 95% and confidence interval of 5 for sampling. Task N: DMAS does not require inclusion of medical record review in either year for this Task.

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Question Number	Section	Question/Comment	DMAS Response
26.	**Page 36 and Page 53** Task D.5 and Task N	Is DMAS interested in any statistical comparison of MCOs/MMPs or by populations of interests (i.e., race, geographic regions) for the EDV analyses?	Regarding D.5, yes, DMAS is interested in statistical comparisons of MMPs and by populations of interests. Regarding population of interest, at a high level are the four major population groups we are serving under CCC: Community Well, Sub-vulnerable Population within Community Well, EDCD Waiver Enrollee, and Nursing Facility Residents. Community Well: Enrollees who do not meet a Nursing Facility Level of Care (NFLOC) standard or meet NFLOC standard and are currently in a nursing home for fewer than 20 days. Sub-vulnerable population: within community well, Individuals with intellectual/developmental disabilities; Individuals with cognitive or memory problems (e.g., dementia and traumatic brain injury); Individuals with physical or sensory disabilities; Individuals with serious and persistent mental illnesses; Individuals with end stage renal disease; and Individuals with complex or multiple chronic conditions. Task N: DMAS is interested in comparing MCOs based on the quality / completeness of their encounter data submissions.
27.	**Page 36 and Page 53** Task D.5 and Task N	Does DMAS expect to see statistical comparisons of MCOs/MMPs or by populations of interest?	Regarding D.5, both. Task N: Not by populations of interest, but DMAS is interested in comparing MCOs based on the quality / completeness of their encounter data submissions.

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Question Number	Section	Question/Comment	DMAS Response
28.	**Page 36 and Page 53** Task D.5 and Task N, Methodology: The Contractor must use the most recently published version of the CMS encounter data validation protocol.	Is there flexibility in the application of the CMS protocol in the EDV tasks targeted each year?	Regarding D.5, no. Task N: DMAS intends to be flexible; however, the Contractor shall not make changes to the protocol without consent from DMAS.
29.	**Page 36 and Page 53** Task D.5 and Task N, Analysis and Reporting: Analysis and reporting shall be separate for each MCO and the Contractor shall also produce one summary report for the managed care delivery system.	Is there a requirement to submit a stand-alone report for each MCO and an aggregate statewide report, i.e., eight reports in total or will one report with MCO-specific results in appendices be acceptable? Similarly, will reporting activities be conducted separately for Medallion II and FAMIS lines of business or will these activities be contained in a single report?	Each CCC MMP should have one stand alone report and an aggregate CCC statewide report. Task N: A stand alone report for each MCO is required. In addition, a summary report that includes results for each MCO and aggregate results for all MCOs combined. Medallion II and FAMIS will be combined, not separate.
30.	**Page 39**, 2nd paragraph F.2, "Focused Study to be conducted in year 1 of the contract" Task: "The EQRO will conduct the Focused Study every year to monitor and trend changes over time…"	There is a reference to Focused Study F.2 being conducted in year 1 as well as references to annual reporting deadlines. Please confirm the frequency of the Focused Study.	The (first) final report is due no later than September 15, 2016 for the baseline focused study. **The second F.2 report is due no later than September 15, 2017** **The third F.2 report is due no later than September 15, 2018.** **Offerors should note that the baseline focused study will not include a comparison with fee for service, it will only include managed care. It will serve as a baseline/snapshot of the first full year of managed care for this population. This was incorrectly stated in the RFP as a baseline focused study to compare FFS to managed care. See addendum.**

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Question Number	Section	Question/Comment	DMAS Response
31.	**Page 40**, 2nd paragraph Focused Studies – F2	In the event medical record abstraction is a required task of one of the focused studies, would DMAS consider allowing the MCOs to procure the sampled medical records and then provide the medical records to the contractor for abstraction?	No
32.	**Page 40**, 2nd paragraph Focused Studies – F2	Please provide an example of what DMAS considers "administrative record abstraction."	The term "administrative record abstraction" was an error. The correct term is "administrative data, such as claims"
33.	Nature and Scope of Services, **Task F. Conduct Focused Studies, F.2** Improving the Health of Children in Adoption Assistance or Foster Care through Managed Care, **Page 41**	"Measures" on Page 41 it refers to Appendix 2 and Appendix 3, however there are no such Appendix attached to the RFP. Please confirm that DMAS is referring to Appendix A and Appendix B.	Confirmed
34.	**Page 42** "DMAS will select one hybrid measure and at 2 administrative measures from the CMS-published adult and CHIPRA core measures for Medicaid."	Please clarify the number of administrative measures DMAS will select for this Focused Study as well as the maximum number of administrative measures that may be selected.	For this focused study, a maximum of 1 (one) hybrid measure will be used and a maximum of 2 (two) administrative measures will be used.
35.	**Page 43** "DMAS will select one hybrid measure and at 2 administrative measures from the CMS-published adult core measures for Medicaid."	Please clarify the number of administrative measures DMAS will select for this Focused Study as well as the maximum number of administrative measures that may be selected.	For this focused study, a maximum of 1 (one) hybrid measure will be used and a maximum of 2 (two) administrative measures will be used.
36.	**Page 44** Task G.1 Quality Measure Set – 1st Paragraph.	Please clarify if the one hybrid measure and one administratively calculated measure, selected annually for the PMV, is for both Medallion II and FAMIS programs and not separately.	Correct, it is combined, not separate

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Question Number	Section	Question/Comment	DMAS Response
37.	**Page 44** Task G.1 Quality Measure Set – 1st Paragraph.	Please clarify whether specifications for these selected measures are available from DMAS.	DMAS has not selected the measures yet, so the specifications are not available. The Offeror can assume DMAS will select measures that stem from trusted sources with technical specifications (such as, but not limited to, HEDIS, CMS Adult Core Measures, CHIPRA measures)
38.	**Page 45**, 2nd paragraph Task G.1 Analysis and Reporting – last sentence states that the final report should include a description of the HEDIS audit methodology and results for HEDIS measures required for annual reporting.	Please confirm that the HEDIS audited rates (IDSS) and Final Audit Reports from the MCO's HEDIS auditor will be available to the EQRO to generate the PMV report for each MCO.	The HEDIS audited rates (IDSS) and HEDIS Roadmap will be available. Final Audit Reports from the MCO's HEDIS auditor will not be available to the EQRO.
39.	**Page 45**, 3rd paragraph Task G.1 Analysis and Reporting; and Deliverables	Please clarify that the EQRO is to produce performance measure validation worksheet for the two selected measures (one hybrid and one administratively calculated) and not for all the HEDIS measures already audited by the MCO's HEDIS auditor.	Correct, for the two selected measures only. However, the Contractor shall describe in the narrative of the validation report that the measures submitted to NCQA are validated by a HEDIS auditor. This is to inform the audience that the HEDIS measures are all audited before they are submitted to NCQA, which adds credibility to the published HEDIS scores.
40.	**Page 45**, 3rd paragraph Task G.1 Deliverables does not mention the timeline for 3.2h Deck of slides and presentation of results described under Section 3.2.	Please specify the timeline and delivery format for the deck of slides and presentation of results for Task G.1.	See answer to question #8

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Question Number	Section	Question/Comment	DMAS Response
41.	**Page 45** Task G.2. Performance Incentive Measures Validation = third administrative/process measure. The RFP suggests that a record abstraction tool will have been used by the existing EQRO for validation.	Please clarify the data collection methodology of this measure.	This remains under development. However, methodology will not include medical record abstraction. Record abstraction refers to the records kept by the managed care organizations and the data already collected by DMAS from the MCOs.

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Question Number	Section	Question/Comment	DMAS Response
42.	**Page 45** Task G.2. Performance Incentive Measures Validation	Please confirm that specifications for these measures will be available to the EQRO prior to the PMV activity.	The three HEDIS measure will be calculated and reported by each MCO. The MCOs use the NCQA HEDIS technical specifications. With regards to the administrative measures 1 and 2 (see below), the reporting requirements are delineated as deliverables in the Medallion II contract and more information can be found in the corresponding technical manual; measure 3 (see below) is also addressed in the contract and the technical manual, however, the current EQRO is developing technical specifications and a (managed care record - *not* medical record) abstraction tool, which will be available for Task G.2 start-up. The Medallion II contract can be found on the DMAS website/managed care/program information. The corresponding technical manual can be found on the DMAS website/managed care/studies and reports/reporting documentation/managed care technical manual. Measure 1) Claims reporting and processing Measure 2) Timeliness and Accuracy of Reporting Deliverables: Timely and Accurate Reporting of DMAS-Deliverables Measure 3) Assessments – Children with special health care needs: Determine whether assessment by health plan has been conducted within 60 calendar days of enrollment.

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Question Number	Section	Question/Comment	DMAS Response
43.	**Page 46** Task G.2 Performance Incentive Measures Validation – third sentence states that the PMV report shall reflect validation of the scores submitted to NCQA in June of the previous calendar year.	The measures listed under the 1st paragraph of this task are not HEDIS measures. It appears that results from HEDIS audited rates are required to be included in the PMV report for each MCO under Task G.1. Please clarify and confirm that the PMV report for Task G.2 does not include any HEDIS measure rates.	Confirmed
44.	**Page 46** Task G.2 Deliverables does not mention the timeline for 3.2h Deck of slides and presentation of results described under Section 3.2.	Please specify the timeline and delivery format for the deck of slides and presentation of results for Task G.2.	See answer to question #8
45.	**Page 47**, 2nd paragraph Task G.3 Health Care Needs Assessment measure validation	Please provide additional information with regard to the nature of these measures. Are they based on administrative data or assessment plans?	They are based on the requirements set forth in the Medallion II contract between DMAS and the MCOs. Medical record abstraction is not expected.
46.	**Page 47**, 2nd paragraph Task G.3 Health Care Needs Assessment measure validation – Analysis and Reporting	Please confirm that, although the results for the general children population and the sub-population in adoption assistance and foster care are to be reported separately, it is acceptable for the EQRO to include these results in one PMV report for each MCO.	The only population for this PMV would be those in the adoption assistance and foster care population in managed care. Therefore, one PMV and one report for each MCO is expected.
47.	**Page 47**, 3rd paragraph Task G.3 Deliverables does not mention the timeline for 3.2h Deck of slides and presentation of results described under Section 3.2.	Please specify the timeline and delivery format for the deck of slides and presentation of results for Task G.3.	See answer to question #8

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Question Number	Section	Question/Comment	DMAS Response
48.	**Page 48**, 4th paragraph Task I	Will DMAS provide the EQRO with the FIPS codes and clarify what mapping software is needed to stratify the rates by managed care geographic region?	FIPS code values are included in the encounter data. Capitation rate criteria will be provided if necessary. Additional mapping software will not be required for the EDV. Validation of established capitation rates are not part of the EDV.
49.	**Page 48**, 5th paragraph Task I	Will the EQRO utilize the Medicaid Child Core Set Technical Specifications and Resource Manual for Federal Fiscal Year 2014 Reporting?	The Offeror shall utilize the Technical Specifications published in May 2013 for this measure.
50.	**Page 49**, 1st paragraph Task J	Will the MCOs receive a fixed fee payment or a percentage of the overall pool after meeting a certain threshold for the incentive awards?	This is to be determined.
51.	**Page 49**, 1st paragraph Task J	Should the EQRO apply different weights to the measures or will they be weighted the same (i.e., are the three HEDIS measures more important than the three process measures) when calculating the measures' scores?	This is to be determined.
52.	**Page 49**, 3rd paragraph Task J	Can DMAS confirm the following are the HEDIS measures DMAS would like the EQRO to calculate rates for: • Childhood Immunization Status—Combo 3 • Controlling High Blood Pressure • Timeliness of Prenatal Care	The EQRO shall not calculate rates for the three HEDIS measures listed. The MCOs will report their (HEDIS vendor audited) HEDIS scores for these measures. The EQRO shall calculate scores for the performance incentive awards. The scoring methodology for the performance incentive awards has yet to be determined, but it will be the role of the EQRO to administer the methodology.
53.	**Page 52** Task M	Please confirm that sampling will be conducted at the statewide level (i.e., one [1] statewide sample of the MCO and FFS program combined). If not, please confirm the number of units that will be surveyed (e.g., individual MCOs and FFS).	The sampling will be at the statewide level for MCO and FFS combined. The Contractor shall adhere to CMS and NCQA standards for sampling and response rates.

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54.	**Page 52** Task M	Will the CAHPS surveys be administered in English and Spanish or English only?	DMAS is requiring the CAHPS survey to be printed in English only, however, the Contractor must provide instruction in communications to members that indicate the availability of resources that would enable Spanish speaking members to provide responses to the survey.
55.	**Page 52** Task M	Is there a preferred method for survey administration (e.g., mail only, mixed mail and telephone mode, etc.)?	The Contractor shall determine the methodology based on the sampling and response rates set forth by CMS and NCQA standards.
56.	**Page 52**, 2nd paragraph Task L Produce Annual EQR Technical Report – Deliverables. E) MCOs' HEDIS scores – stratified by MCO and aggregated for Virginia	Please confirm that the Annual EQR Technical Report is the only deliverable that will contain the aggregated HEDIS scores for Virginia and that the EQRO is not expected to produce a separate aggregate HEDIS report.	Correct
57.	**Page 52**, 3rd paragraph Task M	Will the EQRO perform separate analyses and reporting on FFS and managed care population or evaluate FFS and managed care together as one unit?	It will be one analyses and one report to include FFS and managed care together as one unit.
58.	**Page 52**, 3rd paragraph Task M	In the first paragraph it states, "…the EQRO shall administer a CAHPS survey to include the General Survey and the Children with Chronic Conditions." Please confirm that DMAS is referring to the CAHPS Child Medicaid Health Plan Survey with the Children with Chronic Conditions (CCC) measurement.	Yes, confirmed
59.	**Page 52**, 3rd paragraph Task M	Will the EQRO be required to submit the CAHPS data to the National Committee for Quality Assurance (NCQA) and/or the National CAHPS Benchmarking Database (NCBD)?	Not required to submit to NCQA. Required to submit to NCBD.
60.	**Page 52**, 5th paragraph Task M	Will oversampling be required, or will DMAS request that the EQRO provide suggestions for oversampling?	See responses to questions #53 and #55

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61.	**Page 52**, 5th paragraph Task M	In the Methodology section, it states "The Contractor will be expected to add two supplemental questions of DMAS' choosing to either the general survey OR the Children with Chronic Conditions survey each year." Please confirm that by "general survey" DMAS is referring to the CAHPS Child Medicaid Health Plan Survey without the Children with Chronic Conditions (CCC) measurement set. Additionally, please confirm that separate pricing should be provided for administration of the standard CAHPS Child Medicaid Health Plan Survey without CCC measurement set and the CAHPS Child Medicaid Health Plan Survey with the CCC measurement set.	DMAS wishes to clarify. The Offeror shall provide pricing for the CAHPS Child Medicaid Health Plan Survey with the Children with Chronic Conditions (CCC) measurement set. DMAS incorrectly framed this as two separate surveys. Pricing would be for the CAHPS Child Medicaid Health Plan Survey with the Children with Chronic Conditions (CCC) measurement set.
62.	**Page 52**, 6th paragraph Task M	What type of analysis and reporting with DMAS require (e.g., word report, excel spreadsheet with results)? What other reporting deliverables will DMAS require?	DMAS expects the Offeror to provide DMAS with the standardized comprehensive report that is prepared by Approved CAHPS Vendors.
63.	**Page 53** Deliverables: Section 3.2, Fixed Schedule of Deliverables, of this RFP will apply to this task. This task will be conducted every other year with the first set of final reports due to DMAS no later than January 31, 2016 (for 2014 encounter data) and the second encounter data validation final report due to DMAS no later than January 31, 2018 (for 2016 encounter data).	Does "2014 encounter data" refer to encounters with dates of service between January 1, 2014, and December 31, 2014? Does "2016 encounter data" refer to encounters with dates of service between January 1, 2016, and December 31, 2016?	Extracts will be done based on the date that the encounter was processed in the MMIS. This correlates to the date that the encounter was submitted by the MCO. DMAS is also willing to consider suggestions from the EQRO whether the analysis/extracts should be based on dates of service instead.

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64.	Nature and Scope of Services, **Task N. Encounter Data Validation, Page 53**	Will DMAS provide the encounter data from the MCOs to the contractor? If not, how will the contractor access the data?	Yes
65.	**Page 55** 5.3 Ad Hoc Status Reports	Approximately how many ad hoc reports might be requested in a contract year?	Unknown, however, historically DMAS has requested less than 6 ad hoc reports per year.
66.	**Section 18.3** Cost Proposal, Required Services, **page 55** states: *The Offeror shall submit one cost proposal for required services that includes; a budget for Start-up and Implementation costs (the period between the date of the contract execution and the date of the start of operations)....* Please also reference Section 3 Nature and Scope of Services, 3.3 RFP Implementation Schedule, page 30 which states; *No Later than February 1, 2015, begin date of Contract.*	What is the estimated date of the start of operations? In other words, what is the period of performance for the Start-up and Implementation period in Contract Year One?	Start of operation or begin date of contract is February 1, 2015. The period of performance for the Start-up/Implementation period will be the time between contract execution and the February 1, 2015 start of operations.
67.	**Page 65** / Page 101 17.1 Travel Compensation and Attachment I Cost Proposal	Section 17.1 states "The Contractor will not be compensated or reimbursed for travel, meals or lodging" but Schedule B-1.1, etc. states "Travel should be a direct cost." Please confirm that travel can be included in the Cost Proposal.	Schedule B.1.1 and following is supporting detail for Schedule B.1 (Schedule B.1 includes unit costs and annual unit costs.) Travel should be included in unit costs. Travel will not be reimbursed as a separate expense. Please refer to the revised Cost Proposal in RFP 2014-01, Addendum No. 2

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68.	**Section 17.** Payment to the Contractor, states; *Payments to the Contractor will be made monthly at the contacted fixed flat fee for ongoing operations...* and goes on to Section 17.1 Travel Compensation**, page 65;** *The Contractor will not be compensated or reimbursed for travel, meals, or lodging,* however Attachment I, Cost Proposal, Contract Year 1 Schedule B-1.1, Footnote 1, page 102 states; *Direct Costs are costs that can be directly associated with the contract, relatively easily, with a high degree of accuracy. Travel should be included as a direct cost.*	Is it the intention of Section 17 that as this contract's fixed prices will include Travel Costs as per Attachment I computations, therefore no "additional' travel cost can be invoiced?	See response to Question 67.
69.	**Page 65** 17.1 Travel Compensation	Please clarify the statement, "The Contractor will not be compensated or reimbursed for travel, meals, or lodging." Is this in excess of the travel and lodging that must be expended in order to conduct EQR activities, such as onsite operational systems reviews (OSRs) described in Tasks D.4 and K and onsite performance measure validation described in Tasks D.3 and G? The cost proposal Schedule B documents include a footnote that, "Travel should be included as a direct cost."	See response to Question 67.

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70.	**Page 68** 18.4 Binding of Proposal	Since the RFP requires the Cost Proposal in MS Excel format on the CD, will DMAS provide the Attachment I Cost Proposal forms in MS Excel?	DMAS will not provide the cost proposal forms in MS Excel. However, RFP 2014-01, Addendum 1, has changed the submission requirements to include MS Word format.

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71.	**Page 73** References and work samples 3.a and 3.b "The Offeror shall complete the Reference Form in Attachment VI for each reference and contract…"	Please confirm that, 1) DMAS is requiring a completed Reference Form, Attachment VI, for the two customers requested in 3.a. 2) Also, that each contract listed in 3.b requires a Reference Form as well.	**Page 72, Section 18.11.2, Item 3.Reference and Work samples:** **CHANGE – Section 18.11.2, Item 3 is changed per the following:** **3. References and work samples:** a) Two customers who will substantiate the Offeror's qualifications and capabilities to perform the services required by the RFP and who can substantiate the quality of the work processes and outputs; b) A listing of all EQRO contracts and independent review of appeals contracts for Medicaid and CHIP and any Virginia based contracts with the Commonwealth; and, c) A state-approved report for each of the three mandatory EQRO activities and one focused study report, one annual technical report, and one other report of the Offerors choosing. These work samples belong in Offerors Appendix and shall not count toward page limit. Each report must be from a state the Offeror is currently under contract with for performance of EQRO activities. The Offeror shall complete the Reference Form in Attachment VI for each reference listed under 3a., which includes the contract name, address, telephone number, contact person, and periods of work performance.
72.	**Page 79** 20.10 Payment	Will payments be based on a per unit fixed amount or cost reimbursable?	Payments will be based on an annual firm fixed price.

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73.	**Page 90** 21.11.A Small Business Subcontracting	What is the small business subcontracting percentage goal for this contract?	There is no goal. However, the Small Business Subcontracting Plan is a scored criteria and offerors are encouraged to populate the table of Attachment III. When assigning points for the Small Business Subcontracting Plan criteria, a Department of Minority Business Enterprise (DMBE) –certified small business, , who serves as the prime contractor, will receive the maximum number of evaluation points for this criteria (20 points). Other businesses that are not DMBE-certified small businesses will receive credit based on their Small Business Subcontracting Plan not to exceed 75% of the points assigned to this evaluation criterion i.e. 20 points X 75%= 15 points. Points will be assigned based on each offeror's proposed subcontracting expenditures with DMBE certified small businesses for the initial contract period as indicated in the offeror's submitted small business subcontracting plan in relation to their total contract price.
74.	**Page 99** Attachment I Cost Proposal, Schedule B	Should the A: Staffing line include both direct and indirect costs or should indirect costs be itemized under Other Costs?	The staffing line should include personnel cost and benefits. Indirect costs should be listed under Other Costs.
75.	**Page 100** Attachment I Cost Proposal, Schedule B-1	Is the number of Units Expected for each Task based on the number of MCOs, Reports or PIPs/Measures? Will DMAS provide the number of Units Expected for each Task?	DMAS has updated the cost proposal forms. Please see RFP 2014-01, Addendum No. 2. Revised Cost Proposal for clarification.
76.	**Page 100** Attachment I Cost Proposal, Schedule B-1	Is the number of Units Expected the number of individual units or the number of units times Frequency in Contract Year? For example, would one report produced quarterly be one unit or four units?	See response to #75.

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77.	**Page 100** Attachment I Cost Proposal, Schedule B-1	Should the Frequency in Contract Year be a word or number? For example, should it be Annually or 1?	See response to #75.
78.	**Attachment I Cost Proposal**, Schedule B-1 Contract Year 1, Schedule B-2 Contract Year 2, Schedule B-3 Contract Year 3, Schedule B-4 Contract Year 4, each Contract Year has a column labeled; *Frequency in Contract Year 1 (2,3,4).*	Please define this column. What is the information that is required for this column?	See response to #75.
79.	**Attachment I Cost Proposal**, Schedule D-1, Optional Focused Study for Health and Acute Care Population (HAP) - (Task F.3) requires a *Price for one 12 month contract period.*	Will this price be for Contract Year 1 only? Or will this price remain the same for the duration of the fours (4) years of the Contract term?	This price is limited to one, 12 month period that may occur during any of the four years of the base contract. Optional services are anticipated to start and be completed within one 12 month period.
80.	**Attachment I Cost Proposal**, Schedule D-2, Optional Focused Study for New to Medicaid Populations (Task F.4) requires a *Price for one 12 month contract period.*	Will this price be for Contract Year 1 only? Or will this price remain the same for the duration of all the fours (4) years of the Contract term?	See response to #79.
81.	**Page 100** Attachment I Cost Proposal, Schedule B-1	Is the Total Cost for each Task calculated by multiplying the number of Units Expected times the Frequency in Contract Year times Unit Cost? (Units Expected x Frequency x Unit Cost = Total Cost)	Yes. Please also see response to #75.

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82.	**Page 120** Attachment III Small Business and Subcontracting Plan	What information should be provided in the Planned Involvement During Initial Period of the Contract column? What information should go in the box on the Totals $ line for that column?	Offerors should further define specific job functions that the proposed DMBE-Certified Small Business will perform during the initial contract period. No information or dollar amounts are required to be entered in the box on the Total $ line for this column.