



COMMONWEALTH of VIRGINIA

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

600 East Broad Street, Suite 1300

Richmond, VA 23219

July 22, 2015

ADDENDUM No. 1 TO VENDORS:

Reference Request for Proposal: RFP 2015-01
Dated: July 1, 2015
Due: August 17, 2015

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

Page 32, Section 3.6, Call Center Performance Standards:

CHANGE – Subsection(s) 3.6.8 and 3.6.9 are renumbered per the following:

- 3.6.87** The contractor shall participate in biweekly call calibration sessions with the contract monitor that will measure performance of a statistically valid sample of call recordings using an agreed upon quality scoring criteria
- 3.6.98** The blockage rate for the call center should be no more than 2% per month, measured each month.

Page 45 and 46, Subsection 3.25.6 through 3.25.8:

CHANGE – Subsection(s) 3.25.6 through 3.25.8 are relocated and renumbered per the following:

3.25.6 42 Performance Reviews

The Contractor shall cooperate with all performance reviews conducted by the Department or its designated agent, including providing copies of all records and documentation arising out of Contractor's performance obligations under the Contract. Upon reasonable notice, the Department may conduct a performance review and audit of the Contractor to determine compliance with the contract requirements. The Department will provide the results of performance reviews to the Contractor.

3.25.7 43 Contractor Corrective Actions

At any time a deficiency in the Contractor's performance is identified, the Department may request a corrective action plan. The Contractor shall develop corrective action plans and submit them to the Department, for approval, within the format and timelines prescribed by the Department.

The Contractor shall immediately notify the Department of any automated systems processes, modifications, or downtime adversely affecting internal or external systems access or functionality impacting the timeliness and accuracy of Enrollment Broker services. The Contractor shall develop, implement, and submit a corrective action plan to the Department, within 24 hours, outlining the Contractor's approach to resolving the issues including systems testing, if applicable.

3.25.8 44 Quality Assurance Plan

The Contractor shall have an internal Quality Assurance (QA) plan and system in place, with documented policies and procedures and internal controls, to perform quarterly operations reviews of all key deliverables. The QA plan shall, minimally, include quarterly sampling of key operation areas; outcome measurement tools; and performance analysis as compared to performance standards identified in this RFP. The QA plan shall be submitted annually to the Department for approval.

The Contractor shall provide the Department with a Quarterly QA report of sampling activities and findings that includes trend data and identifies operational area strengths and areas needing improvement including actions taken. QA reports shall be forwarded to the Department in accordance with the Required Reports provided in Section 4 of this RFP.

The Department may attend Contractor QA meetings at the Department's option.

The Technical Proposal shall include a copy of a Quality Assurance Plan and results for a contract of similar scope and size to this RFP for the quarter or period immediately preceding the RFP issue date.

Page 85, Section 7.4, Binding of Proposal:

CHANGE – First sentence of third paragraph is changed to read per the following:

The Offeror shall submit an original and ~~four (4)~~ **five (5)** copies of the Technical Proposal and one original of the Cost Proposal by the response date and time specified in this RFP.

Page 99, General Term and Condition 9.21:

CHANGE – General Term and Condition 9.21 is changed per the following:

9.21 eVA BUSINESS-TO-GOVERNMENT VENDOR REGISTRATION, CONTRACTS, AND ORDERS:

The eVA Internet electronic procurement solution, web site portal www.eVA.virginia.gov, streamlines and automates government purchasing activities in the Commonwealth. The eVA portal is the gateway for vendors to conduct business with state agencies and public bodies. All vendors desiring to provide goods and/or services to the Commonwealth shall participate in the eVA Internet e-procurement solution by completing the free eVA Vendor Registration. All bidders or offerors must register in eVA and pay the Vendor Transaction Fees specified below; failure to register will result in the bid/proposal being rejected.

Vendor transaction fees are determined by the date the original purchase order is issued and the current fees are as follows:

- a. For orders issued July 1, 2014, and after, the Vendor Transaction Fee is:
 - (i) DSBSD-certified Small Businesses: 1%, capped at \$500 per order.
 - (ii) Businesses that are not DSBSD-certified Small Businesses: 1%, capped at \$1,500 per order.

- b. Refer to Special Term and Condition “eVA Orders and Contracts” to identify the number of purchase orders that will be issued as a result of this solicitation/contract with the eVA transaction fee specified above assessed for each order.

For orders issued prior to July 1, 2014, the vendor transaction fees can be found at www.eVA.virginia.gov.

The specified vendor transaction fee will be invoiced, by the Commonwealth of Virginia Department of General Services, typically within 60 days of the order issue date. Any adjustments (increases/decreases) will be handled through purchase order changes.

Page 110, Special Term and Condition 10.22:

CHANGE – Special Term and Condition 10.22 is changed per the following:

10.22 eVA ORDERS AND CONTRACTS:

The solicitation/contract will result in 1 purchase order(s) with the applicable eVA transaction fee assessed for each order.

Vendors desiring to provide goods and/or services to the Commonwealth shall participate in the eVA Internet e-procurement solution and agree to comply with the following: If this solicitation is for a term contract, failure to provide an electronic catalog (price list) or index page catalog for items awarded will be just cause for the Commonwealth to reject your bid/offer or terminate this contract for default. The format of this electronic catalog shall conform to the eVA Catalog Interchange Format (CIF) Specification that can be accessed and downloaded from www.eVA.virginia.gov. Contractors should email Catalog or Index Page information to eVA-catalog-manager@dgs.virginia.gov.

NOTE: Table of Contents are also updated as appropriate to reflect the above changes.

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.

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 2015-01 Addendum 1
Letters of Intent Received before Due Date/Time

No.	Company
1.	Automated Health Systems
2.	Maximus Health Services, Inc.
3.	Faneuil, Inc.

Attachment 2
RFP 2015-01, Addendum 1
Vendor Questions and Answers

Question Number	RFP Section	Question/Comment	DMAS Response
1.	Section 3.28 Fraud and Abuse Pages 50-51	<p>Will the Commonwealth please provide additional detail on the Fraud and Abuse requirements on page 50-51 within the RFP?</p> <p>Is the Contractor expected to perform fraud and abuse audits for providers?</p>	<p>The contractor is not expected to perform fraud and abuse audits on providers contracted with MEDALLION 3.0 MCOs or providers contracted with CCC MMPs or the Medicaid Fee for Service Program. The contractor should primarily focus their response to the Fraud and Abuse requirements in Section 3.28 to internal procedures and controls related to the misuse of member eligibility and enrollment data in the Medicaid MMIS, which will be used by the contractor to make member MCO/MMP plan assignments and potential fraud and abuse by participating MCOs/ MMPs discovered in the course of carrying out the required functions described in this RFP.</p>
2.	Section 3.8 Fraud and Abuse Pages 50-51	<p>Will the Commonwealth confirm the inclusion of a prevention and detection plan and “specific controls” that include “claims edits?” If yes, is the contractor expected to import claims data extracts into a Contractor provided data system? If it is not the intention of the Commonwealth for the Contractor to review claims/perform “claims edits,” please clarify the planning description and “specific controls” the Contractor is expected to provide prevention and detection for?</p>	<p>The contractor will not be provided Fee for Service, MEDALLION 3.0 or CCC claims data extracts. The Contractor should primarily focus their response to detecting and preventing the misuse of member eligibility and enrollment data in the Medicaid MMIS, which will be used by the contractor to make member MCO/MMP plan assignments and potential fraud and abuse by participating MCOs/MMPs discovered in the course of carrying out the required functions described in this RFP.</p>
3.	Section 3.1 Page 25	<p>Would the state entertain accepting an interface file as an alternative to entering MCO and MPP selections “directly into the VaMMIS” system if it created cost savings and added efficiency for the Department?</p>	<p>This is not our preference unless the interface can update the MMIS in real time or a solution can be developed for an interface that can update the MMIS in real time without significant programming costs</p>
4.	Section 3.4 Page 27	<p>Can the Department elaborate on the role of the Clinical Nurse/Licensed Clinical Social Worker (e.g., full-time or part-time, expected duties, etc.) in order to allow for solution development that fully meets the Department’s needs?</p>	<p>The role of the clinical Nurse/Licensed Clinical Social Worker is to assist MEDALLION 3.0 and CCC members, especially members with complex care needs, with assessing appropriate MCO/MMP network providers when members call to make plan selections, to assist members with appropriate referrals, assist with choice counseling and assist with appeal and exclusion</p>

Attachment 2
RFP 2015-01, Addendum 1
Vendor Questions and Answers

Question Number	RFP Section	Question/Comment	DMAS Response
			requests.
5.	Section 3.4 Page 28	This Section states the Call Center Manager is required to be bilingual (English and Spanish). Would it be permissible for bidders to propose a Call Center Manager that is not bilingual if other members of the proposed staff, such as Quality Assurance Specialist(s) and/or Supervisors are bilingual?	Yes
6.	Section 3.6.6 – 3.6.8 Page 32	The list of Call Center Performance Standards appears to be misnumbered. For example, 3.6.6 jumps to 3.6.8. Can the Department clarify their intended ordering?	The standards are misnumbered. See RFP Addendum 1 for renumbering of subsections.
7.	Section 3.6.6 Page 32	In regards to Requirement 3.6.6, can the Department confirm that the 97% monthly measure will be applied to the quality assurance validation standards to be developed through calibration between the Department and the Contractor?	Yes
8.	Section 3.6 Page 32	<p>The RFP states: “The Technical Proposal shall include a copy of the Offeror’s weekly, monthly, and yearly performance data with an existing enrollment broker contract similar in size and complexity to the program described in this RFP within the period immediately preceding the RFP issue date.”</p> <p>Can the Department please confirm they’re looking for performance data for an existing Medicaid Enrollment broker contract run by the vendor?</p>	Yes, if the bidder has data specific to Medicaid enrollment broker services. Performance data for a similar contract or service provided by the bidder is acceptable if Medicaid enrollment broker services data is not available.
9.	Section 3.6.2 Page 32	Can the Department confirm that they are requiring 90% of all incoming calls to be answered by the IVR within 120 seconds?	Yes
10.	Section 3.12 Page 37	This Section states that the Contractor must provide translated information regarding appeal rights for consumers that do not speak English. Is this a verbal translation or is the Contractor required to translate appeals documents into multiple languages? If a written translation is required please provide a list of languages and the estimated length and	Verbal and written translation services for callers in Spanish as well as Spanish translations of Member handbooks and plan comparison charts. The use of a language line service that includes translation services in all foreign languages for verbal translations for callers to the MEDALLION 3.0 and CCC Program Helplines.

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Question Number	RFP Section	Question/Comment	DMAS Response
		quantity of the materials that will require translation.	
11.	Section 3.13 Page 37	In order to be compliant with Requirement 3.13, would the Department entertain a solution that allows reporting of call length from the telephony system itself rather than the Contractor's call logging platform? It has been our experience that integrating this single element with the call log can significantly increase the total cost of compliance with this full requirement.	Yes.
12.	Section 3.14 Page 38	<p>The RFP states, "The CSR's call documentation software shall be auto-populated with relevant information from prior calls as well as demographic, member enrollment and eligibility information from the VaMMIS, as determined by the Department."</p> <p>Please elaborate on the information exchange, including file formats and data elements, being provided by the VaMMIS to/from the Contractor's Enrollment Broker system in support of these functional capabilities.</p>	<p>We will provide the detail specific file and format information upon contract award. All EDI companion guides are available on our web site at https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/EDISupport. Bidders should focus attention on the companion guides specific to the 834 and 270/271 transaction sets</p>
13.	Section 3.14 Page 38	<p>The Department requires that the Contractor establish an IVR that offers individuals the ability to enter their ID# and receive information about their current MCO/health plan or the plan with which they prospectively will be enrolled in the next 30-60 days. Will the Department provide the Contractor with a daily file from the VaMMIS that includes pre-assigned and pending MCO/plan enrollments? Please describe the data elements that will be included in the daily member file that the Department will send to the Contractor.</p>	<p>We will provide the detail specific file and format information upon contract award. All EDI companion guides are available on our web site at https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/EDISupport</p> <p>Bidders should focus attention on the companion guides specific to the 834 and 270/271 transaction sets</p>
14.	Section 3.17 Page 39	<p>The RFP states, "The Contractor interface with VaMMIS will include Medicaid participant enrollment information in standard EDI format."</p> <p>Please elaborate on the format, layout and data elements of any new EDI interfaces being made between DMAS and the</p>	<p>We will provide the detail specific file and format information upon contract award. All EDI companion guides are available on our web site at https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/EDISupport</p> <p>Bidders should focus attention on the companion guides</p>

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Question Number	RFP Section	Question/Comment	DMAS Response
		Contractor.	specific to the 834 and 270/271 transaction sets
15.	Section 3.21 Page 40	<p>Regarding- Managed Care Organization (MCO/MMP) Provider File</p> <p>“The Contractor shall receive and load a full monthly provider file, to include active and deleted providers and all provider types and specialties from each of the Department’s contracted MCO/MMPs. The Contractor shall receive and download separate provider files from each MCO/MMP <i>via FTP secure server.</i>”</p> <p>Can bidders assume the <i>MCOs/MMPs</i> support SFTP (ftp over ssh) for data transmission?</p>	DMAS and the contractor will determine security protocols for MCO/MMP FTP transactions after the contract is awarded
16.	Section 3.20 Page 40	The Department indicates it will provide the Contractor with a daily Member Data file. Please provide a list of data elements that the Department will include in the Member Data file that will be used to update the Contractor’s Medicaid Individual Database.	<p>We will provide the detail specific file and format information upon contract award. All EDI companion guides are available on our web site at https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/EDISupport</p> <p>Bidders should focus attention on the companion guides specific to the 834 and 270/271 transaction sets</p>
17.	Section 3.23 Page 41	<p>The RFP states, “In addition to the features described above, the contractor shall develop and implement a secure internet web site capability integrated in the MEDALLION 3.0 and CCC web sites that includes the capability for members to make new plan enrollments or changes to existing plan enrollments or to opt-out of the CCC program.”</p> <p>Can the Department confirm that the Contractor is responsible for hosting and maintaining MEDALLION 3.0 and CCC web sites?</p>	Yes
18.	Section 3.23	RFP Section 3.25 is titled Subcontractor. Subsections 3.25.6: Performance Reviews, 3.25.7: Contractor Corrective	Subsections 3.25.6: Performance Reviews, 3.25.7: Contractor Corrective Actions, and 3.25.8: Quality

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Question Number	RFP Section	Question/Comment	DMAS Response
	Pages 43-46	<p>Actions, and 3.25.8: Quality Assurance Plan do not appear to pertain specifically to subcontractor involvement, but rather to contractor duties and responsibilities. Please clarify if these three subsections should be organized outside of the Subcontractor section and placed elsewhere in our proposal within sections that are more relevant to Performance Reviews, Contractor Corrective Action, and Quality Assurance Plan.</p>	<p>Assurance Plan do not pertain to subcontractor involvement and have been relocated in the RFP as Sections 3.42 – 3.44. See RFP Addendum 1 for renumbering of sections.</p>
19.	Section 3.27 Page 47	<p>The RFP states, “The Contractor shall be responsible for providing enrollment functions as required in this RFP and in the Offeror’s proposal during any 1) New program implementation, 2) New MCO participation in a Medicaid region, 3) Expansion of other Medicaid individual groups into Medicaid managed care program such as Home and Community Based Care Waiver programs, and 4) Contract termination of an MCO plan or plans. Contract standards and quality of services shall be maintained during these occurrences.”</p> <p>Please elaborate on any proposed technical changes or enhancements to VaMMIS in support of the expansions as described in this section. For example, changes to the EDI files exchanged between VaMMIS and the Contractor’s Enrollment Broker system.</p>	<p>The enrollment process may change as a result of, for example, new MCO plan participation in MEDALLION 3.0 or the CCC Program or the termination of a MCO/MMP from either program. Additionally, a new RFP process for the MEDALLION 3.0 program or the CCC program may be carried out by DMAS during the contract term. VAMMIS may be modified or enhanced to comply with the new program requirements resulting from these initiatives as well as the EDI files submitted to the contractor. DMAS will provide adequate support to the contractor to allow for these transitions.</p>
20.	Section 3.28.2 Pages 50-51	<p>The RFP specifies: “Include a description of the specific controls in place for prevention and detection of potential or suspected abuse and fraud, such as:</p> <ul style="list-style-type: none"> a. Claims edits b. Post payment and prepayment of claims; c. Service authorization; d. Utilization management;” <p>These seem to be claims and payment related items that are not associated with the services requested under this RFP.</p> 	<p>see responses to questions 1 and 2</p>

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Question Number	RFP Section	Question/Comment	DMAS Response
		Can the Department confirm that the Contractor's responsibility will be limited to recording and referring received complaints regarding these services to the appropriate Department staff and inclusion, as reported, in fraud and abuse reports submitted per the terms of the contract?	
21.	Section 3.37.2 Page 60	Please provide the estimated monthly volume of booklets/charts/materials, by type of booklets/charts/materials, that the Contractor will need to provide to the FAMIS Contractor.	See attachment IX page 130 in RFP
22.	Section 3.39 Page 62	How will the information and data required to conduct the analysis for the MEDALLION 3.0 Managed Care Compliance Reports be transferred from the MCO/MMP plans to the Contractor?	Via email or FTP server
23.	Section 3.39A Page 63	Will provider network updates from MCO/MMP plans for the Access to Care and Network Standards Reporting come on a weekly or monthly basis?	Monthly
24.	Section 3.39A Page 63	Can the Department provide examples of the parameters needed to conduct the required network adequacy analysis?	Network analysis parameters will be determined post implementation examples of parameters include the number of MCO/MMP network providers by subspecialty within a given geographic area (city/county, zip code, census tract) in comparison to the Medicaid population in that geographic area
25.	Section 3.39 D, E Page 63	Do the MCOs provide the data for all five of the reporting requirements, A through E, directly to the contractor each month? In what format is this data provided? Are their current statistical algorithms available to use for this analysis? Will data cleaning/data entry be required to prepare the MCO data for analysis?	Yes. The format will be determined after the contract is awarded. Data cleaning/data entry will be required of the contractor
26.	Section 3.39 Page 63	The Department describes a variety of MCO compliance analysis and reporting functions that will be supported by the Medicaid Enrollment Broker Contractor. Please provide	The contractor should speak broadly to their capability and/or experience compiling data from MCOs and presenting this data in a user friendly format that can be

Attachment 2
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Question Number	RFP Section	Question/Comment	DMAS Response
		additional information as to the type and volume of data that the MCOs will provide to the Contractor (estimated number of records sent to the Contractor daily/weekly/monthly/etc.), the method of transmission (secure FTP, etc.), the frequency that the MCOs/Plans will transmit this data, and the estimated number of MCO activity components that the Contractor will analyze/compile for the Department for each of the five reports outlined in the RFP.	compared plan to plan as described in Section 3.39. Specifics as to number of records, method of transmission and frequency will be determined during implementation.
27.	Section 3.41 Page 65	This Section states that the Contractor must develop and maintain a static website for the CCC program. Earlier in the RFP the Department indicates that the website must support enrollment/transfers/opt outs via the website. Please confirm whether the Department requires a transactional website for both Medallion and CCC that enables consumers to enroll in Medallion/CCC, complete a Health Status Assessment for Medallion 3.0, complete a plan transfer, and opt out of CCC.	Yes. DMAS will provide a daily file for updates and a monthly file for reconciliations depending on the data transfer requirements agreed upon by DMAS and the contractor after the contract is awarded.
28.	Section 4.2b Page 72	Please confirm that the Commonwealth is seeking corporate-level Audited Financial Statements and Income Statements for reporting purposes.	Yes
29.	Section 5 Page 78	This Section states that the Department will provide the Contractor with a monthly extract of Case and Medicaid Individual data. Elsewhere in the RFP it is stated that the Department will send this information to the Contractor via a daily file. Please confirm that the Department will send the Contractor a daily file with updated Case and Medicaid Individual data.	Yes
30.	Section 7.4 Page 85	The RFP states that “Each hard copy of the Technical Proposal and each hard copy of the Cost Proposal and all documentation submitted shall be contained in single three-ring binder volumes where practical.” Can we use GBC binding for the Cost Proposal?	Yes
31.	Section 7.8 Page 87	In reference to the Cover Page of the RFP, can the Department confirm that the cover page on Page 4?	This confirms that the Cover page referenced in this section is page 4 of the RFP.

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Vendor Questions and Answers

Question Number	RFP Section	Question/Comment	DMAS Response
32.	Attachment III – Schedule A page 116	The Department notes that transferred calls will not be reimbursed. Please provide additional detail as to how a transferred call will be defined with regard to this requirement. For instance, is the Department considering calls transferred within the call center as non-reimbursable, or calls transferred to external entities?	Attachment III Schedule C is the correct section referencing transferred calls. Since the Contractor will be reimbursed for answered, inbound calls. Calls answered and subsequently transferred, within the Call Center or to external entities shall be counted and reimbursed as 1, not 2 calls, in the monthly “Number of Customer Service Calls.”
33.	Attachment III Page 117	Can the Commonwealth clarify that startup/implementation costs will be cost reimbursable and invoiced separately from the operational period?	Startup/implementation cost will be invoiced separately and reimbursed 30 calendar days after successful implementation as determined by DMAS. See RFP Section 6.2.1
34.	Attachment III Page 118	Will the Department please clarify if the tiered pricing structure in Schedule C (Page 118 Section 3) means that calls up to 20,000 are priced at “X”, and that any call over 20,001 is priced at “Y” (separate and not retroactive), or if after exceeding 20,001 calls, all calls (0- 20,001+) are then priced at “Y” (retroactively).	Please see response to question #35.
35.	Attachment III – Schedule D Page 119	Please clarify how the cost per call will be allocated between Tier I and Tier II. For example, if the Tier I threshold is 20,000 calls per month and the Contractor handles 25,000 calls during the month, will all calls be reimbursed at the Tier II rate or will the first 20,000 be reimbursed according to the Tier I rate and only the calls that exceed that level reimbursed at the Tier II rate? Alternately, is it the total call volume that determines the rate per call for all calls handled that month, applying the same Tiered rate to all calls? Please confirm that this same methodology should be applied consistently for each program/component priced.	If the monthly call volume exceeds the threshold for Tier 1 Customer Service Calls, the Contractor will be reimbursed for all calls at the Tier II rate. The total monthly call volume determines the rate per call as defined in Schedule C. This methodology should be applied consistently for each program/component priced.
36.	General	Does VaMMIS support web services?	Yes
37.	General	Are there RFP requirements that are not required of the current Contractor? If so, what are they?	Integrated Voice Response System

**Attachment 2
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Vendor Questions and Answers**

Question Number	RFP Section	Question/Comment	DMAS Response
			Interactive web-based enrollment MCO/MMP Provider Network Database Requirements MEDALLION 3.0 Managed Care Compliance Reporting
38.	General	Understanding that DMAS is still in the planning stages, does DMAS anticipate a community outreach prior to MLTSS implementation? (An effective LTC and county outreach will significantly impact volume and length of MLTSS calls and inquiries.)	Outreach will be carried out by internal DMAS staff
39.	General	Will DMAS release the names of bidders who submitted a LOI?	See Attachment A in RFP 2015-01 Addendum 1.
40.	Section 1.2 Page 16	Is open enrollment statewide or anniversary driven?	Anniversary driven by region
41.	Section 2.1 Page 20	The RFP states that there are 1,057,996 individuals in Medicaid, but only 674,661 are enrolled in MEDALLION 3.0. What groups/populations comprise the remaining individuals?	Medicaid enrollees excluded for participation in MEDALLION 3.0. See link provided on page 19 of the RFP
42.	Section 2.1 Page 20	Does the Contractor have any responsibilities for the individuals enrolled in Medicaid but not in MEDALLION 3.0 or CCC? If so, what are they?	No.
43.	Section 2.2 Page 22	Please provide more detail on the CCC implementation schedule. Specifically: <ul style="list-style-type: none"> - What has been implemented to-date? - What CCC program components have yet to come? - What are the Contractor's responsibilities for the CCC implementation? 	The CCC Program has completed the implementation process. However, there is continuous enhancement to the program and as enhancement continues, DMAS will request the assistance of the contractor for certain projects.
44.	Section 2.2 Page 22	The RFP states that there are 63,729 eligible CCC members, but the total members in the table do not add to 63,000. Please explain this discrepancy.	53,647 is the correct number of CCC members eligible for participation on March 14, 2015
45.	Section 2.4 Page 23	Please provide considerably more detail related to mailings. Who is responsible for developing and sending each mailed item? Where does returned mail go (e.g., to the Contractor or to the mailing vendor)?	The development and updating of comparison charts as described in this RFP are the responsibility of the contractor. The contractor should have sufficient comparison charts on hand and the capability to mail comparison charts to members who call and request or need a comparison chart. Returned mail from open

**Attachment 2
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Question Number	RFP Section	Question/Comment	DMAS Response																																
			enrollment mailings or any mailings carried out by DMAS, CMS or its mailing vendors do not go back to the enrollment broker. See Section 3.41 for requirements specific to CCC program mailings.																																
46.	Section 2.4 Page 23	Please confirm that the Contractor is responsible for producing the brochure and comparison chart, but is not responsible for sending them.	That is correct, unless a caller requests a brochure during the enrollment process																																
47.	Section 2.5 Page 23	Why must the Contractor operate an overflow call center? In what circumstances is it permissible to use it?	To answer calls when the contractor's Richmond metro call center does not have sufficient staff or capacity to meet contract standards identified in this RFP over a sustained period of a week or more.																																
48.	Section 2.5 Page 24	Please confirm that the HAS is only for those enrollees who contact the call center and not for all new enrollees.	That is correct																																
49.	Section 3.3.4 Page 26	How many State staff should the offeror plan to accommodate?	Two staff persons																																
50.	Section 3.4 Page 27	<p>To clarify and result in the best, most consistent proposals that result in a fair, unbiased evaluation, would the State please clarify the following?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Position</th> <th style="width: 25%;">100% Dedicated to Contract (Y/N)</th> <th style="width: 25%;">Required to Name in Proposal (Y/N)</th> <th style="width: 25%;">Required to be Located in VA (Y/N)</th> </tr> </thead> <tbody> <tr> <td>Regional Manager</td> <td style="text-align: center; color: red;">N</td> <td style="text-align: center; color: red;">N</td> <td style="text-align: center; color: red;">N</td> </tr> <tr> <td>Project Director</td> <td style="text-align: center; color: red;">Y</td> <td style="text-align: center; color: red;">Y</td> <td style="text-align: center; color: red;">N</td> </tr> <tr> <td>Systems Administrator</td> <td style="text-align: center; color: red;">Y</td> <td style="text-align: center; color: red;">N</td> <td style="text-align: center; color: red;">Y</td> </tr> <tr> <td>QA/Training Manager</td> <td style="text-align: center; color: red;">Y</td> <td style="text-align: center; color: red;">N</td> <td style="text-align: center; color: red;">Y</td> </tr> <tr> <td>HR Manager</td> <td style="text-align: center; color: red;">N</td> <td style="text-align: center; color: red;">N</td> <td style="text-align: center; color: red;">N</td> </tr> <tr> <td>Call Center Manager</td> <td style="text-align: center; color: red;">Y</td> <td style="text-align: center; color: red;">N</td> <td style="text-align: center; color: red;">Y</td> </tr> <tr> <td>Call Center Supervisors</td> <td style="text-align: center; color: red;">Y</td> <td style="text-align: center; color: red;">Y</td> <td style="text-align: center; color: red;">Y</td> </tr> </tbody> </table>	Position	100% Dedicated to Contract (Y/N)	Required to Name in Proposal (Y/N)	Required to be Located in VA (Y/N)	Regional Manager	N	N	N	Project Director	Y	Y	N	Systems Administrator	Y	N	Y	QA/Training Manager	Y	N	Y	HR Manager	N	N	N	Call Center Manager	Y	N	Y	Call Center Supervisors	Y	Y	Y	Please see DMAS' clarification responses identified as Y/N in the offerors table.
Position	100% Dedicated to Contract (Y/N)	Required to Name in Proposal (Y/N)	Required to be Located in VA (Y/N)																																
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Question Number	RFP Section	Question/Comment	DMAS Response											
51.	Section 3.4 Page 27	Requiring bidders to name all key staff places an unfair advantage on the incumbent contractor; would the State allow bidders to name only a Project Director, provided detailed job descriptions are included for the remaining key management positions?	Yes											
52.	Section 3.4 Page 27	Many Enrollment Broker programs operate with significantly less key staff without any impact on operations. Would the State consider removing the requirement for some of the key staff? Specifically, 1 HR Manager and 2 QA Managers is heavy for a project of this size. (Additionally, many contractors will provide HR functions through their corporate HR Department.)	Yes											
53.	Section 3.4.1 Page 28	Please clarify what the State means by “officer level.” Legally, this term refers to President, Vice President, Treasurer, and Secretary.	Correct, President, Vice President, Treasurer and Secretary											
54.	Section 3.4.1 Page 28	Please clarify – must the Call Center Manager be bilingual?	No, but at least one call center supervisor must be bilingual											
55.	Section 3.7 Page 33	Provided the Contractor will provide DMAS with all requested call recordings within one business day, would the State remove the requirement for remote access to all call recordings for State staff?	No											
56.	Section 3.7 Page 33	10 th Bullet: Please confirm that a functioning backup site with a phone system where calls can be seamlessly transferred in the event lines go down is sufficient for meeting this requirement.	Yes											
57.	Section 3.9 Page 35	How many mailed-in enrollment requests are received on a monthly basis?	<p>The MEDALLION 3.0 Program had on mailed enrollment requests over the last 12 months. The contractor should however, have the capability to carry out mailed enrollment requests. The CCC Program had the following mailed enrollment requests fulfilled from the period of June 2014 – June 2015:</p> <table border="1" data-bbox="1257 1419 2011 1526"> <thead> <tr> <th data-bbox="1257 1419 1367 1458">2014</th> <th data-bbox="1375 1419 1591 1458">June</th> <th data-bbox="1600 1419 2011 1458">488</th> </tr> </thead> <tbody> <tr> <td data-bbox="1257 1458 1367 1497"></td> <td data-bbox="1375 1458 1591 1497">July</td> <td data-bbox="1600 1458 2011 1497">477</td> </tr> <tr> <td data-bbox="1257 1497 1367 1526"></td> <td data-bbox="1375 1497 1591 1526">August</td> <td data-bbox="1600 1497 2011 1526">327</td> </tr> </tbody> </table>			2014	June	488		July	477		August	327
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Question Number	RFP Section	Question/Comment	DMAS Response		
				September	240
				October	106
				November	81
				December	57
			2015	January	56
				February	42
				March	44
				April	27
				May	50
				June	47
58.	Section 3.14 Page 38	Does the current contractor have this functionality?	Yes		
59.	Section 3.20 Page 40	Is the Contractor responsible for processing individual member data back to DMAS? If so, what data, in what frequency, in what format?	Data as described in Section 3.20, provided monthly in an excel spreadsheet		
60.	Section 3.20 Page 40	What files are sent and received from the Contractor, DMAS, and MCO/MMPs?	This information is provided in Section 3.20		
61.	Section 3.23 Page 42	Does the current Contractor's website provide options for online enrollment?	No		
62.	Section 3.28.2 Page 50	Many of these items (e.g., post payment and prepayment of claims, service authorization, utilization management, etc.) are more commonly required of MCO/MMP Fraud and Abuse efforts. Please confirm that each of these items will be the requirement of the enrollment broker.	See responses to questions 1 and 2		
63.	Section 3.28.2 Page 50	If the Contractor is responsible for each of these items, specifically those identified in #3.a-g, how and when will the Contractor be provided with the data to review them?	See responses to questions 1 and 2		
64.	Section 3.29 Page 50	Several of the dates in this section are inconsistent. For example, the RFP requires that "No later than 60 calendar days prior to the implementation start date, the Contractor shall demonstrate . . ."; however, additional sentences require that "the Contractor's telephone system is fully operational and staff training has been completed for a readiness review 15 calendar days prior to the effective date	<p>A minimum of 30 days would be considered to assure sufficient time to train the staff on the procedures for enrollment as outlined in the RFP</p> <p>DMAS will clarify project tasks and completion dates with the contractor after the contract is awarded when a mutually agreeable project plan has been developed.</p>		

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Question Number	RFP Section	Question/Comment	DMAS Response
		<p>of implementation”, and “The Contractor’s inability to demonstrate, to the Department’s satisfaction and as provided in this section, that Contractor is fully capable of performing all duties under this contract no later than 12/1/2015.”</p> <p>In consideration of date clarification, please consider that requiring all staff to be hired and trained 60 days prior to Go-Live is excessive, costly, and unnecessary. Please consider that as long as Contractor can demonstrate readiness, that being hired 2-3 weeks prior to Go-Live is sufficient for staff.</p> <p>Would the Department please clarify the specific tasks the Contractor must complete and the dates the Contractor must complete them?</p>	
65.	Section 3.39 Page 63	Is the Contractor responsible for developing/producing each of the required reports? If so, where/how does the Contractor access data for each element? For example, how would the Contractor have access to solvency documentation, changes in reserves, recoupment/reconciliation data for the MCOs required as part of the Financial Management Reports?	This information will be provided by the MCOs/MMPs and sent to the contractor for plan to plan comparison analysis
66.	Section 3.41 Page 65	Please clarify for what purpose the Contractor would need to provide job aids?	Job aids are defined as written and on-line training and work materials created by the contractor for use by customer services representatives to meet the requirements of the RFP
67.	Section 3.41 Page 65	Which of the 23 exhibits of mailings are the responsibility of the Enrollment Broker Contractor versus the Mailing Contractor?	All of the mailings stipulated in Section 3.41
68.	Section 3.41 Page 65	Are any file transfers required for the CCC Program? If so, please provide more detail on each file transfer (e.g., what data is included, in what format, in what frequency, to what partner).	The contractor will be responsible for retrieving the transaction file from CMS through their data system on a daily basis
69.	Section 6.2 Page 79	Does this requirement indicate that implementation is limited to cost reimbursement? Or will implementation be paid on fixed price per bid?	Cost for implementation will be paid based on the negotiated fixed price cost proposal submitted by the

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Question Number	RFP Section	Question/Comment	DMAS Response
			Offeror (Attachment III, Schedule B)
70.	Section 7.2 Page 82	A Training Guide and Policies Procedure Manual are typically developed in consultation with the client to meet the Project's specific business rules. May bidders submit a Training Guide and Policies and Procedures Manual from an existing enrollment broker contract to demonstrate proficiency with training and procedures?	Yes
71.	Section 7.2 Page 83	May a privately-held corporation submit a. instead of b., or must a privately-held corporation submit b.?	A privately held corporation must submit b.
72.	Section 7.4 Page 85	Please confirm that PDF is a Microsoft Word 2007 compatible format.	Confirmed
73.	Section 7.4 Page 85	Please confirm that PDF is a Microsoft Excel 2007 compatible format.	See response to question 72
74.	Attachment IV and V Page 123-124	How are IVR calls accounted for in the call reports?	An answered call
75.	Attachment IV and V Page 123-124	How many IVR calls should the bidder expect to receive per month?	DMAS does not have an IVR under the existing contract, therefore we are requesting that bidders provide an estimate for a similar call center with an IVR that they have had experience implementing