COMMONWEALTH of VIRGINIA

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

June 13, 2016

ADDENDUM No. 4 TO VENDORS:

Reference Request for Proposal: RFP 2016-01
Dated: April 29, 2016
Due: June 30, 2016

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

Page 47, Section 3.4 Technical Relationships:
CHANGE – Section 3.4 has been changed per the following:

5. Other contractors that are part of the MLTSS Program, including the DMAS BHSA and F/EA, consistent with requirements described in Section 6.

Page 50, Section 3.5.5 Provider Network Adequacy and Submission:
CHANGE – Parts of Section 3.5.5 has been changed per the following:

In addition, the Offeror shall ensure that its provider network provides access that is consistent with routine patterns of utilization, including in localities that fall adjacent to another region. For example, Accomack is located in the ~~Central~~ Tidewater region; however, for some parts of Accomack, member utilization patterns may require the Offeror to contract with providers located in the Central~~Tidewater~~ region or bordering state.

In response to this RFP, the Offeror shall submit their preliminary provider networks to include: acute, primary, LTSS, behavioral health (~~all~~ including Community Services Boards in the proposed regions), and transportation in the format described in Attachment C.

Only providers who have either signed a letter of intent (LOI) or signed a contract may be submitted. The Offeror must indicate this distinction (LOI vs. signed contract) for each submitted provider. The Offeror does not need to provide actual copies of signed LOIs or contracts in response to this RFP.

The network analysis conducted during the readiness review process shall be based upon ~~including~~ the Contractor's fully executed provider contracts.~~, will be evaluated during the~~

~~readiness review process~~ Final networks shall include all Community Services Boards in the region(s) in which the Contractor proposes to operate the MLTSS program.

Page 57, Section 3.6.2 Care Management Technology System:
CHANGE – Section 3.6.2; the last sentence in this section has been changed per the following:

Explain how data sharing will occur between the Offeror's care management technology system, the Offeror's subcontractors, including the DMAS BHSA, and other health plans' systems.

Page 74, Section 6.1.6: Provider Agreements
CHANGE – Section 6.1.6, has been changed per the following:

Coverage responsibility for behavioral health services shall be the responsibility of the Contractor. ~~There are two categories of covered services: (1) traditional and (2) non-traditional or community behavioral health and substance use treatment services.~~ The Contractor shall cover ~~traditional and non-traditional~~ behavioral health services as defined in Attachment E. Providers of these behavioral health services must meet DMAS' qualifications as outlined in the most current DMAS behavioral health provider manuals, including the community mental health rehabilitative services (CMHRS), mental health clinic, and psychiatric services provider manuals found at: https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderManual.

The Contractor shall subcontract with the Department's BHSA for the provision of ~~non-traditional~~ community based mental health services, as described in Attachment E, within the Department's established coverage criteria and guidelines until such time that the DMAS BHSA contract expires (no later than November 30, 2018). The Contractor may negotiate either a fully insured risk-based or an administrative services only (ASO) contract with the Department's BHSA for the community based mental health~~non-traditional~~ services. The Contractor may also subcontract with the Department's BHSA for additional~~traditional~~ behavioral health services, if the Contractor so chooses. Regardless of the type of contractual arrangement the Contractor establishes with the BHSA, the Contractor shall be at full-risk for all covered behavioral health services ~~covered~~ as outlined in Attachment E and the MLTSS Contract. The DMAS BHSA RFP provides additional information and is available on the DMAS website at: http://www.dmas.virginia.gov/Content_pgs/obh-home.aspx.

When DMAS' contract with the BHSA expires, the Contractor shall remain responsible for meeting the network adequacy standards and for the provision of the full scope of ~~traditional and non-traditional~~behavioral health services covered in the MLTSS Contract. To meet these standards, the Contractor may (1) continue to contract with DMAS' BHSA; (2) contract with a different BHSA; or (3) provide the full scope of required services through the Contractor's own network of behavioral health providers. Upon DMAS notification, the Department will review and approve the Contractor's complete BHSA behavioral health provider network and transition plan.

The Contractor shall manage ~~non-traditional and traditional~~the full scope of behavioral health services under the MLTSS Program. The Contractor shall~~will~~ contract with DMAS' BHSA for the

provision of ~~non-traditional~~community based mental health services as described in Attachment E. This requirement does not: (1) require the Contractor to contract with providers beyond the number necessary to meet the needs of its enrollees (e.g., the Contractor can define the network and use a narrower network of providers as long as it is consistent with and meets the requirements outlined in the MLTSS Contract) ; (2) preclude the Contractor from using different reimbursement rates for different specialties or for different practitioners in the same specialty (except for mental health case management) provided the Contractor adheres to Section 6.7.9 (Provider Payment) of the RFP; or (3) preclude the Contractor from establishing measures that are designed to maintain quality of services and control costs and are consistent with its responsibilities to enrollees.

The Contractor shall ensure that care coordination occurs between the Contractor and its subcontractors for all covered MLTSS services, including behavioral health services. Collaborative care coordination between the Contractor and its subcontractors is required regardless of contractual arrangements the Contractor may have with other vendors or entities for the administration and management of behavioral health services. The Contractor shall have documented procedures to ensure the interface with any external entity is conducive to open communication and collaboration in the best interest of the member's integrated care needs. The interface between the MLTSS contractor and its subcontractors shall include data sharing capabilities, and shall ensure that data sharing occurs timely and effectively and remains seamless to the member. The interface must include a viable means of exchanging clinical, authorization, and service information between the Contractor and its subcontractors. For example, care planning activities for a young member with uncontrollable childhood diabetes and multiple mental health crisis episodes should follow an interdisciplinary approach where each care coordinator has access to behavioral health and medical data that is needed to ensure comprehensive care planning, necessary crisis services, provider collaboration, and on-going monitoring.

Page 103, Section 6.3.5: Other Required Reporting Deliverables
CHANGE – Section 6.3.5, has been changed per the following:

Consistent with Federal and State guidelines, the Contractor shall be responsible for robust and transparent reporting on critical elements of MLTSS covered services and the Contractor's major systems. The Contractor shall have adequate resources to support MLTSS reporting needs as required by DMAS. Examples of data to be included in reports -shall~~will~~ include, but are not limited to, behavioral health, pharmacy, LTSS, claims, service authorizations, provider network, grievance and appeals, quality, program integrity, expenditures related to rebalancing efforts (institutional vs. community based), call center statistics (broken out by behavioral health including crisis calls and all other service categories), timeliness of assessments, individualized care plans and care plan revisions, participant health and functional status, marketing, outreach, and training, high-utilizer intervention activities, under-utilization analysis with reasons, appointment assistance activities, value based payment activities and related dashboards.

The Contractor shall report detailed data in the areas listed above on a weekly, monthly, quarterly, and annual basis by program area, including separate reports for LTSS, behavioral health, and SUD services. A draft version of the detailed monthly summary report is attached to this addendum. In addition, on a monthly basis, the Contractor shall provide a detailed business review report in a presentation style format that highlights the Contractor's overall system of care. The report also shall include a detailed review and trend analysis of the Contractor's on-going experience (i.e., utilization, activities, outcomes, etc.), as well as performance metrics for all program areas and major systems (such as the key areas of reporting listed in the paragraph above).

The Contractor shall successfully generate and send these reports as directed by DMAS. DMAS will analyze the Contractor's reports as part of its quality monitoring and oversight activities. Based on the results, DMAS may require the Contractor to take corrective action, if needed. To minimize administrative burden on all parties, DMAS intends to use standardized electronic reporting formats so that reported information can be tracked and trended across MLTSS Contractors over time.

DMAS reserves the right to request ad hoc reports and to modify reporting requirements with advance notice. Refer to Attachment B for links to the MLTSS Reporting Manual for minimum MLTSS reporting requirements. The final MLTSS reporting requirements will be included in the MLTSS Contract.

Page 116, Section 6.3.16: Call Center Requirements
CHANGE – Section 6.3.16, has been changed per the following:

The Contractor shall provide robust reports on a monthly basis that detail the types of calls handled and regarding the Contractor's call center performance. The Contractor shall report separately from other Virginia lines of business. Additionally the call center must report by service area (primary, acute, behavioral health, and LTSS). The Contractor's system must also track and report on behavioral health crisis calls. At a minimum, behavioral health crisis call reporting shall include:

- date of call, member name and ID, member FIPS, and contact information
- call reason
- assessment and referral,
- member status,
- identified treating provider(s),
- outcomes, and
- follow-up treatment and monitoring activities.

Page 146, Section 6.9.1: Audit
CHANGE – Section 6.9.1, has been changed per the following:

Consistent with Federal managed care regulations at 42 C.F.R. 438.3(u), ~~T~~the Contractor shall retain all books, records, and other documents relative to this contract for ten~~six~~ (~~6~~10) years~~ after final payment~~, or longer if audited by the Commonwealth of Virginia~~, whichever is sooner~~. In addition, per 12VAC30-120-1730, for members who are children under age 21 and enrolled in the

Technology Assisted Waiver, the Contractor shall retain records for at least six (6) years after the minor has reached 21 years of age.

Correction to Attachment A, MLTSS Regions and Localities.

Accomack and Northampton counties will be included in the Tidewater versus and Central region. A corrected locality chart is provided below.

ATTACHMENT A: MLTSS REGIONS AND LOCALITIES

CENTRAL REGION							
~~001~~	~~ACCOMACK~~	620	FRANKLIN CITY	111	LUNENBURG	149	PRINCE GEORGE
007	AMELIA	630	FREDERICKSBURG	115	MATHEWS	760	RICHMOND CITY
025	BRUNSWICK	075	GOOCHLAND	117	MECKLENBURG	159	RICHMOND CO.
033	CAROLINE	081	GREENSVILLE	119	MIDDLESEX	175	SOUTHAMPTON
036	CHARLES CITY	085	HANOVER	127	NEW KENT	177	SPOTSYLVANIA
041	CHESTERFIELD	087	HENRICO	~~131~~	~~NORTHAMPTON~~	179	STAFFORD
570	COLONIAL HEIGHTS	670	HOPEWELL	133	NORTHUMBERLAND	181	SURRY
049	CUMBERLAND	097	KING AND QUEEN	135	NOTTOWAY	183	SUSSEX
053	DINWIDDIE	099	KING GEORGE	730	PETERSBURG	193	WESTMORELAND
595	EMPORIA	101	KING WILLIAM	145	POWHATAN		
057	ESSEX	103	LANCASTER	147	PRINCE EDWARD		
TIDEWATER REGION							
001	**ACCOMACK**	093	ISLE OF WIGHT	**131**	**NORTHAMPTON**	810	VIRGINIA BEACH
550	CHESAPEAKE	095	JAMES CITY CO	735	POQUOSON	830	WILLIAMSBURG
073	GLOUCESTER	700	NEWPORT NEWS	740	PORTSMOUTH	199	YORK
650	HAMPTON	710	NORFOLK	800	SUFFOLK		
NORTHERN & WINCHESTER REGION							
510	ALEXANDRIA	059	FAIRFAX CO.	683	MANASSAS CITY	171	SHENANDOAH
013	ARLINGTON	610	FALLS CHURCH	685	MANASSAS PARK	187	WARREN
043	CLARKE	061	FAUQUIER	139	PAGE	840	WINCHESTER
047	CULPEPER	069	FREDERICK	153	PRINCE WILLIAM		
600	FAIRFAX CITY	107	LOUDOUN	157	RAPPAHANNOCK		
CHARLOTTESVILLE WESTERN REGION							
003	ALBEMARLE	037	CHARLOTTE	660	HARRISONBURG	143	PITTSYLVANIA
009	AMHERST	540	CHARLOTTESVILLE	109	LOUISA	165	ROCKINGHAM
011	APPOMATTOX	590	DANVILLE	680	LYNCHBURG	790	STAUNTON
015	AUGUSTA	065	FLUVANNA	113	MADISON	820	WAYNESBORO
029	BUCKINGHAM	079	GREENE	125	NELSON		
031	CAMPBELL	083	HALIFAX	137	ORANGE		
ROANOKE/ALLEGHANY REGION							
005	ALLEGHANY	045	CRAIG	678	LEXINGTON	770	ROANOKE CITY
017	BATH	063	FLOYD	690	MARTINSVILLE	161	ROANOKE CO.
019	BEDFORD CO.	067	FRANKLIN CO.	121	MONTGOMERY	163	ROCKBRIDGE
023	BOTETOURT	071	GILES	141	PATRICK	775	SALEM
530	BUENA VISTA	089	HENRY	155	PULASKI	197	WYTHE
580	COVINGTON	091	HIGHLAND	750	RADFORD		
SOUTHWEST REGION							
021	BLAND	051	DICKENSON	720	NORTON	185	TAZEWELL
520	BRISTOL	640	GALAX	167	RUSSELL	191	WASHINGTON
027	BUCHANAN	077	GRAYSON	169	SCOTT	195	WISE
035	CARROLL	105	LEE	173	SMYTH		

Correction to Addendum 3 to Vendors; Attachment 1, Vendor Questions and Answers
Questions 211 and 458 have been revised as provided below:

211	Section 4.0, pg. 65	Please confirm that parent company and sibling organization experience may be utilized in responding to the questions related to Offeror's Past Experience and References.	For Section 4.0 of the RFP, the following shall~~ould~~ be included for each subsection: 4.1-Parent and Offeror experience ~~may~~ shall be utilized 4.2-Parent and Offeror experience ~~may~~ shall be utilized 4.3-Parent, Offeror, and sibling experience ~~may~~ shall be utilized. For this section, siblings that have been owned by the parent company for at least twelve (12) months ~~should~~ shall be included.
458	Databook, Exhibit 4, pg. 427	Only 120 localities are assigned to MLTSS regions in the "MLTSS County Listing by Region" table. Please provide the MLTSS regional assignment for all Virginia localities.	The following Databook E~~e~~xhibits have been corrected for missing counties in the region listing. Exhibit 1, MLTSS FFS All Waivers, Exhibit 2, MLTSS ALTC Acute, Exhibit 4, MLTSS FFS HAP and Exhibit 10, MLTSS CCC Duals, not CCC Eligible. DMAS has confirmed that the data book includes the member months and claims experience for all the MLTSS eligible individuals.

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: _____

SAMPLE MLTSS Monthly Summary Report By Program
(Report data separately for BH, SUD, Nursing Facility, Community LTSS, and Traditional Medical)

Monthly is defined as occurrence from the first to the last date in the month

Report Submission Date < >

	Reporting Timeframe	Contract Standard	Month	Month	Month	Quarterly	Month	Month	Month
	Members Served								
	Number of unduplicated members served for the month (Quarterly and unique members YTD)								
	Number of members served out of the total eligible population								
	Claim Activity								
	Claim auto-adjudication rate								
	Percentage of claims paid via electronic funds transfer (EFT) versus paper check.								
	Paid								
	Denied								
	Pended								
	Total processed								
	Processing Time for Claims								
	Community Behavioral Health								
	Percent Processed within 14 days								
	Percent Processed within 30 days								
	Percent Processed within 60 days								
	Other Behavioral Health								
	Percent Processed within 14 days								
	Percent Processed within 30 days								
	Percent Processed within 60 days								
	Service Authorizations (SAs)								
	Number of Registrations								
	Number of prior Authorizations								
	Authorized Units – Registrations								
	Authorized Units - Prior Authorization								
	Total Number Approved								
	Number of Administrative Denials								
	Number of Clinical Denials								
	Total Number of Denials								
	Non-Authorized Units								
	Number Pended								
	Total SAs processed								
	Number of Completed Request Urgent (Denominator)								
	Number of Requests w/in Standard – Urgent (Numerator)								
	Authorization Turnaround Time (Urgent 1 Business Day)								
	Number of Completed Request – Non-								

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SAMPLE MLTSS Monthly Summary Report By Program (Report data separately for BH, SUD, Nursing Facility, Community LTSS, and Traditional Medical)								
Urgent (Denominator)								
Number of Requests w/in Standard – Non-Urgent (Numerator)								
Authorization Turnaround Time (Non-Urgent 3 business Days)								
Temporary Detention Order (TDO)								
Emergency Custody Order (ECO)								
EPSDT Denials								
Processing Time for SAs								
Community Behavioral Health								
Urgent Requests								
Percent processed within 1 day								
Percent Processed within 3 days or less								
Percent Processed within 5 days or less								
Percent Processed within 7 days or less								
Percent processed within 14 days								
Percent processed greater than 14 days								
Standard Requests								
Percent Processed within 1 day								
Percent Processed within 3 days or less								
Percent Processed within 5 days or less								
Percent Processed within 7 days or less								
Percent processed within 14 days								
Percent processed greater than 14 days								
Other Behavioral Health								
Urgent Requests								
Percent processed within 1 day								
Percent Processed within 3 days or less								
Percent Processed within 5 days or less								
Percent Processed within 7 days or less								
Percent processed within 14 days								
Percent processed greater than 14 days								
Standard Requests								
Percent Processed within 1 day								
Percent Processed within 3 days or less								
Percent Processed within 5 days or less								
Percent Processed within 7 days or less								
Percent processed within 14 days								
Percent processed greater than 14 days								
Service Utilization by Population								
Medicaid Children under age 21								
Adults								
Dual Eligible Individuals								
Total Members Served								
Network Summary								
Providers with open panels								

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SAMPLE MLTSS Monthly Summary Report By Program
(Report data separately for BH, SUD, Nursing Facility, Community LTSS, and Traditional Medical)

	Providers with restricted panels								
	Total								
Member Services									
Grievances									
	Number of Member Grievances								
	Number of Member Grievances Rec. in Month and Resolved in Month								
	Number of Member Grievances Rec. in Prior Month and Resolved in Month								
	Number of Member Grievances Pending at End of Report Period								
	Number of Member Grievances within Timeliness								
	Percentage of Timeliness of Member Grievances								
	Number of Provider Grievances								
	Number of Provider Grievances Rec. in Month and Resolved in Month								
	Number of Provider Grievances Rec. in Prior Month and Resolved in Month								
	Number of Provider Grievances Pending at End of Report Period								
	Number of Provider Grievances within Timeliness								
	Percentage of Timeliness of Provider Grievances								
Appeals									
	Number of appeals								
	Percentage of appeals within timeliness standards								
	Number of appeals to DMAS								
	Percentage of appeal documentation (case summaries) to DMAS w/in timeliness standards								
	Number of EPSDT Appeals								
Call Center									
	Total hours call center provided access								
	Total agents available								
	Total calls received								
	Total calls answered								
	ASA								
	Total number abandoned								
	Abandoned rate								
	Percent answered								
	Hours of downtime								
	Number of calls with contract standard wait time								
	Number of calls with outside of contract standard wait time								
	Percent of calls within goal								
	Average wait time prior to abandonment								
	Average talk time								

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SAMPLE MLTSS Monthly Summary Report By Program (Report data separately for BH, SUD, Nursing Facility, Community LTSS, and Traditional Medical)								
Include detail in a separate tab that shows call center counts by FIPS by reason								
Member Appointment Assistance Calls								
Include detail in a separate tab that shows appointment assistance call counts by FIPS by reason								
For Behavioral Health; include information on Crisis Calls								
Number Crisis Calls Received								
Include detail in a separate tab that shows crisis call counts by FIPs by reason								
For LTSS; include information on LTSS Rebalancing percentages								
Number of individuals served in the community								
Number of individuals served in nursing facilities								
Percent of LTSS Claims to Facilities								
Percent of LTSS Claims to Community providers								
Report must be in Excel spreadsheet; data elements and content will be finalized in the MLTSS contract. *Contract standards will be defined in the MLTSS Contract.* *Report must include current monthly reporting, quarterly and year to date totals.* *Report must also include same information for prior 2 years data as separate tabs.* *Report must also include an inpatient census totals where applicable.* *Refer to 6.3.5 of the RFP for additional reporting requirements.*								

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