



## COMMONWEALTH of VIRGINIA

### DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

600 East Broad Street, Suite 1300

Richmond, VA 23219

May 29, 2020

#### ADDENDUM No. 3 TO VENDORS:

Reference Request for Proposal: RFP 2020-02  
RFP Dated: March 27, 2020  
Proposal Due Date: June 15, 2020

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

1. See Attachment A for changes that may delete, add, or modify certain aspects of RFP 2020-02.
2. See Attachment B for the Department of Medical Assistance Services' responses to questions/inquiries as submitted by potential Offerors.

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

Sincerely,

***Whitney Wallace***

DMAS Procurement & Contract Officer

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

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

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

Attachment A

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

1. ~~3.17~~ **Implementation and Project Plan**- has been updated to read:  
**3.19 Implementation and Project Plan**
2. **3.19 Implementation and Project Plan** - has been updated to read:  
Any changes required to the Contractor's processes as identified through readiness review activities shall be made by the Contractor prior to operations. Costs associated with these changes shall be borne by the Contractor. 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 on a **mutually agreed upon date**, shall be grounds for the immediate termination of the Contract by the Department pursuant to the Department Special Terms and Conditions, Termination.
3. ~~3.18~~ **System Vulnerabilities** - has been updated to read:  
**3.20 System Vulnerabilities**
4. ~~3.19~~ **Appropriate Technology** - has been updated to read:  
**3.21 Appropriate Technology**
5. ~~3.20~~ **Enterprise Cloud Oversight Services (ECOS) & Cloud Services**- has been updated to read:  
**3.22 Enterprise Cloud Oversight Services (ECOS) & Cloud Services**
6. ~~4.11.6 Chapter Eight: Required Forms~~- has been updated to read:  
**4.11.6 Chapter Six: Required Forms**

## Attachment B

Question Number	Section	Question/Comment	DMAS Response
1.	1.1	The exception to the Prompt Payment Act is noted. Is there a new time limit defined for prompt payment for the claims subject to this process?	No, a new time limit has not been defined.
2.	1.1	As per the RFP: 'House Bill 2015 of the 2019 General Assembly session amended § 32.1-319.1 of the Code of Virginia, which directs DMAS to conduct a pilot program to use predictive analytics to mitigate risk of improper payments to providers.'  Can DMAS advise if a budget for this effort was also allocated for the solution and/or the Proof of Concept? If so, could DMAS advise what the budget is today?	The budget is listed in the accompanying documents to the bill. The total budget will depend upon the approved level of match CMS provides for this project.
3.	1.2	The fifth bullet indicates that the solution will include notification of providers, requesting documentation, reviewing that documentation to determine if it supports the claim as billed, and communicating the result of that review (pay/deny/adjust) back to the claims processing systems. For this objective, is the State envisioning that the claims would go to the Contractor post adjudication but prior to payment for review? If so, does this apply to both FFS and Encounter claims the same? If encounter, will the MCOs pend payment until there is a response back from the Contractor?	Yes, the claims would adjudicate and then pend prior to payment for the Contractor's review. This would apply in both the managed care and fee-for-service environment.
4.	1.3	Have encounters been validated as accurate and complete, and will they contain the dollars actually paid by the MCOs?	Encounters are validated and DMAS data does contain dollars paid by the MCOs.
5.	1.3	Please further define the term "claims." Is this a) a single medical claim/encounter (to include from/through dates) submitted; b) a series	A claim in this document refers to a single medical claim/encounter.

RFP 2020-02 Addendum #3

Question Number	Section	Question/Comment	DMAS Response
		of claims (e.g. recurring claims); and/or c) an entire beneficiary claim history?	
6.	1.3	What does “any available managed care encounters” mean? What type of managed care data will be provided to the vendor?	It means any encounters that DMAS provides to the contractor. The managed care data will be in similar format to the fee for service claims.
7.	1.3	Page 12 states “data on claims.” Does this mean granular claim detail or aggregate managed care reporting (e.g., HCC)?	Granular claim detail.
8.	1.3	We understand the claim types included in the scope are UB and 1500. Are all services (i.e., inpatient acute care, rehabilitation, home health, durable medical equipment, etc.) in scope?	All medical services are in scope.
9.	1.3	What is the level of detail available on these managed care claims? Is this aggregate summary encounter data?	Granular claim detail.
10.	2.2	What is the breakdown of claim types (bill type – i.e., 11x, 13x, 83x) within each volume of fee-for-service (FFS) and managed care encounter volumes provided?	This data is not currently available for the claim volumes listed in the contract.
11.	2.2	Current FFS and Managed Care Breakdown states “Currently, DMAS processes an average of about 1.6 million FFS claims and 2.7 million encounters per month.” Are all claims and service types included in this process? Are there any exclusions based on provider types or claim types for analytics or review?	No provider type exclusions and the only claim type exclusions were capitation payments, management fees, administrative fees and assessments.
12.		Can DMAS provide total claim volumes for the last three years by service/provider type?	See Table 2 Below.

RFP 2020-02 Addendum #3

Question Number	Section	Question/Comment	DMAS Response
	2.2		
13.	2.2	What is the current distribution of services (i.e., inpatient acute care, outpatient, professional fee, ancillary, lab, post-acute care, long term care)?	See Table 2 Below.
14.	2.2	Can you please provide total number of enrollees by LOB in 2019, and Q1 2020?	Answer in table 1 below.
15.	2.2	<p>Per section 2.2 "Current FFS and Managed Care Breakdown": "Currently, DMAS processes an average of about 1.6 million FFS claims and 2.7 million encounters per month. The decision by the Virginia General Assembly to expand Medicaid enrollment effective January of 2019 will result in increased claim volume in the Virginia Medicaid program, though it is unclear exactly how it will specifically affect FFS claims or MCO encounters."</p> <p>Are the number of claims (about 1.6 million FFS claims and 2.7 million encounters) the most recent numbers? If not, can DMAS provide the claim volume numbers for 2019, and Q1 2020?</p>	For 2019, there were 10,056,914 paid fee-for-service claim lines and 77,548,806 paid encounter claim lines for a total annual paid claim line volume of 87,605,720.
16.	2.3	Will the new solution form part of an existing IT process, such as Enterprise Service Bus, for example, whereby an orchestrated pipeline will call our service for risk scoring?	No, this will be a new process.
17.	2.3	Per section 2.3 'Current Program Integrity and Analytic Capabilities': "DMAS has already invested substantially in data management..."	DMAS will work with the successful vendor to understand the data needs of their

RFP 2020-02 Addendum #3

Question Number	Section	Question/Comment	DMAS Response
		Kindly confirm the data architecture of your current source systems, including policy and claims systems, and billing and claims notification systems? (I.e. claims notification forms, structured and unstructured data, etc.)	analytics engine, DMAS data available, and system infrastructure.
18.	2.3	Would DMAS provide a data definition document, which details at a conceptual level what data is stored in that database or a detailed specification?	DMAS will work with the successful vendor to understand the data needs of their analytics engine, DMAS data available, and system infrastructure.
19.	2.3	Other than the third-party FADS system, are there any other anti-fraud tools that are currently in use at DMAS? Are these homegrown, or third -party solutions? If third party, which third parties and solutions are utilized?	Fraud is a broad term and there are many third party systems in use at DMAS that serve a program integrity function. DMAS will work with the successful vendor to understand these systems.
20.	2.3.1	Are there any current pre-pay edits outside of MMIS that DMAS is currently leveraging?	DMAS will work with the successful vendor to understand the full spectrum of program integrity systems that are currently in use at DMAS.
21.	2.3.2	Please provide integration details such as format (XML, JSON etc.), mechanism (JMS/MQ, WebServices, Kafka Streaming etc.) and expected exception handling of the new application replacing MMIS.	DMAS will discuss these details with the successful vendor before beginning preventive reviews.
22.	2.3.2	Can DMAS provide technical details on the MES, EDWS, FADS, MCSS and OPSS systems?	Yes, DMAS can provide technical details to the successful vendor where relevant as a part of implementation.
23.	2.3.2	As part of the MES project referenced in section 2.3.2, would the DMAS solution have the capability to stream claims to KAFKA?	DMAS does not anticipate streaming claims directly from the claims processing system but rather batching files at regular intervals from our Enterprise Data Warehouse.

RFP 2020-02 Addendum #3

Question Number	Section	Question/Comment	DMAS Response
24.	2.3.2	Please describe the in-house Encounter Processing Solution project.	The vendor will access data through the data warehouse, which will contain data that has already been adjudicated through the Encounter Processing Solution (EPS) and will not interact with the EPS directly.
25.	2.3.2	Does DMAS expect that the vendor's prepayment solution will run in parallel with the MES edits against incoming data before any edits have been applied, or that the vendor's analytics would run only after the MES edit runs were performed?	The vendor's analytics would run only after claims/encounters have been fully adjudicated and paid.
26.	2.3.2	When are the OPSS and EPS systems expected to be operational?	The vendor will access OPSS and EPS data through the data warehouse, and will not be required to integrate with those systems directly.
27.	2.3.2	What are the coordination requirements the vendors for OPSS and EPS expected to maintain concerning integration with the Pre-Pay system?	The vendor will access OPSS and EPS data through the data warehouse, and will not be required to integrate with those systems directly to ingest data. DMAS does have expectations of coordination on the backend: working with claims payment systems to receive notification of flagged providers' submitted claims; and communicating the results of their preventative reviews back to the claims payment system.
28.	2.3.2	What are the integration requirements the vendors for OPSS and EPS expected to maintain concerning integration with the Pre-Pay system?	The vendor will access OPSS and EPS data through the data warehouse, and will not be required to integrate with those systems directly.

RFP 2020-02 Addendum #3

Question Number	Section	Question/Comment	DMAS Response
29.	2.3.3	Are there any preclusions of module winners bidding on other modules (e.g. EDW/FADS vendor bidding on this opportunity)?	There are no preclusions.
30.	2.3.4	Can we use the same format and mechanism to integrate with EDWS to process any historical claims as the new application replacing MMIS?	All claims for which the vendor will be responsible will be available from EDWS and the vendor will not need to integrate directly with any claims payment system.
31.	2.3.4	Please identify the date the vendor should assume that the data warehouse will be fully functional and available for use for this project.	The data warehouse is currently live.
32.	2.3.4	What database will be used for the data warehouse? Will the vendor be permitted to access it from its own location using its own ODBC compliant tools, or will it be expected to access it only through DMAS-provided front end tools? If so, what tools are being provided to the vendor in this environment for this application?	DMAS will work with the successful vendor to understand the data needs of their analytics engine, DMAS data available, and system infrastructure.
33.	2.3.4	Is the EDWS a relational database? If so, can DMAS provide details of which database it is and confirm if the awarded vendor will be able to connect through JDBC or another open standard?	DMAS will work with the successful vendor to understand the data needs of their analytics engine, DMAS data available, and system infrastructure.
34.	2.3.4	What are the expected integration patterns between the new solution and the EDWS for extracting information?	DMAS expects that the vendor will receive batched updates of the claims data at intervals and in formats that will be determined based on the needs of the vendor's systems.
35.	2.3.4	Will the vendor have its own work area within the data warehouse to access additional data source? Will the vendor be provided the ability to create and access tables for its own use? Will the vendor's query capability include the ability to create both temporary and permanent tables within the data warehouse (within this work area)?	No, the data warehouse will be the source of the vendor's data but we do not anticipate the vendor working within the data warehouse system. Rather they will receive batched files at some regular interval that contain the data they need.

RFP 2020-02 Addendum #3

Question Number	Section	Question/Comment	DMAS Response
36.	2.3.4, 2.3.5	When are the EDWS and FADS Case Management system expected to be operational?	EDWS and FADS Case Management are currently operational.
37.	2.3.4, 2.3.5	What are the integration requirements the vendors for EDWS and FADS Case Management expected to maintain concerning integration with the Pre-Pay system?	DMAS expects that the vendor will receive batched updates of the EDWS data at intervals and in formats that will be determined based on the needs of the vendor's systems. FADS will be utilized for case tracking/reporting for DMAS purposes and will not be a case management system for conducting preventive reviews.
38.	2.3.4, 2.3.5	What are the coordination requirements the vendors for EDWS and Case Management expected to maintain concerning integration with the Pre-Pay system?	DMAS expects that the vendor will receive batched updates of the EDWS data at intervals and in formats that will be determined based on the needs of the vendor's systems. FADS will be utilized for case tracking for DMAS purposes and will not be a case management system for conducting preventive reviews
39.	2.3.5 and 3.1	Per Sections 2.3.5, and 3.1 of the RFP, we understand that the Department is not intending to procure a licensed service/solution under this contract, but rather is looking for contractors to propose a managed service that provides the necessary output to be fed into the Department's existing solution (e.g. FADS). Can the Department confirm our understanding in this regard?	No, DMAS intends to procure a licensed service/solution. FADS will only be utilized by the vendor as a reporting mechanism for progress on preventive reviews for the purpose of DMAS case tracking.
40.	2.3.5/3.3	Does the FADS case management solution's functionality include the maintenance and storage of all review documentation (correspondence, medical records, contractor review tools, quality control, etc.) within it?	Currently, contractors are not able to access the document storage capabilities of FADS. If this changes, DMAS may require the vendor to store this documentation through FADS as a part of the case record.

RFP 2020-02 Addendum #3

Question Number	Section	Question/Comment	DMAS Response
			FADS, however should not be considered to be the vendor's case management system for ongoing management and conducting preventive reviews.
41.	2.3.5	In regards to FADS, what integration patterns exist for this for accessing risk data?	DMAS does not anticipate direct integration between the Analytics Engine sought in this RFP and the analytics/algorithms that are contained within the FADS system.
42.	2.3.5	Is the acceptance of the claims process expecting that 'green' low risk claims will be automatically paid, and thus the solution will render those claims for payment?	This RFP does not seek a prepayment solution that identifies individual claims and encounters and stops them as they are being processed. Rather, the solution should identify risky providers based on analysis of past billings and subject those providers to preventive review.
43.	2.3.5	<p>The RFP states a requirement to avoid duplication between the pre-pay solution and FADS. RFP item 2.3.5 refers to DMAS sharing reports and results related to FADS. As such, what level of access to FADS and/or collaboration with the FADS vendor would be expected in the following areas?</p> <ul style="list-style-type: none"> <li>a) Sharing of existing FADS algorithms (or summary of what it searches for) to leverage/avoid duplication</li> <li>b) Existing strategy/timing for running claims and encounters through FADS solution for risk identification               <ul style="list-style-type: none"> <li>i) Currently, what is the lag time between encounter submission/claim adjudication and running of analytics against that data using FADS?</li> </ul> </li> </ul>	DMAS will share information about relevant algorithms from FADS with the successful vendor including specifications, the timing of runs, and lag time. DMAS does not currently provide access to FADS analytics to any other contractors. DMAS is open to discussing any of these areas with the successful vendor, but DMAS expects that the vendor will be able to perform its own data analytics and not be reliant on FADS, or DMAS staff for that function. As far as information on DMAS/MFCU efforts related

RFP 2020-02 Addendum #3

Question Number	Section	Question/Comment	DMAS Response
		<ul style="list-style-type: none"> <li>c) Access to individuals leveraging FADS for collaborative purposes</li> <li>d) Ability to request (with DMAS approval) pre-pay contractor access to using the FADS solution to run analytics/reports and conduct data mining</li> <li>e) Ability to request (with DMAS approval) FADS vendor or DMAS user(s) to run analytics/reports and conduct data mining on behalf of the pre-pay vendor</li> <li>f) Historical dashboards, outputs, and reports related to prospective risky transactions and providers (possibly already shared with DMAS from FADS vendor or generated by FADS user)</li> <li>g) Results of DMAS and the MFCU's case management efforts, pending and official settlements, and data supporting historical instances of risk</li> </ul>	<p>to fraud, any sharing of information about those cases will require consultation with the MFCU.</p> <p>The current lag time on our FADS analytic algorithms is one month.</p>
44.	2.3.5	When will the FADS be fully implemented (including case tracking system)?	FADS, including case tracking is currently live.
45.	3	What expectation exists to coordinate findings, claim stoppage, and record requests found by the contractor with those found by the MCO to ensure activities are non-duplicative?	DMAS will work with the successful vendor to ensure vetting processes exist to ensure activities are non-duplicative of existing MCO efforts. Prior to beginning preventive reviews in the managed care world, standardized processes will be put in place to ensure provider notification, claim stoppage, vendor notification of claims, record requests, preventive review dispositions and all other necessary

RFP 2020-02 Addendum #3

Question Number	Section	Question/Comment	DMAS Response
			processes are coordinated between the vendor and each MCO.
46.	3	What are there encounter payment policies and other billing requirements of the MCO partners for encounters that needs to be considered to avoid conflicts in identification of improper encounters?	DMAS will work with the vendor as well as the MCOs to ensure that the audit points reviewed are applicable under MCO policy.
47.	3	What are the planned coordination activities DMAS intends to put in place for the Pre-Pay vendor to effectively coordinate with MCO partners?	Before the vendor would conduct any preventive review of claims submitted to MCOs, DMAS would hold substantial meetings with vendor and MCO staff to ensure that the audit points being reviewed comport with MCO payment policies.
48.	3	There are duplicate requirement numbers in Section 3 of the RFP. There are two requirement 3.17s and two requirement 3.18s. When responding, does DMAS prefer we re-number the second requirement 3.19 and sequentially re-number the remaining requirements, 3.20, 3.21, 3.22?	Yes, the numbers should run sequentially and will be updated in Addendum 3.
49.	3.1	Other than the Pre-pay aspect of the claims, what is the highest risk area that DMAS is looking to address?	DMAS is not entering into this engagement with any preconceptions about areas of high-risk.
50.	3.1	Is the Department's Case Management System capable of notifying providers of a review, itemizing the documentation needed for the review, and automatically creating reminder letters to the provider if the requested documentation is not received by the due date?	FADS will be utilized for case tracking for DMAS purposes and will not be the vendor's case management system for conducting preventive reviews. The vendor will need to manage the preventive reviews, including any necessary provider communication and document identification, within their own systems.

RFP 2020-02 Addendum #3

Question Number	Section	Question/Comment	DMAS Response
51.	3.1	On the same topic, is the Department’s Case Management System capable of communicating the result of that review (pay/deny/adjust) back to the claims processing systems?	No.
52.	3.1	Does DMAS anticipate that results of the vendor’s review will be “communicated back to the claims processing system” via batch upload or individual claim re-entry?	The pathway will be determined based on the volume of claims reviews that are being entered and the claims payment system through which those claims are being processed.
53.	3.1	The RFP requests a prepayment solution for both FFS claims and managed care encounters. Do DMAS’ contracts with its MCOs require those entities to pend payment of their claims until their encounters are processed through the vendor’s prepayment solution? If not, does DMAS plan to add such a requirement? If no requirement is added, what is the action that DMAS envisions the vendor will take upon determination based on its analytics that an encounter warrants further review?	<p>This RFP does not seek a prepayment solution that identifies individual claims and encounters and stops them as they are being processed. Rather, the solution should identify risky providers based on analysis of past billings.</p> <p>Where appropriate, DMAS will work with MCOs to place those providers’ claims in a pend status within the MCO claim systems while preventive review is conducted.</p>
54.	3.1	Will the vendor need to obtain and apply MCO-specific policy, payment rules, adjudication logic, or other MCO-specific business rules to its analysis and review of encounter claims? Will the vendor need to comply and/or work with any MCO-specific timeframes, requirements, systems, or file formats to help the MCO implement its pay/pend recommendations?	DMAS will work with vendor to ensure that the error matrix and preventive review process reflects MCO payment policies and processes. While DMAS will seek to create reporting/ communication processes that are substantially similar across MCOs, there may be situations that require some MCO-specific adjustments.

RFP 2020-02 Addendum #3

Question Number	Section	Question/Comment	DMAS Response
55.	3.2	Does DMAS envision the MMIS system to send all claim lines in one message or in separate messages to the preventative review and analytics system?	The vendor will receive data from the data warehouse, which will contain data that has already been adjudicated by claims payment systems like MMIS.
56.	3.2	<p>As per section '3.2 Analytics Engine'</p> <p>'Access and utilize Medicaid historical transaction data available in the EDWS and information from external databases''</p> <p>Can DMAS provide a list of the additional 'external databases' that are referenced above?</p>	External databases, if necessary, will be based on needs of each vendors approach.
57.	3.2	Can DMAS please share the estimated number of agency staff/licenses that would require access to the preventative review and analytics system?	This would depend substantially on the specifics of a vendor's solution, and the type and volume of information that would be contained in that system.
58.	3.2	Can the State please describe the governance process in place and how it prioritizes ongoing technology programs since the analytics engine will integrate into these systems?	The analytics engine will not integrate directly with existing systems. It will receive data from the data warehouse, will be notified of pended claims by the claims processing systems, and will communicate the results of their review back to DMAS to complete processing.
59.	3.2	Does VA DMAS anticipate any prompt pay requirements to which we will need to adhere?	While these claims will not be subject to the strict requirements of Prompt Payment, DMAS will strive to limit the delay in claims payment to a reasonable time period.

RFP 2020-02 Addendum #3

Question Number	Section	Question/Comment	DMAS Response
60.	3.2	Please provide information on the current FFS claim processing system workflow, and on timelines the vendor will need to meet within this workflow, if any. Please also identify any post-review requirements under which the vendor must operate, and any systems it will need to access or file formats it must work with to help DMAS or its MES vendor implement the vendor payment/pend/deny recommendations.	DMAS will work with the successful vendor to determine timelines and workflow for vendor notification of new claims filed by providers on prepayment review as well as the process to relay back vendor recommendations.
61.	3.2	Please provide a complete list of external datasets that DMAS is expected to provide, including other Commonwealth agency datasets.	DMAS will work with the successful vendor to determine what datasets, in addition to claim/encounter data from the data warehouse, are necessary to support the analytics engine.
62.	3.2	In regards to Section 3.2, can DMAS elaborate on what is meant by 'Provide results in a format that allows for the re-creation of these data runs in other analytics platforms to verify results;''?	This means that DMAS will require visibility into the component analyses that suggest a provider presents an improper payment risk. DMAS will need to ensure that vendor analyses are based on accurate interpretation of the data.
63.	3.2	With regards to vendor data access, will both FFS and encounter data be available in real time, or will any of that data need to be ingested in batch?	Vendors will not receive data in real time, but instead will receive it in batch after it has been loaded in the data warehouse
64.	3.2	What are the average number of encounters received by DMAS subject to review per year?	For calendar year 2019, DMAS received 77.5 million paid encounter claim lines.
65.	3.2	Will the selected vendor have access to the data/documentation that constitutes the history of MCO fraud referrals (including designation of which were escalated to case management)?	DMAS does have an extensive history of fraud referrals from MCOs as well as fee-for-service that could be provided to the vendor.

RFP 2020-02 Addendum #3

Question Number	Section	Question/Comment	DMAS Response
66.	3.2	During project execution, will DMAS provide the list of edits and other analytic logic in place in other PI systems to ensure that analytic algorithms don't overlap with the Preventative Analytics engine?	Yes, to the degree practicable under current contractual agreements with other PI vendors conducting these processes/analyses.
67.	3.2	Since transaction risk scoring approach is to be followed, how frequently does DMAS require the vendor to perform high risk provider identification and present it to DMAS for review and approval? What is the process DMAS is expecting the Pre Pay vendor to follow for this?	The frequency of vendor reporting to DMAS will be determined as the preventive review process is developed.
68.	3.2	Does DMAS have visibility into other external databases that will need to be integrated?	DMAS will work with the successful vendor to determine what datasets, in addition to claim/encounter data from the data warehouse, are necessary to support the analytics engine. External databases, if necessary, will be based on needs of the successful vendor's approach.
69.	3.2	Can you elaborate on what DMAS means by transaction risk scoring to identify high-risk providers?	Transaction risk scoring involves looking at a particular claim or group of claims and making a determination about the likelihood that the claim contains improper payments. Providers would be identified as high risk if they have substantially higher proportion of their claims being classified as risky, or if their claims have substantially higher risk scores than their peers.
70.	3.2	Will the solution be required to undergo certification with CMS? If certification is required, is it intended for the certification to be outcomes-based or based on the program integrity checklist from the MECT?	Yes, this RFP is expected to undergo certification based on MECT. It will be up to CMS to determine the certification requirements.

RFP 2020-02 Addendum #3

Question Number	Section	Question/Comment	DMAS Response
71.	3.3	What are the timeframe requirements for the various steps in the review process? For example, what are the number of days for a provider to submit documentation? What are the number of days to perform a review, etc.?	DMAS will work with the successful vendor to determine reasonable time frames for the review process.
72.	3.3	<p>As per section '3.3 Preventive Review Process'</p> <p>“Via manual entry, enter all case findings, documentation reviews, dispositions, overpayments, recoveries, and all other pertinent information into the FADS Case Tracking System”</p> <p>Is there an existing process or data format that FADS requires for ingesting case leads? If so, can you provide this data format?</p>	Yes, there is currently a process for entering case information into the FADS case tracking system. There is no particular data format that is required.
73.	3.3	<p>For the preventative review of claims and MCO encounters</p> <p>h) Will the vendor be allowed to request direct feeds from providers to review the claims prior to submission to the MCO?</p> <p>i) What is the acceptable turnaround time on the review?</p>	No, the vendor will not be allowed to request direct feeds from providers to review the claims prior to submission to the MCO? DMAS will work with the successful vendor to determine reasonable time frames for the review process.
74.	3.3	Is it a requirement for the contractor to be able to reprice MCO claims to support the requirement “Adjustment of a paid claim to correct for identified overpayment” or is the repricing recommendation returned to DMAS/MCO for execution in source claim system(s).	The repricing recommendation will be returned to DMAS/MCO for execution in source claim system(s).
75.	3.3	Do any of the contracted MCOs have a prepayment process in place? If so, which ones and what are the processes?	Some MCOs do have prepayment processes in place. DMAS will work with the successful vendor to understand and coordinate with these processes where appropriate.

RFP 2020-02 Addendum #3

Question Number	Section	Question/Comment	DMAS Response
76.	3.3	Regarding the pending of claims and/or postponement of payment until a provider review is complete; does statute or policy dictate the amount of time DMAS or an MCO may withhold payment(s) for the conducting of provider/encounter/claims reviews?	While these claims will not be subject to the strict requirements of Prompt Payment, DMAS will strive to limit the delay in claims payment to a reasonable time period.
77.	3.3	Does the State intend to gradually grow the number of providers in prepayment review status, or have a robust volume at the start?	The volume of provider reviews will be contingent on the activities and patterns uncovered by the vendor's analytics. That said, DMAS anticipates that implementation of the prepayment review process will necessitate a period of more limited reviews to ensure the functionality of the process.
78.	3.3	What is the current size of the staff supporting the SIU? What is their current throughput for working cases - number of leads, number of cases, number of recovery actions, number of suspensions/terminations, number of referrals?	It is unclear what this question is referencing as there is no mention of the SIU on this page and DMAS does not have an SIU.
79.	3.3	What information does FADS provide on a provider case? Can it provide any information related to the predictive analytic results and risk factors?	FADS will provide some limited demographic information from the provider file based on an NPI that is entered, but no information related to risk factors.
80.	3.3	What kind of workload management capabilities exist within FADS?	FADS will be utilized for case tracking for DMAS purposes and will not be a case management system for conducting preventive reviews.
81.	3.3, Bullet 1	What percent of documentation is submitted in paper or facsimile today?	DMAS does not currently have a preventive review process and so does not have data

RFP 2020-02 Addendum #3

Question Number	Section	Question/Comment	DMAS Response
			on the percent of documentation submitted in paper or facsimile.
82.	3.3	In a pre-pay environment, the need for adjustment may not arise. Is the following requirement to “Adjustment of a paid claim to correct for identified overpayment” apply to retroactive adjustments identified through other processes?	DMAS anticipates that the analytics performed by the vendor may uncover paid claims that contain overpayments. DMAS expects that the vendor will communicate those claims back to DMAS in a format that allows DMAS or its MCO partners to identify those claim in their systems in order to correct the overpayment.
83.	3.3	What kind of interoperability capabilities is the DMAS FADS case management system expected to have?	FADS will be utilized for case tracking for DMAS purposes and will not be the vendor’s case management system for conducting preventive reviews.
84.	3.3	Can we assume that the FADS case management system owner vendor will be responsible for setting up the case management configurations as per the specifications to be provided by the Pre-Pay vendor.	FADS will be utilized for case tracking/reporting for DMAS purposes and will not be the vendor’s case management system for conducting and managing preventive reviews. The system has already been configured with respect to the case entry fields/screens, but valid values may be able to be adjusted to fit the needs of preventive reviews.
85.	3.3	Is the contractor expected to offer afford a provider a reconsideration process before issuance of final disposition?	DMAS does not anticipate a standard reconsideration process as a part of the preventive review.
86.	3.3	Will the contractor be responsible for performing the preventive reviews of claims received by MCOs, or are will the MCOs be	Before preventive review of MCO claims begins, DMAS will work with the vendor and each MCO to determine appropriate roles

RFP 2020-02 Addendum #3

Question Number	Section	Question/Comment	DMAS Response
		performing those review with contractor coordination and collaboration?	and responsibilities of all parties in the preventive review process.
87.	3.3	Is there a timeframe in which the contractor has to communicate with provider, obtain documentation, review claim, and communicate outcome?	While these claims will not be subject to the strict requirements of Prompt Payment, DMAS will strive to limit the delay in claims payment to a reasonable time period.
88.	3.3	Please define what DMAS means by the “terms error matrix.”	An error matrix is a set of audit points that are examined when a claim is reviewed. These are generally based on billing requirements set forth in our provider manuals. Each claim review should indicate all of the billing requirements that were not met as errors within this matrix.
89.	3.3	Will the vendor have responsibility for notifying the provider of any claims adjustment or will that be handled through a remittance code format or other claims system process?	DMAS does anticipate that providers will receive some notification from the claims system once a claim has been denied or adjusted based on prepayment review. DMAS also expects that the vendor will communicate back to the provider informing them of the specific policy/documentation errors that resulted in the adjustment or denial.
90.	3.3	How will DMAS handle non-response or other non-cooperation by providers to requests by the vendor associated with the review process?	DMAS anticipates that the failure by a provider to cooperate or respond to the preventive review process within specified time frames will result in the denial of the claim.

RFP 2020-02 Addendum #3

Question Number	Section	Question/Comment	DMAS Response
91.	3.3	Would it be appropriate for the vendor to bid the medical review or appeal activities on a time and materials or per review or appeal basis rather than on a firm fixed price basis?	The Offeror should use Attachment VI Cost Proposal to bid.
92.	3.3	Are there any onsite provider visit and/or appeals appearances required by the vendor, and if so, how frequently and how will travel expenses be covered?	DMAS does not anticipate an onsite provider visits being required by the vendor. Appearances at appeals will be required and travel expenses will not be covered.
93.	3.3	Who will represent the Preventive Review and Analytics Contractor at each of the appeal steps?	The vendor will represent themselves at each of the appeal steps but can be accompanied by DMAS staff where appropriate.
94.	3.3	For purposes of Appeals, what legal representation will this role have as provided by DMAS or the State of Virginia?	None, these appeals do not generally necessitate attorneys.
95.	3.3	How many appeals are there annually?	This question is too broad to answer in any meaningful way.
96.	3.3	How many for each step (Informal/Formal)?	See above.
97.	3.3	Do appeals of DMAS denial decision on MCO claims follow the same process as FFS claims? If not, what is that process and volume of appeals annually	Appeals of MCO action may go through an MCO appeal process prior to appeals to DMAS, but the vendor will not be required to appear at those hearings.
98.	3.3	Is there representation provided by the state or DMAS to the Contractor in MCO related appeals?	No.

RFP 2020-02 Addendum #3

Question Number	Section	Question/Comment	DMAS Response
99.	3.3	After appeal to the DMAS Appeals Division, appeals can be elevated to Circuit Court. What is DMAS's expectation of the Preventive Review and Analytics Contractor Role in this court appeals?	PI cases that rise to this level are exceedingly rare, but the vendor would be required to provide necessary support to DMAS in Circuit Court cases.
100.	3.3	How will the representation of the Preventive Review and Analytics Contractor in circuit court appeals be addressed by DMAS?	PI cases that rise to this level are exceedingly rare, but the vendor would be required to provide necessary support to DMAS in Circuit Court cases.
101.	3.3/3.4	Will DMAS / MCO provide a "pass list" of items already included in internal PI programs?	DMAS can provide a comprehensive list of current PI activities.
102.	3.4	Do FADS and their claim systems have existing APIs or interaction patterns that facilitate integration with external systems?	<p>We do not anticipate that the vendor will need to integrate their analytics with FADS or claim systems directly.</p> <p>Rather, the vendor will be notified of pended claims, conduct a review, and transmit the results of that review back to DMAS for approval and final processing. FADS is merely a DMAS case tracking system where we anticipate that the vendor will report info on the status of investigations. FADS will not serve as the case management system through which the vendor will manage ongoing cases</p>
103.	3.4	Does the DMAS have an existing provider portal for managing provider interaction and supporting claim documentation submission? If so, does this portal have APIs or interaction patterns that facilitate interaction with external systems?	No, DMAS does not have an existing portal for managing provider interaction and supporting claim documentation submission.

RFP 2020-02 Addendum #3

Question Number	Section	Question/Comment	DMAS Response
104.	3.4	Does DMAS envision that the modeling will be focused on claim centric identification or provider centric identification? This reads as if once a provider is flagged for review, 100% of their services will be pended prepayment.	This RFP does not seek a prepayment solution that identifies individual claims and encounters and stops them as they are being processed. Rather, the solution should identify risky providers based on analysis of past billings. A flagged provider might have 100% of their services pended, but situations may arise where only claims of selected types or from selected provider sites would be subject to review.
105.	3.4	<p>Section J states “DMAS anticipates that some additional claim voids, adjustments, and denials for overpayments identified by DMAS’ or an MCO’s own program integrity analytics may be included in the claims actions the Contractor will be expected to communicate back to the claims processing system.”</p> <p>Does this statement refer to communicating back to the Medicaid Enterprise System (MES) [Integrated Services Solutions (ISS)/Encounter Processing System (EPS)], or is this referring to including information into the Preventive Review Solution built by the contractor?</p>	The pathway/process by which the vendor communicates voids, adjustments, and denials to the claims payment system may be used by DMAS to transmit similar adjustments from other PI activities. The contractor’s only responsibility would be communicating these adjustments (prepared and provided by DMAS) during whatever regular batches of claim adjustments they would already be sending based on preventive review findings.
106.	3.4	Section J states “DMAS anticipates that some additional claim voids, adjustments, and denials for overpayments identified by DMAS’ or an MCO’s own program integrity analytics may be included in the claims actions the Contractor will be expected to communicate back to the claims processing system.”	The pathway/process by which the vendor communicates voids, adjustments, and denials to the claims payment system may be used by DMAS to transmit similar adjustments from other PI activities. The contractor’s only responsibility would be communicating these adjustments (prepared and provided by DMAS) during

RFP 2020-02 Addendum #3

Question Number	Section	Question/Comment	DMAS Response
		<p>If the communication is with the MES, is the communication with the ISS vendor or will communication be directly with the EPS? Or some combination?</p>	<p>whatever regular batches of claim adjustments they would already be sending based on preventive review findings.</p>
107.	3.4	<p>Section J states “DMAS anticipates that some additional claim voids, adjustments, and denials for overpayments identified by DMAS’ or an MCO’s own program integrity analytics may be included in the claims actions the Contractor will be expected to communicate back to the claims processing system.”</p> <p>Does this mean that the contractor will be expected to be the liaison for communicating some or all program integrity efforts (claim voids, adjustments, and denials for overpayments) to the claims processing system, no matter the entity that identifies the issue?</p>	<p>The pathway/process by which the vendor communicates voids, adjustments, and denials to the claims payment system may be used by DMAS to transmit similar adjustments from other PI activities. The contractors only responsibility would be communicating these adjustments (prepared and provided by DMAS) during whatever regular batches of claim adjustments they would already be sending based on preventive review findings.</p>
108.	3.4	<p>Section J states “DMAS anticipates that some additional claim voids, adjustments, and denials for overpayments identified by DMAS’ or an MCO’s own program integrity analytics may be included in the claims actions the Contractor will be expected to communicate back to the claims processing system.”</p> <p>If the contractor is the liaison communicating program integrity efforts to the claims processing system, who will be communicating the results to the providers, or will that be handled through standard claim adjudication and remittance process?</p>	<p>The pathway/process by which the vendor communicates voids, adjustments, and denials to the claims payment system may be used by DMAS to transmit similar adjustments from other PI activities. The contractors only responsibility would be communicating these adjustments (prepared and provided by DMAS) during whatever regular batches of claim adjustments they would already be sending based on preventive review findings. DMAS would have the responsibility to communicate those results to the provider.</p>

RFP 2020-02 Addendum #3

Question Number	Section	Question/Comment	DMAS Response
109.	3.4	Please confirm that the selected contractor will receive claims and encounter data from one source (DMAS or its designee) and will not be required to pull encounter claims directly from MCO organizations.	DMAS can confirm that the vendor will receive claims and encounter data from one source
110.	3.4	Can bidders assume that the claims and encounter data have a consistent identifier of provider identities that can be used across FFS claims and MCO encounters?	Yes.
111.	3.4	Is it the selected vendor's responsibility to facilitate this pend process within the affected claims systems?	No.
112.	3.4	For situations in which bidders do have the capability to facilitate this pend process, has DMAS approached the impacted MCOs and established willingness on their part to facilitate the technical linkage between the selected bidder and the MCO claims system?	N/A
113.	3.4	Can DMAS provide greater detail concerning the technical interaction between the selected bidder and the MCO claims systems, generally - including any technical specifications or anticipated workflows and division-of-responsibility between the vendor and MCO?	<p>This RFP does not seek a prepayment solution that identifies individual claims and encounters and stops them as they are being processed. Rather, the solution should identify risky providers based on analysis of past billings.</p> <p>Where appropriate, DMAS will work with MCOs to place those providers' claims in a pend status within the MCO claim systems while preventive review is conducted. DMAS does not anticipate any technical interaction between the vendor's systems and MCO systems.</p>
114.	3.6	Is DMAS seeking a vendor who perfectly meets corporate experience requirements or will you consider comparable expertise in other large-	The Department will consider comparable experience, however, scoring on the criteria

RFP 2020-02 Addendum #3

Question Number	Section	Question/Comment	DMAS Response
		scale projects focused on program integrity, analytics, and related subject matter areas?	will be scored according to level of experience, etc.
115.	3.6, 3.7, 3.8	The RFP states that Requirement 3.6 should be responded to in Chapter Two, Requirement 3.7 in Chapter Four and Requirement 3.8 in Chapter Five. Chapter Three states Offerors should respond to all Section 3 Requirements in Chapter Three. We assume that in Chapter Three we will respond to all sections except for 3.6, 3.7, 3.8 which have their own chapter. Please confirm.	Confirmed.
116.	3.7	Contact information must be provided for all key staff - what specific contact information is required?	Email addresses and work phone numbers are sufficient.
117.	3.7	For staffing, it indicates a desire for an organizational chart, number of staff, and key contact details. Can you please clarify whether personnel bios/CVs/resumes are required?	If the required information is provided, personnel bios/CVs/resumes are not mandatory.
118.	3.8	Relating to the statement "the time required to implement this project no later than Oct 15, 2020" is this the correct date correct? If not please provide updated date.	The exact implementation date will depend upon the award of contract. The Offeror can use the October 15, 2020 as the date on which business requirements are agreed upon with a project plan to be fully implemented within 12 months.
119.	3.8	What is the date of expected award?	DMAS does not have an expected award date at this time.
120.	3.8	For the purposed of project planning, would DMAS be willing to provide an anticipated contract award date?	See question above.
121.	3.8	The State has provided a go-live date of October 15, 2020. Would the State consider an extension to this timeframe to account for time for	See response to question 118.

RFP 2020-02 Addendum #3

Question Number	Section	Question/Comment	DMAS Response
		appropriate requirements gathering, configuration of the product, internal testing, and UAT?	
122.	3.8	Does the State require all product elements to be implemented by October 15, 2020 or can vendors propose a base product installation/functionality with additional configuration occurring in sprints after October 15, 2020?	See response to question 118.
123.	3.8	What is the start date of the engagement?	See response to question 118.
124.	3.8	Due to the proposed expedited go-live date, can the State confirm State staff availability to meet this timeline (e.g., requirements gathering support, sign off, etc.)?	DMAS will have staff availability to meet the go-live date.
125.	3.9.1	Is the FADS post-pay system performing relationship analysis, and is that information, along with any risk metrics, available to the solution? If so, what is the interface?	No, the FADS system is not performing relationship analysis in any of the algorithms or reports currently in production.
126.	3.9.1	How does DMAS anticipate its case tracking system will be used to support the vendor's prepayment review workflow? Is DMAS expecting that the vendor's workflow will conform to the current workflow supported by the case tracking tool, that DMAS or one of its other vendors will modify the case tracking workflow to accommodate the vendor's workflow, or that the vendor should budget for modifications to its own case tracking tool to accommodate this implementation?	FADS is merely a DMAS case tracking system where we anticipate that the vendor will report info on the status of investigations. FADS will not serve as the case management system through which the vendor will manage ongoing cases.
127.	3.9.1	The RFP refers to a previous bid/RFP related to FADS; can DMAS please share who the FADS vendor is and what the contract end date is?	Optum. The initial contract term expires in 2024.

RFP 2020-02 Addendum #3

Question Number	Section	Question/Comment	DMAS Response
128.	3.9.1	Is there a standard layout for this interaction that must be followed by the selected vendor? If so, please provide for evaluation.	Yes, there is a standard set of fields contained in the case tracking system for each case. DMAS will work with the successful vendor to ensure that the valid values are adjusted to capture the appropriate information for preventive reviews. The specific layout of the case tracking system is proprietary information that DMAS will share with the vendor during implementation.
129.	3.9.1	This requirement seems to conflict with section 3.3 of the RFP, which makes the Preventative Review Process a responsibility of the selected vendor. At present, prospective vendors are planning to conduct this review activity, but the bullet in 3.9 seems to indicate that review is an MCO function. Will DMAS please clarify?	Please disregard this bullet point.
130.	3.9.3	The last sentence of this section requests that bidders provide “a sample annual report for a similar engagement.” The annual and other reports we have prepared for clients on other engagements are confidential and cannot be shared. Would it be acceptable to provide a detailed outline of an applicable past annual report?	A detailed outline would be acceptable.
131.	3.10	There is a reference to running the operations (and possibly appeals) in languages other than English. Other than Spanish, what other languages will be required? Does this include a TTY program?	Requirements are as stated in the contract, and we cannot provide any further information on specific languages that may be required at this time.
132.	3.11	This section includes the statement “DMAS will: Make the final determination regarding the disposition of all claims including, but not limited to: placement on preventive review, denial, adjustment, and recovery of any overpayments.”	DMAS will require vendors to submit findings for approval prior to provider notification of the disposition of the preventive review. DMAS will work with the

RFP 2020-02 Addendum #3

Question Number	Section	Question/Comment	DMAS Response
		<ul style="list-style-type: none"> <li>It appears that will DMAS require the vendor to submit findings for their approval prior to notifying the provider, claims processing system, and FADS. If so, what are the SLA timeframes associated with this process? If not, what happens if DMAS disapproves a finding following provider notification?</li> </ul>	successful vendor to define the SLA timeframes for provider reviews.
133.	3.11	Our experience with the appeals process includes allowing the provider to submit a rebuttal with supporting documentation. Likewise, DMAS has outlined in section 3.11 that they will be approve or disapprove findings. Is it correct that DMAS will in fact substantively participate in appeals in support of findings they have approved?	Any rebuttal by the provider that includes supporting documentation would occur prior to DMAS approval of findings and denial or downward adjustment of claims. The DMAS appeals process would only occur after a claim was denied or reduced, and current case law does not allow additional documentation to be produced by the provider during the appeal. DMAS will substantively participate in appeals supporting findings it has approved, but that should not include reviewing any supporting documentation.
134.	3.12	Is the placement of a provider on preventative review considered an adverse action in itself that the provider has a right to appeal prior to any claims denials?	DMAS does not believe that the placement of a provider on preventive review constitutes an adverse action – only the denial of a claim.
135.	3.16	Section 3.16 states: “The Contractor shall work with the Department to ensure that the Contractor’s processing system satisfies the functional and informational requirements of Virginia’s preventive review program.”  Can DMAS provide this list of requirements?	These requirements are all of the functional and informational requirements set forth in the RFP for the preventive review program

RFP 2020-02 Addendum #3

Question Number	Section	Question/Comment	DMAS Response
136.	3.17	For requirements mapping purposes in vendor responses, please correct the section numbering starting at 3.17 Implementation and Project Plan. Believe this should actually be 3.19.	Yes, in preparing your response the numbering should be sequential.
137.	3.17 and 3.18	There seem to be some numbering inconsistencies within Section 3 (there are two sections 3.17 and 3.18). Should we reference what the correct section number should be within our response or use the duplicate section numbers as stated	See response above.
138.	3.17	This section lists January 1, 2014 as the date by which the vendor will be fully capable of performing all duties under this contract. What is the correct date?	The exact date will be mutually agreed upon and be dependent on the date of the contract award.
139.	3.17	<p>Are Sections 3.17 and 3.8 of the RFP asking for the same information (implementation/work plan)? If yes, may offerors provide their response in one place in the technical proposal?</p> <p>If these two sections are not asking for the same information, would the Department please clarify how they distinguish the two plans are, in order for offerors to provide compliant responses?</p>	<p>3.17 (updated to 3.19) references the preliminary work plan to be submitted with the proposal under 3.8.</p> <p>3.19 speaks more to the final implementation plan to be submitted 30 days after the award of the contract.</p>
140.	3.18	What approved secure e-mail solutions does DMAS use and expect a provider to communicate through?	DMAS uses Virtu for secure email communications. A vendor should have an ability to provide the protections as outlined in 3.18 Secure Email.
141.	3.20	The RFP states that "...the Offeror's ability to negotiate terms will be limited to those contained in Attachment VIII." Does this mean the Offeror cannot negotiate terms in the Solutions Contract and the Business Associate Agreement?	The Offeror can negotiate terms in the Solutions Contract. DMAS does not accept changes to the Business Associate Agreement.
142.	3.20	Are all offerors required to complete an ECOS assessment, or only those specifically requested by the Department?	Only those specifically requested by the Department. Offeror should review the

RFP 2020-02 Addendum #3

Question Number	Section	Question/Comment	DMAS Response
			Assessment Form and be ready to submit it upon request.
143.	3.20	<p>Enterprise Cloud Oversight Services (ECOS) &amp; Cloud Services. Is Attachment VIII (Cloud Services: Additional Terms &amp; Conditions) supposed to apply in its entirety in lieu of the terms and conditions of Attachment XI (Solutions Contract)?</p> <p><i>In contrast to other true IT procurements, the Offeror's ability to negotiate terms will be limited those contained in Attachment VIII."</i> If the terms and conditions of Attachment XI (Solutions Contract) also apply, why is the Offeror precluded from negotiating such terms and conditions?</p>	The Offeror can negotiate terms in the Solutions Contract.
144.	4	For a publicly held corporation, a copy of the most recent 3 years of audited financial reports and financial statements - can this be a weblink?	Yes, DMAS will accept a weblink in lieu of copies.
145.	4.2	Would DMAS view it as a conflict if the vendor or its subcontractor currently serves as a review contractor for a Virginia Medicaid MCO?	Offeror should consult with their legal counsel regarding potential conflicts of interest.
146.	4.2	For the purposes of disclosing conflicts of interest, is it correct that the vendor is only required to disclose the contracts/agreements it has with Virginia Medicaid, and not relationships with other state Medicaid entities?	Offeror should consult with their legal counsel regarding potential conflicts of interest.
147.	4.8	With respect to item 1(a) of the required conditions to which an offeror must attest, will you add language indicating that any contracts and agreements with non-governmental practitioner or contractor are also considered potential conflicts of interest? Non-governmental entities are also subject to pre-payment review.	No additional language will be added to this requirement. However, all Offerors should consult with their legal counsel to ensure no conflicts of interests exist prior to submission of a proposal in response to this solicitation. DMAS will review submissions

RFP 2020-02 Addendum #3

Question Number	Section	Question/Comment	DMAS Response
			during evaluations to ensure there are no potential conflicts of interests.
148.	4.8	With respect to item 1(a) of the required conditions to which an offeror must attest, does the term “contractor” include Managed Care Organizations?	It could depending on the relationship of the Offeror with the MCO.
149.	4.8	With respect to item 1(a) of the required conditions to which an offeror must attest, will you add language indicating that ownership interests in a practitioner (provider) is considered a potential conflict of interest.	See answer to question 147.
150.	4.8	With respect to item 1(a) of the required conditions to which an offer must attest, is the term “prescribing practitioner” meant to encompass all individuals and entities that provide services to Medicaid members?	No, “prescribing practitioner “ is not all encompassing; however, Offerors should consult with their legal counsel to ensure no conflicts of interests exist prior to submission of a proposal in response to this solicitation. DMAS will review submissions during evaluations to ensure there are no potential conflicts of interests.
151.	4.11	Section 4.11 Orals Presentation and Site Visits provides an outline in subsections 4.11.1-4.11.7. Do vendors use this outline to structure their Technical proposal response?	Yes, the outline provided is for the Technical Proposal Response.
152.	4.11	On page 36, the RFP states that proposals should be organized in the order specified in the RFP. Can DMAS please confirm that the order you are referring to is the one listed in section 4.11 of the proposal?	See response above.
153.	4.11.2 and Attachment I	Should we use the chart from “Attachment I: References” in the references section when describing our supplier profile, or do we need to include the entire attachment page?	The entire attachment page should be included with the Required Forms.
154.	4.11.2.3.	The RFP states to provide two references and does not indicate using any required form. The Appendix includes Attachment 1 for references. Can the State please clarify if bidders are to use	Attachment I is the format provided for references.

RFP 2020-02 Addendum #3

Question Number	Section	Question/Comment	DMAS Response
		Attachment 1 provided in the Appendix or if they can provide references in any format?	
155.	4.11.3	May offerors provide a narrative response that describes how the proposed solution meets all of the RFP requirements, or does the Department prefer a "line by line" response that addresses each specific requirement?	The Department does not have a preference.
156.	4.11.6	Section 4.11.5 is titled Chapter 5 while 4.11.6 is titled Chapter 8 of the response. Can the Department confirm that section 4.11.6 should be titled Chapter 6 in the response?	Yes, this should be titled Chapter 6. See Addendum 3 for the update.
157.	4.11.6	Should section 4.11.6 Chapter Eight: Required Forms be numbered Chapter 6? If not, are Chapters 6 and 7 missing?	See question and response above.
158.	4.11.6	Should Chapter Eight be changed to Chapter Six within our response or leave as is for reference purposes?	See question and response above.
159.	4.11.6	Will the Commonwealth confirm that the form located on page 4 of the RFP is the RFP Cover Sheet referenced on page 43?	Yes, this is the RFP Cover Sheet.
160.	4.12.1	Page 44 states the cost proposal should be submitted in a separately sealed envelope and submitted along with the technical proposal. Page 3 and 39 of the RFP state the technical and cost proposals should be submitted electronically. Can the State please clarify how the cost proposal should be submitted?	The cost proposal shall be submitted electronically using the same method of submission as the technical proposal.
161.	Special Terms and Conditions	The Special Terms and Conditions state to return Identification of Bid/Proposal Envelope in a separate envelope or package. Page 3 and 39 of the RFP state the technical and cost proposals should be submitted electronically. Can the State please clarify how this information should be submitted?	All components of the RFP shall be submitted electronically.

**RFP 2020-02 Addendum #3**

Question Number	Section	Question/Comment	DMAS Response
162.	Section V. SPECIAL TERMS AND CONDITIONS	If vendors are required to submit electronically do we disregard the requirement relating to an IDENTIFICATION OF BID/PROPOSAL ENVELOPE?	See question and response above.
163.	V. Special Terms and Conditions	Is 24/7 maintenance and support required definitely, or could a lower cost 8/5 option be suggested to reduce costs?	Unless otherwise agreed in writing, the Offeror should assume 24/7 maintenance and support.
164.	Attachment I	Do we include Attachment I: References in Chapter Two Supplier Profile?	Include the Reference forms in the Required Forms section of the RFP.
165.	Attachment II	What is the envisioned level of support DMAS expects in relation to the 5 <sup>th</sup> SLA in Attachment II?	Mutually agreed upon in the final contract.
166.	Attachment II	Can you elaborate on how the measurement of the 2 <sup>nd</sup> SLA in Attachment II is to be calculated?	As noted in the attachment, the SLA table will be incorporated into the final contract and may be modified by DMAS in consultation with the vendor.
167.	Attachment II	Is “review” considered running the FFS claims and MCO encounters through the analytics engine for purposes of the first SLA?	Yes.
168.	Attachment II	Is Attachment II included for information purposes only (to be completed on contract award) or are Offerors requested to complete it as part of the RFP response?	Attachment II is a draft that will be incorporated into the final contract. The Offeror may submit proposed modifications.
169.	Attachment II	Attachment II – Service Level Agreement (SLAs). Can DMAS please clarify the first Performance Standard, “Contractor will review of all FFS claims and MCO encounters submitted to the Department.” Please confirm that the measurement is based on the Contractor’s receipt in lieu of the Department’s receipt. Please confirm that this review refers to the Analytics Engine review process described in Section 3.2.	This standard means that within 7 business days of the vendor receiving claims and encounters from DMAS, those claims will have been processed through the analytics engine.

RFP 2020-02 Addendum #3

Question Number	Section	Question/Comment	DMAS Response
170.	Attachment II	What is the format to provide modifications to the SLAs?	The Offeror may use redline to provide SLA modifications.
171.	Attachment II	How is "correct identification" defined for purposes of measuring the second SLA?	As noted in the attachment, the SLA table will be incorporated into the final contract and may be modified by DMAS in consultation with the vendor.
172.	Attachment II	How is "customer service" defined for purposes of the fifth SLA?	As noted in the attachment, the SLA table will be incorporated into the final contract and may be modified by DMAS in consultation with the vendor.
173.	Attachment III	Should an offeror assume the 500 claims volume use for the cost proposal when calculating the small business contract dollars/percentage for the initial period of the contract?	No.
174.	Attachment 6/Cost Proposal	Can the Department please clarify what is meant by Claims/Year as it relates to business activities at base level. What is considered a "Review Performed per Year"?	Claims/year is reviews per year. A review performed is a review of a single claim.
175.	Attachment 6/Cost Proposal	Because the number of appeals cannot be predicted at this time, can we assume that the cost for the appeals process will be time and materials and not included in the fixed price portion of this contract?	No.
176.	Attachment 6/Cost Proposal	In order to provide the best value and most competitive pricing landscape for DMAS, could the offerors be informed as to the number of cases and appeals for the last two fiscal years?	DMAS does not currently have a preventive review process, and as such does not have case counts and appeals for this type of review.
177.	Attachment VI	With respect to the tiered pricing schedule, is the term "review" the same as "claim"?	Yes, a review is the review of a single claim, though some claims contain multiple claim lines.

RFP 2020-02 Addendum #3

Question Number	Section	Question/Comment	DMAS Response
178.	Attachment VII	With respect to the 2 <sup>nd</sup> program issue on the top of page 65, how is the term “defend” defined for purposes of liquidated damages?	Provide a reasonable defense for the Contractor’s decisions.
179.	Attachment IX	Because the concept of Authorized User is important in this contract, can DMAS better define who its desired end users would be? Are there any other agencies or other government bodies that will be permitted to utilize this contract?	At this time no other agencies or government bodies will be permitted to utilize this contract.
180.	Attachment IX	Do vendors need to complete Attachment IX : ECOS Assessment Form and submit with technical proposal? If so, do we include in Chapter 8 Required Forms?	No, Offeror should review the Assessment Form and be ready to submit it upon request.
181.	General	What is the historical scope of claim submission fraud dispositioned data?	DMAS can provide the successful vendor with claim and encounter data for at least three years prior and, depending on the needs of the vendor, may be able to provide up to 10 years of claim and encounter data
182.	General	Is DMAS open to awarding separate contracts for the Analytics Engine vs Preventative Review components of the RFP? We believe the requirements for each of these components are quite different and as such, the skills/capabilities needed to be successful are also very different. Please let us know if DMAS is open to awarding separate contracts; allowing Offerors to submit proposals for the Analytics Engine or Preventative Review components.	The Award clause referenced in RFP 2020-02, Section 4.14 is for a single award and the agency will only issue one (1) award. To make multiple awards would be in violation of the RFP requirements.
183.	General	Would DMAS consider an RFP with a portion of the RFP objectives? Specifically, would you consider work to be performed solely to address the Analytics Engine objective?	See question and response above.

RFP 2020-02 Addendum #3

Question Number	Section	Question/Comment	DMAS Response
184.	General	Is there a preference whether the Analytics Engine functionality is developed onsite at DMAS or at the Offeror's site?	No, so long as DMAS has adequate access and visibility into the analytics engine to monitor progress, review results, etc.
185.	General	In the envisioned production state, is it anticipated the Analytics Engine fraud score be executed within DMAS' compute infrastructure? Or can it occur within the Offeror's compute domain?	The analytics engine fraud score does not need to be executed within DMAS compute infrastructure and can occur within the Offeror's compute domain.
186.	General	Are the MFCU Investigation Database, State Compromised Numbers Database, List of Excluded Individuals/Entities, vital statistics, land records, and criminal history data available in real time and available to be consumed by the Analytics Engine fraud scoring solution?	DMAS will work with the successful vendor to determine data sources to be made available based on the value-add to the analytics engine and the logistics/cost of providing that access.
187.	General	Is there an incumbent currently providing these services? If yes, how long have they been instilled? If no, what measures are currently applied to assess claims risk?	There is no incumbent currently performing these services.
188.	General	Please identify the number of MCOs operating in the Medicaid program – and provide the percentage of the DMAS program that is in FFS vs MCO.	DMAS currently has 12 contracts with managed care organizations, not including any limited service brokers such as dental and transportation. Based on March 2020 enrollment, 89.4% of DMAS Medicaid Enrollees are in managed care programs (CCC+ or Medallion 4).
189.	General	Can DMAS please state the total annual volume of FFS claims and Encounters?  Can DMAS please state the total program member enrollment?	For 2019, there were 10,056,914 paid fee-for-service claim lines and 77,548,806 paid encounter claim lines for a total annual paid claim line volume of 87,605,720.  Total program member enrollment below in table 1.

RFP 2020-02 Addendum #3

Question Number	Section	Question/Comment	DMAS Response
190.	General	Is there an attachment/format for providing modifications or additional terms & conditions?	The Offeror may provide modifications in redline.
191.	General	Will terms and condition changes only be required when an entity moves to negotiations?	The Offeror should submit the requested modifications with the proposal.
192.	General	Will COVID-19 have an impact on the timeline or whether this RFP moves forward (considering budget re-allocations, etc.)?	COVID-19 impacts on this project are not yet known.
193.	General	Will there be any changes to expectations for on-site work, in light of COVID-19 impacts?	Any changes to e expectations for on-site work, in light of COVID-19 impacts have not been determined.
194.	General	Can you provide a high-level estimate on when the timing of award would occur?	See response to question 119.
195.	General	Please confirm the Chapter order should go from 5 to 8 and there are no missing chapters.	Confirmed. There are no missing chapters.
196.	General	There are duplicate sections 3.17 (Security and System Vulnerabilities) and 3.18 (Secure Email and Appropriate Technologies). Please renumber these or provide a method for us to cross-reference these sections as required.	These sections should be numbered sequentially.
197.	2.3	To avoid duplication, are the current post-payment vendor (or others) efforts limited to post-payment review on fee-for-service claims? a) If not, what is the scope of the current post-payment vendor (or others) efforts related to pre-payment and post-payment review?	DMAS does not seek to limit the scope of the preventive analytics program to service areas currently not under post-payment review.

RFP 2020-02 Addendum #3

Question Number	Section	Question/Comment	DMAS Response
		<p>b) If so, are there any provider/service types not currently reviewed by the current post-payment vendor for which DMAS maintains data and would prefer these providers/services to be reviewed as part of this RFP?</p>	
198.	2.3	<p>Will DMAS provide a list of providers reviewed or under review by the current post-payment vendor to help avoid duplication of effort desired under the RFP?</p>	<p>DMAS has master lists of providers under review which will be used to vet providers prior to placing them on preventive review. However, being under post-payment review would not necessarily preclude a provider from preventive review.</p>
199.	2.3	<p>To ensure better coordination and avoid duplication, will DMAS provide deconfliction lists and coordination to help vendor understand which providers and/or claims are under review by the current post-payment vendor, the managed care organizations (MCOs), and the Medicaid Fraud Control Unit (MFCU)?</p>	<p>To the degree practicable and necessary, DMAS will provide the vendor with details of current PI activities to inform preventive analytics activities and reduce duplication of efforts.</p>
200.	2.3	<p>How does DMAS currently communicate with MCOs about network provider overpayments identified by the DMAS? Is the expectation that the vendor would follow this same process for this RFP to minimize disruption but offer any process improvements over time as new ideas may arise?</p>	<p>DMAS currently has no formalized process to communicate overpayments identified by DMAS to the MCOs.</p>
201.	2.3	<p>Does DMAS have established uniform policies for hold and review (pre-payment review)? Can DMAS provide information on the current and/or historical volume of such activities?</p>	<p>No, this will be a new process.</p>
202.	3.3	<p>Is there a preference to how providers are notified of the need for clinical information? Can the Offeror propose alternate HIPAA-compliant methods not listed in the RFP?</p>	<p>The offeror may propose alternate HIPAA-compliant methods for provider notification of the need for clinical information.</p>

RFP 2020-02 Addendum #3

Question Number	Section	Question/Comment	DMAS Response
203.	3.3	Please verify the FADS Case Tracking System is the only system in which review decisions must be documented.	The vendor will need to document review decisions in FADS for DMAS case tracking purposes. They will also be required to transmit those decisions to the claims payment system so that the appropriate adjustments/denials can be made. These are separate processes.
204.	3.3	To which systems and via what methods are we required to transmit decision data? What interfaces are available for data transmission into the FADS Case Tracking System (e.g., API connection)?	The vendor will be required to transmit decision information to the active claims payment system at the time that preventive reviews commence. DMAS will work with the successful vendor and the claims system vendor to determine the appropriate manner to transmit that information. FADS does not interface with claims payment systems for the purpose of transmitting claim denials and adjustments.
205.	3.8	Given that the contract award date is TBD (see RFP page 38), there are conflicting delivery dates (see RFP sections 3.7 and 3.17), and there is no project start date, please provide a specific timeframe for the project so the Offer can provide a meaningful project plan and timeline.	The project start date will depend upon the award date.  Please see response to question 118.
206.	3.14	A VITA website is referenced but a link is not included. Please provide.	<a href="https://www.vita.virginia.gov/it-governance/itrm-policies-standards/">https://www.vita.virginia.gov/it-governance/itrm-policies-standards/</a>
207.	3.20	The RFP expressly allows vendors to submit proposed modifications to Attachment VIII. The RFP incorporates by reference a "Form Contract" which is included as Attachment XI and Section V of the RFP ("Special Terms and Conditions") but does not provide instruction	The Offeror can propose modifications to the Solutions Contract and the Additional Cloud Terms and Conditions.

RFP 2020-02 Addendum #3

Question Number	Section	Question/Comment	DMAS Response
		clarifying whether vendors can also propose modifications to either. Please affirmatively confirm vendors are permitted to submit exceptions to Attachment XI and Section V of the RFP as part of their response.	
208.	4.1	the RFP states that revisions to the indemnification and liability provisions of the contract will not be considered at this time. Please confirm whether vendors should still provide comments to such sections as part of their response, with the understanding such provisions will be evaluated and negotiated at a later time, or if a statement should be provided that comments to such sections will be provided at a later date.	The Offeror may provide proposed modifications.
209.	4.4	Since the demonstration details will be issued after the close of the formal Q&A period, will Offerors have an opportunity to ask questions regarding these details?	No.
210.	4.8	<p>Regarding page 41, 4.8 Transmittal Letter: "The Offeror must identify any contracts or agreements they have with any state or local Government entity that is a Medicaid and/or Title XXI State Child Health Insurance Program prescribing practitioner or Contractor and the general circumstances of the contract or agreement. This information will be reviewed by DMAS to ensure there are no potential conflicts of interest."</p> <p>While a "prescribing practitioner" reduces the number of contracts, Offerors have numerous contracts within Medicaid and CHIP nationwide. Would DMAS consider alternate language such as, "Offerors with any financial stakes associated with Medicaid Managed Care Organizations need to identify these relationships for evaluation as a potential conflict of interest. Failure to disclose these relationships may result in disqualification from responding to this RFP."</p>	See response to question 147.

RFP 2020-02 Addendum #3

Question Number	Section	Question/Comment	DMAS Response
211.	<b>V. Special Terms and Conditions 2</b>	Regarding page 48, <b>V. Special Terms and Conditions 2.</b> , the RFP provides mandatory IRS 1075 FTI guidelines. Does DMAS expect FTI data to be included in this project?	DMAS will rely on the selected Contractor to determine what type data is needed to perform the scope of work and there may be the potential for the agency to release FTI. Special Term and Condition 2, Mandatory IRS Publication 1075 is a mandatory term and condition required to be incorporated into all “Major” Technology Projects and delegated procurements by VITA.
212.	<b>V. Special Terms and Conditions</b>	Regarding page 50, <b>V. Special Terms and Conditions</b> , the RFP incorporates by reference a form Business Associate Agreement required for all vendors. The referenced link does not properly link to a form BAA; please provide a form BAA or updated link.	The BAA can be found here: <a href="https://www.dmas.virginia.gov/#/procurement">https://www.dmas.virginia.gov/#/procurement</a>
213.	<b>Attachment VI-Cost Proposal</b>	Regarding <b>Attachment VI-Cost Proposal</b> , DMAS provides 500 baseline claims with a tiered pricing structure of up to 5,501 claims to be reviewed annually. Please provide expected volumes (annual or monthly) for the number of cases that will require review.	The expected volume of cases will be determined by the number of high risk providers identified by the successful vendor, and the number of claims submitted by those providers.
214.	<b>Attachment VI-Cost Proposal</b>	Regarding <b>Attachment VI-Cost Proposal</b> , contains blank labor lines. Do vendors have the flexibility to add additional classified labor categories?	Yes, the labor categories are to be updated by the Offeror as appropriate for their organization.
215.	<b>Attachment VIII, Cloud Services Additional Terms (Final)</b> ,	Regarding page 14, <b>Attachment VIII, Cloud Services Additional Terms (Final)</b> , Section 14B references a “Content Escrow Agreement” – Exhibit C-1. No such exhibit or form agreement is included in the RFP. Please provide a copy of the referenced exhibit or clarify whether vendors will have an opportunity to	Content Escrow Agreement will be reviewed during negotiation.

RFP 2020-02 Addendum #3

Question Number	Section	Question/Comment	DMAS Response
		review and negotiate such agreement during the negotiation phase of the RFP.	
216.	<b>Attachment XI (Form Contract)</b>	Regarding <b>Attachment XI (Form Contract)</b> , the Attachment makes references to Exhibit A-D, but no such exhibits are included in the RFP. Please provide copies of these exhibits.	The Exhibits will be added during the finalization of the Contract during negotiation.

**Table 1: Answer to Question 14**

**December 2019 DMAS Enrollment**

	CCC+	Fee-for-service	Limited Benefit	Medallion 4	PACE	Total
FAMIS	-	964	47	74,894	-	75,905
Medicaid	243,987	37,257	111,621	989,954	1,351	1,384,170
<b>Total</b>	<b>243,987</b>	<b>38,221</b>	<b>111,668</b>	<b>1,064,848</b>	<b>1,351</b>	<b>1,460,075</b>

**March 2020 DMAS Enrollment**

	CCC+	Fee-for-service	Limited Benefit	Medallion 4	PACE	<b>Total</b>
FAMIS	0	813	56	75,990	0	<b>76,859</b>
Medicaid	245,272	37,138	113,516	1,041,793	1,330	<b>1,439,049</b>
<b>Total</b>	<b>245,272</b>	<b>37,951</b>	<b>113,572</b>	<b>1,117,783</b>	<b>1,330</b>	<b>1,515,908</b>

**Table 2: Answer to Question 12 & 13**

**Paid Claim Line Counts by Provider Type (Some provider types listed may not be included in the scope of this contract)**

RFP 2020-02 Addendum #3

	2017		2018		2019	
	FFS	MCO	FFS	MCO	FFS	MCO
Adult Day Health Care	20,537	22,700	998	90,578	541	148,035
Ambulatory Surgical Center	8,955	22,384	2,862	19,762	1,296	28,546
Assisted Living	338	2,179	125	4,167	-	1,361
Audiologist	3,587	20,072	2,871	29,676	2,339	35,327
Case Management	11	1,292,661	19	6,228,877	27	5,259,519
Case Management Waiver	138,425	34,165	132,478	170,979	1,697,494	989,577
Certified Professional Midwives	809	14	731	49	528	372
Chiropractor	390	440	304	4,124	159	9,109
Clinical Nurse Specialist - Psychiatric	148	3,021	247	6,641	69	10,867
Clinical Psychologist	5,621	55,595	9,008	129,679	4,679	168,372
CORF (Outpatient Rehab Facility)	210	717	90	188	2	94
Dental Clinic		11,470		12,322		10,685
Dentist	79	2,795,841	76	3,785,168	94	3,922,857

RFP 2020-02 Addendum #3

Descr Unavailabale		-		-		2
Durable Medical Equipment Supplies	443,506	976,540	140,334	2,484,167	119,370	3,424,656
Early Intervention	73,125	7,008	66,851	38,241	3,126	97,108
Education Services	670,690	293	811,448	718	795,466	2,206
Emergency Air Ambulance	2,397	3,630	1,069	7,134	664	9,215
Family Caregiver Training	5	2,641	22	38,366	23	80,108
Federally Qualified Health Center	112,082	117,696	92,937	140,789	64,866	62,201
Health Department Clinic	54,189	93,213	55,514	117,907	37,457	132,170
Hearing Aid	-	2,058	2	79	2	83
HMO Medallion II, MED3 and MED4		175,646		143,400		6,629
Home Health Agency - Private	14,932	169,788	10,438	295,536	8,999	387,610
Home Health Agency - State	157	53,035	64	11,215	25	35,540
Hospice	81,828	5,552	52,362	58,274	34,846	64,559
Hospital, in-state, General	2,434,983	4,982,850	1,859,208	6,605,211	2,184,432	8,408,605
ICF - Mentally Retarded - Community Owne	37,125	22,549	56,763	35,302	55,569	30,330

RFP 2020-02 Addendum #3

ICF - Mentally Retarded - State Owned	2,693		2,412		1,553	
Independent Laboratory	256,597	747,289	249,430	1,115,138	160,428	1,901,310
Intermediate Care Facility	16,865	5,527	14,486	15,169	15,058	13,347
Intermediate Care Facility - Mental Heal	66		100		146	
Intermediate Care Facility - State	141	1	185		201	
LIC ASST BEHAVIORAL ANALYST	1,787	-	246	640	-	368
LICENSED BEHAVIORAL ANALYST	78,167	7	50,068	42,079	10,040	73,242
Licensed Clinical Social Worker	11,856	131,895	35,348	257,236	38,341	408,320
Licensed Professional Counselor	10,936	194,347	62,053	347,151	56,459	536,827
Licensed Psychologist	86	1,899	118	2,732	85	4,119
Long Stay Hospital	6,444	1,602	1,387	4,639	309	5,766
Long Stay Inpatient Hospital - Mental He	1,100	984	1,287	356	578	411
Marriage and Family Therapist	208	4,719	575	7,139	336	10,233
Medicare Crossover	232,960	153,610	108,736	387,401	95,118	577,553
Mental Health Mental Retardation	3,812,132	488,808	3,363,111	2,991,343	1,500,273	5,318,276

RFP 2020-02 Addendum #3

Mental Retardation Waiver Services		2,317		5,206		5,680
MMIS Contractors or Vendors		-		7		-
NO VALUE DESCRIPTION	-	407,834	8	1,276,242	36	2,725,941
Non-Medicaid TDO	5,138	21,058	4,839	98,164	4,935	171,358
Nurse Anesthetist	30	957	10	1,402	16	1,714
Nurse Midwife		18,859		53,807		67,956
Nurse Practitioner	174,451	266,022	114,724	527,993	95,150	785,161
Occupational Therapist		9,616		42,010		61,965
Optician	231	19,427	164	24,853	116	17,597
Optometrist	25,549	176,164	16,543	284,913	12,628	408,980
ORP Other	-	33,844	1	164,277		502,003
Out of State ICF Provider	42		58		60	
Out-of-State Clinic		42		59		119
Out-of-State Dental		85		69		112
Out-of-State Emergency Air Ambulance	13	266	10	186	32	286

RFP 2020-02 Addendum #3

Out-of-State Home Health		1,036		2,523		3,825
Out-of-State Hospital	38,211	97,676	23,843	136,506	27,608	170,814
Out-of-State Laboratory	63,088	39,294	82,655	76,958	38,296	157,195
Out-of-State Pharmacy	-	25,205	-	47,330	199	96,853
Out-of-State Physician	3,290	31,786	1,522	64,198	1,207	158,735
Out-of-State Rehab Hospital	120	239	128	223	33	255
Out-of-State Skilled Care Facility	99	1,486	116	5,177	117	12,951
Out-of-State Supply Equipment		578		4,151		6,043
Out-of-State Transportation	30	3,648	4	68,966	10	184,958
PACE Provider	12,466	102	16,818	714	16,596	360
Personal Care	407,632	513,000	86,995	527,024	81,201	724,324
Pharmacy	1,232,167	6,247,318	1,057,492	9,377,761	411,834	14,283,081
Physical Therapist		30,669		71,006		133,811
Physician	1,649,142	7,155,057	1,389,081	11,036,207	1,320,314	15,289,832
Podiatrist	36,835	56,308	16,341	114,363	12,794	175,966
Prenatal Nutrition		1,309		1,703		2,807
Private Duty	70,637	108,222	41,109	367,293	41,461	393,955

RFP 2020-02 Addendum #3

Private Mental Hospital (inpatient psych	1,023	9,192	656	14,004	793	24,832
Prosthetic Services	6,329	16,174	3,340	25,666	2,884	34,976
Psych Residential Inpatient Facility	54,144	6,800	86,551	33,069	77,277	67,405
Registered Driver		938,641		1,719,360		2,580,064
Rehab Agencies	116,311	145,990	62,368	261,145	23,979	349,987
Rehab Hospital	11,498	19,675	7,650	22,784	7,546	31,130
Renal Unit	1,058,482	183,875	811,841	496,750	755,453	795,112
Respite Care	162,391	113,458	26,972	304,798	20,903	428,174
Rural Health Clinic	17,055	8,906	10,144	19,566	9,393	24,422
School Psychologist	5	101	7	120	-	186
Skilled Nursing Facility - State	561	39,114	629	112,188	440	109,357
Skilled Nursing Home Non Mental Health	855,019	323,999	232,223	1,269,409	160,149	1,219,278
Speech Language Pathologist		18,588		43,850		55,321
State Mental Hospital (Aged)	277	6	248	334	229	579
State Mental Hospital (less than age 21)	401	353	393	578	319	702
State Mental Hospital (Med-Surge)	323	38	150	61	17	1
Substance Abuse Clinic (FAMIS)		13,215		26,431		176,668

RFP 2020-02 Addendum #3

Substance Abuse Practitioner	-	252	10	1,457	9	3,008
Transition Coordinator	447		235		11	
Transportation	21,520	1,553,295	17,736	2,446,394	30,466	2,923,695
Treatment Foster Care Program	8,715	1,214	11,122	3,539	11,405	3,757
Total	14,569,839	31,266,756	11,311,099	56,812,366	10,056,914	77,548,806