# COMMONWEALTH of VIRGINIA

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

**April 29, 2013**

**ADDENDUM No. 2 TO VENDORS:**

**Reference Request for Proposal:** **RFP 2013-05**
**Dated:** **April 10, 2013**
**Due:** **May 15, 2013**

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

**1) See Attachment 1 for the Department of Medical Assistance Services response to questions/inquiries as submitted by potential Offerors.**

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

Sincerely,

*Christopher M. Banaszak*
DMAS Contract Manager

Name of Firm: _____

Signature and Title: _____

Date: _____

**Attachment 1**
**RFP 2013-05, Addendum 2**
**Medicare-Medicaid Financial Alignment Demonstration Questions and Answers**
***All responses are subject to change based on final MOU and CMS 3-way contract terms.***

| Question Number | RFP Reference | Page # | Question | Response |
|---|---|---|---|---|
| 1 | 6.10.4 | 52 | Please clarify exactly which forms and sections must be submitted if the applying MCO intends to use a material subcontractor for specialty services, such as behavioral health. | The required forms under section 6.10.4 are only required to be completed and submitted by the applying plan for themselves (forms not required for subcontractors). However, the applying plan assumes all responsibility for the subcontractors working on their behalf in the performance of the finalized MOU and three-way contract. |
| 2 | General | | If plans have successfully completed the MA application, MOC and provider network, will that be adequate? We won't have to repeat those filings? | The intent of this question is not clear. Offerors need to respond to and meet all of CMS' requirements and timeframes and they must submit a response to this RFP to be considered for the Demonstration. |
| 3 | General | | DMAS has postponed the EDCD waiver Training. When will they reschedule? | The training will be rescheduled after plans have been selected. Slides will be made available in advance of the training. DMAS will notify plans when the slides have been posted to the DMAS website. |
| 4 | General | | The EDCD Waiver Plan of Care (Appendix E) is very state specific and does not include Medicare benefits. | Plans can adapt this form as long as the elements in Appendix E are incorporated. |
| 5 | General | | Will CMS provide member level data? Medicaid only data is not sufficient to preparing a PBP and analyzing risk. | Offeror should direct this question to CMS. |
| 6 | General | | Will the data DMAS provides be member specific and will it include Medicare and Medicaid identifiers? | The specific intent of this question is unclear. However, DMAS will provide Participating Plans with transition reports that will include claims data. Offeror should direct questions related to Medicare data to CMS. |
| 7 | General | | EDCD Waiver:<br>• Will DMAS provide MCOs training on the EDCD Waiver operations? | Training on EDCD Waiver operations will be scheduled after plans have been selected. Slides will be made available in advance of the training. DMAS will notify plans when the slides have been posted to the DMAS website. |

| Question Number | RFP Reference | Page # | Question | Response |
|---|---|---|---|---|
| | | | • Will DMAS provide data to MCOs of individual services utilized by EDCD waiver participants?<br><br>• Will DMAS track the lifetime benefit utilization of individuals that have utilized transition services? | Offerors should refer to the data book provided on April 23 for further information on EDCD Waiver service utilization.<br><br>The process used to track usage of the lifetime benefit for individuals using transition services will be outlined in the three-way contract. |
| 8 | General | | Will the state require plans to administer CAHPS under Medicaid or Medicare rules for the Demonstration, or will the state administer CAHPS for this Demonstration? | This will be addressed in the three-way contract. |
| 9 | General | | Please provide an average daily census for dual eligible members >21 who are in state mental hospitals. | This population will be excluded from the Demonstration. |