

**OFFICIAL Proposer Comments/Questions and Responses
CA Medicaid Management Information System – Fiscal Intermediary Project
(RFP 08-85022)**

Question #	Reference #	RFP Reference	RFP Section	Pg #	Question/Comment	Response
1.	158	General	Legacy Operation-Multi-Service Senior Program	N/A	It is our understanding that in the Legacy system, MSSP claims support is provided. The nuances associated with these claims are that not all MSSP providers have NPI numbers and these MSSP claims must be audited for the Provider Combined MSSP Services Capitation Amount (using a Grant File containing the capitation amount, advance amount and amount paid year-to-date). Will MSSP claims processing be a requirement of the legacy and replacement MMIS?	No change required to RFP. The Multipurpose Senior Service Program (MSSP) is a part of the CA-MMIS Legacy System and has been since 1997. The Contractor must comply with all current requirements in place in CA-MMIS as of the date of implementation of the Replacement System.
2.	159	General	Legacy Operation-Pharmacy/Medical Supply	N/A	It is our understanding that under the current operations, medical supplies may be billed on the pharmacy claim or on the medical claim, depending on the provider type. Is it the Department's intent to continue to allow medical supplies to be billed on the NCPDP claim type in the system replacement?	No change required to RFP. Yes, in the current Legacy System, Medical Supplies can be billed on both the pharmacy claim and medical claim. However, SDN07014 will discontinue the use of paper Pharmacy 30-1 claim forms for the purpose of billing HCPCS codes by Pharmacy providers (on implementation date). Pharmacies will need to submit their HCPCS medical supply claims, using CMS-1500 or HIPAA-compliant electronic ASC X12 837P claim standard.
3.	160	General	NIST-Network Intrusion Detection System (NIDS)	N/A	It is our understanding that NIST believes a Network Intrusion Detection System (NIDS) should be in place. Could the State please clarify if the NIDS is a requirement in Exhibit I?	No change required to RFP. The NIST standard is defined in Exhibit A, Attachment II, Section KK Security and Confidentiality. Network Intrusion Detection System (NIDS) is a requirement for this contract.
4.	161	General	NIST	N/A	It is our understanding that NIST requires a	No change required to RFP.

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			Reimburse.		Certification and Accreditation every 2 years for Medi-Cal. Today the State selects an independent outside vendor to perform the certification and the related cost of the outside vendor is cost reimbursed by the State. Would the State clarify this requirement will continue with the new Contract?	DHCS requires NIST as a standard and a Certification and Accreditation every 2 years for CA-MMIS. The Department will continue to cost reimburse the independent outside vendor. All costs related to the Certification and Accreditation and any remedies by the Contractor shall be included in the Fixed Price ACL Rate.
5.	513	General			Will the Department be releasing a separate solicitation for an Independent Verification and Validation (IV&V)/Quality Assurance contractor to monitor implementation of the new system, once one is selected?	No change is required to the RFP. Yes, it is the Department's intent to seek separate contractors for a number of projects, including IV&V and Quality Assurance. Vendors should watch the DHCS/OMCP web site for those postings.
6.	46	RFP Main	N/A	Page 86	The Forms Section (Tab 16) of the Narrative Technical Proposal specifies that both Attachment 16-1, Takeover Bid Price Form and Attachment 17, Cost Proposal Form should be included here. However, since both contain price information. Please eliminate.	DHCS will clarify this language in a future Addenda. Please note: The forms cited in the question are to be submitted with the Cost Proposal.
7.	370	RFP Main	M.1.a and M.1.h.4	Page 87 and 88 (of 127)	Sections M.1.a and M.1.h.4 reference Price Bid Sheets 16-1 through 16-26. Attachment 16 contains Price Bid Sheets 16-1 through 16-24. Remedy Sought: Please confirm that there are no Price Bid Sheets 16-25 and 16-26. If they exist, please provide.	DHCS will modify the RFP in future Addenda. Please note: Currently the correct Price Bid Sheets are Attachments 16-1 through 16-23.

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8.	174	RFP Main	Section L.3.j.23.b	71	It is our understanding that in addition to the Service Authorization function, CMS also performs various eligibility functionality. Would the State please confirm that the requirements for CMS extend only to the Service Authorization functions or does the scope also include those eligibility functions as well?	No change is required to the RFP. Yes. The eligibility function currently performed by CMS stays with county CMS staff. The Contractor is only responsible for accepting the Authorizations from CMS-Net, integrating them with the other SARs and TARs as part of the replacement SURGE software and processing associated claims.
9.	37 1	RFP Main	O.4.c.3 (with replacement table from Bulletin 5, Attachment 2)	Page 102	The table assigns 9.0 total points to the bid sheet 16-18 System Enhancements. This sheet includes operational costs for both system enhancements from Exhibit A Attachment IV as well as OCS Operational Costs. Remedy Sought: Please clarify if OCS operational costs will be evaluated as part of this step.	No change required to RFP. OCS operational costs are not scored as part of Bid Sheet 16-18. Vendors must include operations costs, if any, for each proposed OCS for each year of system operation on Bid Sheet 16-18 as these costs will be added to the ACL rate if DHCS includes the OCS in the system design.
10.	15	Exhibit A, Att II	KK.6.b.4	289	This section requires availability of alternate space for staff and equipment....to fully support CA-MMIS operations "with interruption to services". (We believe this should read "with no interruption to services" as in Draft 2 of the RFP.) This language conflicts with requirement 6.d (pg. 290) which requires the backup facility to be available within 24 hours after the main facilities are unable to perform all CA-MMIS Operations. Please clarify.	No change is required to the RFP. KK.6.b.4 is referring to any Contractor facility that has interrupted services determined by the Business Impact Analysis (BIA) and in accordance with Requirement Time Objective (RTO) and Recovery Point Objective (RPO). The other points starting at KK.6.d specify requirements to each of the components/services' specific timeframes.
11.	16	Exhibit A, Att	KK.6.d, e and	290	Item 'd' provides that CA-MMIS backup	DHCS will clarify the requirements in

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		II	f		facilities shall be available for transfer of the full CA-MMIS Operation within 24 hours after any Contractor facilities are unable to perform all CA-MMIS Operations. Further, claim payments and full time communications shall be resumed within 3 State workdays and full CA-MMIS operations shall be resumed within 7 calendar days. This seems to conflict with requirements 'e' and 'f' which require online pharmacy claims processing, the Telephone Service Center and AEVS to be resumed within 2 hours of a 'failure'. This will require redundant capabilities including facilities, infrastructure, data mirroring, etc. Please clarify the discrepancy between the requirements in item 'd' and those in items 'e' and 'f'.	future addenda. Please note: Online Pharmacy claims processing falls within the specified CA-MMIS backup facility requirements. The Telephone Service Center (TSC) and the Automated Eligibility Verification System (AEVS), however, shall remain as stated (resumed within two hours of failure or as determined by the BIA and in accordance with RTO and RPO objectives specified in the Business Continuity Plan) in the RFP.
12.	17	Exhibit A, Att II	KK.6.f	290	Are all elements of the TSC required to be recovered at the backup location in the event of a disaster? (i.e., Call and Screen Recording, etc.)	No change is required to the RFP. DHCS requires that all elements of the TSC be recovered at the backup location. Calls shall be recovered based on requirements in Exhibit A, Attachment II, Section KK.6 for the TSC with the remaining TSC systems (e.g. CRM, Call Recording) based on Section KK.6.d.
13.	95	Exhibit A, Att II RFP Appendix 7	A.2, Chart	2 6	Section A.2 cites 67,000 unique providers billing annually. This figure is greater than the total active providers cited in Appendix 7 (from the PMF) with Legacy IDs (56,855) or NPIs (42,564). Are there providers submitting claims that are not listed on the PMF?	No change to RFP The 67,000 is the approximate count of unique provider numbers that submitted claims in calendar year Dec. 2006 through Dec. 2007.

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						<p>The 56,855 is a snap-shot of active providers on the PMF as of March 2008. The number of active providers on the PMF fluctuates since new providers are added or their status might change to inactive, deceased, pending, suspended etc.</p> <p>No, all providers must be listed on the PMF in order to submit a claim.</p>
14.	201	Exhibit A, Att II	Section C.32.a.7	58 of 319	The RFP states that “Calls from beneficiaries will be received through a dedicated toll line. These minutes will be excluded from the monthly TSC billing. Calls received from beneficiaries or providers through the (916) 403-2007 number will be tracked and separately billed at an agent rate.” This reference to excluding minutes and billing at an agent rate appears to be language from Change Order 4 and does not apply. Could the State please confirm that these calls would be billed as part of the per call rate?	<p>DHCS will modify the RFP in future addenda.</p> <p>These calls will be billed as part of the per call rate.</p> <p>For statistical information regarding the volume of calls please refer to the Conlan invoices in the Data Library.</p>
15.	204	Exhibit A, Att II	Section D.7	66 of 319	Is it the State’s intent to have enteral products managed through the formulary file? If yes, what are the critical data elements?	<p>No change required to RFP.</p> <p>Yes, the same data elements as for the drugs in the Legacy System.</p>
16.	205	Exhibit A, Att II	Section D.7.1.a	66 of 319	It is our understanding that the requirement should state, “The exceptions to this rule	No change required to RFP.

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					are updates to the Maximum Allowable Ingredient Cost (MAIC), Federal Allowable Cost (FAC) and Average Sale Price (ASP) which shall be posted..." Could the Department please confirm our understanding?	Correct, there will be some pricing fields that will be supplied by the Department, set by California law/regulation. However, the exact pricing fields have not been fully determined and may include others not listed in the question.
17.	206	Exhibit A, Att II	Section D.7.1.f	67 of 319	Can the State provide the current Medi-Cal price-spreading policy so that bidders can understand the extent of the required FI price-spreading process?	No change required to RFP. For information please refer to OIL#182-99 in the Data Library.
18.	207	Exhibit A, Att II	Section D.7.1.g	67 of 319	The requirement indicates that three sources should be used to determine the AWP of a medical supply or drug product. Please provide a list of acceptable sources and the criteria for evaluation. Will the criteria be the lowest cost or an average of the AWP's from the three sources?	DHCS will modify the RFP in future addenda. The criteria will be the lowest cost. Sources published in commercial drug pricing compendia by private companies, such as First Databank (NDDF) and Wolters Kluwer (Medi-Span) and Gold Standard (Alchem).
19.	222	Exhibit A, Att II	Section GG.3	194 of 319	Can the State identify the number of State attendees that will be trained no less than once every six months?	DHCS will modify RFP in future addenda. A minimum of twenty-five (25) DHCS staff.
20.	243	Exhibit A, Att II	Section LL	293 of 319	GSES should read as GIAC to be consistent with Exhibit J. Note that Security + CCIE, CWSP, SSCP are not SANS certifications.	DHCS will correct the RFP in future Addenda.
21.	255	Exhibit A, Att III	Section A.6.a.2 & 3	15 of 32	Within the SG Billable Activities section, the Department stated "The SG development activities include the design, development, and implementation of DHCS required	No change required to RFP. No. SDNs should only include billable tasks related to system modification(s).

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					modifications to the CA-MMIS that are not covered by the ACLS bid rate". The Department also stated "All SDN activities are billable beginning with the Ten-day (10 State workdays) Estimate and include all SDLC Phases. If the SDN or change defined under the SG billable activities section has a change that impacts items listed in Attachment III.5.a.b.4.a-x will those activities be billable to the SG development projects throughout the entire SDLC?	Non-billable task(s)/changes will be handled/implemented under the corresponding OIL.
22.	257	Exhibit A, Att IV	Section A.1.a	3 of 23	This section describes the requirement for user and provider "training" on known changes resulting from enhancements. Is it correct to assume "provider adoption" is not part of the FI's scope in the HIE enhancement?	No change required to RFP. DHCS does not require "training" for "provider adoption" for this specific HIE enhancement.
23.	258	Exhibit A, Att IV	Section B.2	10 of 23	Please confirm that the following functionality is not part of the HIE enhancement scope. The functionality is 1) Web-application for a) Eligibility, Formulary/Benefits and Medication History, and the applicable decision support algorithms; b) pharmacy transactions, this includes: NewRX, Refill/Renewal, Change, Cancel and Fill Status transactions; 2) Ability to configure Integration HUB in support of a new HIE, EMR, PHR, initiatives.	No change required to RFP. These follow-on projects are not part of this enhancement. The HUB shall support the capabilities to receive and transmit data within CA-MMIS for these follow-on projects utilizing configuration capabilities/adaptors based on the requirements for the HIE HUB enhancement.
24.	273	Exhibit A, Att VI	Section 4.1.1.31	81 of 207	The RFP states "Provide the capability to auto assign Primary Care Physicians (PCPs), and the ability to perform mass re-assignment from one PCP or entity to another, based on rules..."	No change is required to the RFP. The Department will provide the rules for auto assignment of PCPs or any mass re-assignment of beneficiary members. The

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					Is the State responsible for entering the business rules for PCP-recipient assignments and/or performing the mass re-assignments or manual adjustments to the auto assignments?	Contractor would be responsible for entering the rules into table(s) for processing in CA-MMIS.
25.	274	Exhibit A, Att VI	Identifier 4.1.3.1.1	86 of 207	The RFP requires that the Call Management System support federal reporting requirements. Please clarify what data elements need to be stored in the system to support these reporting requirements.	No change is required to the RFP The Call Management System (CMS) is required to capture, maintain and have the capability to report the beneficiary – member statistics gathered as part of the Requirements under Exhibit A, Attachment VI, Section 4.1.3.1. The Contractor would be required to support CMS reporting requirements, to the extent the statistics were captured from the Contract Tracking & Management System (CT & MS).
26.	275	Exhibit A, Att VI	Section 4.2.3.14	97 of 207	The RFP states “Identify the affiliation a physician may have with one or more hospitals and indicate what types of hospital privileges he or she has.” The affiliation of a physician with a hospital(s) appears to be a function of the provider enrollment process. As the provider enrollment process is a State function, can the Department delete this requirement expand upon the intent and/or process for the FI to identify and capture this information?	No change is required to the RFP The Contractor will be expected to have the capability to upload provider enrollment information from the State to the Provider Master File and meet requirements in Exhibit A, Attachment VI, Section 4.2 regarding provider file maintenance.
27.	276	Exhibit A, Att VI	Section 4.4.1, Identifier		Will the Department please clarify what is intended by this requirement? Could an	No change is required to the RFP.

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			4.4.1.54		example be provided as we are not sure what the intent of this requirement is.	<p>This requirement directs the system to allow a manual override of the information in the claim history showing the attachments, Authorizations or images.</p> <p>One example of its use could be during review of a suspended claim, when the resolution clerk determines the links to the required Authorization is incorrect and needs to update the claim record.</p>
28.	277	Exhibit A, Att VI	Section 4.4.1.70	108 of 207	<p>The RFP states “Alert designated users when utilization of specified services is outside of pre-established standards.”</p> <p>Please confirm that this is a system requirement (designated with an ‘S’).</p>	<p>DHCS will correct the inconsistency in a future RFP addendum.</p> <p>The requirement at Exhibit A, Attachment VI, Section 4.4.1.70 is a system requirement.</p>
29.	278	Exhibit A, Att VI	Section 4.4.1.120	111 of 207	<p>Please provide more information on Local Government Agencies targeted case management program. Does this refer to special programs such as AIDS Waiver, HCBS, or LEA? If not, can you provide examples of such services and programs?</p>	<p>No change required to the RFP.</p> <p>The Targeted Case Management (TCM) program is an optional Medi-Cal Program funded by federal and local dollars. Additional information regarding this program and the existing TCM payment process is available in the data library.</p>
30.	279	Exhibit A, Att VI	Section 4.4.1.122	111 of 207	<p>The RFP states “Monitor changes to HIPAA transaction and code standards and implement the changes with the approval of the Department.”</p> <p>Since this type of work usually receives a 90/10 match from CMS, it would be in the State’s best interest that such work be a</p>	<p>No change required to the RFP.</p> <p>The payment for system changes, such as HIPAA revisions, is based on the descriptions in Exhibit A, Attachment III and is separate from this requirement, which addresses monitoring HIPAA requirements and updating the claims</p>

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					billable activity. We recommend the State consider moving this requirement to Attachment III under Section 6. SG Billable Activities on page 14 of 32.	engine to keep current with these changes. Internal Reference # 173 provides clarification of the Department's decision process for determining payment status on system changes.
31.	280	Exhibit A, Att VI	Section 4.5.1	119 of 207	It is our understanding that State regulations require each TAR to be reviewed by a qualified individual (e.g., pharmacist, RN, MD, etc.), in essence each TAR to be reviewed by a human. Please confirm that the SURGE replacement should be designed with the expectation that TAR adjudication will be predominantly manual review as opposed to auto-adjudication.	No change required to the RFP. Requirements for the SURGE replacement, in Exhibit A, Attachment VI, Section 4.5 direct the vendor to support the capability for auto adjudication for some Authorizations. The Contractor is required to provide, or develop a table driven process to convert criteria into auto-adjudication decisions for all those areas that the Department determines applicable. The Contractor's solution must have the capability to add, or delete areas subject to auto-adjudication.
32.	281	Exhibit A, Att VI	Section 4.7.4.15	141 of 207	The RFP states "Enter screening data after initial review by DHCS and process these screenings as zero-paid claims." DHCS does not perform this review today. Is this a new requirement?	No change required to the RFP. No. Any review by DHCS would not change the Contractor's responsibility to enter the data and process the screenings. The Department may request Contractor to suspend any group of claims to DHCS

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						for review as part of the processing steps.
33.	282	Exhibit A, Att VI	Section 4.9.1.20.1	155 of 207	The RFP states to provide a claims "... adjustment process that requires minimal data entry as in SAI-23". What is SAI-23?	DHCS will correct the reference in a future RFP addenda
34.	283	Exhibit A, Att VI	Section 4.9.3.3	158 of 207	The RFP states "Provide reports that support the charge back process, including historical reporting of adjusted claims." Please define or describe what is meant by a 'charge back'.	No change required to the RFP. Charge back refers to programs where the CA-MMIS pays the claim in full, but the provider, usually a government agency, is required to provide the State share of the payments. In these cases, DHCS must set up an Accounts Receivable for the providers and recoup this revenue through future claim adjustments or other non-claim transactions.
35.	284	Exhibit A, Att VI	Section 4.10	177 of 207	There are three questions relating to the second paragraph of Section 4.10. 1. Attachment 16-14 requests a yearly bid price for Retrospective DUR, which conflicts with this Attachment VI RFP cite where bidders are required to bid a quarterly fixed price for DUR administration and training. Can the State resolve or explain this concern? 2. Can the State define the type and extent of the Contractor required training referred to in Section 4.10 on page 117. 3. Section 4.10, page 177 of 207 refers to a "Section B.1". Is this reference valid?	DHCS will modify the RFP in future Addenda. Specific issues are addressed below: 1) The Attachment 16-14 Bid Sheet is correct. Proposers are required to provide an annual fixed price for the Retrospective DUR administration and training. 2) The Contractor required training for the Retrospective DUR responsibility consists of educational letters to prescribers and pharmacists regarding problem trends in

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						<p>drug utilizations and recommendations on preferred practices. The volume of education letters would depend upon the activity level of the DUR Board. Current staffing requirements are found in Exhibit J.</p> <p>The correct reference is Exhibit B-1, Section A .4. j.</p>
36.	445	Exhibit A, Att VI	1.9.2 – Test Plans	Page 18 of 207	Requirement 1.9.2.1 states beta testing, or a reasonable alternative, must be included as a step in one of the test plans. Please provide a refined definition of beta testing to allow proposers to appropriately scope and price this requirement.	A modification to the RFP will be issued in future Addenda.
37.	446	Exhibit A, Att VI	3.2.5.1, Requirement 3.2.5.1.12	Page 54 (of 207)	The requirement implies that there will be automated testing tools used, but no other section makes references to automation other than the evaluation criteria for UAT testing which states "134) To what extent does Proposer's tools and methodology reduce impact on State resources and improve accuracy and quality of UAT by automating UAT life cycle testing?" What tools are in use today for automated regression testing on the legacy system?	<p>No change is required to the RFP.</p> <p>All software and hardware used to support the current CA-MMIS, including any automated testing tools, are described in the Data Library under the applicable section(s) for vendor software and hardware.</p>
38.	447	Exhibit A, Att VI	3.2.6.1, paragraphs 1 and 4	Page 55	The references appear to be incorrect in this section "Exhibit A, Attachment II, Section NN describes the Department's training expectation for the FI, throughout the life of the contract."	<p>DHCS will correct the reference in a future addendum.</p> <p>The reference should be Exhibit A, Attachment II, Section OO.</p>

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					<p>"Provider training must be conducted statewide, pursuant to a schedule approved by the Department and meet requirements of Exhibit A, Attachment II, Section NN and Exhibit A, Attachment VI, Section 5."</p> <p>Remedy Sought: Reword to "Exhibit A, Attachment II, Section OO describes the Department's training expectation for the FI, throughout the life of the contract."</p> <p>"Provider training must be conducted statewide, pursuant to a schedule approved by the Department and meet requirements of Exhibit A, Attachment II, Section OO and Exhibit A, Attachment VI, Section 5."</p>	
39.	448	Exhibit A, Att VI	3.2.10.2	Page 65 (of 207)	<p>Please clarify the use of the term "Incumbent Contractor" in this sentence "The Implementation Plan shall include tasks to be performed by State, County, external partner, and Incumbent Contractor resources."</p> <p>Remedy Sought: Please clarify the role of the "Incumbent Contractor" in DDI.</p>	<p>DHCS will modify the reference in a future addendum.</p> <p>In this instance, the use of the word, "Incumbent Contractor" refers to the Replacement System Contractor. The Contractor shuts down operation of the Legacy System as it implements the Replacement System.</p>
40.	449	Exhibit A, Att VI	3.2.12 Warranty	Page 73 (of 207)	<p>Section 3.2.12, Warranty, is not addressed in the Tab 10 outline in the Main RFP, and there do not appear to be any warranty related evaluation criteria.</p> <p>Remedy Sought: Please provide instructions on where to respond to the warranty requirements listed in Exhibit A,</p>	<p>No change is required to the RFP.</p> <p>The warranty reference in Exhibit A, Exhibit VI, Section 3.2.12 simply states a contractual requirement. The Proposer does not need to respond to the requirement.</p>

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					Attachment VI, Section 3.2.12.	Exhibit E, Provision 65 describes the terms of the warranty. Contractor agrees to comply with the language in Exhibit E by virtue of signing the contract.
41.	450	Exhibit A, Att VI	4.4.1.45	Page 105	<p>"17. Integrate with all other functional areas of the MMIS, including beneficiary-member, Provider, Benefit Plans, Authorizations, Referrals, Reference, Enhanced Claim Editing, Financial, and claim types;"</p> <p>There does not appear to be any other reference to "Enhanced Claim Editing" in the RFP.</p> <p>Remedy Sought: Since the reference to Enhanced Claims Editing is limited to this statement, will the state please clarify the requirement for Enhanced Claims Editing?</p>	<p>DHCS will modify the RFP in a future addendum.</p> <p>The reference to "Enhanced Claim Editing" will be removed.</p>
42.	451	Exhibit A, Att VI	4.7.6	Page 142 (of 207)	<p>In draft 2 of the RFP this section 4.7.6 (Interfaces) was labeled TBD. In the final draft it reads: Existing CA-MMIS interfaces are documented in the data library. The following interfaces are representative of required Replacement System interfaces for this business area. They are not exhaustive. However Requirement Description is not provided.</p> <p>The following section (4.8 - SUR- Program Integrity Management) under 4.8.5 Interfaces, provides the exact same intro information as the section in question (4.7.6) but it follows by providing the</p>	<p>No change is required to the RFP</p> <p>The language in each of the business areas under Exhibit A, Attachment VI, Section 4 included a Section Heading for Interfaces, which included the requirement for vendors to verify interfaces in the system documentation in the Data Library.</p> <p>Any interfaces included in the respective Sections were cited as examples, and were not intended to be considered exhaustive. Most business areas included some representative interfaces, but some business areas did not include any</p>

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					<p>Requirement Description (Interfaces)</p> <p>Based on the comparison of these two sections (4.7.6 and 4.8.5) which deal with the same issue (interfaces), the Requirement Description for 4.7.6 are missing.</p> <p>Remedy Sought: Please provide the Replacement System interfaces for this section.</p>	<p>interfaces.</p> <p>Vendors must verify all interfaces through the system documentation available in the Data Library.</p>
43.	453	Exhibit A, Att VI	4.9.4.16	Page 159 (of 207)	<p>This requirement reads "Maintain MARS related reports in the Report to Web application with Department access." However we are assuming the Reports to Web application may be replaced during takeover based on bidder's responses.</p> <p>Remedy Sought: Please consider the language "Maintain MARS related reports in the Report to Web application or the replacement for Reports to Web with Department access."</p>	<p>DHCS will modify the RFP in a future addendum.</p> <p>There are a number of references to the Reports to Web application scattered throughout the RFP. At present, that application is the Department standard.</p> <p>Proposers may offer an alternative report product, but must show that the product meets current DHCS functionality.</p>
44.	457	Exhibit A, Att VII	1.1 Overview; 1.2 Assumptions and Constraints	Page 1 and 2 (of 3)	<p>The last sentence of paragraph three reads, "In addition, the Department may select an OCS offered by any Proposer and direct Contractor to design and implement the selected proposal."</p> <p>The sentence seems to indicate that the Department has the option to direct the successful Proposer to implement another Proposer's OCS. However, Exhibit A does not seem to indicate that the directed OCS</p>	<p>No change required to RFP.</p> <p>Should DHCS elect to implement an OCS from another bidder, the request would be handled as a System Development Notice (SDN). As part of the SDN the Contractor would be expected to develop the solution, the project plan, and costs.</p>

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					<p>would be able to be priced by the vendor, or that it would run through an agreed change control process.</p> <p>Remedy Sought: Can the proposer assume that the Department intends to run a Directed OCS through a change control process and allow the vendor to price that OCS?</p> <p>Further, can the proposer assume that the proposer will have the right to modify the other proposer's OCS to fit within their project plan, organization, and solution?</p>	
45.	3	Exhibit B, Att 1	A	Various	<p>The draft RFP provides references to the performance criteria which are considered precedent to payment.</p> <p>It appears that the reference(s) indicated may be incorrect; please confirm/correct the reference provided.</p> <ul style="list-style-type: none"> - A. 4. b. ACL Payment, 5) b) Mainframe System and Subsystem; pg. 21 -- Reference U.ii.1-U.ii.12 should be U.4 and II.1-13, and H,I,J,K,N, and O should be deleted - A.4.c.4) Encounter Line Processing (ELP); pg. 28 -- reference should be Exhibit A, Attachment II, Section L. - A. 4. d. 4) Drug Use Review (DUR); pg. 29 -- reference should be Exhibit A, Attachment II, Operations Requirements, Section G.4-G.5 - A. 4. e. 1) e) California Eligibility 	<p>DHCS will modify the references for the performance criteria.</p> <p>The question is based on a draft version of the RFP, and the majority of changes were made before the final version was released. The vendor should only be using the final RFP.</p> <p>Please note: There were three modifications made to the references based on the final RFP.</p>

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					<p>Verification/Claims Management Systems (CA-EV/CMS) & A. 4. e. 2) d) & A. 4. f. 4) Plastic Identifications Cards; pg. 31 & 32; reference should be Exhibit A, Attachment II Operations Requirements, Section B.4</p> <p>- A. 4. g. 3) Medicare Drug Discount Program (State Program Only); pg. 33 -- reference should be Exhibit A, Attachment II, Section QQ</p> <p>- A. 4. h. e-Prescribing Transactions; pg. 33 -- reference should be Exhibit A, Attachment II, Section RR</p> <p>- A. 6. b. 4) Field Office Automation Group (FOAG) Payment; pg. 41 -- first paragraph's regarding staffing should reference Exhibit A, Attachment II, Section F.9</p> <p>- A. 8. b. Operations: Cost Containment; pg. 49 -- reference should be Exhibit A, Attachment II, Section PP</p>	
46.	290	Exhibit B Att I	Section A.3.b.2, 3.b.3, Table 2	9 of 58	Table 2 – Replacement DDI Phase Progress Payment Allocation Table lists Rules Extraction as one of the Deliverable/Milestone group progress payments. However, the Business Rules Extraction is listed as an optional Enhancement on page 59 of the RFP Main Section which is not part of the DDI project and a separate bid sheet is included in the RFP for the BRE enhancement. Could the Department clarify or resolve this concern?	<p>DHCS will clarify the RFP in future Addenda.</p> <p>Please note: The table has an initial step to validate the Business Rules. It is not the same process as the Business Rules Extraction (BRE).</p>
47.	291	Exhibit B Att I	Section A.3.2.c	12 of 58	The RFP states "If the Contractor misses implementation dates for any component,	DHCS will modify the RFP in future Addenda.

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					then the State, at its sole option, may choose to apply the Contractor's price bid sheets for the Replacement System pricing for the delayed component." The contractor should not be responsible for changes that they can not control. Therefore, would the Department consider the following modification; "If the Contractor misses implementation dates for any component, other than reasons outside the control of the Contractor, then the State, at its sole option, may choose to apply the Contractor's price bid sheets for the Replacement System pricing for the delayed component. If the delay is due to reasons outside the control of the Contractor then the State and the Contractor shall mutually agree on the appropriate bid sheets."	
48.	295	Exhibit B Att I	Section A. 4.b.j)	27 of 58	Section OO seems to be incorrectly included with the Quality Management category (4.b.j)). Based on the activities described in Section OO, it would appear that it should be included in Provider Relations (PR) Operations category (4.b.k)).	DHCS will modify the RFP in future Addenda.
49.	301	Exhibit B Att I	Section A.6.a	42 of 58	The current process of tracking FFP for technical staff is not addressed in this section. Please clarify requirements for FFP reporting for SG (technical) staff.	No change required to RFP. Each SDN has a section on FFP. DHCS does not intend to change this. The FI would work with DHCS to determine any FFP on an SDN .
50.	310	Exhibit D(F)	Section 5.j	9	What other numbered provisions in Ex. D(F) is deemed applicable to sub-contractors?	No change is required to the RFP. Provision 5 of Exhibit D(F) is superseded and replaced by Provisions 55 and 56 of

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						Exhibit E. The other provisions in Exhibit D(F) that do <u>not</u> appear applicable to subcontractors are Provisions 2, 15, 18 and 22.
51.	43	Exhibit E	11.A. (last sentence)	17 of 106	Would the Department consider eliminating the following language and allow vendors to design ALL aspects of the system to meet the mandated SLAs? All data and telecommunications network infrastructure shall be one hundred percent (100%) redundant with automatic failover.	DHCS will clarify the specific network component redundancy in future addenda.
52.	44	Exhibit E	11.A. (last sentence)	17 of 106	If the Department chooses to retain the following language, please specify the components of the network infrastructure that must meet this mandate as it is not practical to have every component comply: All data and telecommunications network infrastructure shall be one hundred percent (100%) redundant with automatic failover.	DHCS will clarify this requirement in future addenda.
53.	121	Exhibit E	11. 2 nd Paragraph	17 of 106	The reference looks to be incorrect in the following paragraph and should include 'Exhibit A', Attachment II, section A.6. Please confirm: Contractor shall be responsible for the acquisition, maintenance and necessary upgrades of all hardware/equipment and system software used for CA-MMIS Mainframe systems; non Mainframe systems; and all telecommunications and	DHCS will correct the reference in a future Addenda.

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					network infrastructure including but not limited to those identified in Attachment II, section A.6 – Subsystems and UMD Field Office hardware/equipment and system software used to support this Contract.	
54.	312	Exhibit E	Section 7	11 of 106	Which provisions in Exhibit E are access, audit, and accounting requirements that need to be included in all subcontracts?	No change is required to the RFP. Please refer to Exhibit E, Provision 55, Subcontract Requirements.
55.	314	Exhibit E	Section 9.B	13 of 106	Please describe the expected scope of the annual Electronic Data Processing Audit of the contractor's project management efforts. Will the cost of responding to such audits be reimbursed by DHCS?	No change is required to the RFP. The most recent audit is located in the Data Library, which includes the scope. The Contractor shall remedy all deficiencies determined by the audit. Performing the audit each year, and remedying any deficiencies found during the audit, is part of the ACL based cost.
56.	315	Exhibit E	Section 9.B.3	14 of 106	The Department has moved to a SAS70 Type II audit. The topics "a" through "t" included in this section are not reflective for this type of audit. Since changes are regularly made to reflect current SAS70 standards, it is suggested that the most recently approved Control Objectives be included in this RFP (refer to FI#K7925, dated 9/18/08, approving the Mapping of Control Objective Wording Modifications	No change is required to the RFP. The topics "a" through "t" are as described in the SAS 70 overview. Additionally, the exhibit states the audit may include the items: it does not state that the audit will include these items. As such, the Department retains the right to modify and/or limit the scope of the audit.

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					from the original contract, submitted with #C7852, dated 9/4/08). Alternatively, the requirement could be revised to state, "The scope of the EDP audit, as defined by the Contracting officer, will be to test services provided to the State for compliance with contract requirements. The topics and audit schedule will be defined by the Contracting Officer based upon the most current SAS70 Type II audit standards."	
57.	318	Exhibit E	Section 12.A.1)d	19 of 106	Maintenance resulting from future systems changes cannot be anticipated when the contractor prepares its offer. Suggest adding "unless said changes are in addition of capabilities beyond that originally required in the contract" to the end of 12 A 1 d.	DHCS will modify this section of the RFP in future Addenda.
58.	320	Exhibit E	Section 12.C.c	21 of 106	Please clarify why a justification for general and administrative expenses and overhead would be required if the rate is part of the submitted competitive bid on Bid Sheet Attachment 16-15.	DHCS will modify the RFP in future Addenda.
59.	324	Exhibit E	Section 26	47 of 106	In order to prevent unnecessary disputes, contractors are normally given notice and an opportunity to cure before the State may implement an equitable adjustment. We request that DHCS restore the language of the last draft RFP to provide the Contractor with 30 days notice and an opportunity to cure before DHCS can make an equitable adjustment.	DHCS will modify the language referenced in future Addenda.
60.	325	Exhibit E	Section 28.E	52 of 106	In the current contract, the cost of accessing the Escrow documentation is a cost reimbursed expense. Please confirm	No change is required to the RFP. The Escrow Bid Documents shall be at

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					that accessing Escrow documentation will remain a cost reimbursed expense.	the cost of the vendor.
61.	326	Exhibit E	Section 29.B	54 of 106	The Time Study encompasses random weeks during the fiscal year and may include weeks during the month of June (up to and including June 30). Additionally, if the last 2 weeks of June in any given fiscal year are selected as part of the random sample, adequate time is needed to compile the Time Study Results. We recommend the Department adjust the report date to August 1 of each year, to allow time for data compilation after the end of each fiscal year.	DHCS will modify the language referenced in future Addenda. The Department is cognizant of difficulties attaining and/or reporting information during certain periods of time within the year. The Department recognizes the time constraints involved with random sampling during the month of June.
62.	501	Exhibit E	Section 9.3	12 of 106	DHCS' response to question number 106 (reference # 313) indicates that "due to legal considerations, documents may not be stored outside California". Section 9.3 implies documents may be removed with "prior written consent of the contracting officer". Additionally, section 9.4 on the same page implies that if a Contractor's headquarters is located outside California, there would be accommodation of time to get the records to California for review. Could the State please clarify the above statement and the RFP cites that we believe indicate storage of records outside of California would be permissible.	The subject records shall be stored in California and removed only with the prior written consent of the Contracting Officer. To avoid any confusion, DHCS will revise the language in future Addenda.
63.	511	Exhibit D(F) Exhibit B, Att I Exhibit A, Att	Sect 6	42	Exhibit D(F) has the federal requirements for tying MMIS hourly billings to corporate payroll records. This is inconsistent with other areas of the RFP which imply that Medi-Cal billings are to be linked to the	DHCS will update the RFP in a future Addendum.

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		III Exhibit E	Sect 3.c.1 Addl Prov #19, section B.	30	corporate payroll system.	
64.	512	Exhibit J	B.11	10	Can you please provide examples of other activities that will be required of the Medical Director?	DHCS will modify the RFP in future Addenda. The modification to the Medical Director language will include, but not be limited to, added language for Qualifications and Responsibilities to amplify criteria required of the Medical Director.
65.	330	Exhibit L	Box a,b transfer	2	The RFP states "there is only one entry for the base transfer system in this table". Does this mean that there can only be a single transfer system identified for the entire gap analysis? For example, if your transfer system is an MMIS from state X then the only allowable entry in this box for the entire Gap analysis would be "MMIS State X". Thus a pharmacy component from "MMIS State Y" would not be an allowable entry in box A. Please clarify how bidders are to complete Box A of Exhibit L.	No change required to RFP. Box A is intended to identify the core transfer system, which would include, at a minimum, the MMIS claims engine and all integrated components transferred with it. If the vendor is proposing transfer of separate components for POS, data analysis and reporting or other functionality, the Proposer must describe, in the remaining Boxes, the source of the transferred components and the required integration to meet the functionality described in the RFP.
66.	467	Exhibit L	Exhibit L Gap Analysis (Instructions)	Page 2	Please confirm that the following sections in Exhibit A Attachment II contain no system requirements and do not need to be included in the gap analysis response:	No change required to RFP. Yes. The identified Sections of Exhibit A, Attachment II describe operational

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					R. Field Office TAR Automation Staffing LL. Information Security office and Privacy Office NN. Expert Witness OO. Staff Training Requirements PP. Cost Containment Innovations	functions and are not part of the Gap Analysis.
67.	7	Exhibit A, Att I Data Library	Takeover Milestone/Deliverable Schedule	16	Item 4 requires that System Software be installed by 2 months from Contract Effective Date and that the Contractor provides the Department “with certification that Software is in place and operational.” As it relates to installing system software for non-mainframe components, does “certification” of operational system software include any local or wide-area network connectivity (including Internet) required for that system?	No change required. DHCS is not looking for certification of the LAN, WAN or Internet for this activity. DHCS expects certification of these elements to occur during the System, Acceptance, and Parallel testing phases of Takeover.
68.	12	Exhibit A, Att II Data Library	GG.5.a	194	Are DHCS staff housed in the same area as the Drug Rebate Unit? Do Contractors need to make space available for DHCS staff in the “key-card access only” space? If so, how many staff will need to be housed in this space?	No change required. The Department does not require the Proposed Bidders to ‘house’ Drug Rebate staff. The Department may require the Contractor to allow authorized State staff to access their secured Drug Rebate Unit via “key card access”.
69.	13	Exhibit A, Att II Data Library	II.9.a.13, 14	219	The Final RFP and other documentation in the Data Library indicate that GENTRAN BASIC and GENTRAN REALTIME are used for ANSI code translation. We have located documentation in the Data Library (#C7275 – 6/2/08) which requests approval for continued maintenance of the EDIFECS	No change required. This is an additional clarification for CA-MMIS usage of the EDIFECS SpecBuilder product. The EDIFECS SpecBuilder product is used in the test region by submitters to verify their transactions

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					<p>SpecBuilder product. As this product is also a tool for ANSI code translation, can you please confirm if GENTRAN is still used, and if so, what specific function is performed using the EDIFECS SpecBuilder product?</p>	<p>adhere to the Medi-Cal submission criteria and is referenced in the CMC testing and activation procedures, as well as the Technical Specs/Companion Guides.</p> <p>The provider has to test and get 'activated' before they can actually submit into production. Providers can do this via web [sysdev], or modem [phone line]. CMC test letters and error reports, internally referred to as the "HEATS" HIPAA EDI Activation Testing SYSTEM, are also available in sysdev, and noted in the CMC testing/activation procedures. Gentran is used for all production submitted CMC transactions.</p> <p>Links below: http://files.medi-cal.ca.gov/pubsdoco/hipaa/hipaaspecs_home.asp#837 (look under the 837, you will see a file titled Testing and Activation Procedures) http://files.medi-cal.ca.gov/pubsdoco/publications/Masters-other/4010/270_271_batch_test_instr.pdf (referenced inside this instructional document also)</p>
70.	22	General Data Library			<p>Source code and customizations for the SURS Prospector application are not included in the source code turnover materials. When will DHCS deliver this data?</p>	<p>SURS Prospector is made up of different COTS products as detailed in the Hardware/Software Configuration Manual. The department has validated that the Randomization C program and SQL</p>

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						Stored procedures were missing from the Source DVD and can be obtained by requesting a copy of the most current Source DVD dated 2009-02-05 by submitting a request to OMCP. Source can be found at: NonMainframe\Dimensions\2009-02-05\DimWeb\SURSPRSPCT_MAIN
71.	23	General Data Library			In the RAIS Accounting Subsystem User Manual (March 2008) located in the Data Library, there are large sections of the document that have been redacted because they contain confidential labeler or drug unit information. This includes screen shots, user procedure images, and valid options lists among other key pieces of information. This information is critical for non-incumbent vendors to understand the RAIS system that must be taken over. Would it be possible to redact only the confidential information included in a screen shot or process flow instead of deleting the entire image? If not, could the complete manual be made available for physical examination in the Data Library?	The department has reviewed the scrubbing of the RAIS Accounting Subsystem User Manual (March 2008) and redacted confidential information on the screen shots. A new version will be published with the March Data Library updates.
72.	29	General Data Library			In the current version of the Hardware / Software Configuration Manual, there is reference to the BIC/HAP Card Production area using an unspecified number of DataCard 9000 machines. We have identified a letter in the library (#C1669 – 10/9/8/2004) that indicates there are 4	There are only 4 Data Card Machines. Two are owned by the incumbent and the other two are owned by DHCS. The non-incumbent would only be able to take over the two State-owned devices. Appendix G of the Hardware/ Software

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					<p>DataCard 9000 machines in use; two are State-owned and used for BIC production and two are EDS-owned and used for HAP production. Please confirm that there are in fact 4 total machines in use, and that non-incumbent bidders would only be able to take over the two State-owned devices.</p> <p>As the cost of these devices represents a significant expense to non-incumbent bidders we still require OMCP direction on this item.</p>	<p>Configuration Manual contains information for the two DHCS Data Card machines at: CAMMIS-FI Procurement Data Library 08-85022 > CAMMIS Manuals > Secured Manuals > HW-SW Configuration Manual (Secured Tech, A-WA T-O 2008) > Appd G - Hardware-Software Inventory List (WA W6551)</p> <p>Any bidder shall acquire enough equipment to support the ongoing production volume of HAP and BIC cards as specified in the RFP.</p>
73.	34	General Data Library			<p>Following review of the RFP and documentation provided in the Data Library, we have the following additional questions related to telecommunications:</p> <ol style="list-style-type: none"> 1. Can you confirm that the TSC is using a 'Take Back and Transfer' approach, in which incoming calls are initially routed to the IVR Systems and either handled by the IVR or handed back to the carrier for transfer to the correct IVR or to a Call Center agent? 2. The Hardware-Software Configuration Manual, Section 4 – Communications Network, depicts connectivity between a 3745 Front End Processor and the Health and Welfare Data Center. Can the mainframe system at the Health 	<p>1. Take Back and Transfer is not used in the current TSC contractor setup. If calls come into the PTN 800 number, they transfer to TSC operators by dialing out and back into a specific number for the TSC so that the call is recorded. If calls come into the TSC, they transfer to the PTN via analog lines on the PTN server, and can then come back to the TSC the same way. The call continues to be connected to whichever inbound trunk it initially came in on until the call is finally ended. Routing is at the Network (Verizon) level. The PTN servers are onsite (on the Rancho Cordova campus) so there is no need for a carrier take back and transfer. The PTN servers have a local link to the PBX/ACD which uses skill based routing to get callers to a TSC agent.</p>

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					<p>and Welfare Data Center support APPN (which would allow elimination of the Front End Processor)?</p> <p>3. The Hardware-Software Configuration Manual, Section 4 – Communications Network depicts connectivity between a 3745 Front End Processor and the Health and Welfare Data Center. Please provide the address and the NPA-NXX for the Health & Welfare data center.</p>	<p>2. Department of Technology Services (DTS), formerly Health and Welfare Data Center, has already converted their FEP connection to Enterprise Extender (which is a type of APPN link). This was complete on October 26th, 2008. A Service Request has been submitted by DHCS to have the FEP SNI lines decommissioned.</p> <p>3. The main NPA-NXX for Medi-Cal is 916-636.</p>
74.	56	General Data Library	N/A	N/A	<p>Please provide the following original forms for use in developing the front end imaging/OCR replacement system specifications:</p> <ol style="list-style-type: none"> 1. Pharmacy/Medical Supply claim (form 30-1) 2. Pharmacy Compound Drug claim (form 30-4) 3. Long Term Care claim (form 25-1C) 4. Inpatient/Outpatient claim (form UB-04) 5. Medical claim (form CMS-1500) 6. Vision claim (form 45-1C) 7. Resubmission Turnaround Document (form 65-1C) 8. Treatment Authorization Request (TAR) (form 50-2C) 9. Inpatient Mental Health TAR (form 18-3) 10. Transitional Care TAR (form 18-1) 11. Treatment Update Transmittal (TUTs) (form 18-3) 	<p>Please contact OMCP to schedule an appointment to pick up the requested forms. Each bidder may request up to 10 sets of forms.</p> <p>Note: Additional forms have been included: 18-1C, 18-2, 30-4CZ, 50-1, 50-1C, 50-2, 60-1, NOA-B, 1901-OP, 70-1C.</p> <p>Form 45-1C is obsolete and is not provided in the package.</p>

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					12. Mini-TAR attachment 3 form (TAR3) 13. Treatment Authorization Request (TAR) (form 50-3) 14. Long Term Care Treatment Authorization Request (form 20-1CZ) 15. Claims Inquiry Form (CIF) (form 60-1C) 16. Appeal (form 90-1) 17. Children's Health and Disability Program (CHDP) (form PM160 3/07) 18. CHDP PM160 Information Only (3/07) 19. Medi-Cal Claim Attachment Control Form (ACF)	
75.	94	Exhibit A, Att II Data Library	G.3.j	112	1. Please provide volume information on providers who use the POS device for claims submission with metric decimal. 2. Currently, how many devices are in the field with providers? 3. What is the cost of each device? 4. Will the new vendor assume inventory from the incumbent or will the cost of existing devices in the field be the responsibility of the new vendor? 5. Can the incumbent vendor opt to reclaim devices from providers at the end of their contract?	1. All pharmacy claims require that the quantity dispensed be submitted in metric decimal form, regardless of the submission method (i.e., paper, POS device, Internet). 2. The PETS report will be provided in the March 2009 Data Library update to SharePoint and can be found in the Data Library at: Other CAMMIS Information > Turnover 2008 Docs > T-O Ref Items > CA-MMIS Rpts Ref Material> Sum_04_2008_1229.xls 3. POS devices cost approximately \$700 each. 4. The Department owns the devices. The Contractor will assume from the Incumbent responsibility for these devices, including maintaining the

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						<p>inventory, purchasing new devices as needed to replace devices with expired warranties and/or at end of life.</p> <p>5. No the current Incumbent cannot claim devices at the end of the contract. These devices are cost reimbursed and owned by the State. During Takeover the Contractor shall establish contracts with a supplier for the POS devices.</p>
76.	115	Exhibit A, Att II Data Library	3.c	111	Item "c" states that CALPOS' current capacity exceeds the current volume of 312 million transactions per year. Can you quantify what the current capacity is?	<p>The current capacity can be found in the invoices in the Data Library.</p> <p>Please refer to internal reference #96 regarding the type of transactions included in the 312 count.</p>
77.	126	Exhibit A, Att II Data Library	f.	67 of 319	<p>In the Rx Rebate operations requirements section, the RFP states:</p> <p>f. Provide price-spreading process to implement current price-spreading policy;</p> <p>We have not found in the RFP or the procurement library any information on the current price-spreading policy. Please supply or direct us to the proper document.</p>	<p>The current price spreading policy is located in SharePoint at: Other CAMMIS Information > Turnover 2008 Docs > T-O Ref Items > Open Projs Prev Contrc 7-1-03 > Transition OILs > 1999 > 182-99 > OIL182-99 Clarif of Title 22 Sect 5151310</p> <p>Note: The price spreading policy is currently being modified to address a specific issue for when the labeler no longer has a leader, meaning it no longer has a package size of 100's, pints or pounds.</p>

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78.	241	Exhibit A Att II Data Library	Section KK.2.S.3	280 of 319	Can the Department provide bidders with a copy of the DHCS ISO hardening standards to gauge cost impact to the server builds.	The ISO standards can be found in the Data Library at: Supporting CA-MMIS Information > References - Standards > SR1 DHCS-ISO Project Requirements v3.2. Another reference can be found in Exhibit E, Provision 57.
79.	305	Exhibit B Att I Data Library	Section A.7 and Section A.7.b	46 of 58	The RFP eliminates the ability to be reimbursed for any indirect costs on staff related costs. Additionally, the provision to transfer the actual payment of invoices to the SCO has also been removed. The RFP states, "All other costs are to be included in fixed price components." In order for a bidder to know what costs to include in their bid price for indirect costs and/or the cost of capital (time value of money), the State would need to provide anticipated staffing levels and/or the anticipated cost reimbursed invoice payments. Please include this information so all bidders are equally aware of what cash outlays will be required for this function or confirm that the level of spending will be comparable to the current estimated cost of all cost reimbursed invoices of \$2.5M per month.	No change is required to the RFP. All invoices are in the Data library at: CMMIS-FI Procurement Data Library 08-85022 > Other CMMIS Information > Finance Invoices
80.	488	General Data Library			Run documentation, which describes Mainframe job/subsystems procedures, was very limited on the Source Code DVDs. Some examples of missing job/subsystem documentation are	The documentation is included in the current Source Code DVD, under the Mainframe JCL folder.

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					MCAJCDC2, MCAJCDC3, MCAJCDC4, MCAJCDC5, MCAJCDC6, MCAJCDF0, MCAJCDG0, MCAJCW01, MCAJCW00, MCAJCW0A, MCAJCW0E, MCAJCW80, MCAJCWL0. This includes job/subsystems required for the Demonstration of Claims Operations (DCO) System Processing Runs. Will DHCS provide the additional documentation?	
81.	489	General Data Library			<p>We have been reviewing the workload of the current Systems Group to determine the workload and staffing requirements for the OCM group. We have been unable to find the necessary level of detail in the Data Library to complete this effort. Can you please provide the following:</p> <p>In the last year, how many projects consist of less than 160 hours of programming / unit testing? Of those projects, what was the average size of the total project? What is the forecast for this size work over the next two years?</p>	This question is no longer valid because OCM was removed in the final RFP. Please refer to Exhibit A, Attachment III - Change Requirements.
82.	490	General Data Library			<p>1. The data library contains production volumes at a high level in documents such as the July 2008 Medi-Cal Statistics. However, volumes of different transactions at a more granular level are required to develop a thorough understanding of claims operation activities. By getting monthly claims history data which the incumbent vendor already has, we can provide the State with a much more competitive</p>	<p>a.) Please refer to the CA-MMIS-FI RFP 08-85022 - Administrative Bulletin #16. The procedures for obtaining a copy of the Claims Historical Data are outlined within the bulletin.</p> <p>b and c.)The UTF001 MMIS tables have been provided in the Demonstration of Claims (DCO) data.</p>

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					<p>proposal. Could the State provide us with:</p> <ul style="list-style-type: none"> a. 14 months (7/07 - 9/08) of the CPF054 Weekly Adjudicated Claims file OR the most current production RFF032 36 - 48 Month Adjudicated Claims History file; b. the most current UT-F-001 MMIS tables file required to decipher the data values in these files; c. a brief description of the media contents for each of the files that includes <ul style="list-style-type: none"> i. the program used to copy the files to the transport media, ii. the operating system that created the files, iii. and the record formats of each file (fixed/variable records, length, and block size if a tape). <p>As with the SMF data and source code tape, if the State provides these files on tape media, we'll copy and return the originals within 5 business days.</p>	
83.	515	General Data Library			<p>It appears we are missing two critical programs needed to complete the Demonstration of Claims Operation (DCO). The programs are GETNEWID and DCCSLIDE. These programs are needed to complete the daily and weekly jobs. We have re-checked the hard drive, the data library and have looked for bulletins that may address this issue. We have been unable to find a resolution to this issue. Will you please advise how we may obtain these two programs?</p>	<p>It is the intent of the Department that all bidders should utilize the object supplied by the Department. This enables each test to be as close to the test run by the department in our own data center.</p> <p>Please refer to Administrative Bulletins 2 and 10 dated December 23, 2008 and January 22, 2009.</p> <p>Regarding the two modules (GETNEWID & DCCSLIDE), these can be found on the Source DVD supplied to all vendors</p>

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						through OMCP. GETNEWID is actually an alias for MRR040 and DCCSLIDE is an alias for MUR041 with the Mainframe Source Code.