RFA #07-19

Managed Care Organizations to Provide Physical Health Services in the Commonwealth of Pennsylvania in the Five HealthChoices Zones: Southeast Zone, Southwest Zone, Lehigh-Capital Zone, Northwest Zone, Northeast Zone

Additional Questions

	RFA Section	Question	Answer
212	RFA: Section III-4.B Corporate Experience; Page 24	In order to ensure timely responses from respondent's state clients, would DHS provide a timeframe for when they anticipate contacting references?	Please refer to the response to Question 76.
	RFA Section	Question	Answer
213	RFA: Section III-6 Work Statement Questionnaire; Page 32	Question #1 in Section III-6 of the Work Statement Questionnaire asks the respondent to "Provide a work plan for implementation." Please confirm that the itemized work plan can be included as an attachment outside of the four page limit? If yes, please confirm that the "work plan for implementation" can be submitted as a separate exhibit in Microsoft Excel or Microsoft Project?	Please refer to the responses to Questions 15 and 34. Please see RFA Part I, Section I-11.A, which requires all spreadsheets be in Microsoft Excel.
	RFA Section	Question	Answer
214	RFA: Section I-11.B, Application Format; Page 8	In order to be more environmentally friendly, will DHS consider allowing respondents to provide electronic only files for any attachments larger than 20 pages?	Please refer to the response to Question 8.
	RFA Section	Question	Answer
215	RFA: Section I-II.1.a; Pages 9 and 22	The Technical Submittal Instructions ask for a response to Sections III-1 through III-8. Section III-1 is labeled "Nature and Scope of Work" on page 22 and is not included in the Table of Contents listed on page 9. Tab one indicates the Table of Contents, followed by III-2 for the 2nd tab "Zone of Operation" Please clarify the tab order and Section Titles for the Technical Submittal.	Please refer to the responses to Questions 25 and 35.
	RFA Section	Question	Answer
216	RFA: Section I-II.1.a; Pages 9 and 22	The Table of Contents following Tab #3 for section III-3 is Tab 4 for "Prior Experience". In the Technical Submittal on Page 22, Section III-4 is labeled "Qualifications". Please confirm which heading to use on Tab #4.	Please refer to the response to Question 35.

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Additional Questions

	RFA Section	Question	Answer
217	RFA: Section I-II.1.a; Pages 9 and 24-27	Please confirm that Tab 5: Personnel should include the responses to Sections III-4.C.1 through III-4.C.5	Confirmed. Please refer to the response to Question 35.
	RFA Section	Question	Answer
218	RFA: Section III-7.b; Page 42	Readiness Review: Can the department clarify the timeframe in which desktop and onsite readiness review activities will begin?	Readiness review will begin as soon as practical after Applicants are selected for negotiations.
	RFA Section	Question	Answer
219	Appendix A. Health Choices Agreement eff. 2021; Exhibit B(5); Page 2	Section: I.F. - *When selecting providers/organizations to fund CBCM, the PH-MCO must require that the provider/organizations make use of electronic medical* ***records with the intent of achieving Meaningful Use*** *under the CMS specifications for Medicare or Medicaid.* Please clarify the stage of meaningful use expected by DHS.	The Department has not defined a specific stage. The Department requires that the provider/organization is using electronic medical records and is working to achieve Meaningful Use as per CMS specifications.
	RFA Section	Question	Answer
220	Appendix A. Health Choices Agreement eff. 2021; Exhibit B(5); Page 2	Section: I.F. - *When selecting providers/organizations to fund CBCM, the PH-MCO must require that the provider/organizations make use of electronic medical records with the intent of achieving Meaningful Use under the CMS specifications for Medicare or Medicaid. Providers/organizations that receive direct or indirect funding* ***must be willing to participate in best practice collaborative learning sessions.*** Please clarify who will be responsible for hosting the best practice collaborative learning sessions.	The Department or Department designee will be responsible to host the best practice collaborative learning sessions.
	RFA Section	Question	Answer
221	RFA, Section III-4.B. Corporate Experience and Appendix F; Page 24	"The Applicant must include all information being requested, including the name, title and contact information for the contact person listed in Appendix F."	No, please refer to the response to Question 32. Applicants should use the revised Appendix F attached to Addendum 6.

Additional Questions

		Contact person fields are *not* listed in Appendix F; please confirm these references may be provided in conjunction with Applicant's response to III-4.B. Corporate Experience and not as part of Appendix F.	
	RFA Section	Question	Answer
222	RFA, Section, III-4.B. Corporate Experience; Page 24	Would DHS be willing to accept input regarding which Applicant state clients would be willing to provide references? This input may help DHS ensure timely responses to reference requests.	Please refer to the responses to Questions 75, 76 and 77.
	RFA Section	Question	Answer
223	RFA, Section III-4.B Corporate Experience; Pages 23-24	"The Applicant must describe its experience or similar experience in providing managed care services, particularly experience with programs similar in scope, size and complexity to the PH HealthChoices Program." Please confirm that Respondents should include experience specific to **Medicaid** managed care to ensure the most similar experience to PH HealthChoices. Please also confirm that this Medicaid managed care experience should be used to complete Appendix F and Applicant's reference list.	No, please refer to the responses to Question 105.
	RFA Section	Question	Answer
224	RFA, Section III-4.C. Personnel Q5. Subcontracts; Page 27	As it relates to question 5.g., will DHS clarify its definition of "job category?" pertaining to subcontractors? For example, is this a specific number of FTEs by subcontractor to support the Project?	Yes, this is a specific number of employees (FTEs) that will be used by the subcontractor to perform the work by the type of job or job description.
	RFA Section	Question	Answer
225	RFA, Section III-4.C. Personnel Q5. Subcontracts; Page 27	Please confirm that "5.j. Resume(s) and responsibilities of individual (if required by the RFA)" applies specifically to those individuals employed by subcontractors in Key Personnel roles as defined in Appendix G.	Please refer to the response to Question 4.

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Additional Questions

	RFA Section	Question	Answer
226	RFA – Appendix A. HealthChoices Agreement eff. 2021 Exhibit M(4); Page 2	Do we as the MCO select our CAHPS sample frame auditor or is DHS contracted with an auditor like for HEDIS sample validation.	The PH-MCO selects their certified CAHPS auditor.
	RFA Section	Question	Answer
227	RFA – Appendix M CAHPS; Page 36	Please confirm that Respondents may submit the Child CCC CAHPS survey in lieu of the Child CAHPS Medicaid survey.	The Applicant must submit the Child CAHPS Medicaid Survey.
	RFA Section	Question	Answer
228	RFA – Appendix A. HealthChoices Agreement eff. 2021 Exhibit M(4); Page 2	When will the DHS Ops memo regarding the submission of HEDIS and CAHPS be released?	A response to this question is not necessary to submit a response to the RFA.
	RFA Section	Question	Answer
229	RFA – Appendix A. HealthChoices Agreement eff. 2021 Exhibit M(4); Page 2	Is there a submission deadline for electronic and hard copy submission of CAHPS data to DHS?	A response to this question is not necessary to submit a response to the RFA.
	RFA Section	Question	Answer
230	RFA – Appendix A. HealthChoices Agreement eff. 2021 Exhibit M(4); Page 2	Please confirm whether MCOs can conduct disenrollment surveys.	The PH-MCO cannot conduct disenrollment surveys.

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Additional Questions

	RFA Section	Question	Answer
231	Work Statement Questionnaire III-6 Question 7; Page 39	Question #7 asks how we will extend VBP targets to all affiliated lines of business. Please confirm that the VBP targets referenced in Section VII-E may be implemented for affiliated lines of business later than calendar year 2021. This current requirement would disadvantage new entrants.	An implementation date for the VBP requirements for affiliated lines of business has not yet been established.
	RFA Section	Question	Answer
232	RFA, Section III–6 Work Statement Questionnaire; Page 33	Question #5 of the Utilization Management section of the Work Statement Questionnaire does not indicate any page limits. Can DHS please provide page limits for this question?	Please refer to the response to Question 16.
	RFA Section	Question	Answer
233	RFA – Appendix A. HealthChoices Agreement eff. 2021, Section VII Financial Requirements E.8.a.iii. Shared Savings Contractual Agreements; Page 142	Section a. in Section VII Value Based Purchasing Requirements lists "Shared Savings contractual arrangements" as a type of value based purchasing strategy. Can DHS please clarify if Shared Savings contractual arrangements include both upside and downside risk arrangements?	Shared Savings contractual arrangements can include upside risk, downside risk, or both.
	RFA Section	Question	Answer
234	RFA, Section III-6, VBP, Question 2; Page 39	*Hospitals and providers interact with several PH-MCOs and BH-MCOs simultaneously, so value-based efforts can fail if they are not coordinated. Describe your experience working with other payers and MCOs to develop unified, coordinated value-based purchasing plans.*	DHS envisions leading or convening or both leading and convening the discussion between payors to coordinate value-based purchasing arrangements.

Additional Questions

		Recognizing the competitive market restraints, what are DHS' guidelines regarding acceptable activities to work with other payors?	
	RFA Section	Question	Answer
235	RFA: III-6. Work Statement Questionnaire, Member Management, Q3; Page 32	As it stands today, Pennsylvania's telehealth/telemedicine regulations are limiting and not aligned with national best practices (e.g., virtual visits require provider offices as originating and distant sites, store and forward technology and remote patient monitoring are not reimbursable, etc.). Does DHS expect RFA responses to address our organizational experience and strategy given the regulatory environment in Pennsylvania, or should responses provide the bidder's best practices and proven strategy under the assumption that DHS will enable the provision of virtual care best practices through in-lieu-of-billing or other methods?	Responses should address the Applicant's experience and best practices using telehealth services.
	RFA Section	Question	Answer
236	RFA: III-6. Work Statement Questionnaire, Member Management, Q3; Page 32	Please confirm that race/ethnicity data will be collected and reported via the 834 enrollment file.	Yes, both are sent on the 834 files.
	RFA Section	Question	Answer
237	RFA: III-6. Work Statement Questionnaire, VBP, Q6; Page 39	Please clarify specific elements DHS considers within the scope of "population health infrastructure" as requested in this question.	Population health management infrastructure includes elements such as informatics, care management models, or other tools that can be used to improve health in the population being served.
	RFA Section	Question	Answer
238	Appendix A Health Choices Agreement eff. 2021; Section	Please confirm whether DHS will permit face-to-face visits to be conducted virtually using a secure audio and video platform to meet and exceed the 50% requirement for appointments with pregnant members?	DHS will consider this approach in meeting the 50% requirement.

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Additional Questions

	RFA Section	Question	Answer
	V.A.16, Program Requirements, Healthy Beginnings Plus; Page 51		
	RFA Section	Question	Answer
239	Appendix A Health Choices Agreement eff. 2021; Section V.F.14, Program Requirements, MCO ID Cards; Page 71	Please provide the elements that can be included on a Member ID Card (e.g., can we include the virtual triage phone number to promote virtual-first coordination?)	The Member ID Card includes, at a minimum, the member's name, member's plan identification number, plan name and logo, PCP information, copay information and member services contact information. DHS would need more information about the virtual triage and virtual-first coordination to determine whether this number would be acceptable as the contact number for members to reach the MCO.
	RFA Section	Question	Answer
240	Appendix A Health Choices Agreement eff. 2021; Section V. F.15.b, Department Approval; Page 73	Appendix A outlines that "The PH-MCO must submit Member handbook to the Department for advance written approval prior to distribution to Members. The PH-MCO must make modifications to the Member handbook as directed by the Department." Please indicate how far in advance the PH-MCO must submit the Member handbook to DHS for written approval.	The initial member handbook will be one of the items that must be approved during the readiness review process. The Department anticipates that it will provide its written approval of the Provider Manaul within 30 days of submission of the Provider Manual.
	RFA Section	Question	Answer
241	RFA: II-4 Evaluation Criteria; Page 18	Please provide the scoring methodology and full point allocation for each element of the “Soundness of Approach” section, worth 85% of the total available points.	The Department has provided information on the evaluation criteria in RFA Part II, Section II-4.

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	RFA Section	Question	Answer
242	RFA: III-6. Work Statement Questionnaire I-11. Application Requirements	The requirement states "All page limits apply to response text only; not to any requested documents or the question text." Note that on page 8, I-11 Application Requirements B. Application Format the RFA states "Applicants should provide any other information thought to be relevant, but not applicable as an appendix to the application" Please clarify whether this requirement means that applicants may not include additional relevant information as an appendix.	Please refer to the responses to Questions 38 and 94.
	RFA Section	Question	Answer
243	RFA: III-6. Work Statement Questionnaire, Value-Based Purchasing, Q1; Page 38	Question #1 asks: "What is the current percentage of network spending that is attributed to VBP strategies?" For applicants not currently participating in HealthChoices, please confirm that an applicant may provide both enterprise level and similar plan level network spending as examples of VBP success.	Yes, the Applicant may provide information at the enterprise level and a similar plan level to describe their percentage of network spending attributable to VBP expenditures.
	RFA Section	Question	Answer
244	Appendix A. Health Choices Agreement eff. 2021; Exhibit B(5) Community Based Care Management Program; Page B(5) - 3	Section I.H. states that "Proposals (for the Community Based Care Management program) are due no later than October 1, 2019…" Please confirm the correct due date for the CBCM Program proposal.	For Calendar Year 2021, CBCM proposals will be part of Readiness Review and the Department anticipates that submission will be required no later than October 1, 2020. Please note that Appendix A, including its appendices is a DRAFT sample HealthChoices Agreement provided to give Applicants information regarding the nature and scope of services to be provided and is subject to change.

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	RFA Section	Question	Answer
245	Appendix A. Health Choices Agreement eff. 2021; Exhibit B(5) Community Based Care Management Program; Page B(5) - 4	I.K states, "The PH-MCO must implement their evidenced-based standardized Maternal, Infant and Early Childhood Home Visitation Program no later than the end of second quarter of the calendar year." "The PH-MCO needs to actively recruit and enroll community-based non-medical DPP providers. CBCM funds may be used for DPP infrastructure, data reporting and training of DPP coaches. CBCM funds cannot be used for any other DPP expenses." The first sentence refers to the Maternal, Infant, and Early Childhood Home Visitation program while the next 2 sentences refer to the DPP program. Please clarify whether the 2nd & 3rd sentences should be in a separate subsection related to the Diabetes Prevention Program.	Confirmed. Section I.K addresses the Diabetes Prevention Program. These sentences should be a separate subsection related to the Diabetes Prevention Program.
	RFA Section	Question	Answer
246	RFA III-6, Care Management Q.7; Page 34	A question similar to Care Management #7 was asked during the 2016 procurement and was allotted 6 pages. Would DHS consider increasing the page limit for this question from 4 pages to the 6 pages previously allotted? The additional pages would allow applicants to provide a more comprehensive explanation of their philosophy and approach to CBCM.	Yes, Applicants may submit 6 (six) pages in response to this question.
	RFA Section	Question	Answer
247	RFA III-6, Coordination of Care Q 2.; Page 35	A question similar to Care Coordination #2 was asked during the 2016 procurement and was allotted the same 2 pages as the current RFA. Would the DHS consider increasing the page limit to 4 pages to allow applicants to demonstrate their additional experience and strategies used to overcome challenges in coordinating care for children in substitute care?	Please refer to the response to Question 146.
	RFA Section	Question	Answer
248	Appendix A. Health Choices Agreement eff. 2021; V.18	Throughout the RFA, there are numerous (over 25) references to *Docushare.* Please clarify if Applicants need access to Docushare in order to prepare their	No.

	RFA Section	Question	Answer
	(Benefit Limits & Limit Exceptions (BLEs); Page 52	response to this RFA; if so, please clarify how Applicants can obtain access if they have access to the HealthChoices Extranet.	
	RFA Section	Question	Answer
249	Appendix A. Health Choices Agreement eff. 2021, Exhibit M(1), Standard XV; Page M(1)-23	Regarding the sentence: *The PH-MCO must maintain systems, which document implementation of the written QM and UM program descriptions.* Please confirm that the word "systems" in this sentence above refers to the ***Applicant's "information systems."*** If not, please clarify.	Confirmed that the word "systems" in this sentence refers the Applicant's information systems.
	RFA Section	Question	Answer
250	Appendix A. Health Choices Agreement eff. 2021, Exhibit M(1), Standard XV – Page M(1)-24	Regarding the phrase: *The PH-MCO must adhere to all systems requirements as outlined in Section V.O.**7**, Management Information Systems* Please confirm that the citation referenced should be Section V.O.***5*** (Management Information Systems) and NOT Section V.O.7. If not, please clarify.	Yes, the correct citation should be Section V.O.5 to correspond with the draft HealthChoices Agreement document section on MIS.
	RFA Section	Question	Answer
251	Appendix A. Health Choices Agreement eff. 2021; V.O.5.l (Management Information Systems); Page 104	Regarding the phrase: PH-MCOs must comply with the Department's Se-Government Data Exchange Standards Please confirm that the Se-Government Data Exchange Standards referenced above are available at: http://www.dhs.pa.gov/cs/groups/webcontent/documents/communication/p032206.pdf If not, please clarify where we may obtain the above standards.	The HC Extranet has been updated with the correct link. The link can also be found at: https://www.dhs.pa.gov/providers/Providers/Pages/Business%20and%20Tech%20Standards/Business-and-Technology-Standards.aspx
	RFA Section	Question	Answer
252	RFA, Part III-6, MIS Question 7 (Work Statement Questionnaire); Page 41	Regarding the phrase: *Explain your processes for verifying that providers are enrolled in MA and have a valid PROMISe™ or **MMIS 2020 Platform** Provider ID number/Service Location and NPI/taxonomy/Zip code …* Please clarify whether the existing PROMISe provider identifier and service location requirements and the MMIS 2020 Platform requirements are the same.	The Department does not yet have a contractor on board for the new MMIS Provider Management module. Applicants should explain how they would verify that a provider is enrolled using the NPI/Taxonomy/Zip (or any other information)

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Additional Questions

		If not, please provide information on equivalent MMIS 2020 requirements for provider identifier and service location data.	to get to the correct PROMISe ID or the MMIS 2020 Platform Provider ID Number/Service Location, whatever it might be.
	RFA Section	Question	Answer
253	RFA Part III-4.C.1 (Executive Management); Page 25	Regarding the position described as "***Information Systems Coordinator***" in the second paragraph under III-4.C.1: Please confirm that the Information Systems Coordinator and the "***Chief Information Officer***" listed in Appendix G (Executive Staff & Key Administrative Personnel Checklist) are the same. If not, please clarify any distinctions between "Information Systems Coordinator" and "Chief Information Officer."	Please refer to the response to Question 66.
	RFA Section	Question	Answer
254	RFA, Part III, Technical Submission, Pharmacy/ Outpatient Drug, Question #5 And Appendix A. Health Choices Agreement eff. 2021 Exhibit BBB, Section 14, Pharmacy Benefit Manager; Page 40 & BBB 14	Pharmacy Question #5 asks the Applicant to describe how they will comply with transparent pricing requirements in Exhibit BBB; however, "transparent pricing" is not defined in Exhibit BBB or in other sections of the RFA. Would DHS please define "transparent pricing" for purposes of this question?	Transparent pricing refers to the requirements of revised draft Exhibit BBB as posted with Addendum 8, Sections 7. Pharmacy Provider Network and 14. Pharmacy Benefit Manager (PBM) requirements.
	RFA Section	Question	Answer
255	Appendix A. Health Choices Agreement eff. 2021 Exhibit	Exhibit BBB, 3.a. imposes a financial sanction if the PH-MCO fails to meet a Statewide PDL quarterly compliance rate of 95%.	Beginning in 4Q2020 using 3Q2020 MCO drug utilization, the Department anticipates that the Statewide PDL drug classes with the largest

Additional Questions

	RFA Section	Question	Answer
	BBB, Outpatient Drug Services, Section 3. Formularies and Preferred Drugs, subsection 3.a; Page BBB-3	Some PDL drug classes list few drugs and/or the prescribing of drugs in these classes is low, and therefore in these drug classes breaching the 95% compliance rate could occur with one error. Question: Would DHS clarify whether the 95% PDL compliance rate will apply per drug class or to all PDL drugs/drug classes taken as a whole? If the rate applies per drug class, would DHS consider using a reduced financial sanction so that it is more commensurate with the degree of infraction?	cost impact on the MA program will be analyzed quarterly to verify that all MCOs are utilizing the Statewide PDL in claims processing. Claims where the MCO paid secondary to a third party payer will be excluded from the analysis. Where the overall compliance in the PDL class is less than 95% DHS will audit claims paid for the non-preferred agents to assess if medical necessity was determined using the DHS prior authorization guidelines. This will take into account when claims were grandfathered. If approvals were issued appropriately, no lost rebate will be assessed. If approvals were not issued appropriately, the MCO will be asked to explain the discrepancies and demonstrate corrective action during the following quarter. If no correction is made and again the medical necessity audit shows non-compliance, the Department may assess up to the amount of lost rebate from previous quarter.
	RFA Section	Question	Answer
256	Appendix A. Health Choices Agreement eff. 2021 Exhibit BBB, Outpatient Drug Services, Section 7, Pharmacy Provider Network: Page BBB-8	Subsection 7.c prohibits the PH-MCO from retroactively adjusting a pharmacy claim unless the adjustment is a result of a pharmacy audit or technical billing error. Please clarify what is meant by a “technical billing error.”	See revised Exhibit BBB posted with Addendum 8. The language cited does not appear in the revised Exhibit.

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	RFA Section	Question	Answer
257	Appendix A. Health Choices Agreement eff. 2021, Section II Definitions; Pages 18 & 24	The word "consumer" is used throughout the RFA/Appendices, but is not defined in Appendix A, Section II Definitions. Enrollee and member are defined in Appendix A, Section II definitions. Please confirm that "consumer" is interchangeable with member/enrollee. If not, please provide the correct definition for consumer.	As a general matter, when referring to a "consumer" in the RFA, the Department is referring to an MA beneficiary. Generally, the term "member" or "enrollee" refers to a MA consumer or beneficiary who is enrolled in a particular managed care plan.
	RFA Section	Question	Answer
258	Appendix A. Health Choices Agreement eff. 2021, Section III-4.C.1.b; and Appendix A, Section III-4.C.5; Pages 25-27	The term "consumer services" is used in both RFA questions III-C.1.b and C.5; however, is not used elsewhere in the RFA/Appendices and is not defined in Appendix A, Section II Definitions. While Member Services is also not defined in the Appendix A, Section II Definitions, it is used widely throughout the RFA/Appendices. Please confirm that "consumer services" is interchangeable with Member Services and relates to the health plan function. If not, please provide the correct definition of consumer services.	See responses to Questions 183 and 257.
	RFA Section	Question	Answer
259	Appendix A. Health Choices Agreement eff. 2021, Section V Program Requirements; Page 114	Section V.S.8. - Provider Network Requirement reads: "*The PH-MCO may not include in its network any Provider with a history of one or more work stoppages during the five years immediately preceding the Effective Date of this Agreement*." Please define "work stoppages."	A work stoppage refers to the temporary cessation of work as a form of protest and can be initiated by either employees or company management.
	RFA Section	Question	Answer
260	Appendix A. Health Choices Agreement eff. 2021,	Question B.4. - Provider Network Requirement reads: "*The PH-MCO must provide an initial file to the Department of its entire Provider Network, including its Subcontractors*." Please confirm that this "initial file" will be due following contract award, at Readiness Review.	The initial provider network file will be due after selection for negotiations and during the readiness review period.

Additional Questions

	RFA Section	Question	Answer
	Section VIII Reporting Requirements; Page 160		
	RFA Section	Question	Answer
261	Appendix A. Health Choices Agreement eff. 2021, Exhibit Z (Enrollment) Automatic Assignment; Page Z-1	Please clarify whether there will be an open enrollment period? If so, what will the dates be of the open enrollment? If not, will members choose a plan at the time of their redetermination?	Please refer to the responses to Questions 82-85.
	RFA Section	Question	Answer
262	Appendix A. Health Choices Agreement eff. 2021, Exhibit Z (Enrollment) Automatic Assignment; Pages Z-1 and Z-2	Please provide the historical ratio of members who choose an MCO or members who are auto-assigned an MCO, as a percentage of the overall new membership. For example, 20% of the total new membership for a month choose a plan.	Please refer to the response to Question 86.
	RFA Section	Question	Answer
263	Appendix A. Health Choices Agreement eff. 2021 Exhibit Z (Auto Assignment); Page 336	Will a new entrant MCO be guaranteed the statewide mix of populations and risk within each zone they are awarded?	Please refer to the response to Question 82.
	RFA Section	Question	Answer
264	Appendix B. CY 2020 HealthChoices	Please split out the Pharmacy trends provided in Appendix B by Generic, Brand and Specialty drug categories.	This information is not available.

Additional Questions

	RFA Section	Question	Answer
	Trend Summaries (Trend); Pages 27-32		
	RFA Section	Question	Answer
265	Appendix B. Supplemental Historical Data	Please provide the CY2017 Pharmacy PMPMs, unit cost and utilization by Generic, Brand and Specialty drug categories.	This information is not available.
	RFA Section	Question	Answer
266	Appendix B. Supplemental Historical Data	Please provide estimates for the Pharmacy portion of the CY2020 rates by Generic, Brand and Specialty drug categories.	This information is not available.
	RFA Section	Question	Answer
267	Appendix B. CY 2020 HealthChoices Trend Summaries (Trend); Pages 27-32	Please provide actual generic dispensing rates (GDR) for CY2017-CY2019 as well as GDR projections for CY2020 and CY2021.	This information is not available.
	RFA Section	Question	Answer
268	Appendix B. CY 2020 HealthChoices Trend Summaries (Trend); Pages 27-32	Please provide more information on the anticipated generic launches of drugs reflected in pharmacy trend assumptions and how changes in generic drugs are incorporated into trend assumptions.	This information is not available.
	RFA Section	Question	Answer
269	Appendix B. Supplemental Data Book (Covered Services)	Please provide more information on how specialty drugs will be defined for CY 2021 and beyond.	The data book includes all outpatient pharmacy cost in the pharmaceutical category of service.

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	RFA Section	Question	Answer
270	Appendix B. Financial Data; Page 5	Please confirm that the DHS actuary, Mercer, will not deviate from the rate setting methodology as described for CY2020. If there are anticipated changes for CY2021, please list the differences and provide a description of each.	We anticipate that the rate setting methodology will be similar to that of prior years; however, the Department may make changes in its rate setting methodology.
	RFA Section	Question	Answer
271	Appendix B. Financial Data; Page 18	Please provide the breakout of the administration and underwriting gain percentages (of premium) for each region assumed in CY20 rate setting process? Can DHS confirm that we can assume a similar breakout for CY21? This would allow us to validate the SDB participation goal.	This information is not available.
	RFA Section	Question	Answer
272	RFA: HC RFS 07-19; Page 10	Currently, does each MCO receive the same base rate by rate cell (prior to risk adjustment)? Or do base rates vary by MCO? If so, why and by how much do they vary?	Rates differ by MCO with all rates being within the rate ranges provided by Mercer. The Department can agree to rates that vary anywhere between the lower and upper bound within a given rating region and rate cell.
	RFA Section	Question	Answer
273	RFA: HC RFS 07-19; Page 10	For the first year of the new contract, please describe the process that will be used to determine the base rate to pay each MCO within Mercer's rate range?	Please see RFA Part I Section I-4 relating to pricing for the initial agreement year.
	RFA Section	Question	Answer
274	Appendix B. Financial Data; Page 18	Will DHS consider adding new pipeline and blockbuster drugs like Zolgensma to the Specialty Drug Risk Sharing (SDRS) pool in addition to cystic fibrosis drugs? Can DHS provide a comprehensive high-cost drug list for CY20 and/or anticipated list CY21?	For CY2020, the following drugs are included: Kalydeco, Orkambi, Symdeko & Trikafta. No changes currently are anticipated for CY2021.
	RFA Section	Question	Answer
275	Appendix B. Financial Data; Page 18	Please provide a comprehensive high-cost drug list for CY20 and/or anticipated list CY21 for the SDRS?	For CY2020, the following drugs are included: Kalydeco, Orkambi, Symdeko & Trikafta. No changes currently are anticipated for CY2021.

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	RFA Section	Question	Answer
276	RFA: HC RFS 07-19; Page 44	For VBP targets, when it says a percentage of medical portion of the capitation revenue must be expended through VBP strategies, is this in reference to the attributed expense or actual spend? Also, would it be possible to provide additional details (formulas) on how the eligible attributed spend is calculated & determined?	Please refer to the response to Question 191, and Addendum 6. DHS will not provide formulas on how the eligible attributed spend is calculated. Calculation of the attributable spend is determined by the MCO.
	RFA Section	Question	Answer
277	Appendix A. Health Choices Agreement eff. 2021. Value Based Purchasing (Goals of VBP); Page 142	Please clarify the statement: "At least 50% of the 70% must be from a combination of strategies iii. through v." Is 35% in iii. through v. an acceptable amount (50% * 70% = 35%) or would 50% of the medical portion be necessary for iii. through v.?	No, 35% of expenditure for strategies iii. through v. would not meet the goal. A total of 50% of the required VBP expenditures must be attributed to spending for any combination of strategies iii. through v.
	RFA Section	Question	Answer
278	Appendix A. Health Choices Agreement eff. 2021. Value Based Purchasing (Goals of VBP); Page 144	Appendix A notes "if the determination results in a finding of non-compliance, the Department will reduce the next monthly capitation payment by an amount equivalent to one (1) percent of the capitation it paid to the PH-MCO for December of the prior calendar year." Please specify if this is a one-time sanction at the time of the finding of non-compliance or if capitation rates are reduced every month after December by one percent, until MCO was in compliance.	This is a one-time sanction if there is non-compliance with the goal.
	RFA Section	Question	Answer
279	Appendix A. Health Choices Agreement eff. 2021 Value Based Purchasing (Extension of VBP); Page 145	Please provide more information on DHS's requirement to offer and extend VBP arrangements to providers across affiliated lines of business.	Please refer to the response to Question 190 and Addendum 6.

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Additional Questions

	RFA Section	Question	Answer
280	Appendix B: Supplemental Data Book. Historical Data	What is the portion of VBP contracts present in the CY 2017 base data? What is the factor that Mercer applies to a rate adjustment to get the expense from the current VBP requirement to the increased VBP requirement in CY20 or CY21?	The CY2017 HealthChoices Agreement required the MCOs to achieve VBP in amount of 7.5% of the medical portion of the capitation revenue. All MCOs met this goal. Mercer did not make a program adjustment for this to the CY2020 rates. The Department will provide details on the CY2021 rate setting through the information sharing process describe in RFA Part I Section I-4.
	RFA Section	Question	Answer
281	RFA: HC RFS 07-19; Pages 10/56	Can DHS provide an explanation why the High Cost Risk Pool (HCRP) will not be applicable to new entrants and for how long?	The HCRP is based on a specific MCO's historical service cost, which may not be available for the defined historic service period for a selected MCO in each HealthChoices zone. Lack of historical service cost in the defined service period exempts an MCO from inclusion in the HCRP. The Department will issue details on any risk mitigation for CY2021 through the information sharing process.
	RFA Section	Question	Answer
282	Appendix B. Financial Data; Page 4	Over time, what has the rate reduction been due to managed care efficiencies (e.g., TPL/COB, Inpatient, pharmacy, etc.)? For example, managed care efficiencies have resulted in a rate reduction of 3% on average over the last three years.	Efficiency adjustments are applied to the base data. Over the past three years, efficiency adjustments have ranged between 2.33% and 2.49% of the medical spending in the base data. Please see the CY2020 HealthChoices PH Efficiency Adjustment Summary, posted with Addendum 8.

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Additional Questions

	RFA Section	Question	Answer
283	Appendix B. Supplemental Data Book	Please provide a complete list of medical and pharmacy managed care efficiency adjustments reflected in the rate setting process for CY20 and anticipated changes for CY21.	Please see the CY 2020 HealthChoices PH Efficiency Adjustment Summary, posted with Addendum 8.
	RFA Section	Question	Answer
284	RFA: HC RFS 07-19; Page 5	Can DHS provide a clarification or examples of what is meant by “The Department may make other types of payments, as provided in the final Agreement.” We understand that would be in addition to the PMPM capitation rates.	See RFA Part I Section I-4 listing anticipated payments in addition to capitated payments.
	RFA Section	Question	Answer
285	RFA: HC RFS 07-19; Page 5	Please clarify whether draft or final ranges would be provided for the initial contract year? Will a draft actuarial certification package be provided as the supporting documentation mentioned?	Please see RFA Part I Section I-4 relating to agreement pricing for the initial agreement year. The Department provides information sharing documents prepared by Mercer, which include the rate ranges. The actuarial certification package is completed only after the Department and all MCOs come to agreement on rates in a given agreement year.
	RFA Section	Question	Answer
286	RFA: HC RFS 07-19; Page 5	Please confirm that DHS will provide CY20 draft rate ranges and final CY20 rate ranges and contracted rates when they become available.	See response to Question 285.
	RFA Section	Question	Answer
287	Appendix B. Financial Data; Pages 2-117	Please provide an additional year (e.g., first half of 2019) of emerging experience to assist plans in evaluating recent trends? If not available in data book format, a summary by region and cohort would be appreciated.	The Department does not have the data as requested.
	RFA Section	Question	Answer
288	Appendix B. Financial Data; Pages 2-117	Please describe the methodology for verifying that the aggregate base period data included in the data book is correct.	The data book is compiled using encounter data. Both DHS and Mercer monitor encounter data and bring anomalies to the attention of the MCOs for their correction.

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Additional Questions

	RFA Section	Question	Answer
289	Appendix B. Supplemental Data Book – 3. Rate Development Methodology (Risk Arrangements); Pages 12-13	How will the high-cost risk pool and other similar risk arrangements handle member switching MCOs during the rating period? Will costs across MCOs be considered?	MCOs receive consideration for the time that the member is enrolled in their MCO for all risk mitigation arrangements including risk adjustment. Details on each risk mitigation arrangement will be provided to the selected MCOs as part of the information sharing process.
	RFA Section	Question	Answer
290	Appendix A. Health Choices Agreement eff. 2021 Work Requirements	Please provide more information regarding work requirements that are anticipated to be in place in CY2021 and beyond, if applicable.	The Department is unable to provide specific information at this time.
	RFA Section	Question	Answer
291	Appendix A. Health Choices Agreement eff. 2021 General Information	Please provide a list of incentive, P4P, withhold and/or quality payments that will be incorporated into the CY2021 rates.	Draft Exhibits B(1) through B(6), provided as part of RFA Appendix A Draft HealthChoices Agreement, includes information on anticipated supplemental payments to the MCOs. The only arrangements that are incorporated into the rates are Appendix B(3) - Provider Pay for Performance and Appendix B (5) - Community Based Care Management. The PMPM amounts for these are currently $1.00 and $0.75. We anticipate these to continue in CY 2021.
	RFA Section	Question	Answer
292	Appendix A. Health Choices Agreement eff. 2021 General Information	Of the incentives or quality payments in the CY2021 rates, for which are the MCOs at risk?	The MCOs are not at risk for any of these but draft Exhibits B(3) and B(5) require the MCO to spend all amounts provided as noted in the Exhibits. Draft Exhibit B(4) - Hospital Quality

Additional Questions

	RFA Section	Question	Answer
			Incentive Program requires payment per instructions from the Department.
	RFA Section	Question	Answer
293	Appendix A. Health Choices Agreement eff. 2021. General Information	Will the MCOs be at risk for HIPF and/or MCO Assessments in CY2021 and beyond? Will there be a reconciliation of the HIPF/Assessment load within the rates of they are higher than what is built in originally within the rates?	The current rates provide funding for both the HIPF and MCO Assessments. Please see the response to Question 91 for additional information on the MCO Assessment. No reconciliation of the HIPF/MCO Assessment load within the rates has been done. The MCO Assessment Fixed Fee Amount is set by the DHS Secretary and rates are set using this amount.
	RFA Section	Question	Answer
294	Appendix A. Health Choices Agreement eff. 2021. General Information	Will the MCO Assessments be a fixed PMPM across all rate cells or a percentage of capitation for CY2021 and beyond?	The Department anticipates that the MCO Assessment will continue to be a fixed PMPM across all rate cells. Please see the response to Question 91 for additional information.
	RFA Section	Question	Answer
295	Appendix A. Health Choices Agreement eff. 2021. V-3 RFA Requirements; Page 50	*Section: V-3.i - For each of the prior (3) years, provide the number of new hires at your organization's Pennsylvania offices. The hiring target will be 10% of the average of the annual number of new hires in Pennsylvania over each of the last 3 years. Hiring targets can be discussed with the Office of Income Maintenance CPP staff to determine if a waiver or reduction of this requirement is warranted.* Can DHS provide clarity on the hiring target calculation for new entrants?	Please refer to the response to Question 109.
	RFA Section	Question	Answer
296	Appendix B: Average HealthChoices Rates; PDF Page 3	"For the CY2018 average rates shown, please clarify and quantify the two components within the rates shared: (1) APR payments that go to hospitals and (2) the administrative expense related to the gross receipts tax."	The gross receipts tax ended December 2016. The Department now imposes an MCO Assessment. Please refer to the response to Question 91.

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	RFA Section	Question	Answer
297	Appendix B: Average HealthChoices Rates; Page 6	Please provide financial data (i.e. membership, revenue, expense) as reported through the Commonwealth's FRR's for each region. A PH-MCO blinded summary by region would be sufficient.	The Department has several years of Data Books available. Please use the link provided in RFA Appendix B.
	RFA Section	Question	Answer
298	Appendix K, Small Diverse Business Participation Packet; Page 2	For the SDB targets, please clarify if the target percentage of the Admin PMPM rate is either: (1) the administrative PMPM of the capitation revenue rate or (2) the actual administrative PMPM expenses incurred by the MCO."	Please refer to the response to Question 136.
	RFA Section	Question	Answer
299	Appendix A. Health Choices Agreement eff. 2021. General Information	Will a minimum MLR be in place for CY2021 rates and beyond? If so, please provide more information.	Per 42 CFR §438.8(c), the Department has chosen a minimum MLR of 85.00%. The Department plans to require a remittance in accordance with 42 CFR §438.8(j). The Department anticipates that settlement of any remittance obligation will be due 75 calendar days after the annual report due date.
	RFA Section	Question	Answer
300		A DGS certified SDB (not just a SB) that also happens to be a VBE at the time of this ***bid can count toward the small business goal***. All of your answers indicate this, except for Q&A 194. Question 194 implies that a DGS-certified SDB, that is also a VBE, cannot count toward participation. In addition, there's a comment that there's De minimis affect of a VBE for this contract. Please clarify your response to Question 194.	DGS-verified SDBs possessing MBE, WBE, LGBTBE, and DOBE certification can be used toward meeting the SDB participation goal. The Commonwealth has determined that all firms possessing a SDVBE certification from Vets First Verification Program at vetbiz.gov will be considered as possessing a DOBE certification for purposes of meeting the SDB participation goal. Please see the revised responses to Questions 3, 29, 30, 194 and 208 within this document. As stated in response to

			Questions 3, 30, 194 and 208, a firm possessing only a VBE certification, without any disability classification, cannot count toward satisfying the SDB Participation Goal for this procurement. After analyzing the solicitation for any subcontracting opportunities and researching available VBE firms to perform commercially useful functions, the Issuing Office and BDISBO determined that there were not enough available VBE firms to perform commercially useful functions within the scope of work for this procurement, and therefore no VBE participation goal was set. The Commonwealth hopes to increase the availability of VBE firms through marketing and outreach and will consider setting a VBE goal for subsequent Agreement years.
	RFA Section	Question	Answer
301		I am reading in the Q/A Addendum that SDB's that are Service Disabled Veteran Owned are excluded from the SDB goal. It is also my understanding that in the future, specific goals will be set for veteran owned businesses…………but for the sake for this RFA, the small sub-set of DGS Certified SDB's who are certified as Service Disabled Small Businesses don't count. Is there a reason that someone who has a disability certification (DOBE) would be able to participate but somebody whose disability is service connected, would not be able to participate. I am hoping there is some confusion or I am misunderstanding? This is a very big RFA and could impact our business significantly. If advance notice would have been given, we could have acquired the DOBE certification.	The Commonwealth has determined that all firms possessing a SDVBE certification from Vets First Verification Program at vetbiz.gov will be considered as possessing a DOBE certification for purposes of meeting the SDB participation goal.
	RFA Section	Question	Answer

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Additional Questions

302		I attended the RFA 07-19 pre-proposal meeting a few weeks ago and I wanted to know if any applicants have requested a list of SDBs? I have reached out to all that have attended, to no avail. Do they already have a pre-selected list? Will they just roll over their current vendors? I'm just trying to be a better understanding of the process. So any insight is appreciated.	Neither DHS nor DGS would have information as to actions taken by or plans for meeting the SDB participation requirements by potential Applicants. The choice of subcontracting partners by an Applicant is a business decision to be made by each prospective Applicant. The Commonwealth has not developed or provided a pre-selected list of SDBs.
	RFA Section	Question	Answer
303		It has been brought to my attention that Pennsylvania is no longer using VA Verified companies to be counted in SDB Participation goal, and now companies have to become certified through Disability:IN as a DOBE in order to be considered for this SDB participation goal. When I looked at the INSTRUCTIONS FOR COMPLETING THE SMALL DIVERSE BUSINESS (SDB) PARTICIPATION SUBMITTAL AND SDB UTILIZATION SCHEDULE for RFA 07-19, sure enough VOSB and SDVOSB's are not listed however, DOBE status is. Could you please explain why this is happening and does the state understand what a detriment this will be to our Veteran Owned Companies? This new certification through this 3rd party certifier "Disability:IN" will cost our small businesses $2,500 and I'm assuming this is per year. Also this certifier is not accepting VA Disability rating and making Veteran owners go to their doctor for a disability rating.	See responses to Questions 300 and 301.
	RFA Section	Question	Answer
304	RFA Section: 1-11.B	Each application shall consist of the following three (3) separately sealed submittals. The Applicant is submitting multiple and separate SDB Participation	Yes, the separate SDB Submittals may be sealed together. Applicants may place the

Additional Questions

		Submittals, can these SDB Submittals be sealed together? Is the Applicant to seal the respective copies of the Technical, SDB, and CPP separately from the originals?	copies of the Technical, SDB, and CPP Submittals with their respective sealed submittals but must label each as “Original” or “Copy”.
	RFA Section	Question	Answer
305	RFA Section: I-11.B	Applicants must submit electronic applications in Microsoft Office-compatible Flash Drives in the following format: Must comply with the requirements of RFA Part I, Section I-11.B and follow the formatting as outlined above in letters a-f. Should supporting documentation of a particular section be provided as one electronic file, or should each part of the supporting documentation be provided as separate files? Should the supporting documentation be provided on the same file as the section file, or as a separate file immediately after the section file?	An Applicant’s electronic file should be a mirror image of its hard copy file. Please see the responses to Questions 38 and 114.
	RFA Section	Question	Answer
306	RFA Section I-11A	To the extent that an Applicant designates information as confidential or proprietary or trade secret protected in accordance with Part I, Section I-17, the Applicant must also include one (l) redacted version of the Technical Submittal, also excluding financial capability on Flash Drive in Microsoft Office or Microsoft Office-compatible format. If the Applicant determines that the Submission does not contain confidential, proprietary, or trade secret information, must a redacted version of the Technical Submittal be provided on Flash Drive?	No.
	RFA Section	Question	Answer
307		We are a PA-DGS verified SDB. We are also separately certified as a Service Disabled Veteran Owned Small Business. According to Q/A #3 part b., since we are dually verified, we qualify as a business that would count towards a MCO’s SDB goal? Is my understanding correct?	Yes, commitments to SDVBEs will count towards satisfaction of the SDB Participation Goal.
	RFA Section	Question	Answer

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308		Will the Commonwealth consider providing additional points for SDB participation commitments made by applicants in excess of the 9% SDB participation goal?	No. Applicants are encouraged to exceed the 9% SDB participation goal. The Commonwealth is determining an Applicant's compliance with the SDB participation goal rather than scoring the SDB Submittal as it has in the past.
	RFA Section	Question	Answer
309		If a large advisory firm has a contract and lists 3 vendors with a total of 15% participation. Those vendors would stay on the contract, but another vendor can be added, increasing the total DBE spend to 19%. The additional 4% would go to the new vendor. Why is this precluded currently?	The successful Applicant is never precluded from utilizing additional SDB firms in excess of the SDB participation goal set for the agreement, consistent with the terms of the RFA.
	RFA Section	Question	Answer
310		Should a Service Disabled Veteran Owned firm go to the lengths of also becoming Service Disabled Veteran Owned Certified through DOBE? The state allows a choice of two certification agencies for SDVOB but for the purpose of this RFA is only accepting those SDVOB's certified through DOBE. We don't want to miss out on potential future opportunities.	See response to Question 301.
	RFA Section	Question	Answer
311		Will the SDV-DOBE certification through Disability:IN (the newly PA approved 3rd party certifier) be sufficient for the DOBE participation goal? In other words, will a Prime applicant be able to use this SDV-DOBE business as a part of the SDB Participation goals for this specific contract RFA-07-19?	Yes. A vendor possessing a DOBE certification through Disability:IN may be used toward satisfying the SDB participation goal.
	RFA Section	Question	Answer

Additional Questions

	RFA Section	Question	Answer
312		The answer to question #29 indicates that "The Commonwealth is making a policy change to separate VBE's (DGS-verified Veteran Owned Small Businesses and Service-disabled Veteran Owned Small Businesses from the SDBs to ensure that both the SDB and VBE programs comply with legal requirements of goal setting. The Commonwealth will set a separate VBE participation goal whenever possible." – I would like to know, is this policy in place and if so please provide information where my client can review the codified DGS policy. The statement suggests that this is NOT a policy yet, but that the Commonwealth is working on it. So if it is not a policy yet, how can the commonwealth deny SDVOSB in the participation goals as a SDB when this wasn't an issue in the past?	Please see response to Question 301. The new goal setting policy is in the pilot stage and no written final policy is yet available.
	RFA Section	Question	Answer
313		SDVOS businesses were not notified of this change ahead of time.- My client has only a couple of weeks to get this SDV-DOBE; highly doubtful that he will get the certification in time before the proposal is due Dec 17. Is there anything the Prime can do to use a VA verified SDVOSBs, for example a waiver that can be used when submitting their small business plan that says they can use a company that is currently in the process of becoming SDV-DOBE certified, but will not be certified at the time of the proposal submission?	See response to Question 301.
	RFA Section	Question	Answer
314		On the Q&A question #30 indicates that there was not a VBE goal due to not finding enough VBEs for the scope of work. While researching on the DGS's own Small Business Database, I found 186 Veteran Owned Companies with 121 being SDVOSBs. I also researched DOBE; there are only 17 listed on the DGS website. It is hard to believe that out of 121 SDVOSB listed in the database that there wasn't enough to have a VBE participation goal. First, "the scope of work" is directed to the Prime on the contract not the subcontractor. How does the Commonwealth of PA know for sure what the SDB participant will contribute to the contract when the prime is to select the subcontractor and does not verify that until the prime submits their Letter of Commitment with their	After analyzing the solicitation for any subcontracting opportunities and researching available VBE firms to perform commercially useful functions, the Issuing Office and BDISBO determined that the VBE participation opportunities for the scope of work for this procurement are de minimis, and therefore no VBE participation goal was set. The Commonwealth hopes to increase the availability of VBE firms through marketing and

Additional Questions

		proposal. The subcontractor may indirectly provide services or product to the contract that may or may not be in the scope of work. Example: Construction Project – the scope of work is to build a new facility for the commonwealth; the subcontractor/SDB provides outside portable bathrooms for the construction workers; has an indirect service to the contract but can be used in a small business plan or SDB participation goal. Mr. Burwell indicated that there was a PRG (Procurement Review Group) that conducted the research; is this report available for public view or can FOIA be completed to find this out? My client and I would very much like to see the findings of the PRG's research that was conducted for RFA-07-19.	outreach and will consider setting a VBE goal for subsequent Agreement years. Individuals may request the PRG analysis documents through a Right to Know Law Request and those documents will be provided consistent with the Right to Know Law.
	RFA Section	Question	Answer
315		Can you please provide clarity and confirm if Vets can still go through VA to get verified to do business with PA through DGS?	VBEs may still obtain their VBE certification from Vets First Verification Program at vetbiz.gov. For this procurement, only DGS-verified SDBs possessing MBE, WBE, LGBTBE, and DOBE certification can be used toward meeting the SDB participation goal. In addition, the Commonwealth has determined that all firms possessing a SDVBE certification from Vets First Verification Program at vetbiz.gov will be considered as possessing a DOBE certification for purposes of meeting the SDB participation goal.

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Additional Questions

The following questions were answered previously and posted as part of Addendum 6, but the responses are being modified as shown below. These are the only responses being modified; all other responses remain the same.

	RFA Section	Question	Answer
3		Regarding the Small Diverse Business (SDB) goal (9%): a. Are all VBEs also considered SDBs? b. Do commitments to VBEs count toward the SDB participation goal?	a. For purpose of setting the SDB participation goal for this procurement, VBEs (DGS-verified Veteran -Owned Small Businesses) ~~and Service-Disabled Veteran-Owned Small Businesses)~~ are not considered SDBs. The Commonwealth has determined that all firms possessing a SDVBE certification from Vets First Verification Program at vetbiz.gov will be considered as possessing a DOBE certification for purposes of meeting the SDB participation goal. b. Commitments to VBEs do not count toward the SDB participation goal.
	RFA Section	Question	Answer
29		Why are veteran owned SDB excluded from Medicaid CHC PA RFA?	The Commonwealth is making a policy change to separate VBEs (DGS-verified Veteran-Owned Small Businesses ~~and Service-Disabled Veteran-Owned Small Businesses)~~ from SDBs to ensure that both the SDB and VBE programs comply with legal requirements of goal setting. The Commonwealth will set a separate VBE

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			participation goal whenever possible. Please see response to Question 30.
	RFA Section	Question	Answer
194	RFA, IV-2 SDB Participation Goal; Appendix J; Appendix K, SDB-1.II.3. SDB Requirements	Please confirm that Veteran Business Enterprises (VBE) and Service Disabled Veteran Business Enterprises (SDVBE) may not be submitted toward the SDB Participation Goal, and that we should only submit MBE, WBE, LGBTBE and DOBE certified SDBs toward the SDB Participation Goal.	Only DGS-verified SDBs possessing MBE, WBE, LGBTBE, and DOBE certification can be used toward meeting the SDB participation goal. DGS-verified SDBs possessing only VBE ~~or SDVBE~~ certification cannot be used toward meeting the SDB participation goal. See also response to revised Question 3. The Commonwealth has determined that all firms possessing a SDVBE certification from Vets First Verification Program at vetbiz.gov will be considered as possessing a DOBE certification for purposes of meeting the SDB participation goal.
	RFA Section	Question	Answer
208	Appendix K; SDB-3 and SDB-1	Appendix J only references, and the SDB Utilization Schedule (SDB-3) in Appendix K only lists, four options to check for type of SDB which would appear to exclude veterans and service disabled veteran businesses, although paragraph II.3 (SDB Eligibility) of SDB-1 clearly permits the utilization of "other small business as approved by DGS" which includes veterans and service disabled veteran small diverse businesses. If an Applicant intends to utilize an "other small business as approved by DGS …," i.e., a "veteran-owned" or "service-disabled veteran-owned" business, as provided for in paragraph II.3 (SDB Eligibility) of SDB-1, how would that be entered onto SDB-3?	DGS-verified SDBs possessing only VBE ~~or SDVBE~~ certification cannot be used toward meeting the SDB participation goal for this RFA. DGS has not approved VBEs ~~or SDVBEs~~ as an "other small business" as provided for in RFA Appendix K, SDB-1 and therefore, they cannot be counted towards the SDB participation goal for this RFA. The Commonwealth has determined that all firms possessing a SDVBE certification from Vets First Verification Program at vetbiz.gov

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			will be considered as possessing a DOBE certification for purposes of meeting the SDB participation goal.