Department of Health and Social Services
Finance and Management Services
Grants and Contracts Support Team
333Willoughby Ave., Room 760
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RFP #170007291
Medicaid Coordinated Care Demonstration Project

Amendment #9

Amendment Issue Date: **April 12, 2017**

IMPORTANT NOTE TO OFFERORS: This amendment serves to provide responses to questions submitted by interested parties. A copy of the amendment is available on the State's Vendor Self Service website.

- **Vendor Questions have been answered as follows:**

Q1: Re: the Data Book. Is the state Medicaid rate the basis for unit cost, or some other fee level?
> It is important to refer to the unit for each service category detailed in the Data Book to understand the "Paid per Unit" cost. The "Paid per Unit" costs presented in the Data Book represent the average amount paid by Medicaid per unit of service. The unit of service varies by each service category. For example, the unit for Inpatient Hospital services is days. Other units of service include visits, scripts, trips, units, or "procedure codes." "Procedure codes" is the unit when the service category contains heterogeneous units (such as 15-minute, assessment, etc.).
>
> Medicaid payment from the Medicaid Management Information System is the basis for the amount paid. One should not assume that the paid per unit cost is a direct reflection of the rate for a given service, which may vary by provider and by procedure code based on the rate methodology. For example, hospitals and nursing homes are paid cost-based rates that vary by facility.

Q2: Re: the Data Book. Are there special requirements/payment schedules for tribal providers vs. non-tribal providers? Why are they kept separate in the data book?
> Data for tribal and non-tribal providers is presented separately in the Data Book because Medicaid reimbursement to tribal providers is different than non-tribal providers. Also, the service categories for tribal providers are attached to different provider types. For example, the services of mid-level practitioners, physicians, optometrists, or behavioral health providers "roll" to a tribal clinic (CL) or hospital outpatient (HS OP) provider type for tribal providers, whereas they would roll to a specific provider type such as advanced nurse practitioner or physician (Health Professional Group or HPG) or behavioral health (BH) for the non-tribal providers. Each of these has a different provider type or claim type in the Medicaid Management Information System.

The data is also presented separately as it may prove helpful to offerors in their determination of how best to support the Department's priority to fully implement the Federal Policy on Tribal Medicaid Reimbursement as described in the RFP.

Q3: Re: the Data Book. Can the State please provide the following information on the number of LTSS-eligible individuals that reside in a long-term care facility or nursing home?

- **Number or percentage of LTSS-eligible individuals by population for the data book time periods SFY 2015 and SFY 2016.**
- **Number or percentage of LTSS-eligible individuals by population that reside in a nursing home or other long term care facility for the data book time periods SFY 2015 and SFY 2016.**
- **Number or percentage of LTSS-eligible individuals by population that reside in a home and/or community-based setting for the data book time periods SFY 2015 and SFY 2016.**
- **Data book cost and utilization data for LTSS-eligible individuals by population that reside in a nursing home or other long term care facility for the data book time periods SFY 2015 and SFY 2016.**
- **Data book cost and utilization data for LTSS-eligible individuals by population that reside in a home and/or community-based setting for the data book time periods SFY 2015 and SFY 2016.**

Appendices A, B, and C of the Data Book provide the summary and detailed data by population, service type, and fiscal year required to derive estimates for this requested information. Each offeror should make their best effort to estimate enrollment based on the number of member months, utilization based on the utilization per 1,000 enrollees, and costs based on the amounts paid per unit and per member provided in the Data Book.

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