Department of Health and Social Services
Finance and Management Services
Grants and Contracts Support Team
333Willoughby Ave., Room 760
Juneau, Alaska 99801

RFP #170007291
Medicaid Coordinated Care Demonstration Project

Amendment #7

Amendment Issue Date: March 31, 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: Are there additional services to the CME model, such as claims processing, that the State of AK would be interested in receiving?

Offerors may propose any service that is directly related to their model and supports the purpose of the Coordinated Care Demonstration Project initiative. The overall model must still meet the conditions laid out in the RFP related to the state's inability to finance projects up front, and the need for budget neutrality at a minimum and ideally state cost savings.

Q2: Re: Pages 4-5 of the RFP. We understand these RFP provisions to mean that there will be no state funds available for this contract for development and implementation costs. We also understand from this language that the only means of reimbursement available to the contractors are in the form of direct Medicaid reimbursement for the provided services. Given that the Medicaid reimbursement is the sole source of compensation for contractors, will contractors be able to terminate any contract with DHSS if, after implementation, it becomes clear that the provided services will not be compensated under Medicaid?

Contract termination conditions will be negotiated with potentially successful offerors during the negotiation phase of this solicitation process.

Q3: Re: Page 25 of the RFP. To promote readability, can table or graphic text be smaller than 11 point?

Yes. Table and graphic text may be smaller than 11 point font, but no smaller than 8 point. Narrative text may not be smaller than 11 point.

Q4: Re: Page 28 of the RFP. Section 4.02 Proposal Requirements for All Models states that resumes are not counted within proposal page limits. Section 4.02.06.A.5, lists required information for each key personnel, including a resume. Does DHSS expect a summary of experience within the narrative or separate full resumes as attachments? If full resumes, does DHSS have a page limit for each resume?

Offerors may provide whatever background information about key personnel they feel is relevant in the narrative within the page limits stipulated for the section. Resumes should be included as an attachment to the proposal, which is not included in the page limits for the core proposal. Each individual resume included in the attachment should be limited to no more than four (4) pages.

Q5: Re: Page 29 of the RFP. The RFP and DHSS require budget neutrality be achieved in the first year of the contract; however, no detailed calculation or methodology for assessment of budget neutrality have been provided. To level set the playing field, will DHSS provide guidance on how budget neutrality or cost savings will be calculated? If DHSS's evaluation approach does not demonstrate neutrality or savings, will the state confirm that DHSS won't recover program payments made to the offerors for services rendered?

Each offeror should make their best effort to provide the information required under Section 4.02.07; as well as, depending on the model proposed, either Section 4.03.07, 4.04.07 or 4.05.07. The department and Milliman will review the model based on the information provided in the proposal and independently assess whether projected costs and savings are reasonable. The department will raise questions resulting from Milliman's review, and we reserve the right to request additional information or reformulation of budget neutrality projections from bidders to facilitate the evaluation.

Payment conditions associated with budget neutrality may be based on the type of payment methodology proposed by the offeror, and conditions associated with budget neutrality will be negotiated with prospective awardees during the negotiation phase of the solicitation process.

Q6: Does DHSS collect text message opt-in as a communication vehicle upon enrollment in Medicaid?

No.

Q7: Can DHSS provide estimates for the percentage of eligible members for whom they have phone numbers?

Approximately 90% to 93% at any given time.

Q8: Will DHSS consider measurement and/or benefit periods that are not based on the calendar year (e.g., could we run March to March)?

The Alaska Medicaid program does not operate with annual benefit periods. The department may find it necessary to require data reporting on a state fiscal year basis (July – June). It is difficult to answer this question without more context, and this may be the type of operational detail that could be addressed during the negotiation phase.

Q9: While the care management model does not include "networks" of providers, can DHSS please confirm that other arrangements, such as quality bonus payments or paying a provider a monthly fee for care management, would be permitted under the care management model?

Yes, such arrangements would be permitted.

Q10: Can DHSS offer any details about how it intends to coordinate multiple differing evaluations that may overlap in region and/or population? Does DHSS expect to request modifications to offerors' proposals to manage evaluation of multiple models?

Each proposal will initially be evaluated independently of all others. If the models identified in the initial evaluation phase as the most likely to succeed include overlapping regions and/or populations, then modifications of the overlapping proposals may be requested. Alternately

the proposal deemed to provide the greatest benefit may be selected without modification, and the overlapping proposal(s) would not be awarded a demonstration project.

Q11: Can DHSS provide the number of clients in each borough with a CDPS+RX score 2.0 or greater for 2015 and 2016?

Not at this time.

Q12: Will DHSS be providing real time access to the claims processing system and eligibility system to allow for identification of clients eligible for proposed services?

This may be a possibility if implementation of a proposal awarded a Coordinated Care Demonstration Project contract requires it, and the department is confident that all security, privacy, and interface requirements are met.

Q13: Will DHSS provide monthly complete claims files to allow for cost/trend/risk stratification/client identification purposes?

DHSS will not provide claims data at this time to potential offerors. Claims data may be made available to entities awarded a Coordinated Care Demonstration Project if required to implement the project and the department is confident that all security, privacy, and interface requirements are met.

Q14: What are the number of distinct Medicaid beneficiaries per region that have more than 3 ED visits in 2015 and 2016?

The department is unable to support this level of data analysis at this point in the solicitation process, but may consider providing additional data to prospective awardees during the negotiation process.

Q15: What are the costs associated with these high ED utilizers in 2015 and 2016?

The department is unable to support this level of data analysis at this point in the solicitation process, but may consider providing additional data to prospective awardees during the negotiation process.

Q16: What are the top 10 diagnoses in the Emergency Department and the associated volume for each diagnosis per hospital, per region, sorted between Tribal and Non-Tribal for 2015 and 2016?

The department is unable to support this level of data analysis at this point in the solicitation process, but may consider providing additional data to prospective awardees during the negotiation process.

Q17: Appendix E NYU ED Algorithm categorization of emergency department costs (page 8 and 9) and PRM Analytics Potentially Avoidable Costs (page 10). Can the data be sorted between Tribal and Non-Tribal and by region? Can the underlying diagnosis data be shared?

The department is unable to support this level of data analysis at this point in the solicitation process, but may consider providing additional data to prospective awardees during the negotiation process.

Q18: What are the top 10 Behavioral Health diagnoses for admissions to Providence through the Emergency Room for 2015 and 2016, split between Tribal and Non-Tribal?

The department is unable to support this level of data analysis at this point in the solicitation process, but may consider providing additional data to prospective awardees during the negotiation process.

Q19: What are the number of adult admissions at API and Providence Psych for 2015 and 2016, sorted by region and Tribal/Non-Tribal?

The department is unable to support this level of data analysis at this point in the solicitation process, but may consider providing additional data to prospective awardees during the negotiation process.

Q20: How many distinct behavioral health youth admissions (<age 18) to API, Providence, or NorthStar occur per Geographic Region, and sorted between Tribal and Non-Tribal?

The department is unable to support this level of data analysis at this point in the solicitation process, but may consider providing additional data to prospective awardees during the negotiation process.

Q21: How many of these youth have more than two acute psychiatric hospitalizations per Region, sorted between Tribal and Non-Tribal?

The department is unable to support this level of data analysis at this point in the solicitation process, but may consider providing additional data to prospective awardees during the negotiation process.

Q22: How many Coordinated Care Demonstration Projects does the Department intend to award?

The RFP states on Page 38 that the Department intends to award between one and three contracts for demonstration projects, depending on the number of viable proposals received, the scope of the projects, and the level of departmental resources required to implement the successful project(s).

Q23: Given the length of the evaluation process and the time it might take to obtain federal approvals if required, do you anticipate that it will be a year before the projects are implemented?

The RFP states on Page 8 that the Department anticipates that the contract(s) will take effect January 1, 2018. The actual implementation dates will depend on the timing required for implementation on both the part of the successful offeror(s) and the state, and will be determined during the negotiation phase.

Q24: Is it possible to get historic Medicaid claims level data to allow us to identify historic utilization patterns and costs? This will allow us to identify the subset of the Medicaid population that would matriculate to bundles on an annual basis, the historic costs for the state for these patients around these events, appropriate target prices in addition to modeling the efficiency and quality improvement that would be available to the state.

Please see the answer to Question 13 above.

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