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**April 19, 2012**

**RFA 3402**

**Addendum #11**

1. This is Addendum # 11 to Request for Application (RFA) 3402, Coordinated Care Organizations (CCOs).
2. RFA #3402 is hereby amended as follows:
  - a. Section 2.3 of the RFA is amended as follows, new language will be bold and underlined and deleted language will be stricken through:

2.3 Governance

Applicant attests that it will have the Governance Structure described in the ORS 414.625(1)(o) **and a Community Advisory Council prior to the time of Contract execution**~~at the time of Readiness Documentation Review described in Section 6.7.~~

- b. Attachment 8, Table B-1, Line 12 is amended as follows, new language will be bold and underlined and deleted language will be stricken through:

12	PRIMARY CARE PROVIDER (PCP) IDENTIFIER	A	1	Y = This Provider is a PCPCH. N = This Provider is not a PCPCH.
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- c. Appendix A, Section 1, Subsection A.1.1.b is amended as follows, new language will be bold and underlined and deleted language will be stricken through:
      - A.1.1.b. Provide a description of the proposed community advisory council (CAC) in each of the proposed services areas and how the CAC **will be**~~was~~ selected consistent with ORS 414.625.

- d. Appendix A, Section 1, Subsection A.1.3, opening paragraph is amended as follows, new language will be bold and underlined and deleted language will be stricken through:

While DHS Medicaid-funded LTC services are legislatively excluded in HB 3650 from CCO responsibility, and will be paid for directly by the Department of Human Services, CCOs will still be responsible for providing physical and behavioral health services for individuals receiving DHS Medicaid-funded LTC services, and will be responsible for coordinating with the DHS Medicaid-funded LTC system. To implement and formalize coordination and ensure relationships exist between CCOs and the local DHS Medicaid-funded LTC providers, CCOs will be required to work with the local type B AAA or DHS' APD local office to develop a Memorandum of Understanding (MOU) or contract, detailing their system coordination agreements regarding Members receiving DHS Medicaid-funded LTC services. **Guidance for**

**an MOU with the Type B AAA or with the DHS local APD office is available at <http://www.oregon.gov/DHS/hst/apd-cco-info.shtml>**

- e. In accordance with Section 4.4 of the RFA OHA provides answers to questions received by OHA via: email to the SPC and the Webinars conducted by OHA on March 22, 2012, March 27, 2012, April 4, 2012 and April 12, 2012 (not including answers provided in Addendum 2, Addendum 4 or Addendum 8 to this RFA). The following are OHA's official answers:

### **Letter of Intent Questions**

- Question 1.** What is the deadline for revisions to Letters of Intent for first wave versus later waves?
- Answer 1.** For the first wave, any revisions to the Letter of Intent must to be the Sole Point of Contact at [tammy.hurst@state.or.us](mailto:tammy.hurst@state.or.us) before the Technical Application due date, and the same rationale would apply to later waves.
- Question 2.** It was stated initially that any revisions to the letters of intent should be submitted at least 2 weeks prior to submission of application. Has that changed or is that still the expectation?
- Answer 2.** See Answer 1
- Question 3.** The name of our organization will likely change from the name submitted in the letter of intent. Is there anything we need to do?
- Answer 3.** If the name of the organization changes prior to April 30, 2012, Applicant must change its Letter of Intent in accordance with Section 4.2.3 of the RFA.
- Question 4.** If we submit an amended LOI, are we pushed back to the next round or are we still in the same original timeline?
- Answer 4.** Submitting an amended LOI does not automatically change the wave the Applicant is targeting. If the Applicant requests to be moved to a later wave, that would trigger the change.

### **Public Presentation by Applicant Questions**

- Question 5.** Section 5.4 - Public presentation by applicant: When will the public presentation guidelines be posted as an addendum? Previous webinar stated that public meetings must be conducted by May 28, 2012.
- Answer 5.** Addendum 7, which provides requirements and guidelines for Section 5.4 "Public Presentation" has been posted to the web portal and sent by email to all Key Contact persons named in the Letters of Intent.
- Question 6.** With the clarification given for definition of service area, will it be up to the CCO's discretion regarding how many community meetings or is that something that should be discussed with OHA?
- Answer 6.** See Answer 5.

### Covered Population

**Question 7.** Is the population with primary commercial insurance and OHP secondary insurance included in the covered population?

**Answer 7.** OHP Clients with primary commercial insurance will not be included in the covered population in 2012, but may be in future years.

**Question 8.** Are members with ESRD included in the covered population?

**Answer 8.** Yes

### Provider Questions

**Question 9.** FCHPs have developed a large number of contracts over the years with providers. Very likely the 80/20 rule applies in that a relatively smaller number of providers provide the majority of care, with more numerous small volume providers seeing a smaller share of the total patient. Will it be sufficient to show that contractual relationships with the "big players" are in place, without having EVERY minor provider also formally committed in writing and still meet the intention of the RFA for showing a sufficient panel to provide services?

**Answer 9.** OHA will need documented assurances by Readiness Review that there are valid provider contracts assuring sufficient Health Systems Transformation capacity to serve the intended number of Members at the time the CCO is implemented.

**Question 10.** For Table B-1, the Participating Provider Table, Line 12 requests the CCO to identify whether or not the provider is a PCPCH or not. Was the intent for the CCO to identify whether or not the provider was a PCP, not a PCPCH?

**Answer 10.** See Section 2.c., of this Addendum.

**Question 11.** Can an MCO use its current contracts with its provider networks or does it have to re-negotiate those contracts? If so, by what date?

**Answer 11.** New subcontracts will need to be in place by the Readiness Review that reflect the responsibilities under Health System Transformation.

**Question 12.** Attestation B-12: Applicant will have verified that contracted providers included in the CCO Facility Table are Medicaid certified and the Applicant certifies that it will only contract with Medicaid certified providers in the future. There is no definition of Medicaid Certified Providers. Please provide a definition or criteria for this requirement.

**Answer 12.** The term certified providers simply refers to the fact that providers must meet the applicable credentialing requirements and not be excluded from participation in federally funded medical assistance programs. The Operations rule at OAR 410-141-3120 describes those requirements.

### Mental Health Questions

**Question 13.** When does the State plan to release the mental health MOU template?

**Answer 13.** Posted in Addendum 9.

### **Medicare/Medicaid Alignment Demonstration Questions**

**Question 14.** It is our understanding that the date for the demonstration project has been pushed back. Does the Appendix D Medicare/Medicaid Alignment Questionnaire still need to be submitted on April 30th?

**Answer 14.** On the Medicare-Medicaid Alignment questionnaire, Addendum 10 addresses the changes to the RFA given the decision to move the start date of the demonstration to 2014. Included in that addendum are significant changes to Appendix D. The multiple questions that were originally in Appendix D have been replaced by a single question, via Addendum 10. Because of this change, we have decided to make the responses to Appendix D due at the same time that the Financial Application is due for the first round of Applications.

### **OHA Technical Assistance/RFA Q&A**

**Question 15.** Formatting: Is there a specific formatting requirement for the application (e.g., Times New Roman 12 pt font, 1" margins). Is a smaller font size acceptable in tables?

**Answer 15.** Within reason, a smaller font size is acceptable, but please be certain we can read it. See RFA 5.1.1 for formatting requirements.

**Question 16.** Assemblage: Should the application be assembled in the same order as the checklist (RFA Attachment 7 – page 48-49)?

**Answer 16.** We are going to set a field in the document library that requires Applicant to choose which particular part of the Application is being uploaded. For Applicants who have already uploaded documents, this field can be selected afterward. The document library allows for ordering of the documents in a way that matches the RFA requirements.

**Question 17.** Is my understanding correct in that the Application should be submitted in sections as identified on the checklist as opposed to one document? Please clarify.

**Answer 17.** Yes, documents should be uploaded in sections as identified in the checklist. Also see Answer 15.

### **Long Term Care Memorandum of Understanding Questions**

We have put out the official guidance for the LTC MOU. See the web site in section 2.d above. We have asked each CCO applicant to let us know its contact person who would be handling that LTC MOU. If you have a specific contact person that you would like the local LTC field offices to use, please send an email directly to: [susan.otter@state.or.us](mailto:susan.otter@state.or.us).

For the purposes of developing the LTC MOU we're expecting CCOs to engage in conversations with their local LTC offices, and in some cases those are state staff. As a clarification, it is permissible for CCO applicants to engage directly in conversations with their local LTC offices, including state staff, for the purposes of the MOU without having to go through the Single Point of Contact.

### **Question & Answer Questions**

**Question 18.** Where can we find the published Q&As? Specifically, where are the Q&As from last week's call?

**Answer 18.** Questions & Answers have been posted in Addenda 2, 4 and 8. All addenda are posted at: <https://cco.health.oregon.gov/RFA/Pages/Addendum.aspx> . It is the Applicant's responsibility to keep updated of all addenda by checking this address. OHA will not send notifications when addenda are posted.

**Question 19.** As a follow up to the Q&As. How will we be notified when they are published? Can you provide the specific location of where they can be found when published?

**Answer 19.** See Answer 17 above.

**Question 20.** Have the questions and answers from the previous webinar been posted?

**Answer 20.** See Answer 17 above.

**Question 21.** Will all applicant questions be answered in writing prior to the first wave of RFA due dates of April 30?

**Answer 21.** Yes.

### **Readiness Review**

**Question 22.** Do you have updated information and specifics about the readiness review?

**Answer 22.** OHA is still working developing protocol and the goal is to it that ready by the week of April 24th.

### **Miscellaneous Questions**

**Question 23.** Attestation B-15 in Attachment 6 requires attesting to having no past or pending investigations, legal actions, administrative actions, or matters subject to arbitration. Is this intended to include actions such as audits, which do not presume breach, but could be considered an "investigation"?

**Answer 23.** Routine audits such as those required for annual financial statements would be consistent with this attestation. However, any non-routine audit should be considered a past or pending investigation for purposes of this attestation.

**Question 24.** Does the CCO entity have to be licensed by DCBS as a health care service contractor or an insurer?

- Answer 24.** No. It's possible that a new licensing category will be developed by the legislature next year.
- Question 25.** What level of branding needs to be in place by August 1 (assuming 1st wave submission)? Does organization need to have all materials - member handbooks, website, letterhead, etc. changed to reflect new organization's name by August 1?
- Answer 25.** Yes. August 1 being the implementation date under a new CCO contract, branding changes must be made by that time.
- Question 26.** How does the OHA define the term "model of care?"
- Answer 26.** There is no standard definition for model of care. Just general usage of that terminology is what is expected.
- Question 27.** Will a template be provided for Community Letters of Support?
- Answer 27.** There is no template. Applicants need to provide letters of support that demonstrate community support for the Applicant.
- Question 28.** Section 1. E.1.1a asks for a certified copy of the Articles of Incorporation. How should the certified copy be submitted for the RFA? If we copy it, the document is no longer a certified copy. Do you want this mailed separately, if so where to, including address.
- Answer 28.** Upload a PDF to your document library on the web portal.
- Question 29.** Has there been any update regarding funds from CMS?
- Answer 29.** No.
- Question 30.** How will the update from CMS regarding potential funding be communicated to CCO Applicants?
- Answer 30.** An update on the CCO website.
- Question 31.** Can you organize the questions by topic or subject so we don't have to weed through 200 questions?
- Answer 31.** Yes.
- Question 32.** "What is the address for the Applicant's primary office and administration located within the proposed service area?" This question implies that there should be an office in each service area. Please clarify the expectation.
- Answer 32.** The expectation is that a CCO would have at least one office in the service area designated in the contract.
- Question 33.** Based on the last answer, a tri county CCO shouldn't need offices in three counties-just one. Please clarify.

**Answer 33.** In the case where the service area is the tri-county Portland area or any other geographically extensive area or area with more than one major population center, adequate Member service may require more than one office.

It's OHA's intention for CCOs to open full administrative offices in multiple areas if there are parts of CCO facilities that can be used as a place where local Members can have face to face interaction with CCO staff. What we expect is that there is a reasonable and realistic access to CCO staff in every service area of the CCO.

**Question 34.** Does OHA have definition of "consumer" for Community Advisory Council --- or has definition been intentionally left vague?

**Answer 34.** OHA will review each Application and each Community Advisory Council to make sure there is genuine consumer representation. But at this point we do not have a definition. In general terms, we mean a person who is going to be consuming services of the CCO as a Member.

### **Global Budget and Cost Template Questions**

**Question 35.** If an e-mail was not received regarding FFS info, who should we contact?

**Answer 35.** Send an email to Tammy Hurst, Sole Point of Contact at:  
[tammy.hurst@state.or.us](mailto:tammy.hurst@state.or.us)

**Question 36.** Exactly what FFS data will be shared with applicants? (e.g. detailed encounters and eligibility...or summary information?)

**Answer 36.** A comprehensive claims level data set, which is de-identified to preserve confidentiality, is available now upon request. The remainder of the FFS information will be part of the CCO Cost Template. Actuarial Services Unit can have one-on-one conversations with Applicants upon request.

**Question 37.** Can you please provide additional details on FFS related to the following: What information will we receive? Risk scores for FFS only, risk scores for FFS compared to MCOs? If only FFS, we will need sufficient detail on the risk scoring approach to be able to replicate it on our MCO members. Also, how will FFS members be enrolled in CCOs (priority, process, etc.)? Will CCO cap rates be adjusted for more or less FFS enrollment than expected and/or healthier or sicker than average FFS enrollees? What is the timeframe for FFS enrollment in CCOs? Will it vary by county?

**Answer 37.** Claims information is now available and all Applicants should have received an email last week that detailed the process for requesting that information.

While data will be available and you can run your own risk adjustments on the data, that's not necessary to complete the CCO Cost Template. The CCO Cost Template has risk built into it, including the FFS risk and how it impacts the overall rates. Complete steps 1-3 and submit your CCO Cost Template to ASU through the web portal. We will make the necessary FFS membership

assignments, and then return the CCO Cost Template to you for completion of the Financial Application process.

We will not be providing the risk scores. We will provide a more summarized adjustment factor. We will provide one for each eligibility category. At this time we do not have plans to provide you with the detailed scores.

**Question 38.** Where do we find cost and utilization data on non-emergent transportation services by zip code or service area?

**Answer 38.** That data is not yet available. Non-emergent medical transportation services will not be included in the global budget in the first wave of Applications. At earliest, it may be included in the global budget in 2013.

**Question 39.** From whom specifically at the OHA are we to request the Model Depository Agreement?

**Answer 39.** From the RFA Sole Point of Contact, Tammy Hurst at: [tammy.hurst@state.or.us](mailto:tammy.hurst@state.or.us).

**Question 40.** Should we build in a cost estimate for the non-emergent medical transportation, HIV/AIDS target case management and CAWEM in our low cost estimates?

**Answer 40.** You should not be building in non-emergent medical transportation or CAWEM in your low cost estimate. Non-emergent medical transportation will not be in the global budget or capitation rates until 2013, and CAWEMs are excluded, except for CAWEM prenatal in which case they will be enrolled under the PLM category. As far as HIV/AIDS targeted case management, those are optional services and if you have those services in your county, that's probably something we will want to talk to you about on a one-on-one basis about how you are going to include those costs in your estimate.

**Question 41.** Will cap rates be adjusted if actual FFS enrollment at a particular CCO / county, is higher than anticipated when bid is submitted? Will cap rates be adjusted if the FFS enrollees in a particular CCO / county are healthier or sicker than average (i.e. risk adjusted).

**Answer 41.** The FFS population that is enrolled should be part of the cost estimate process and should be estimated moving forward.

**Question 42.** If we estimate a certain level of FFS enrollment and the level is higher, will the cap rate be adjusted?

**Answer 42.** The cap rate adjustment will depend on the risk associated with the increased FFS enrollment.

**Question 43.** We have sent the data agreement via portal, and the data request to Tammy Hurst, what is the turnaround time for receipt of the data set?

**Answer 43.** Approximately 5 days.

**Question 44.** You now appear to be using the term "lowest cost estimate" when we were told initially it was a "baseline cost submission" and then later it would be called simply the "CCO cost submission". What is the correct nomenclature for our financial submission?

**Answer 44.** "CCO Cost Template"

**Question 45.** It is our understanding that the first submission deadline is April 30, followed by additional waves at later dates. How does the completion of steps 1-3 factor into this deadline? It would appear that steps 1-3 would need to be submitted earlier, to allow for the implementation of the FFS factors prior to submission of the bid.

**Answer 45.** For the first wave, the due date for the Technical Application is April 30 and the due date for the Financial Application May 14. For other due dates see Attachment 3 of the RFA.

For those entities that intend to be implementing CCOs on August 1, they will need to have steps 1-3 as quickly as possible so that we can process and return that information promptly enough that you can complete your financial application by the May 14 deadline.

**Question 46.** Do you have an updated timeline, when we could expect version 2 of the CCO Cost Template?

**Answer 46.** Version 2 was posted with Addendum 5.