

## Care Coordination Model RFI: Questions and Answers

*\*All questions are posted as they were submitted\**

1. The assumption is that ABD children would be one of the populations that could be served as a part of the whole ABD population or as a group unto themselves?  
*Children could be part of the whole ABD population, or their own group.*
2. Do you have a minimum catchment area that you are looking to serve such as Oklahoma County, etc.?  
*A structure has not been established, and OHCA will consider all proposed options.*
3. If we don't submit a response to the RFI-can we still bid on the RFP?  
*Yes*
4. Do you foresee the Health Access Networks (HAN) playing an active role in this new process?  
*A structure has not been established, and OHCA will consider all proposed options.*
5. Will the ABD Care Coordination model cover then entire state?  
*Yes*
6. Does OHCA anticipate that there will be a single ABD Care Coordination model serving the state?  
*A structure has not been established, and OHCA will consider all proposed options.*
7. Who will oversee the care coordination model vendors managed care organization assuring the individual's need are actually being delivered?  
*OHCA will oversee the Care Coordination Model. The Center for Medicare and Medicaid Services (CMS) will also have oversight and approval functions, as is the usual and customary practice today on all Medicaid-funded programs.*
8. Who will create the Request for Proposal for care coordination model(s)managed care? Will that process be public?  
*OHCA will create the Request for Proposal. The RFP process will comply with the Oklahoma Central Purchasing Act. <http://www.ok.gov/DCS/documents/CentralPurchasingAct.pdf>*
9. Are the RFPs meant to present new ideas for services, payment systems and administrative savings? Or are we providing a document that describes our services and how we currently save money for the Medicaid system?  
*A structure has not been established, and OHCA will consider all proposed options.*
10. If we suggest a combination or hybrid of programs, do we only prepare one RFP?  
*If a Respondent suggests a combination or hybrid of programs, only one RFI is needed.*
11. In Section 3.2 of the RFI, it states that the OHCA is considering contracting with a vendor(s) for Care Coordination of the ABD. Does "vendor" mean a healthcare provider such as the ones listed in 3.1, A-K? OR is it referring to a third party to oversee the accepted plan(s)?  
*A structure has not been established, and OHCA will consider all proposed options.*
12. RFI Page 6 - Scope of Work questions 3.3.J.4-8: Market Feasibility appear to be identical to those requested in response to Scope of Work questions 3.3.K.1.a-1.d immediately following. These questions appear to be most appropriate as part of Scope of Work questions 3.3.K.1.a-1.d: Approach to Integration with Medicare. Is this a correct interpretation? And if so, are different questions to be included at 3.3.J.4-8, or are questions 3.3.J.4-8 to be disregarded and eliminated from consideration by potential Respondents?  
*The Respondent should address Section J: Market Feasibility and Section K: Medicare Integration separately if applicable.*
13. RFI Page 7, Section V, paragraph B - In several RFI references, the state refers to its request that RFI responses be "complete, " which appear to have several different meanings. Other than a response's "complete(ness)," what other evaluation criteria will the state apply to RFI responses

in determining whether a Respondent receives an invitation to participate in the subsequent demonstrations/oral presentations to OHCA scheduled for mid-August?

*The RFI will not be evaluated as it is strictly informational. "Completeness" can be defined as a response that answers all applicable questions that apply to the proposed model. Any Respondent that submits a complete response by the applicable closing date will be invited to present their proposal.*

14. RFI Unnumbered Page 8 - For the Respondent Stability/Experience Form, if it remains as part of a Respondent's RFI submission, then it appears that the state wants responses to this form to be in a summary fashion. How will the state request potential Respondents to meet this desired requirement for this form and restrict the level of detail in responses to a summary level, in light of the fact that Scope of Work responses are limited to a maximum of 50 pages?

*The Scope of Work is limited to 50 pages. The Respondent should use its experience and expertise to complete the rest of the RFI, remembering this submission is for information only.*

15. Please clarify the process for responding to more than one model or combining models. Section 3.2 it states that "if the Respondent selects more than one model indicated on the Cover Sheet, a separate response needs to be submitted with all applicable forms completed." However Section 3.1 states "The Respondent may select one or a combination of such to fulfill the needs of eligible ABD SoonerCare enrollees." Which statement is true? For example, if the Respondent combines Risk –based arrangements with Home & Community Based Services is this one response or two?

*If a Respondent suggests a combination or hybrid of programs, only one RFI is needed.*

16. Are the Care Coordination Models identified in Section 3.1 distinct with no overlap? For instance, is 3.1.I Long-Term Support and Services (LTSS) distinct from 3.1.J Home & Community Based Services?

*A structure has not been established, and OHCA will consider all proposed options.*

17. Section 3.1.E. How is participating in the Medicare Shared Savings Program directly related to the Oklahoma Medicaid program for Aged, Blind and Disabled? Is the model to form a Medicaid Shared Savings Program ACO similar to the Federal model?

*A structure has not been established, and OHCA will consider all proposed options.*

18. Are the programs identified in 3.1.I. (LTSS) and 3.1.J. (HCBS) included in 3.1.C. – the Fully Capitated Managed Care Organization (MCO)?

*A structure has not been established, and OHCA will consider all proposed options.*

19. Does OHCA intend to split the State into Regions?

*A structure has not been established, and OHCA will consider all proposed options.*

20. 3.3 J- Please provide further clarification and/or examples to define "Environmental Conditions" and "Conditions."

*OHCA is seeking thoughts on political, economic, and geographic conditions. The Respondent should use its experience and expertise to suggestion such conditions.*

21. 3.3 J & K -These sections appear to be repetitive. Please provide clarification for the varied intent between these sections.

*If a Respondent suggests a combination or hybrid of programs, only one RFI is needed.*

22. Is RFI Question H.1 referring to the implementation costs and anticipated savings for OHCA or the proposed Care Coordination model? Please clarify what is expected in this response.

*Question H.1 is referring to implementation costs from the vendor, and the anticipated Medicaid dollar cost savings.*

23. Is there an RFI question G?  
*Scrivener's Error; please see updated Care Coordination RFI packet.*
24. What are the ground rules for communication to other State Government Agencies?  
*As we are in the RFI process, communication may be open with other State Government Agencies. Once the RFP development begins, communication must cease as stated in the Oklahoma Central Purchasing Act.*  
*<http://www.ok.gov/DCS/documents/CentralPurchasingAct.pdf>*
25. Would separate responses be required if the primary care coordination model choice contained components of other models listed? For example: Respondent chooses Fully Capitated Managed Care Model which includes such components as Shared Savings; LTSS and Home and Community Based Services.  
*If a Respondent suggests a combination or hybrid of programs, only one RFI is needed.*
26. Is the RFI intended for an organization that would provide the actual care coordination services of interest or for an organization that would provide the technology and software for the Oklahoma Health Care Authority to offer these services.  
*A structure has not been established, and OHCA will consider all proposed options.*
27. Is the RFI intended for a health plan or insurance company, or do you envision other types of organizations, such as software vendors or MCOs, to respond?  
*A structure has not been established, and OHCA will consider all proposed options.*
28. Can one organization partner with another organization, for example a technical vendor with a third party administrator, to respond to the RFI?  
*Yes; a structure has not been established, and OHCA will consider all proposed options.*
29. Is this RFI primarily intended to reduce health care utilization for Medicaid patients, or are you concerned with developing a care coordination program for commercial and Medicare patients as well?  
*See Section I: General Information 1.1 Announcement for the intent of this RFI.*
30. Does this RFI correspond to the Health Transformation section in Healthy Oklahoma 2020 strategic plan?  
*No, this RFI does not correspond to the Healthy Oklahoma 2020 strategic plan.*
31. The list of potential "Recommended Care Coordination Models" on the Cover Page appears to include a combination of reimbursement methodologies, care coordination models and benefits categories. While the instructions note that Respondents may select all applicable "models", some of the options are not necessarily a model, and rather a component that may be part of a recommended model. For example, a Respondent may recommend a fully capitated managed care organization reimbursement model, with a benefit package inclusive of long term services and supports, HCBS, and Health Homes. Please confirm that a Respondent may submit a singular response that incorporates multiple components of the listed recommendations into one proposed model (e.g. fully capitated managed care organization that includes LTSS and HCBS as covered services). As Section 3.2 identifies that Respondents must complete separate responses for more than one "model", please confirm that Respondents may submit a singular response that incorporates multiple selections from the listed recommended models into one proposed model (e.g. a fully capitated managed care organization that includes LTSS and HCBS as covered services). Alternatively, should the Respondent select "K. Other" in this circumstance and provide a complete, single description explaining each included component from the list provided (A through J as relevant) within this description?  
*If a Respondent suggests a combination or hybrid of programs, only one RFI is needed.*

32. HB 1566 initially focused on the non-institutionalized Aged, Blind and Disabled (ABD) population, including those eligible for both Medicare and Medicaid (Dual Eligibles). Please clarify how Dual Eligibles are to be addressed in the responses to this RFI.  
*The Respondent should use its experience and expertise to determine how Dual Eligible members are to be addressed.*
33. Will OHCA please confirm that the term “provider” in some of the Care Coordination Model definitions refers to a managed care organization, or similar organization, and not the actual health care providers? In particular, this question applies to the definitions under B and C.  
*The term “provider” refers to a care coordination entity, not a treating physician.*
34. The RFI states “After reviewing submissions, OHCA may invite some or all Respondents to demonstrate their Care Coordination Models at OHCA’s offices in Oklahoma City.” Will HCA please provide additional detail regarding the timing and format of such demonstrations?  
*See Section I: General Information 1.4 Timeline for proposed dates. The Respondent should use its expertise and experience to determine the format of their demonstration.*
35. Will Stakeholder meetings be open to the public?  
*Yes, the stakeholder meetings will be open to the public during the RFI process.*
36. Respondents are asked to propose a Care Coordination Model for Oklahoma eligible ABD SoonerCare enrollees according to the outline presented in 3.3 SCOPE OF WORK , Sections A-K, however Section G is missing. Can the State please advise if there is a missing scope of work element for this response?  
*Scrivener's Error; please see updated Care Coordination RFI packet.*
37. The RFI Scope of Work for 3.3.C.3 states, “explain reason for any proposed non-covered services and benefits.” Is OHCA requesting the respondent to describe services and benefits that should be excluded from the Care Coordination Model or currently non-covered services and benefits that should be added under the Care Coordination Model (enhanced or Value Added Benefits), or both?  
*A structure has not been established, and OHCA will consider all proposed options.*
38. The RFI Scope of Work for 3.3.E.1.b states, “E. Provider Payment Structure - 1. Explain provider payment methodology, assumptions, and constraints a. Specific to covered benefits and services (As listed in Section 3.3, Item C) b. Specific to other benefits and services. What are the “other benefits and services” referenced in b? Are these “other benefits and services” the non-covered services and benefits in Section 3.3(C)(3)?  
*The Respondent should use its experience and expertise to determine how services are addressed.*
39. The RFI Scope of Work for 3.3.f.1 states, “F. State Payment Structure - 1. Explain how payments are made by the state to the party(s) responsible for the objectives of the recommended model.” Does this statement refer to the reimbursement structure for the entity(ies) implementing the Care Coordination Model (e.g. MCOs, etc.)?  
*Yes, this statement refers to the reimbursement structure for the entity(ies).*
40. Respondents must complete the Cover Page and the Disclosure Form available on the OHCA website with this RFI, which includes indicating which Care Coordination Model(s) they recommend and Past Performance. Will OHCA please advise if the Disclosure Form referenced is the “Respondent Stability/Experience Form” included at the end of the RFI, or is there an additional form?  
*Scrivener's Error; please see updated RFI.*

41. The RFI states that if OHCA proceeds with a competitive bid and contract award following this RFI, RFI responses are NOT available to the public or other vendors until the contract is awarded pursuant to Oklahoma Administrative Code. Since no contract awards were made pursuant to the 2013 RFP, 'Care Coordination for Medicare/Medicaid Dual Eligible Members,' could responses to that RFP be shared?  
*No, OHCA declines to share this information.*
42. How many members do you currently have who are dual eligible with Medicare and Medicaid?  
*Please see: <http://www.okhca.org/research.aspx?id=87&parts=7447&parts=7447> "Enrollment Fast Facts - Total Enrollment" for enrollment demographics and breakdown.*
43. What is your current average cost per member?  
*OHCA estimates the current average cost per ABD member is \$12,220/year.*
44. How many people do you serve under the following: Advantage waiver; HCBS Waiver; and Medically Fragile Waiver?  
*Please see: <http://www.okhca.org/research.aspx?id=87&parts=7447&parts=7447> "Miscellaneous Fast Facts- SoonerCare Home and Community-Based Waivers" for enrollment demographics and breakdown.*
45. Have you utilized a performance-based structure payment system previously? If so, can you share this information?  
*No, OHCA has not utilized a performance-based structure payment system.*
46. Can you provide statistics on your top five costly medical conditions such as diabetes, COPD, CHS, etc?  
*OHCA cannot provide specific data at this time, but it will be available in the Bidders Library of the RFP.*
47. If we decide to propose a combined model can we submit one proposal or do we need to submit a separate proposal for each of the models in the combination?  
*If a Respondent suggests a combination or hybrid of programs, only one RFI is needed.*
48. How do you currently update Medicare Insurance information? How are you fed information from Medicare? Would the provider partner have access to the same information or crosswalk?  
*OHCA has limited access to Medicare Insurance information.*
49. Does the State foresee including the 18,283 children identified as ABD in the Care Coordination Program?  
*Yes*
50. What percentage of the total ABD population is dually eligible for Medicare and Medicaid?  
*OHCA cannot provide specific data at this time, but it will be available in the Bidders Library of the RFP.*
51. With the understanding that the long-term care population is carved out for the first two years, how would the ADvantage members and other HCBS waiver participants who are ABD be handled? Would these members fall into the two-year carve out or would they be included from the beginning?  
*Per HB1566, the long-term care population carve out is for institutionalized members only.*
52. Can OHCA provide more specific data on the prevalence of behavioral health diagnoses and utilization trends for the ABD population?  
*OHCA cannot provide specific data at this time, but it will be available in the Bidders Library of the RFP.*
53. Items 5, 6, 7 and 8 in Section J and the questions in Section K appear to be duplicative. Please clarify the difference between these two requests.

*The Respondent should address Section J: Market Feasibility and Section K: Medicare Integration separately if applicable.*

54. LTSS and HCBS are programs that can be incorporated into the models listed in 3.1 A through 3.1 H. Are we allowed to submit 1 response that would encompass LTSS & HCBS into any of the models listed in 3.1 A through 3.1 H, or any other model we may recommend?

*Yes*

55. Please confirm that the information requested in the Disclosure Form does not count toward the overall 50 page limit.

*The Scope of Work is limited to 50 pages. The Respondent should use its experience and expertise to complete the rest of the RFI, remembering this submission is strictly informational.*

56. 3.3 Scope of Work, Section J -Please describe or clarify what OHCA is expecting to see for responses to this section. What is meant by data attainment, cross-walking to Medicaid and use in this context?

*A structure has not been established, and OHCA will consider all proposed options. The Respondent should use its experience and expertise to determine what belongs in this section.*

57. 3.3 Scope of Work, Section K- Please describe or clarify what OHCA is expecting to see for responses to this section. What is meant by data attainment, cross-walking to Medicaid and use in this context?

*A structure has not been established, and OHCA will consider all proposed options. The Respondent should use its experience and expertise to determine what belongs in this section.*