



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

RFP #170007291
Medicaid Coordinated Care Demonstration Project

Amendment #8

Amendment Issue Date: April 7th, 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: Is the State of Alaska receptive to a CME proposing a solution to preprocess claims, which entails all processes with the exception of cutting checks? This would facilitate early identification of clinical risk.

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: Will CME bidders be paid a PMPM for care management services that are covered by CMS?

Offerors may propose the payment model that they deem the best fit for supporting their care coordination/care management model and that complies with the conditions of the RFP.

Q3: Amendment 7 reads that approximately 90% - 93% of the eligible members have phone numbers at any given time. Does the State have any estimates for eligible members with cell phones/cell phone coverage?

For clarification, Amendment 7 does not read that 90% - 93% of eligible members have phone numbers at any given time. Question #7 in Amendment #7 asks if the Department can provide estimates for the percentage of eligible members for whom we have phone numbers, and the answer was that we have phone numbers for approximately 90% to 93% at any given time.

The answer to this question is no, the Department does not maintain data on the number of Medicaid enrollees who have cell phones or cell phone coverage.

Q4: How many primary care physicians are licensed Medicaid providers in the state of Alaska? (Primary care to include: DO and MD General Practitioners, Family Medicine, Internal Medicine and Pediatrics)

There are currently 1,063 in-state physicians (MD/DO) with specialties General Practitioner, Family Medicine, Internal Medicine or Pediatrics actively enrolled in the Medicaid program.

Q5: How many licensed Medicaid physician extenders are in the state of Alaska? (Physician extenders to include: PA, ARNP, NP)

There are currently 1,297 in-state mid-level practitioners (physician's assistants, nurse practitioners, and advanced nurse practitioners) actively enrolled in the Medicaid program.

Q6: Re: Sec. 2.03 of the RFP (Federal Legal Authorities for Medicaid Managed Care; pg. 19). If the state intends to pay the awardee as a provider, how does the state intend to meet "any willing provider" or "statewideness" rules that might require any provider to be eligible to perform services? Or for services to be made available statewide? Will a 1915c waiver or SPA be needed?

Depending on the nature of the model and services proposed, a waiver or State Plan Amendment (SPA) may be required.

Q7: Re: Sec. 4.02.08.B of the RFP (Potential for Improving Care and Outcomes for Medicaid Enrollees; pg. 30). RFP Section 4.02.08.B requires respondents to "Provide baseline data and improvement goals for each of the first 36 months of operation for inpatient hospital admissions and days, emergency room visits, and primary care visits per 1,000 member enrollees." Will DHSS provide data on admissions per 1000, ER visits per 1000, and PCP visits per 1000? If not, how would DHSS recommend respondents address the requirement without the data?

Each offeror should make their best effort to estimate utilization and costs based on the information provided in the data book, and based on research supporting the effectiveness of their proposed model. The Department and Milliman will review the model based on the information provided in the proposal and independently assess whether projected improvement goals are reasonable. The Department reserves the right to request additional information or reformulation of projected improvement goals from offerors to facilitate the evaluation.

Q8: Is it the expectation that we will bill through the MMIS/submit claims as a provider/supplier?

Yes. It is the expectation that the Coordinated Care Demonstration Project awardees will bill the Alaska Medicaid program as a provider through the Medicaid Management Information System (MMIS).

Q9: The data book lacks data that is typically used in population health programs, which makes it more difficult to create robust evaluation and outcome models for the AK CCDP. As such, with both the delay of the data book release and the department unable to support additional data analysis in response to questions posed about the data book, will DHSS consider extending the proposal due date by one week to May 5 to allow for more independent data analysis and research?

The proposal due date was extended under Amendment #5 from April 17 to April 28 due to the one week delay in the release of the data book. The Department does not intend to extend the due date further at this point in time.

Jon Geselle, Procurement Officer
(907)465-6264
E-mail: jon.geselle@alaska.gov