

**RFP #: 2019-ACHN-01**  
**State of Alabama Medicaid**  
**Alabama Coordinated Health Network**  
**Contractor Questions and Agency Answers**  
**1/25/2019**

<b>Question ID:</b>	1
<b>Date Question Asked:</b>	1/10/2019
<b>Question:1</b>	If we plan to use RMEDE if we are awarded the ACHN contract, do we need to go ahead and start working with RMEDE on the necessary changes to the IT program?
<b>Section Number:</b>	General, also see Section II.U.
<b>RFP Page Number:</b>	General, page 57
<b>Agency Answer:</b>	The ACHNs will fund their case management system from the funds they receive through the provision of services. Unless the ACHN develops its own system, they will need to contract with a subcontractor. The terms of that agreement will be between the subcontractor and the ACHN.
<b>Question ID:</b>	2
<b>Date Question Asked:</b>	1/11/2019
<b>Question:</b>	Could we ask to see the actuary report that shows the staffing model and the number of contacts needed to adhere to the budget for each network area to make sure each network has staffed to take care of 1.5% of the population for general care coordination?
<b>Section Number:</b>	IX.FF.6.a
<b>RFP Page Number:</b>	91
<b>Agency Answer:</b>	The payment levels are based on assumptions for the number of individuals who receive care coordination services, the number of full-time employees (FTEs) needed to provide care coordination, and the salary/benefits for each FTE. Below are the number of contacts assumed for each region for general care coordination. These contact levels assume 1.54% of the population is managed for general care coordination. Staff to achieve the care

	<p>coordination of the general population include social workers, nurses, behavioral health nurses, clinical pharmacists and community health workers.</p> <p><b>Contact Level Assumptions per Year</b></p> <table border="1"> <thead> <tr> <th><b>General Population Payments</b></th> <th>CENTRAL</th> <th>JEFF/SHELBY</th> <th>EAST</th> <th>NE</th> <th>NW</th> <th>SE</th> <th>SW</th> </tr> </thead> <tbody> <tr> <td>Intensely Managed</td> <td>7,990</td> <td>9,249</td> <td>8,436</td> <td>8,101</td> <td>7,839</td> <td>7,999</td> <td>9,595</td> </tr> <tr> <td>Moderately Managed</td> <td>7,990</td> <td>9,249</td> <td>8,436</td> <td>8,101</td> <td>7,839</td> <td>7,999</td> <td>9,595</td> </tr> <tr> <td>Monitoring</td> <td>2,385</td> <td>2,761</td> <td>2,518</td> <td>2,418</td> <td>2,340</td> <td>2,388</td> <td>2,864</td> </tr> </tbody> </table>	<b>General Population Payments</b>	CENTRAL	JEFF/SHELBY	EAST	NE	NW	SE	SW	Intensely Managed	7,990	9,249	8,436	8,101	7,839	7,999	9,595	Moderately Managed	7,990	9,249	8,436	8,101	7,839	7,999	9,595	Monitoring	2,385	2,761	2,518	2,418	2,340	2,388	2,864
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<b>Question ID:</b>	3																																
<b>Date Question Asked:</b>	1/11/2019																																
<b>Question:</b>	In the ACHN staffing model, will the Community Health Workers be allowed to have their own caseload of unique patients to help provide care for our patients. We would anticipate them to health with community resources, take food when needed to patient home, and to call and arrange and remind patients of transportation appointments.																																
<b>Section Number:</b>	II.I.1.f.i.																																
<b>RFP Page Number:</b>	18																																
<b>Agency Answer:</b>	Within their scope of practice, yes. Community Health Workers may provide services, however the ACHN will not receive any additional payments for these care coordination activities. Refer to Section II.I.1.f.i.																																
<b>Question ID:</b>	4																																
<b>Date Question Asked:</b>	1/11/2019																																
<b>Question:</b>	We've been told the reimbursement structure is financially sound based on the actuarial analysis. We would like to request the methodology used to develop the payments. This would include caseload projections, number of reimbursable services provided, etc. Were there considerations for the difficulties (poor or no contact/location information) faced with this population?																																

<b>Section Number:</b>	General
<b>RFP Page Number:</b>	General
<b>Agency Answer:</b>	The Agency has uploaded “AL ACHN 1915b PCCM-E Payment Support” to the Vendor’s online library ( <a href="http://www.medicaid.alabama.gov/content/2.0_Newsroom/2.4_Procurement.aspx">http://www.medicaid.alabama.gov/content/2.0_Newsroom/2.4_Procurement.aspx</a> ), which discusses the methodology used to develop each payment for the QIP, general population, maternity, and family planning that the ACHN will be eligible to receive. Please note, the ACHN is not held to the assumptions that went into developing the payment levels. It is up to the ACHNs to develop a business model and strategy that they feel will most appropriately position for them success.
<b>Question ID:</b>	5
<b>Date Question Asked:</b>	1/11/2019
<b>Question:</b>	CHWs are allowed to have a maximum of 100 EIs on their caseloads. There is no reference to lows in the RFP. Will CHWs be allowed to serve highs and mediums if there are no SWs or RNs assigned to the cases?
<b>Section Number:</b>	II.I.1.b, II.I.3.g., II.I.3.1.ii
<b>RFP Page Number:</b>	18, 22, 24
<b>Agency Answer:</b>	Refer to Section II.I.1.b. These EIs are not stratified as medium or high since they do not need ongoing care coordination services and may be assigned a Community Health Worker for assistance. Refer to Section II.I.3.g. and Section II.I.3.1.ii. All EIs stratified as medium or high risk must be assessed and managed by a Care Coordinator, Behavioral Health Nurse, or Transitional Care Nurse. Therefore, a Community Health Worker may not be assigned as the primary care coordinator. However, they may provide assistance through the direction of the MCT.
<b>Question ID:</b>	6
<b>Date Question Asked:</b>	1/11/2019

<b>Question:</b>	How will CHW's caseloads factor into the 1.5% active management requirement?
<b>Section Number:</b>	II.I.1.b
<b>RFP Page Number:</b>	18
<b>Agency Answer:</b>	Refer to Section II.I.1.b. These EIs are not be stratified as medium or high since they do not need ongoing care coordination services and may be assigned a Community Health Worker for assistance. Since these EIs are not considered actively managed due to the minimal assistance required, they would not be factored into the 1.5% active management requirement.
<b>Question ID:</b>	7
<b>Date Question Asked:</b>	1/15/2019
<b>Question:</b>	Will the ACHN in each ACHN network area be required to develop their own networks of OB providers? If so, is this similar to the current agreements currently used by the health homes?
<b>Section Number:</b>	II.I.4.r
<b>RFP Page Number:</b>	32
<b>Agency Answer:</b>	To have an effective DHCP selection and choice process for coordinating maternity care, the ACHN has a responsibility of establishing a comprehensive network of DHCPs within 50 miles of all areas of their region. However, a DHCP may provide services to any EI regardless of their residence. A DHCP will sign one participation agreement that allows them to participate with all ACHNs. A template of that agreement will be delivered at the time that the contract is awarded.
<b>Question ID:</b>	8
<b>Date Question Asked:</b>	1/15/2019
<b>Question:</b>	If there are areas of the ACHN area where there is not a provider within the 50 mile radius of the patient's home, what is the responsibility of the ACHN?
<b>Section Number:</b>	II.I.4.r
<b>RFP Page Number:</b>	32

<b>Agency Answer:</b>	It is the responsibility of the ACHN to develop a network of DHCPs within the 50-mile radius to all areas of their Region. Medicaid's current experience with the Maternity Contractors indicates that this is possible.
<b>Question ID:</b>	9
<b>Date Question Asked:</b>	1/16/19
<b>Question:</b>	When will the newly awarded ACHN be allowed to start the contracting process? Will we be required to obtain and submit a certain number of contracts?
<b>Section Number:</b>	General
<b>RFP Page Number:</b>	
<b>Agency Answer:</b>	A vendor awarded the contract to provide services may begin contracting with providers and subcontractors. It is the responsibility of the ACHN to develop a network of DHCPs within the 50-mile radius to all areas of their Region.
<b>Question ID:</b>	10
<b>Date Question Asked:</b>	1/16/19
<b>Question:</b>	Will the ACHN be allowed to use substance Abuse treatment facility and Community Mental Health representatives from the same agency for the board? (Two different members?)
<b>Section Number:</b>	II.C.3.g.ii.2-.3
<b>RFP Page Number:</b>	Page 13 ii, 2 and 3
<b>Agency Answer:</b>	Yes.
<b>Question ID:</b>	11
<b>Date Question Asked:</b>	1/16/19
<b>Question:</b>	Maternity patients have two lives that are being case managed. Pregnancy is a far more intense case management than Plan 1st, More potential deadly outcomes and conditions. The agency has the case management caseloads at no more than 365 per 1 FTE for maternity and 250 for Plan 1st which seems flawed. Would Medicaid consider lowering the Maternity caseload to a more manageable and reasonable caseload compared to Plan 1st?
<b>Section Number:</b>	II.I.1.f.ii-.iii

<b>RFP Page Number:</b>	18
<b>Agency Answer:</b>	The caseload limits for Maternity and Plan First are maximum caseloads. The ACHN may use smaller caseloads.
<b>Question ID:</b>	12
<b>Date Question Asked:</b>	1/16/19
<b>Question:</b>	Will the ACHN be allowed to include a patient assistance fund in the proposed budget with the understanding it will only be used for non-Medicaid reimbursable issues and assists in maintaining/improving the health of a patient and preventing hospitalizations or ED admissions?
<b>Section Number:</b>	II.I.1.b
<b>RFP Page Number:</b>	18
<b>Agency Answer:</b>	The ACHN will be reimbursed as described in the RFP. The ACHN may determine subsequent use of funds provided such use is consistent with the terms of the RFP.
<b>Question ID:</b>	13
<b>Date Question Asked:</b>	1/16/19
<b>Question:</b>	How does the ACHN demonstrate that all free transportation costs have been exhausted? Will a simple sentence in the documentation be adequate? Will documentation be required for each instance of transportation assistance or will the initial statement in the documentation be adequate?
<b>Section Number:</b>	II.I.2
<b>RFP Page Number:</b>	19
<b>Agency Answer:</b>	Documentation in the HIMS system will be adequate.
<b>Question ID:</b>	14
<b>Date Question Asked:</b>	1/16/19
<b>Question:</b>	What, if any, changes will be made to the NET system prior to go-live of the ACHN. What is the state budget for NET? IF the EI is out of physician visits, will NET still be available for them to utilize?
<b>Section Number:</b>	II.I.2
<b>RFP Page Number:</b>	19

<b>Agency Answer:</b>	There are no significant changes at this time. The budget for NET is between 15 – 18 million dollars. If an EI has exhausted all physician visits, NET services will not be reimbursed.
<b>Question ID:</b>	15
<b>Date Question Asked:</b>	1/16/19
<b>Question:</b>	Will the ACHN be required to secure and submit formal agreements with other State level agencies such as ADPH, ADHR, etc.?
<b>Section Number:</b>	II.I.1.h
<b>RFP Page Number:</b>	19
<b>Agency Answer:</b>	No.
<b>Question ID:</b>	16
<b>Date Question Asked:</b>	1/16/19
<b>Question:</b>	Will the targeted list be delivered at one time or will it be staggered throughout the month? 6.9% is referenced. Does the Agency have an idea how many we can expect each month? Will the ACHN's monitoring RN be required to review/screen all of these within five business days? Will there be maternity, plan first and general care coordination referrals? If so, will they be easily identified as such?
<b>Section Number:</b>	II.I.3.b
<b>RFP Page Number:</b>	21
<b>Agency Answer:</b>	<p>Refer to II.I.3.b, page 21. For General Care Coordination, a list of EI's to be screened will be provided on a monthly basis to the ACHN. The total numbers may reflect up to 6.9% as referenced. The list will include EI's meeting the criteria set forth in the RFP based on MARA scores. There is no time limit for screening. The five Business Day limit is for referrals received by the ACHN from other sources.</p> <p>Refer to section II.I.8.b. During transition, the current maternity contractors will transfer information to the ACHN. The ACHN is responsible for outreach to identify pregnant EIs following the transition period. The RFP requires the ACHN to case manage 95% or greater of the Maternity Care population. Therefore, there is no additional targeting list.</p> <p>Refer to Exhibit J. For family planning EI's, the Agency will identify EI's in need of screening for possible care coordination services, and forward on a monthly basis, to the ACHN.</p>
<b>Question ID:</b>	17
<b>Date Question Asked:</b>	1/16/19

<b>Question:</b>	Will the ACHN be allowed to stratify patients as low risk? If so, will these count toward the 1.5%?
<b>Section Number:</b>	II.I.3.d
<b>RFP Page Number:</b>	22
<b>Agency Answer:</b>	Refer to II.I.1.b. and II.I.3.d. There are two levels of risk assessment that count toward the 1.5%, high and medium, which are determined based on ACHN's psychosocial assessments. Refer to Section II.I.1.b. for EIs needing intermittent care coordination services (formerly known in the Health Home program as low risk patients).
<b>Question ID:</b>	18
<b>Date Question Asked:</b>	1/16/19
<b>Question:</b>	Certified letters. These letters cost \$4.00. Many times we can't locate the patient due to incorrect addresses such as empty lots, motels and some are non-existent. Will we be required to send certified letters to addresses that have been verified as incorrect? This seems like a huge waste of Medicaid funds.
<b>Section Number:</b>	II.I.3.e
<b>RFP Page Number:</b>	22
<b>Agency Answer:</b>	No.
<b>Question ID:</b>	19
<b>Date Question Asked:</b>	1/16/19
<b>Question:</b>	Will the ACHNs receive a list of children who qualify as "Medically Complex"?
<b>Section Number:</b>	II.I.3.k
<b>RFP Page Number:</b>	23
<b>Agency Answer:</b>	Yes.
<b>Question ID:</b>	20
<b>Date Question Asked:</b>	1/16/19
<b>Question:</b>	Will the agency consider a waiver for positions for Medically Complex children? If so, when can the waiver be submitted?



<b>Section Number:</b>	II.I.3.k
<b>RFP Page Number:</b>	23
<b>Agency Answer:</b>	Medicaid will only consider a waiver request after the ACHN has exhausted all efforts to comply with the RFP as written (e.g., hire qualified individuals for Medically Complex Children). The specific requirements for submitting a waiver request will be made available during the readiness assessment.
<b>Question ID:</b>	21
<b>Date Question Asked:</b>	1/16/19
<b>Question:</b>	Relating to Transition of Care, will a licensed social worker be allowed to complete the health and psychosocial assessment? Can the health risk and psychosocial assessment be completed in the hospital prior to discharge if necessary?
<b>Section Number:</b>	II.I.3.n
<b>RFP Page Number:</b>	26
<b>Agency Answer:</b>	Only a transitional care nurse can complete a face to face Health Risk and Psychosocial Assessment within ten calendar days from discharge to ensure home based support and services are available. The assessment may be completed the day of discharge and the location of the assessment is not limited.
<b>Question ID:</b>	22
<b>Date Question Asked:</b>	1/16/19
<b>Question:</b>	Care coordination in public places. How do you ensure/demonstrate confidentiality in a public place?
<b>Section Number:</b>	II.I.4.f.xiv
<b>RFP Page Number:</b>	30
<b>Agency Answer:</b>	It is the responsibility of the ACHN to ensure confidentiality is maintained, regardless of the setting.
<b>Question ID:</b>	23
<b>Date Question Asked:</b>	1/16/19
<b>Question:</b>	Maternity High Risk must have a medication reconciliation review. Does Maternity High Risk include those EI's who are psychosocially at High Risk or Medically?

<b>Section Number:</b>	II.I.4.j.ii
<b>RFP Page Number:</b>	31
<b>Agency Answer:</b>	The maternity risk assessment includes both psychosocial and medical elements.
<b>Question ID:</b> 24	
<b>Date Question Asked:</b>	1/16/19
<b>Question:</b>	The application assister function must be performed by the Maternity Care Coordinators who meet the qualifications as outlined in Exhibit F. Why is the Application Assistor qualification higher than the Alabama Medicaid Eligibility Outreach Workers? Will the application assister encounter forms need to be kept in a centralized location or can they be uploaded to recipient's file?
<b>Section Number:</b>	II.I.4.o
<b>RFP Page Number:</b>	32
<b>Agency Answer:</b>	<p>The Application Assister process under the ACHN is considered a care coordination function and encounter and must be provided by a licensed nurse or social worker to be reimbursable under this program. The purpose of providing this service under the ACHN is to develop a seamless system to aggressively complete outreach to EIs to get them into care early during pregnancy. Having this function completed by a nurse or social worker enables transition of care, enhances interpersonal relationships and communication between the care coordinator and the EI. It is also an opportunity for a nurse or social worker to identify, address and remove other barriers to care.</p> <p>Refer to Section II.I.4.p.ii. and v. regarding the application.</p>
<b>Question ID:</b> 25	
<b>Date Question Asked:</b>	1/16/19
<b>Question:</b>	Will all approved pharmacists be allowed to complete Medication Reconciliation of transition of care patients?
<b>Section Number:</b>	II.I.7
<b>RFP Page Number:</b>	35
<b>Agency Answer:</b>	Refer to Section II.I.7.f and Exhibit L. No. The Pharmacy Director may serve as the Transitional Pharmacist and may perform those duties to

	include medication reconciliation, if all education requirements are met. However, the Transitional pharmacist and Community Pharmacist may not share duties.
<b>Question ID:</b>	26
<b>Date Question Asked:</b>	1/16/19
<b>Question:</b>	It is very difficult to accurately close out months by the 10th business day. Would the agency consider moving this to the 15th business day?
<b>Section Number:</b>	II.J.9
<b>RFP Page Number:</b>	45
<b>Agency Answer:</b>	See Amendment I which has been uploaded to the Vendor's library ( <a href="http://www.medicaid.alabama.gov/content/2.0_Newsroom/2.4_Procurement.aspx">http://www.medicaid.alabama.gov/content/2.0_Newsroom/2.4_Procurement.aspx</a> ).
<b>Question ID:</b>	27
<b>Date Question Asked:</b>	1/16/19
<b>Question:</b>	What is the turnaround time for the Agency to approve marketing materials submitted for approval?
<b>Section Number:</b>	II.M.1.d
<b>RFP Page Number:</b>	49
<b>Agency Answer:</b>	The state plans to review submitted materials as expeditiously as possible and request that all Contractors submit their materials for review as soon as possible after the contract is awarded and the readiness assessment process begins.
<b>Question ID:</b>	28
<b>Date Question Asked:</b>	1/16/19
<b>Question:</b>	Please explain the difference between these two sanctions.
<b>Section Number:</b>	II.M.2.i (II.I.1.g) & (II.U.1.a)
<b>RFP Page Number:</b>	51
<b>Agency Answer:</b>	Section II.I.1.g refers to the timeliness of documentation in HIMS for all Care Coordination activities across all programs. The sanction would be for the insufficiency or absence of documentation. Section II.U.1.a refers to not

	only the insufficiency or absence, but the quality of the data across all programs.
<b>Question ID:</b>	29
<b>Date Question Asked:</b>	1/16/19
<b>Question:</b>	Please clarify or define disenrollment as it relates to patients assigned or actively managed by the ACHN. Can a recipient be disenrolled from services if they are on probation or awaiting sentencing? What is the agency approved procedure to request disenrollment from a PCCM-E?
<b>Section Number:</b>	II.Q.1.d
<b>RFP Page Number:</b>	55
<b>Agency Answer:</b>	Refer to Section II.N.2.e and II.Q.1.d. If an individual is incarcerated they will not qualify for the ACHN Program.
<b>Question ID:</b>	30
<b>Date Question Asked:</b>	1/16/19
<b>Question:</b>	Translating and interpreting services: Will the ACHN be required to keep on-site documents in all Prevalent languages or will we be allowed to provide as needed?
<b>Section Number:</b>	II.W.4
<b>RFP Page Number:</b>	60
<b>Agency Answer:</b>	This would be provided as needed. In an area with a high prevalence of Spanish or Vietnamese speakers, certain “core” documents (those that are critical to access or use services) should be readily available on-site. Other languages would be available upon request.
<b>Question ID:</b>	31
<b>Date Question Asked:</b>	1/16/19
<b>Question:</b>	"The State will not reimburse the Vendor until..." What services will the vendor be invoicing for?
<b>Section Number:</b>	VI.1.b.x
<b>RFP Page Number:</b>	72

<b>Agency Answer:</b>	See Amendment I which has been uploaded to the Vendor's library ( <a href="http://www.medicaid.alabama.gov/content/2.0_Newsroom/2.4_Procurement.aspx">http://www.medicaid.alabama.gov/content/2.0_Newsroom/2.4_Procurement.aspx</a> ).
<b>Question ID:</b>	32
<b>Date Question Asked:</b>	1/16/19
<b>Question:</b>	Please define prioritization as it relates to referrals.
<b>Section Number:</b>	IX.FF.6
<b>RFP Page Number:</b>	91, 6
<b>Agency Answer:</b>	Refer to II.I.3.b. It is the ACHNs responsibility to screen and stratify EIs to determine the EIs with the highest needs for care coordination or monitoring.
<b>Question ID:</b>	33
<b>Date Question Asked:</b>	1/16/19
<b>Question:</b>	"Designated by the Agency" Has the agency already designated a HIMS? Is RMEDE already an approved system?
<b>Section Number:</b>	Exhibit C
<b>RFP Page Number:</b>	108
<b>Agency Answer:</b>	See Amendment I which has been uploaded to the Vendor's library ( <a href="http://www.medicaid.alabama.gov/content/2.0_Newsroom/2.4_Procurement.aspx">http://www.medicaid.alabama.gov/content/2.0_Newsroom/2.4_Procurement.aspx</a> ).
<b>Question ID:</b>	34
<b>Date Question Asked:</b>	1/16/19
<b>Question:</b>	Pharmacy Program Requirements 2) Community Pharmacist, i) Education/Professional Criteria / Does time spent working as the clinical pharmacist performing TOC Med Rec for current/previous Health Home and RCO for three years meet this qualification?
<b>Section Number:</b>	Exhibit L
<b>RFP Page Number:</b>	133
<b>Agency Answer:</b>	Yes.
<b>Question ID:</b>	35

<b>Date Question Asked:</b>	1/16/19
<b>Question:</b>	Will the Transitional Pharmacist position be allowed to obtain Preceptor license within six months of contract as is allowed for the Community Pharmacist position?
<b>Section Number:</b>	Exhibit L
<b>RFP Page Number:</b>	136
<b>Agency Answer:</b>	Yes, the Transitional Pharmacist must hold a current Alabama preceptor certification at the time of, or within six months of contract or employment.
<b>Question ID:</b>	36
<b>Date Question Asked:</b>	1/16/19
<b>Question:</b>	Pharmacy Program Requirements 2) Transitional Pharmacist, i) Education/Professional Criteria, v) or equivalent clinical inpatient experience / Does time spent working as the clinical pharmacist performing TOC Med Rec for current/previous Health Home and RCO for three years meet this qualification?
<b>Section Number:</b>	Exhibit L
<b>RFP Page Number:</b>	136
<b>Agency Answer:</b>	Yes.
<b>Question ID:</b>	37
<b>Date Question Asked:</b>	1/16/19
<b>Question:</b>	May additional pharmacy staff work/live outside of the Region as long as they live in Alabama, have Alabama license, and are available to attend any meetings in the Region if needed?
<b>Section Number:</b>	Exhibit F
<b>RFP Page Number:</b>	116, 119
<b>Agency Answer:</b>	It is the intention of the Agency that additional pharmacists must work within the Region to be familiar with the Regional healthcare providers and environment, and preferably live within the Region.
<b>Question ID:</b>	38
<b>Date Question Asked:</b>	1/16/19
<b>Question:</b>	How many risk assessments per county did ADPH complete in 2017/2018?

<b>Section Number:</b>	II.I.6
<b>RFP Page Number:</b>	Page 34
<b>Agency Answer:</b>	Due to changes from the current Plan First Care Coordination program to the ACHN family planning care coordination program, this data will not be predictive for future expense estimates.
<b>Question ID:</b>	39
<b>Date Question Asked:</b>	1/16/19
<b>Question:</b>	How many Psychosocial Assessments per county did ADPH complete in 2017/2018?
<b>Section Number:</b>	II.I.6.
<b>RFP Page Number:</b>	34
<b>Agency Answer:</b>	This data is not readily available, and due to changes from the current Plan First Care Coordination program to the ACHN family planning care coordination program, this data will not be predictive for future expense estimates.
<b>Question ID:</b>	40
<b>Date Question Asked:</b>	1/16/19
<b>Question:</b>	How many Family Planning visits per county did ADPH perform in 2017/2018?
<b>Section Number:</b>	II.I.6.
<b>RFP Page Number:</b>	34
<b>Agency Answer:</b>	This data is not readily available, and due to changes from the current Plan First Care Coordination program to the ACHN family planning care coordination program, this data will not be predictive for future expense estimates.
<b>Question ID:</b>	41
<b>Date Question Asked:</b>	1/16/19
<b>Question:</b>	Will the Family Planning recipient have to sign consent for services each time a Care Coordinator meets with them?
<b>Section Number:</b>	II.I.6.b

<b>RFP Page Number:</b>	34
<b>Agency Answer:</b>	Refer to section II.I.6.b. Yes, written consent must be obtained at each face-to-face visit by individual documentation or a signature consent EI log can be maintained.
<b>Question ID:</b>	42
<b>Date Question Asked:</b>	1/16/19
<b>Question:</b>	Can the log for consent for services be scanned into RMEDE each time the recipient signs or does there have to be a log with the original signature?
<b>Section Number:</b>	II.I.6.b
<b>RFP Page Number:</b>	34
<b>Agency Answer:</b>	Refer to section II.I.6.b. Hard copies of written consent must be maintained by the ACHN. It is the responsibility of the ACHN to determine any information that could be scanned into their HIMS.
<b>Question ID:</b>	43
<b>Date Question Asked:</b>	1/16/19
<b>Question:</b>	Does the original consent for services have to be a separate document?
<b>Section Number:</b>	II.I.6.b
<b>RFP Page Number:</b>	34
<b>Agency Answer:</b>	Refer to Family Planning Consent form currently located in the Vendor's library ( <a href="http://www.medicaid.alabama.gov/content/2.0_Newsroom/2.4_Procurement.aspx">http://www.medicaid.alabama.gov/content/2.0_Newsroom/2.4_Procurement.aspx</a> ). The form must be used for original consent and may continue to be used as a log, for consent as pertains to subsequent visits.
<b>Question ID:</b>	44
<b>Date Question Asked:</b>	1/16/19
<b>Question:</b>	Please clarify 12-month period. Calendar or fiscal year?
<b>Section Number:</b>	Exhibit J
<b>RFP Page Number:</b>	125
<b>Agency Answer:</b>	Neither, this is a rolling 12-month period.
<b>Question ID:</b>	45



<b>Date Question Asked:</b>	1/16/19
<b>Question:</b>	What will be the reporting requirements for the 1115 Demonstration Waiver for Family Planning? Will the data be pulled from the HIMS?
<b>Section Number:</b>	1115 Demonstration Waiver
<b>RFP Page Number:</b>	N/A
<b>Agency Answer:</b>	Yes, the data will be obtained from HIMS. Reporting requirements include utilization, and unduplicated number of beneficiaries/EIs.
<b>Question ID:</b> 46	
<b>Date Question Asked:</b>	1/16/19
<b>Question:</b>	What are the procedures for seeking approval of vasectomies from ADPH for eligible male patients, age 21 or older and notification to appropriate Urologists for approval/payments?
<b>Section Number:</b>	General, and refer to Exhibit J
<b>RFP Page Number:</b>	General
<b>Agency Answer:</b>	Medicaid does not seek approval of vasectomies from ADPH for eligible male patients.
<b>Question ID:</b> 47	
<b>Date Question Asked:</b>	1/16/19
<b>Question:</b>	Would the Agency provide the data for the number of family planning visits by county performed by private providers?
<b>Section Number:</b>	Exhibit J
<b>RFP Page Number:</b>	125
<b>Agency Answer:</b>	Due to changes from the current Plan First Care Coordination program to the ACHN family planning care coordination program, this data will not be predictive for future expense estimates.
<b>Question ID:</b> 48	
<b>Date Question Asked:</b>	1/16/19
<b>Question:</b>	How many Maternity Care patients were seen by ADPH for care coordination in Cullman county in 2017/2018?
<b>Section Number:</b>	General

<b>RFP Page Number:</b>	General
<b>Agency Answer:</b>	The current Maternity Program does not use ADPH care coordinators for recipients in Cullman County.
<b>Question ID:</b>	49
<b>Date Question Asked:</b>	1/16/19
<b>Question:</b>	Will the ADPH Care Coordination Collaborative Improvement and Innovation Network (CoIIN) be a duplication of service?
<b>Section Number:</b>	II.I.4.f.x.2
<b>RFP Page Number:</b>	29
<b>Agency Answer:</b>	No, the ADPH Care Coordination Collaborative Improvement and Innovation Network (CoIIN) will not be a duplication of services. The ACHN must have a process in place to coordinate and make appropriate referrals to CoIIN.
<b>Question ID:</b>	50
<b>Date Question Asked:</b>	1/16/19
<b>Question:</b>	Non citizen EI's receiving Face to Face Delivery Encounter – Will non citizens information be available in the data uploaded to the agency approved management system such as RMEDE? If the information for the Non Citizen is not available, will the ACHN be allowed to enter it into the system?
<b>Section Number:</b>	Exhibit I
<b>RFP Page Number:</b>	123
<b>Agency Answer:</b>	Yes. Yes.
<b>Question ID:</b>	51
<b>Date Question Asked:</b>	1/16/19
<b>Question:</b>	Reviews are required for all high (monthly) and medium (quarterly) patients. These can be very time consuming. Would the Agency reconsider reimbursement for this activity?
<b>Section Number:</b>	Exhibit N
<b>RFP Page Number:</b>	139
<b>Agency Answer:</b>	MCT meetings are considered one of the four non-face to face activities completed in a month to receive the Moderately Managed monthly payment.

<b>Question ID:</b>	52
<b>Date Question Asked:</b>	1/16/19
<b>Question:</b>	How does the PCMM-E demonstrate they allowed the recipient to choose PCP, DHP, Care Coordinator or Community Health Worker?
<b>Section Number:</b>	
<b>RFP Page Number:</b>	EI's Rights
<b>Agency Answer:</b>	Refer to II.O.5. Through policies and procedures, as well as documentation in the HIMS, the freedom of choice must be demonstrated.
<b>Question ID:</b>	53
<b>Date Question Asked:</b>	1/16/19
<b>Question:</b>	Does prenatal vitamins count as Prescription Medication?
<b>Section Number:</b>	Exhibit L 1.n.vii
<b>RFP Page Number:</b>	132
<b>Agency Answer:</b>	Yes.
<b>Question ID:</b>	54
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	<p>The RFP requires the PCCM-E to be a nonprofit entity with Governing Board” composed as set out on pps. 13-14 of the RFP. Does the AMA intend that this “Governing Board” have the same powers and governing authority as a board of directors would have under §10A-3-2.08 of the Code of Alabama?</p> <p><i>Comment:</i> Substantial organizational and operating capital will be required of any entity to meet the ACHN program requirements. Since it is highly unlikely that the specified majority control of the Governing Board (e.g. primary care physicians (50%), Consumer Representative (1)) will be a source of, or have any responsibility for, the initial and ongoing contributions of the required capitalization of the contractor entity (or have any risk for operational losses), we believe any requirement that the “Governing Board” have all powers and governing authority as a board of directors is wholly inappropriate, untenable and unworkable. We urge instead that the “Governing Board” function solely as a Clinical Advisory Board” of the PCCM-E.</p>
<b>Section Number:</b>	ILC.3.
<b>RFP Page Number:</b>	13,14

<b>Agency Answer:</b>	Yes, the RFP does intend that the “Governing Board” have the same powers and governing authority as a board of directors would have under the Alabama Nonprofit Corporation Law, including §10A-3-2.08 of the Code of Alabama.
<b>Question ID:</b>	55
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	What types of policies and procedures do you expect a vendor to provide in compliance with this section?
<b>Section Number:</b>	II.C.2.d
<b>RFP Page Number:</b>	13
<b>Agency Answer:</b>	Those written policies and procedures, adopted by the Governing Board, that are common to nonprofit Alabama entities.
<b>Question ID:</b>	56
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Is it permissible for Contractors in adjacent districts to contract jointly for the provision of administrative services in an effort to save costs?
<b>Section Number:</b>	II.D.1
<b>RFP Page Number:</b>	14
<b>Agency Answer:</b>	Refer to II.H and Exhibit F. Yes. However, not all Contractor responsibilities will be eligible for joint contracting, such as key staff positions.
<b>Question ID:</b>	57
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Do New Provider orientation materials need to be submitted with the response?
<b>Section Number:</b>	ILD.9
<b>RFP Page Number:</b>	15
<b>Agency Answer:</b>	No, these materials will be reviewed during the Readiness Assessment.
<b>Question ID:</b>	58
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Is it required that the names of proposed key staff be submitted in the response or is it sufficient to disclose the qualifications of Potential

	Employee #1, #2, etc., without their respective names? Since there is no guarantee that a vendor will be awarded the contract, it is reasonable to assume that many potential employees are otherwise engaged and would prefer that their names not be made publicly available for a position that is not yet available.
<b>Section Number:</b>	II.H. 1
<b>RFP Page Number:</b>	17
<b>Agency Answer:</b>	The names of proposed key staff must be included. In accordance with Section VII.O., “one electronic copy (Word and searchable PDF format) MUST be a complete version of the Contractor’s response and the second electronic (searchable PDF format) copy MUST have any information asserted as confidential or proprietary removed.”
<b>Question ID:</b>	59
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	It appears that the PCCM-E is required to have a Health Information Management System (HIMS) approved by AMA and in place for the AMA readiness assessment. The HIMS must be capable of communication (receiving inputs and exporting information and reports) between the PCCM-E, AMA and perhaps others. We do not find any technical specifications for creating a HIMS, nor does the RFP specify any commercially available and acceptable HIMS. Please provide information concerning whether the AMA has identified an acceptable and commercially available HIMS, or whether AMA intends that PCCM-E’s “develop” their own HIMS. The answer to these questions will affect budgeting and feasibility planning. Too, if AMA intends for contractors to develop a HIMS, technical specifications for connectivity are needed.
<b>Section Number:</b>	II.I.1.g.; II.I.3.b.iv; II.U.
<b>RFP Page Number:</b>	18, 21, 57-59
<b>Agency Answer:</b>	<p>Yes, it is correct that the ACHN is required to have a Health Information Management System (HIMS) approved by the Agency and in place for the readiness assessment. Yes, the HIMS must be capable of communication (receiving inputs and exporting information and reports) between the ACHN and the Agency.</p> <p>Please see in “AL Med Case Management Activity Guide” and “Activities and Definitions” in the Vendor’s library (<a href="http://www.medicaid.alabama.gov/content/2.0_Newsroom/2.4_Procurement.aspx">http://www.medicaid.alabama.gov/content/2.0_Newsroom/2.4_Procurement.aspx</a>) for technical specification and descriptions.</p> <p>The Agency has not identified an acceptable and commercially available HIMS nor required the ACHN’s “develop” their own HIMS. It is the</p>

	responsibility of the ACHN's to determine how they will meet this requirement. Some options may include the following: ACHN may leverage their own case management tool, partner with another vendor, or develop internally. The Agency is not providing a case management system. It is the responsibility of the PCCME's to provide a case management system. Refer to Section II.U.
<b>Question ID:</b>	60
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	The PCCM-E is required to ensure that AMA does not pay for NET (transportation) services "if the EI has access to free transportation" and also to determine the "availability of and least costly means of transportation." Is it intended that this assessment be made for each EI? This obligation, particularly if transportation is not identified as a barrier to receipt of services, is costly and could be unnecessarily burdensome to the PCCM-E if circumstances do not dictate such action.
<b>Section Number:</b>	II.I.2.b.i.
<b>RFP Page Number:</b>	19
<b>Agency Answer:</b>	Please refer to section II.I.2.a of the RFP.
<b>Question ID:</b>	61
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	This section provides that the PCCM-E must have "on staff" a nurse and social worker. What does "on staff" mean? Must an individual be employed to be "on staff" or could a contract worker provide these services on full or part-time basis?
<b>Section Number:</b>	III.L3.k.ii; III.L3.ni.i(1); III.I.7.C;
<b>RFP Page Number:</b>	23, 25, 35
<b>Agency Answer:</b>	"On staff" means directly employed or contracted with the ACHN. Whether these positions are full or part-time is at the discretion of the Vendor.
<b>Question ID:</b>	62
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Will the PCCM-E or the AMA have responsibility for notifying EIs of their obligation to engage with the PCCM-E?
<b>Section Number:</b>	II.I.4.d
<b>RFP Page Number:</b>	29

<b>Agency Answer:</b>	Please refer to Section II.I.4.b.
<b>Question ID:</b>	63
<b>Date Question Asked:</b>	
<b>Question:</b>	What are the credentials needed to perform an SBIRT Screening?
<b>Section Number:</b>	II.4.f.x(5)
<b>RFP Page Number:</b>	30
<b>Agency Answer:</b>	The ACHN is responsible for referring to SBIRT screening if applicable. Qualifications needed to perform SBIRT screenings are not applicable to this RFP. Please refer to Section II.I.4.f.x.(5).
<b>Question ID:</b>	64
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	What is required to show proof of a complete Delivering Healthcare Professional Network and Collaborative Relationships with DHCPs? Must maps showing that the 50 mile rule is met or LOIs with DHCPs be included? If LOIs are required from DHCPs, will these be counted as “additional material” toward the 10 page limit?
<b>Section Number:</b>	II.I.4.r
<b>RFP Page Number:</b>	32
<b>Agency Answer:</b>	The DHCP network will be evaluated during the readiness assessment. Letters of Intent from providers will not be required at the time of proposal submission.
<b>Question ID:</b>	65
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	The last sentence of this paragraph provides that “the transferring PCCM-E must be responsible for all necessary services during the transition period.” Please clarify the types of services that might be included in this scenario.
<b>Section Number:</b>	II.I.10.d
<b>RFP Page Number:</b>	37
<b>Agency Answer:</b>	All applicable care coordination services.
<b>Question ID:</b>	66
<b>Date Question Asked:</b>	1/17/2019

<b>Question:</b>	Will the AMA be providing any standards or criteria for the PCCM-E's duty to monitor the quality and effectiveness of interventions?
<b>Section Number:</b>	II.I.12.a.iii
<b>RFP Page Number:</b>	38
<b>Agency Answer:</b>	No, the Agency will not provide a standard set of criteria, but it is up to each Vendor to propose an appropriate evaluation of their quality improvement program including the interventions implemented to improve health outcomes. The Agency will evaluate the totality of the quality program based on what is submitted. The ACHN will work with ACHIA, ALPQC and ADMH to develop their proposals and criteria.
<b>Question ID:</b>	67
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Reference is made to "the State guidelines for nonprofit organizations." Where can these guidelines be obtained?
<b>Section Number:</b>	II.J.1
<b>RFP Page Number:</b>	44
<b>Agency Answer:</b>	See the Code of Alabama.
<b>Question ID:</b>	68
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Please explain what is meant by "PCCM-E shall carry over no more than ten percent (10%) cash derived from QIP...at the close of the State fiscal year."
<b>Section Number:</b>	II. J.7
<b>RFP Page Number:</b>	45
<b>Agency Answer:</b>	QIP funds need to be utilized as efficiently as possible to achieve the objectives of the QIP which could potentially lead to higher attainment of quality incentives.
<b>Question ID:</b>	69
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	What is the "Minimum Capital and Surplus" referred to in this section? Is there a specific dollar amount? Please explain.
<b>Section Number:</b>	II.C
<b>RFP Page Number:</b>	46
<b>Agency Answer:</b>	Please refer to Section II.J.10.



<b>Question ID:</b>	70
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Reference is made to “PCCM-E’s equity”, but legally there can be no “equity” in the required nonprofit form of entity. Please explain what is intended.
<b>Section Number:</b>	II.CC.9.a
<b>RFP Page Number:</b>	67
<b>Agency Answer:</b>	For the purposes of this requirement, ‘equity’ means those individuals or organizations contributing money to the ACHN.
<b>Question ID:</b>	71
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	What happens if the cost of services provided by the PCCM-E exceeds the maximum amount payable prior to year end? Is the PCCM-E expected to continue to provide services without compensation?
<b>Section Number:</b>	III.3
<b>RFP Page Number:</b>	70
<b>Agency Answer:</b>	Please refer to Section II.J.9
<b>Question ID:</b>	72
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	The chart on Page 70 lists a maximum amount payable for PMPM payments and Care Coordination services per Region. We had difficulty identifying a correlation between the Payment Rates Per Region Schedule and number of eligible individuals on Page 150. Can you provide the method and/or formula used in the determination of the maximum payable amount per Region?
<b>Section Number:</b>	III.3
<b>RFP Page Number:</b>	70
<b>Agency Answer:</b>	The Agency has uploaded “AL ACHN 1915b PCCM-E Payment Support” to the Vendor’s online library ( <a href="http://www.medicaid.alabama.gov/content/2.0_Newsroom/2.4_Procurement.aspx">http://www.medicaid.alabama.gov/content/2.0_Newsroom/2.4_Procurement.aspx</a> ), which discusses the methodology used to develop each payment for the QIP, general population, maternity, and family planning that the ACHN will be eligible to receive.
<b>Question ID:</b>	73

<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	In this section, reference is made to applicable Operations Manuals. Where might these be found?
<b>Section Number:</b>	V.
<b>RFP Page Number:</b>	71
<b>Agency Answer:</b>	Operational Manuals for the ACHN Program are in development and will be shared with the Contractor during the Readiness Assessment.
<b>Question ID:</b>	74
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Please provide a sample of the type of chart/information that should be submitted per this section. Is this chart to be included as part of the 10 pages of the supplemental information?
<b>Section Number:</b>	VI.1.D
<b>RFP Page Number:</b>	73
<b>Agency Answer:</b>	Please refer to Section VI.1.D. It is up to the vendor to propose an applicable response.
<b>Question ID:</b>	75
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	This section provides that “the response to each section must be preceded by the section text of the RFP followed by the Vendor’s response”. specific answers to questions presented in the chart, also provided in Appendix B. This chart does not appear to track the Scope of Work section of the RFP. Appendix B also provides that there can only be 10 pages of supplemental information provided. In light of these provisions: <ul style="list-style-type: none"> <li>a. Is the vendor to provide a response that includes (1) the actual RFP text for each section of the RFP with a response and (2) a separate section where the questions in the chart are answered? If a re-typing of the RFP is required, the AMA please provide it in Word format?</li> <li>b. If the 2 page limit is for each question asked in the chart, is there a page limit on the entire submission in response to the complete RFP?</li> <li>c. Please provide a table of contents of the information to be included in the complete RFP response</li> </ul>
<b>Section Number:</b>	VII.Q (Appendix B)
<b>RFP Page Number:</b>	78
<b>Agency Answer:</b>	See Amendment I which has been uploaded to the Vendor’s library ( <a href="http://www.medicaid.alabama.gov/content/2.0_Newsroom/2.4_Procurement.aspx">http://www.medicaid.alabama.gov/content/2.0_Newsroom/2.4_Procurement.aspx</a> ).

<b>Question ID:</b>	76
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Please confirm that the right of termination referenced in this section is held by both the AMA and the PCCM-E.
<b>Section Number:</b>	IX.M
<b>RFP Page Number:</b>	86
<b>Agency Answer:</b>	The termination right referenced in Section IX.M is held exclusively by the Agency.
<b>Question ID:</b>	77
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	This section provides that General Care Coordination and Family Planning Care Coordination payments will be made in the month contact is documented. If contact is made with an eligible individual in multiple months, will the PCCM-E receive an additional monthly payment for each month in which contact is made with an eligible individual or is the payment limited to one payment per year per eligible individual?
<b>Section Number:</b>	VIII.FF.1
<b>RFP Page Number:</b>	90
<b>Agency Answer:</b>	Please refer to Exhibit N. Payments for care coordination activities entered into HIMS will be made the following month.

<b>Question ID:</b>	78
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	This section provides that the AMA will determine the percentages of EIs in the General population, Maternity population, and Plan First population to [receive coordination services]. Are the percentages of care coordination limited to the percentages on Page 91?:  General Care Coordination - 1.5% Maternity Population - 95% Family Planning Services - 4.5%
<b>Section Number:</b>	VIII.FF.15
<b>RFP Page Number:</b>	90
<b>Agency Answer:</b>	Refer to VIII.FF.15. No, the ACHN is not limited to the percentages provided. These percentages are the minimum.

<b>Question ID:</b>	79
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Will waivers be permitted for key staff positions?
<b>Section Number:</b>	Exhibit F
<b>RFP Page Number:</b>	114
<b>Agency Answer:</b>	Medicaid will only consider a waiver request after the ACHN has exhausted all efforts to comply with the RFP as written (e.g., hire qualified individuals for key staff positions).
<b>Question ID:</b>	80
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Is it correct to assume that if the PCCM-E completes the eligibility assistance encounter and the EI is not approved for Medicaid benefits, then no payment is rendered for that encounter?
<b>Section Number:</b>	Exhibit I
<b>RFP Page Number:</b>	123
<b>Agency Answer:</b>	Yes.
<b>Question ID:</b>	81
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	The RFP requires the filling of three pharmacist positions: a Pharmacy Director, a Community Pharmacist, and a Transitional Pharmacist. This provision provides that the Pharmacy Director can simultaneously serve as either the Community Pharmacist or the Transitional Pharmacist. Is it accurate to say that the pharmacist requirements can be met with two pharmacists? Do the pharmacist position(s) have to be full time or can the position(s) be part-time?
<b>Section Number:</b>	Exhibit L
<b>RFP Page Number:</b>	131
<b>Agency Answer:</b>	Refer to Exhibit L.
<b>Question ID:</b>	82
<b>Date Question Asked:</b>	1/17/2019

<b>Question:</b>	<p>The Payment Rates Per Region schedule details the payment rates and number of Els for each region in July 2018. Using the Northwest Region as an example:</p> <ol style="list-style-type: none"> <li>All Els - General + Pregnant Women (formerly SOBRA) + Plan First – Assuming that there are 110,983 Els each month, is it correct that the PCCM-E will be paid \$1.16 PMPM for each of these Els for a total of \$128,740.28?</li> <li>General Population - Els - Is it correct that the PCCM-E will receive payment on all 97,502 Els at a rate of either \$202.86 (Intensely Managed), \$ 101.43 (Moderately Managed), or \$35 (Monitoring), depending on the level of care coordination or will there be some portion of the referenced Els for which no services are rendered or payment received? Please provide the expected division of the Els between the categories. Will family planning be treated in the same manner?</li> <li>Maternity - Deliveries - Is it correct that the PCCM-E should expect to receive payment for services rendered for the entire number of Els in this category in a given month?</li> </ol>
<b>Section Number:</b>	Exhibit S
<b>RFP Page Number:</b>	150
<b>Agency Answer:</b>	<ol style="list-style-type: none"> <li>Yes</li> <li>No, actual services must be provided. This applies to general population and family planning population.</li> <li>No, actual services must be provided in order to receive payment in a given month.</li> <li>See Exhibit N for further detail.</li> </ol>
<b>Question ID:</b>	83
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Are there any grounds upon which the PCCM-E may terminate a contract resulting from this RFP?
<b>Section Number:</b>	IX.M
<b>RFP Page Number:</b>	86
<b>Agency Answer:</b>	No, termination rights are held exclusively by the Agency.
<b>Question ID:</b>	84
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Must forms of subcontracts and DHCP agreements be included in a compliant response?
<b>Section Number:</b>	General

<b>RFP Page Number:</b>	General
<b>Agency Answer:</b>	Subcontract forms and DHCP agreements are not required with the Vendor's response. These items will be addressed during Readiness Assessment.
<b>Question ID:</b>	85
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Please confirm that responses should only include the Scope of Work sections outlined in Appendix B and not all sections as indicated in Section VII.Q
<b>Section Number:</b>	Appendix B -Section VII.Q
<b>RFP Page Number:</b>	154
<b>Agency Answer:</b>	Refer to Appendix B and Section VII.Q. The Vendor must utilize Appendix B when providing responses for scored items. Any response for a Section II – Scope of Work requirement that is not related to a response for Appendix B must use the format described in Section VII.Q.
<b>Question ID:</b>	86
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Please confirm responses do not need to outline all Scope of Work sections with an acknowledgement statement and should only include those Scope of Work sections outlined in Appendix B.
<b>Section Number:</b>	Appendix B - Section VII.Q.
<b>RFP Page Number:</b>	154
<b>Agency Answer:</b>	Refer to Appendix B and Section VII.Q. The Vendor must utilize Appendix B when providing an acknowledgement statement for scored items. Any acknowledgement statement for a Section II – Scope of Work requirement that is not related to the acknowledgement statement for Appendix B must use the format described in Section VII.Q.
<b>Question ID:</b>	87
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Please confirm Exhibit F should fall chronologically in the proposal response and not part of Section II. Scope of Work
<b>Section Number:</b>	Appendix B, Exhibit F

<b>RFP Page Number:</b>	
<b>Agency Answer:</b>	Refer to Appendix B and Exhibit F. The Vendors response must fall in the order described in Appendix B.
<b>Question ID:</b>	88
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Please confirm Exhibit K should fall chronologically in the proposal response and not part of Section II. Scope of Work
<b>Section Number:</b>	Appendix B, Exhibit K
<b>RFP Page Number:</b>	154
<b>Agency Answer:</b>	Refer to Appendix B and Exhibit K. The Vendors response must fall in the order described in Appendix B.
<b>Question ID:</b>	89
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Please confirm Exhibit B should fall chronologically in the proposal response and not part of Section II. Scope of Work
<b>Section Number:</b>	Appendix B, Exhibit B
<b>RFP Page Number:</b>	154
<b>Agency Answer:</b>	The Vendors response must fall in the order described in Appendix B.
<b>Question ID:</b>	90
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Please provide specified format and information required for references, as required in Appendix A. #7.
<b>Section Number:</b>	Appendix A
<b>RFP Page Number:</b>	152
<b>Agency Answer:</b>	See Amendment I which has been uploaded to the Vendor's library ( <a href="http://www.medicaid.alabama.gov/content/2.0_Newsroom/2.4_Procurement.aspx">http://www.medicaid.alabama.gov/content/2.0_Newsroom/2.4_Procurement.aspx</a> ).
<b>Question ID:</b>	91
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Please provide the information and format required for the References.
<b>Section Number:</b>	Scoring -Section VIII.E.

<b>RFP Page Number:</b>	
<b>Agency Answer:</b>	See Amendment I which has been uploaded to the Vendor's library ( <a href="http://www.medicaid.alabama.gov/content/2.0_Newsroom/2.4_Procurement.aspx">http://www.medicaid.alabama.gov/content/2.0_Newsroom/2.4_Procurement.aspx</a> )
<b>Question ID:</b>	92
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Please confirm the RFP Cover Sheet referenced in Appendix A is the first page of the RFP document.
<b>Section Number:</b>	Appendix A
<b>RFP Page Number:</b>	152
<b>Agency Answer:</b>	Yes.
<b>Question ID:</b>	93
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Please confirm the STAARS document does not need to be completed and returned as part of the proposal response.
<b>Section Number:</b>	STAARS Document
<b>RFP Page Number:</b>	General
<b>Agency Answer:</b>	There is no need to complete and return the STAARS document as part of the proposal response.
<b>Question ID:</b>	94
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Please confirm the documents listed in #8 Checklist Page 2 do not need to be included as part of the proposal response.
<b>Section Number:</b>	Section A - RFP Checklist
<b>RFP Page Number:</b>	2, 168
<b>Agency Answer:</b>	Please refer to Appendix E. They do not.
<b>Question ID:</b>	95
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	It appears the statement in the box on the bottom of the page is not complete. Please provide the entire statement.
<b>Section Number:</b>	Section A - RFP Checklist



<b>RFP Page Number:</b>	2
<b>Agency Answer:</b>	Following Section A. RFP Checklist, located on page 2, the complete statement should read: <b>This checklist is provided for assistance only and should not be submitted with Vendor's Response.</b>
<b>Question ID:</b>	96
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Please confirm the Committee referenced here is the Evaluation Committee and not the Legislative Contract Oversight Committee referenced in Appendix E.
<b>Section Number:</b>	Section VIII. F. Determination of Successful Proposal Appendix E. Contract and Attachments
<b>RFP Page Number:</b>	
<b>Agency Answer:</b>	Refer to Section VIII.D. Yes, it is the Evaluation Committee.
<b>Question ID:</b>	97
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Please elaborate on the 2-page limit for each Scope of Work requirement. For example, PCCM-E, Organizational Requirements, Section II.C.1.-4. – is this a 2-page limit for each of these Scope of Work sections, totaling 8 pages or a 2-page limit for all 4 of these requirements together?
<b>Section Number:</b>	Appendix B: Scored Items and Compliance Acknowledgement - Page Limits
<b>RFP Page Number:</b>	General
<b>Agency Answer:</b>	See Amendment I which has been uploaded to the Vendor's library ( <a href="http://www.medicaid.alabama.gov/content/2.0_Newsroom/2.4_Procurement.aspx">http://www.medicaid.alabama.gov/content/2.0_Newsroom/2.4_Procurement.aspx</a> )
<b>Question ID:</b>	98
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Please confirm the required RFP language does not count against the 2-page limit.
<b>Section Number:</b>	Page Limits - Appendix B: Scored Items and Compliance Acknowledgement -
<b>RFP Page Number:</b>	General
<b>Agency Answer:</b>	See Amendment I which has been uploaded to the Vendor's library ( <a href="http://www.medicaid.alabama.gov/content/2.0_Newsroom/2.4_Procurement.aspx">http://www.medicaid.alabama.gov/content/2.0_Newsroom/2.4_Procurement.aspx</a> )

<b>Question ID:</b>	99
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Can Key Staff (other than the Exec Director) serve multiple Regions to provide consistent operations and additional cost containment for the program?
<b>Section Number:</b>	II.H.1
<b>RFP Page Number:</b>	17
<b>Agency Answer:</b>	No. Key staff positions are not eligible for joint contracting.
<b>Question ID:</b>	100
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Will the monthly target assignment list consist of 6.9% of the Regional EIs? If so, when will the list of EIs be provided, and will there be a minimum number to screen within a given timeframe? (For example: assuming 100,000 monthly members then 6,900 estimated in the monthly target assignment list given current Health Home volumes estimates 5,000 for medical review per month). Please confirm whether the agency agrees with the volume estimates and please provide SLAs for completing medical review report.
<b>Section Number:</b>	II.I.3.b.iii
<b>RFP Page Number:</b>	21
<b>Agency Answer:</b>	The target assignment list will provide up to 6.9% of the Region's EIs (e.g. 6,900 out of 100,000). The list will be provided monthly. There is no minimum number to screen. There are no Agency provided service level agreements for completing medical reviews.
<b>Question ID:</b>	101
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Please confirm only the initial attempt to contact letter will need to be certified.
<b>Section Number:</b>	II.I.3.e
<b>RFP Page Number:</b>	22
<b>Agency Answer:</b>	Yes.
<b>Question ID:</b>	102
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Will the EI assignment list provided by the agency include Maternity?

<b>Section Number:</b>	II.I.4
<b>RFP Page Number:</b>	28
<b>Agency Answer:</b>	No, because there is an RFP requirement to case manage 95% or more of this population.
<b>Question ID:</b>	103
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Please confirm that the Agency intends that the Application Assister must be a Maternity Care Coordinator, however that maternity health screening may be completed by "other contract staff knowledgeable of enrollment requirements" and not necessarily a Maternity Care Coordinator.
<b>Section Number:</b>	Exhibit H
<b>RFP Page Number:</b>	122
<b>Agency Answer:</b>	Yes, an Application Assister must be a Maternity Care Coordinator. The maternity health screening may be completed by "Maternal Care Coordinators or other contract staff knowledgeable of enrollment requirements, screening tool instruments and competent to complete the task."
<b>Question ID:</b>	104
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Are DHCPs required to attend MMMs?
<b>Section Number:</b>	II.II3.a
<b>RFP Page Number:</b>	Page 43
<b>Agency Answer:</b>	No.
<b>Question ID:</b>	105
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Please confirm that ACHN should provide EIs with "Right and Responsibilities" and "Consent for Services" forms prior to coordinating care?
<b>Section Number:</b>	II.O.1-6
<b>RFP Page Number:</b>	54
<b>Agency Answer:</b>	Yes. Please also see II.I.4.v.iii.

<b>Question ID:</b>	106
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Please confirm that Social Work staff as well as Nursing credentialed staff may perform medical review activities.
<b>Section Number:</b>	Monitoring Medical Review - 2.4.27 (ACHN Definition and Activities form found on the website) and II.I.3.o
<b>RFP Page Number:</b>	27
<b>Agency Answer:</b>	See Amendment I which has been uploaded to the Vendor's library ( <a href="http://www.medicaid.alabama.gov/content/2.0_Newsroom/2.4_Procurement.aspx">http://www.medicaid.alabama.gov/content/2.0_Newsroom/2.4_Procurement.aspx</a> )The Monitoring Medical Review must be performed by a BSN.
<b>Question ID:</b>	107
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	<p>Please provide details on how the Agency intends for the PCCM-Es to determine monthly whether a PCP has participated in ACHN initiatives centered on quality measures and reviewed data (ex: PCP attestation, chart review, etc.)</p> <p>PCP Participation with the PCCM-E - I.I.13.b says "Active Participation will be a requirement for a PCP practice participating with the PCCM-E. Active Participation requirements are as follows:</p> <ul style="list-style-type: none"> <li>i. Participates as needed in the PCCM-E's Multidisciplinary Care Team and the development of an individualized and comprehensive Care Plan;</li> <li>ii. Over a twelve (12) month period, participates in person in at least two (2) quarterly Medical Management Meetings and one webinar/facilitation exercise with the PCCM-E's Medical Director. Attendance requirements can be met by having one PCP or Nurse Practitioner/Physician Assistant from the group attend;</li> <li>iii. Participates in ACHN initiatives centered around quality measures; and</li> <li>iv. Reviews data provided by the PCCM-E to help achieve Agency and PCCM-E quality goals.</li> </ul> <p>c. The PCCM-E must provide the Agency with a monthly report of those PCP Practices meeting the Active Participation requirements.</p>
<b>Section Number:</b>	II.I.13.b
<b>RFP Page Number:</b>	43
<b>Agency Answer:</b>	The ACHN can establish their own criteria but must balance the relationship with the provider and the desire for the ACHN to meet other RFP requirements and potentially achieve quality bonuses.
<b>Question ID:</b>	108
<b>Date Question Asked:</b>	1/17/2019

<b>Question:</b>	Please confirm that time spent working as clinical pharmacist performing Med Rec for current/previous AL Medicaid Health Home and RCO for three years will meet this qualification.
<b>Section Number:</b>	Exhibit L
<b>RFP Page Number:</b>	133
<b>Agency Answer:</b>	Yes.
<b>Question ID:</b>	109
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Please confirm that time spent working as clinical pharmacist performing TOC Med Rec for current/previous AL Medicaid Health Home and RCO will meet this qualification.  Page 136: Exhibit L Pharmacy Program Requirements, 3) Transitional Pharmacist, h) Educational/Professional Criteria, v) ...or equivalent clinical inpatient experience
<b>Section Number:</b>	Exhibit L
<b>RFP Page Number:</b>	136
<b>Agency Answer:</b>	Yes.
<b>Question ID:</b>	110
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Please confirm that the Transitional Pharmacist position will be allowed to obtain a Preceptor license within 6 months of the start of the contract, as is allowed for the Community Pharmacist position. Pharmacy - Page 136: Exhibit L Pharmacy Program Requirements, 3) Transitional Pharmacist, h) Educational/Professional Criteria, ii) Must hold a current Alabama Preceptor certification
<b>Section Number:</b>	Exhibit L
<b>RFP Page Number:</b>	136
<b>Agency Answer:</b>	Yes, the Transitional Pharmacist must hold a current Alabama preceptor certification at the time of, or within six months of contract or employment.
<b>Question ID:</b>	111
<b>Date Question Asked:</b>	1/17/2019

<b>Question:</b>	Please confirm that the “additional pharmacy staff” in 3.k may work/live outside of the Region as long as they live in Alabama, have Alabama license, and are available to attend any meetings within the Region if needed. Pharmacy - Page 136: Exhibit L Pharmacy Program Requirements, 3) Transitional Pharmacist, k) Manage any additional pharmacy staff
<b>Section Number:</b>	Exhibit L
<b>RFP Page Number:</b>	136
<b>Agency Answer:</b>	It is the intention of the agency that the additional pharmacist must work within the region to be familiar with the regional providers and environment and, preferably, live in the region.
<b>Question ID:</b>	112
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Can EIs select Medicaid PCPs or DHCPs that choose not to participate in ACHN? If so, will the ACHN still be paid for providing their required care coordination activities, even though the PCP/DHCP is not participating in the program?
<b>Section Number:</b>	II.I.1.j
<b>RFP Page Number:</b>	19
<b>Agency Answer:</b>	EIs can select PCPs that chose not to participate with ACHN. DHCPs will only be paid if they participate in the program (so EIs will only be able to choose a participating DHCP). ACHNs will be paid for their care coordination activities in each situation described.
<b>Question ID:</b>	113
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	What is the reasonably anticipated maximum volume of messages expected by the Agency? 1. Section V.6 Information Requirements- The PCCM-E shall ensure that the voice mailbox has adequate capacity to receive the reasonably anticipated maximum volume of messages.
<b>Section Number:</b>	V.6
<b>RFP Page Number:</b>	59
<b>Agency Answer:</b>	Refer to Section II.V.The Agency cannot predict message volume for a given region..
<b>Question ID:</b>	114

<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	What are the alternative formats approved and or expected by the Agency? 2. Section W.7 - Information Requirements - Upon request by and at no charge to EIs, the PCCM-E must make all written material available in alternative formats and in an appropriate manner that takes into consideration the special needs of those who, for example, are visually limited or have limited reading proficiency.
<b>Section Number:</b>	W.7
<b>RFP Page Number:</b>	60
<b>Agency Answer:</b>	Refer to Section II.W.7. Alternative formats typically mean large print, audio, or Braille; formats that are needed by disabled individuals to access or use benefits to which they are entitled. The contractor would also be required to provide materials in a low-literacy format as a matter-of-course. This is done on request of the person who needs it.
<b>Question ID:</b>	115
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	We consider our Contingency and Continuity Plans proprietary. Providing these documents could jeopardize our business. Would the Agency be willing to remove the requirement describing the Vendor's contingency and continuity plans from the proposal and allow this to be a component of the readiness assessment?
<b>Section Number:</b>	Appendix B - Exhibit R - Disaster Recovery/Business Continuity Plan
<b>RFP Page Number:</b>	146
<b>Agency Answer:</b>	Responses must be submitted in accordance with Section VII.O.(see also VII.V.) Therefore, the Agency will not remove the requirement to describe the Vendor's contingency and continuity plans within the proposal. The ACHN is expected to describe in broad terms how they plan to provide mission-critical business functions and processes during a Disaster. The Agency must be able to evaluate how the ACHN addresses a contingency and continuity plan. The Agency is not requiring the actual plans until the Readiness Assessment or ongoing monitoring.
<b>Question ID:</b>	116
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Please confirm that the response should be formatted to address sections II. through VI. of the RFP, in order.

	VII. Q - Proposal Format The Vendor must structure its response in the same sequence, using the same labeling and numbering that appears in the RFP section in question.
<b>Section Number:</b>	VII. Q
<b>RFP Page Number:</b>	78
<b>Agency Answer:</b>	Yes, refer to Section VII.Q for additional guidance.
<b>Question ID:</b>	117
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Please clarify the types of expenses that can be included in the Quality Improvement Project (QIP) budget. For example, are accounting and personnel expenses attributable to the QIP eligible for inclusion? Proportional taxes and business license fees?
<b>Section Number:</b>	General
<b>RFP Page Number:</b>	General
<b>Agency Answer:</b>	Yes. Those examples could be included in the proposed budget of the QIPs along with other administrative costs. However, in accordance to Section II.I.12.j.iv, QIPs are subject to Agency approval. QIP funds need to be utilized as efficiently as possible to achieve the objectives of the QIP which could potentially lead to higher attainment of quality incentives.
<b>Question ID:</b>	118
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Will maternity patients be required to have a referral to see a specialist for an issue not related to pregnancy?
<b>Section Number:</b>	General
<b>RFP Page Number:</b>	General
<b>Agency Answer:</b>	Yes.
<b>Question ID:</b>	119
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Will the ACHN be able to document for a different level of service on the same day? For example, if on the post-partum visit there is found to be a



	need for Behavioral Health Services, can the BH Nurse document for a home visit or phone call on the same day as the F2F post-partum visit?
<b>Section Number:</b>	II.U
<b>RFP Page Number:</b>	57
<b>Agency Answer:</b>	The ACHN should document all levels of service and when they were provided. Payment is based on all activities performed and documented in HIMS in a given month.
<b>Question ID:</b>	120
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Regarding the maternity forms, do we have flexibility to customize our own forms? Some of the forms seem duplicative.
<b>Section Number:</b>	Refer to the Agency's procurement site.
<b>RFP Page Number:</b>	N/A
<b>Agency Answer:</b>	The forms contain all the required data elements for the framework and development of your electronic HIMS. Therefore, the forms can be customized, but must contain all the required data fields, in the requested format, and be able to stand alone as a separate document for each encounter for reimbursement and auditing purposes.
<b>Question ID:</b>	121
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Will the ACHN receive an eligibility file that will include EI's with maternity and/or family planning?
<b>Section Number:</b>	II.I.3.b
<b>RFP Page Number:</b>	21
<b>Agency Answer:</b>	They will not receive a file for maternity, but will receive a file for family planning.
<b>Question ID:</b>	122
<b>Date Question Asked:</b>	1/17/2019

<b>Question:</b>	<p>Page 21 EI Assignment Process - Will this list include EIs who were recently awarded Medicaid due to pregnancy or have reported a pregnancy to the Medicaid Eligibility worker?</p> <p>a. Recommend it does - this will help identify EIs who need to receive Maternity Care Coordination and help with engaging EIs in services b/c we can reach out to them</p> <p>b. This list would also help with the following requirement:  “Maternity Population: The PCCM-E will be responsible to provide services to ninety-five percent (95%) of the maternity population. This population is approximately 33,000 EIs. It is understood that the number of this population varies from month to month. Beginning after the second quarter of PCCM-E operations, if the PCCM-E fails to provide the above stated level of Care Coordination services to EIs, the Agency will require the PCCM-E to submit a CAP within fifteen (15) Business Days of the end of the quarter in which the PCCM-E failed to care coordinate the required percent of EIs.”</p> <p>I. The 95% requirement is very high especially considering the level of care required (3-5 visits)</p> <p>II. This high requirement will also require of cultural shift in the population on the importance of prenatal care...a much bigger issue</p>
<b>Section Number:</b>	II.I.3.b
<b>RFP Page Number:</b>	21
<b>Agency Answer:</b>	Medicaid will not be providing a data feed for Maternity EIs.
<b>Question ID:</b>	123
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	<p>Concern - pg 34 DHCP Selection Referral Process - timeframes for referrals, notification to DHCP of changes w/ in 4 hours and other requirements pose questions</p> <p>a. How would referrals work for EIs who use a DHCP for prenatal care but then the DHCP refers them to another hospital for delivery due to high risk concerns or availability of a NICU?</p> <p>I. i.e. In District 13, Enterprise Women’s Center refers preterm labor patients to Southeast Health due to the</p>

	<p>NICU, but those OBs do not have privileges at Southeast Health. The delivery is done by a Women's Medical Center or Dothan OB/GYN physicians</p> <p>b. From my understanding, a DHCP would need to have a referral before they could see a patient (and expect payment)...This may pose barriers to early prenatal care as DHCP will not begin care until EI engages with Care Coordinator and a referral is sent</p> <p>c. Can a referral be made retroactive? Does date referral completed affect ability to bill for service dates prior to referral completion?</p> <p>I. Example...Patient has BCBS and begins prenatal care, then applies for Medicaid and awarded retroactive to beginning of pregnancy - can DHCP bill Medicaid (as secondary insurance) for a service if they did not have a referral as of the first date of service?</p>
<b>Section Number:</b>	General
<b>RFP Page Number:</b>	General
<b>Agency Answer:</b>	<p>a. The referrals are not required for inpatient claims.</p> <p>b. A DHCP may see a patient who arrives at the office and then contact the ACHN for a referral. This will assist the ACHN in identifying pregnant EIs to ensure early care coordination.</p> <p>c. A referral can be made retroactively but should not be the standard of practice.</p>
<b>Question ID:</b>	124
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	<p>Psychosocial Assessment tool - If this is going to be used as a standard tool across the state, clarity is needed in some areas, and we recommend the professional assessment of the Care Coordinator be considered</p> <p>a. Recommend the +2 points for a recipient who is not employed to be revised - many of the Maternity EIs are not employed due to reasons that do not warrant concern or high risk 'points'</p> <p>I. Married, spouse works</p> <p>II. Spouse works and EI is stay-at-home mom</p> <p>III. EI is attending school full time (college)</p>

	<p>b. Recommend Education Needs should say “Graduated High School or Obtained GED.” The agency might want to include a section for “Attending High School, Name of School”</p> <p>c. Emotional Health Section - suggest clarity on “mental illness” and what diagnoses constitute adding ‘points’ on assessment. For example, a history of depression would warrant need for follow up. But, an EI who reports they had ADHD as a child is technically a “history of mental illness,” but this would not be a ‘high risk’ factor unless it currently affects their current day-to-day activities.</p>
<b>Section Number:</b>	General
<b>RFP Page Number:</b>	General
<b>Agency Answer:</b>	No changes will be made to the current psychosocial assessment tool.
<b>Question ID:</b>	125
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Will all pharmacists on the ACHN staff be able to complete Medication Reconciliation Review of transitional patients? We would like to request that all of our pharmacists be allowed to complete medication reconciliation reviews.
<b>Section Number:</b>	II.I.7.f, Exhibit L
<b>RFP Page Number:</b>	35, 131
<b>Agency Answer:</b>	Refer to Section II.I.7.f and Exhibit L. No. The Pharmacy Director may serve as the Transitional Pharmacist and may perform those duties to include medication reconciliation, if all education requirements are met. However, the Transitional pharmacist and Community Pharmacist may not share duties.
<b>Question ID:</b>	126
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Please define "disenrollment?" Does this refer to patients current being managed by the ACHN?
<b>Section Number:</b>	General
<b>RFP Page Number:</b>	General

<b>Agency Answer:</b>	Enrollment refers (in this context) to those currently being managed by ACHN.
<b>Question ID:</b>	127
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Will the Agency please provide the format for client references? And to clarify, do client references refer to provider and community agencies letters of support?
<b>Section Number:</b>	General
<b>RFP Page Number:</b>	General
<b>Agency Answer:</b>	Refer to Amendment I. No, refer to Amendment I for changes regarding client references.
<b>Question ID:</b>	128
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Can two face-to-face patient interactions be conducted on the same day?
<b>Section Number:</b>	Exhibit N
<b>RFP Page Number:</b>	139
<b>Agency Answer:</b>	Yes. Refer to Exhibit N.
<b>Question ID:</b>	129
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	There is no discussion of "low" risk patients. Will the ACHN still be allowed to stratify patients as low risk? And can the community health workers be primary on these low cases?
<b>Section Number:</b>	General
<b>RFP Page Number:</b>	General
<b>Agency Answer:</b>	Refer to Section II.I.1.b. These EIs are not stratified as medium or high since they do not need ongoing care coordination services and may be assigned to a Community Health Worker for assistance.
<b>Question ID:</b>	130

<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	If the ACHN provides a referral to a specialist for a patient who is not currently attributed to a PCP, if the specialists contact the ACHN for payment, do we direct these calls to Medicaid? Does Medicaid have a way to communicate with the specialists about this change in the referral process?
<b>Section Number:</b>	General
<b>RFP Page Number:</b>	General
<b>Agency Answer:</b>	All calls regarding payments to specialists should be referred to the state's fiscal agent, currently DXC. The provider assistance center number is currently: (800) 688-7989.
<b>Question ID:</b>	131
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Transportation - how can the ACHN be responsible for ensuring the Agency does not pay for NET services if the EI has access to free transportation?
<b>Section Number:</b>	II.I.2
<b>RFP Page Number:</b>	19
<b>Agency Answer:</b>	Please refer to section II.I.2.a of the RFP.
<b>Question ID:</b>	132
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	What, if any, changes will be made to the current NET system before the start of the ACHN?
<b>Section Number:</b>	General
<b>RFP Page Number:</b>	General
<b>Agency Answer:</b>	There are no significant changes at this time.
<b>Question ID:</b>	133
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Will there be training provided by Agency staff so the ACHN staff will be able to provide all responsibilities required in the RFP?
<b>Section Number:</b>	General

<b>RFP Page Number:</b>	General
<b>Agency Answer:</b>	The Agency will provide guidance regarding RFP requirements. The ACHN must demonstrate their ability to meet all requirements during the Readiness Assessment.
<b>Question ID:</b>	134
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Regarding sending a certified letter to patients that we cannot locate - if the address we have on file is not a legitimate address (empty lot, business), will we be required to send a certified letter?
<b>Section Number:</b>	General
<b>RFP Page Number:</b>	General
<b>Agency Answer:</b>	No.
<b>Question ID:</b>	135
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Will the Agency send a list of qualifying diagnoses/conditions of children who are considered "Medically Complex?"
<b>Section Number:</b>	General
<b>RFP Page Number:</b>	General
<b>Agency Answer:</b>	Yes. We will include this in 2/8/19 responses.
<b>Question ID:</b>	136
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	The RFP states the Transitional Care Nurse will complete the Health Risk and Psychosocial Assessment. Can a licensed social worker also complete this assessment?
<b>Section Number:</b>	II.I.3.n
<b>RFP Page Number:</b>	26
<b>Agency Answer:</b>	No.
<b>Question ID:</b>	137
<b>Date Question Asked:</b>	1/17/2019

<b>Question:</b>	What was the rationale behind the development of the maternity caseload at a 365/coordinator and the payment rate per completed encounter especially in consideration of the increased encounter number/documentation/counseling criteria and metrics tracking requirements for program compliance compared to the current maternity program? Is there reimbursement for the labor intensive activities associated with attempted encounters not completed ultimately due to patient non-compliance? Please explain rationale used to determine Family Planning coordination caseloads and payment rate.
<b>Section Number:</b>	II.I.1.f
<b>RFP Page Number:</b>	18
<b>Agency Answer:</b>	The caseload limits for Maternity and Plan First are maximum caseloads. The ACHN may use smaller caseloads. There will be no reimbursement for attempted, but not completed encounters.
<b>Question ID:</b>	138
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	As a requirement exists for Non-Emergency Transportation (NET) Coordination, will the NET program be expanded to cover transportation for mandatory face-to-face case management activities from the current policy of paying for MD visits only?
<b>Section Number:</b>	II.I.2
<b>RFP Page Number:</b>	19
<b>Agency Answer:</b>	Please refer to section II.I.2.a of the RFP.
<b>Question ID:</b>	139
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Even though the Medicaid workers are to inform pregnant patients of the ACHN at time of Medicaid award, will the assigned ACHN also receive a list of recent awards from Medicaid to facilitate more timely contact with the patient to inform of available services to meet the 95% service target. If so, at what interval, i.e. biweekly, monthly, etc.?
<b>Section Number:</b>	II.I.3.b
<b>RFP Page Number:</b>	21
<b>Agency Answer:</b>	No.
<b>Question ID:</b>	140
<b>Date Question Asked:</b>	1/17/2019



<b>Question:</b>	For clarification, per page 32 item “o.” the only care coordinators required to be certified application assisters are those designated as maternity care coordinators? Those assigned to General Care Coordination or Family Planning have the option to be certified assisters?
<b>Section Number:</b>	II.I.4.p
<b>RFP Page Number:</b>	32
<b>Agency Answer:</b>	The Application Assistors are related to the Maternity Care Coordination program only.
<b>Question ID:</b>	141
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	For clarification, per page 32 item “r.”, regarding DHCP network within 50 miles of all areas in the region, is the use of DHCPs in neighboring ACHN regions and potentially across state lines acceptable in this analysis?
<b>Section Number:</b>	II.I.4.r
<b>RFP Page Number:</b>	32
<b>Agency Answer:</b>	Yes.
<b>Question ID:</b>	142
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	For clarification, per page 34 item “5.a”, does this statement mean that only DHCP delivery billing/claims will not be paid until their claim is submitted with the PCCM-E number? PCCM-E will continue to be paid for maternity encounters completed monthly?
<b>Section Number:</b>	II.I.5.a
<b>RFP Page Number:</b>	34
<b>Agency Answer:</b>	Yes. Yes.
<b>Question ID:</b>	143
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Has a Health Information System /Database been specified for inputting Maternity Data i.e. RMEDE, etc?
<b>Section Number:</b>	II.U.

<b>RFP Page Number:</b>	57
<b>Agency Answer:</b>	No.
<b>Question ID:</b>	144
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Does the PCCM-E have flexibility to re-design some of the maternity care coordination forms to meet region-specific needs with Medicaid's approval of the forms?
<b>Section Number:</b>	General
<b>RFP Page Number:</b>	N/A
<b>Agency Answer:</b>	The forms contain all the required data elements for the framework and development of your electronic HIMS. Therefore, the forms can be customized, but must contain all the required data fields, in the requested format, and be able to stand alone as a separate document for each encounter for reimbursement and auditing purposes.
<b>Question ID:</b>	145
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Section II.C.2c says that the PCCM-E must provide documentation that it is operating as a nonprofit entity in Alabama (or such status has been applied for). Please verify that the PCCM-E is not required to apply to become a 501(c)3 organization in order to respond to the RFP and that it may show proof it is formed as an Alabama nonprofit in order to qualify under this requirement.
<b>Section Number:</b>	II.C.2
<b>RFP Page Number:</b>	12,13
<b>Agency Answer:</b>	The ACHN must be incorporated as an Alabama nonprofit organization but will not be required to apply for a 501(c)(3) designation with the IRS.
<b>Question ID:</b>	146
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Section II.C.3f says that at each governing board meeting, a verbal report from the Consumer Advisory Committee must be received. Please confirm the requirement is for regularly scheduled board meetings and not for special called meetings of the board that may be to address a single issue in between the regularly scheduled board meetings.

<b>Section Number:</b>	II.C.3f
<b>RFP Page Number:</b>	13
<b>Agency Answer:</b>	A verbal report from the Consumer Advisory Committee is required at each board meeting.
<b>Question ID:</b>	147
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Section II.C.3g(i) says that of the primary care physician on the board, up to two may be employed by a hospital. Please clarify whether the requirement is that no more than two physicians on the board can be employed by a hospital also represented on the board, or whether only two may be employed by a hospital, even if one or more is employed by a hospital that does not otherwise have representation on the board. In other words, if Hospital A and Hospital B each has an administrative representative on the board and also each has a physician employed by Hospital A and Hospital B on the board, may another physician employed by Hospital C serve as well or not?
<b>Section Number:</b>	II.C.3g(i)
<b>RFP Page Number:</b>	13
<b>Agency Answer:</b>	No.
<b>Question ID:</b>	148
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Does the CAC have to be formed and committee members named in the RFP, or will a CAC charter and board policy about the CAC's selection suffice? The concern is naming consumers and advocates to a committee before an RFP has been awarded. Some consumer groups want to wait to suggest candidates until the RFP is awarded to one ACHN per region.
<b>Section Number:</b>	General
<b>RFP Page Number:</b>	General
<b>Agency Answer:</b>	The CAC charter and board policy regarding the CAC will need to be supplied with the RFP response. The specific individual's names must be supplied within one month after contract award.
<b>Question ID:</b>	149

<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Section II.G.1 says the PCCM-E must maintain a central business office within the Region for the exclusive use of the PCCM-E. Please clarify what is meant by exclusive. If an office has dedicated space for the PCCM-E function and that space is used exclusively or predominately for the PCCM-E, is that what the Agency requiring? TPA subcontractors may allocate space to the PCCM-E work within a corporate headquarters where other lines of business have different space. We are assuming that is allowed.
<b>Section Number:</b>	II.G.1
<b>RFP Page Number:</b>	16
<b>Agency Answer:</b>	Yes.
<b>Question ID:</b>	150
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Please explain whether you want resumes for key staff in addition to Appendix D, or would you like Appendix D to be filled out for each key staff member and no individual resumes?
<b>Section Number:</b>	Appendix D
<b>RFP Page Number:</b>	161
<b>Agency Answer:</b>	In accordance with Appendix D, for each named individual a separate key personnel resume sheet must be submitted.
<b>Question ID:</b>	151
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	Where do the letters of support belong in the response to the RFP?
<b>Section Number:</b>	General
<b>RFP Page Number:</b>	General
<b>Agency Answer:</b>	In the references section.
<b>Question ID:</b>	152
<b>Date Question Asked:</b>	1/17/2019

<b>Question:</b>	Appendix B says that attachments to RFP answers may not exceed 10 pages for the entirety of this document. Yet, some requirements ask for flow charts, organizational charts, etc. Is the limit intended to be per separate scope of work requirement response? Is the limit only for the scope of work section of the response and does not include other parts of the RFP, such as the letters of reference?
<b>Section Number:</b>	Appendix B
<b>RFP Page Number:</b>	154
<b>Agency Answer:</b>	See Amendment I which has been uploaded to the Vendor's library ( <a href="http://www.medicaid.alabama.gov/content/2.0_Newsroom/2.4_Procurement.aspx">http://www.medicaid.alabama.gov/content/2.0_Newsroom/2.4_Procurement.aspx</a> ).
<b>Question ID:</b>	153
<b>Date Question Asked:</b>	1/17/2019
<b>Question:</b>	The monthly PMPM from the Agency is to fund the quality improvement projects, and the RFP says, "The PCCM-E should expect to spend all of the Quality Improvement PMPM funds on the implementation of the QIPs." (p. 137) The care coordination activity payments pay the PCCM-E for activities performed by social workers and nurses. How is the PCCM-E paid for its key staff and for other activities not associated with these two forms of payments?
<b>Section Number:</b>	Exhibit S
<b>RFP Page Number:</b>	149
<b>Agency Answer:</b>	Key staff are required for the design and implementation of the QIPs. QIP payments can be used to offset some of those costs while balancing the other needs of the QIP to achieve outcomes that can result in incentives.