

Questions and Answers

**ACHN RFP**

Question ID	Question	RFP Section Number	Agency/Medicaid Response
1	This document states that the PCCM-e shall provide training for staff working with Children with Medical Complexity, and that the training modules will be produced by the National Center of Care Coordination Technical Assistance. We've reached out this organization to ask for the actual content in each module. We have received no reply from them. Will the agency be providing the content for the modules?	2.14_PL 15 Training Requirements	Refer to Amendment 3
2	We have reviewed the maternity schedule several times. Would you please confirm for a low risk maternity patient she would receive 10 contacts (F2F and telephonic) if she enrolls at 8 weeks gestation and a high risk patient could receive 13 contacts (F2F and telephonic). We want to make sure we are interpreting the schedule correctly so we can budget correctly for staffing	Appendix I: Maternity Schedule	All maternity recipients, while pregnant, must be managed as High Risk for the first 3 months of enrollment into Care Management. The Agency expects the Vendor to provide individualized encounters with each Maternity recipient based on the individual needs of the recipient in accordance with the Maternity Care Management Activity Schedule.
3	Regarding the RFP response, is there a required font type and size to use to respond?		The Agency is requiring at least a 12 font size and prefers Arial font.
4	Would the Agency allow for more than 2 page responses for the scope of work? Some of these will require more explanation that can be written on two pages, especially comprehensive care management services and assessing and care plans for all populations?	Scope of Work Responses	The Agency has elected to not increase the page limits to better ensure equity in the review of the proposals submitted in response to this RFP.  The RFP, Appendix F, states, "The response to <u>each requirement</u> , listed below [Appendix F content], must not exceed two (2) pages. Attached documents, including graphics, flow charts, diagrams, and other descriptive information should only be used to support the information in the narrative response. Attachments, including graphics, charts, and other supplemental information must not exceed ten (10) pages for the entirety of this document. Pages in excess of the stated page limits (including supplemental pages), will not be reviewed." The individual requirements (each cell) are listed in the Requirements Column within Appendix F.
5	Can a maternity recipient receive general care services during her pregnancy if medical needs are identified?		The Agency expects the Vendor to address medical needs for a maternity recipient during her pregnancy as outlined within the the Maternity Risk Stratification requirements.
6	Is Medicaid reversing their current requirements that LPNs with applicable experience can perform as a care coordinator in the maternity program? Will current LPNs that we hired upon initial RFP working in maternity be waived into the new RFP and be able to work as maternity care coordinators?		Refer to the Key Staff and Other Positions document for details regarding staffing requirements.
7	Can recipients be dual-enrolled in maternity and general and tasks billed for both Case Management's?		No. Each recipient is eligible for one Care Management population at a time. All needs of the recipient are to be addressed while enrolled in the stratified population.
8	The holiday schedule has been restricted. What was the thought process behind this decision. Can it be re-considered?		The state holiday schedule is set by statute.
9	Does Medicaid agree that if a recipients request an unreasonable time and location that places the staff at risk, the PCCM-e has the right to deny this request. Example could be 11:30 at night in an unsafe neighborhood.		The Agency expects the Vendor to be reasonably responsive to the needs of the recipient as well as consider the safety of its employees when developing appropriate hours for care management activities. However, care managers' hours must be flexible enough to allow delivery of care management services after the 5:00pm business hours of the vendor's location.
10	The ACHN's have had the Sickle Cell Disease initiative going on for over 6 months and have Case Managed all willing E's. In the new program, will off the the Sickle Cell Disease recipients need to be re-enrolled and Case Managed?		The Agency expects that if a current Vendor is awarded a contract in response to this RFP that management of recipients with this diagnosis will be addressed in the Transition Plan.
11	Will the list the ACHN's are currently receiving monthly for Chronic Disease be similar to the list with the new program.		This information will be released upon award.
12	Will Alabama Medicaid alleviate the barrier of demographic information by providing email addresses on all recipients.		This is outside of the scope of this RFP.
13	Will Alabama Medicaid mandate the PCP's utilize the SDOH diagnosis codes with their claims data much like the BMI requirement?		This is outside of the scope of this RFP.
14	Who can bill for Medical Monitoring?		It is at the discretion of the Vendor to determine which staff members meet the requirements for service delivery. The Agency expects the Vendor to identify the appropriate staff eligible to bill for all care management and related activities.
15	Please explain the requirement for the PCCM-E board to meet twice in a fiscal year but the PCCM-E to meet quarterly with the board. Who from the PCCM-E must meet quarterly with the board and what constitutes a meeting and must a quorum of the board be present? If staff members from the PCCM-E attend the two board meetings in the year, does that constitute a meeting for two of the four quarters? Assuming so, is it your expectation that the Executive Director of the PCCM-E meet with the officers of the board, or some smaller subset of the board, to keep them apprised of the operations in the two quarters when an official board meeting does not occur? Would inviting the board directors to attend the CAC meetings in the other two quarters constitute the PCCM-E meeting with the board?		If this question is regarding the Governing Board's mandated meetings, the separate meeting requirements are: 1. The Governing Board meets at least once in the second quarter and at least once in the fourth quarter; <u>and</u> 2. The PCCM-e meets with the Governing Board <u>each</u> quarter. The Agency expects that these quarterly meetings are separate from the required twice a year Governing Board meetings. Per the RFP, (Page 38, #8), the purpose of these meetings are described as follows: "The PCCM-e must meet with their Governing Board quarterly to report barriers to service provision, progress on QIP interventions, network, solicit input on partnering opportunities to assist the PCCM-e in driving improved quality outcomes." The Agency expects the PCCM-e to determine which staff members and Governing Board members would be most appropriate to attend these quarterly meetings to ensure that the Agency's defined purpose(s) for the meetings are met.  No. Inviting the board directors to attend the CAC meetings in the other two quarters does not constitute as a meeting with the Governing Board nor does it satisfy the related requirements.  The Agency expects the PCCM-e to develop policies and procedures related to its Governing Board.

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16	Care management is one of the areas of focus our company. We focus on all the required area listed in the RFP. Dos the provider need to provide service in all the area or would you consider excluding an area like pharmacy?		The bidder would need to respond to all requirements of the RFP.
17	Would the Agency consider responding to the round 2 questions before 5 days before submission to the RFP?	Section B	The Round 2 questions will be submitted as listed in the schedule of events.
18	Section III.3.2.f states, "Submit potential staff resumes for review by the Agency to ensure appropriate experience requirements are met." However, the Key Personnel Resume Sheet states, "This form must be used to respond to key positions. For each named individual a separate Key Personnel Resume Sheet must be submitted." Please confirm that resumes (via the Key Personnel Resume Sheet) should only be submitted for Key Staff and not all staff.	III.3.2.f.	Confirmed. The Key Personnel Resume Sheet should only be submitted for Key Staff and not all staff.
19	If resumes are required for all staff as referenced in Section III.3.2.f (not proposed as Key Staff), please provide a format for these resumes.	III.3.2.f.	The Agency does not have a format for resumes.
20	Please elaborate on how we should designate Appendix F sections within the structure of responding to every RFP requirement.	Appendix F	Each section and/or requirement should be clearly labeled and identified.
21	Many sections in Appendix F have many requirements to cover in the 2 page limit. For example, the Health Information Management System (HIMS) requires responses to 3 RFP sections. Would the Agency consider expanding the page limit for the Appendix F sections to 5 pages?	Appendix F	Refer to the response to Question #4.
22	Many sections in Appendix F have many requirements to cover in the 2 page limit, requiring responses in attachments. For example, the Health Information Management System (HIMS) requires responses to 3 RFP sections. Would the Agency consider expanding the attachment page limit for the Appendix F sections?	Appendix F	Refer to the response to Question #4.
23	Please confirm all of the sections in Appendix F that reference II.D.1, II.D.5, II.D.9, etc., the correct RFP reference should be II.1.D.1, II.1.D.5, II.1.D.9, etc	Appendix F	Confirmed
24	Please clarify the differences between the organizational chart and staffing plan required in the Care Management Staff section and the organizational chart and staffing plan required in the Staffing section.	Appendix F	The differences between the organizational chart and staffing plan required in the Care Management Staff section and the organizational chart and staffing plan required in the Staffing section are as follows: -Care Management Staff (Page 108): The organization chart and staffing plan for Care Management should include the case management and care coordination staff. -Staffing (page 111): This should include the required staff as stated in Appendix K and other staff contracted or hired to enhance care management services provided to the recipients. This includes a description of the positions, including number of staff, qualifications, and functions.
25	Many sections in Appendix F require additional detail to be submitted. For example, the Comprehensive Care Management Services requires submission of multiple documents to "include organizational structure, flow charts, policy on staff cross-training (if applicable), and oversight procedures to ensure quality outcomes and seamless coordination." Would the Agency consider increasing the page limit of Attachments?	Appendix F	Refer to the response to Question #4.
26	In Appendix F, the Maternity Care Provider Referral Process references II.2.D. However, there is no RFP requirement for II.2.D. Please confirm the correct RFP reference is II.2.C.	Appendix F	Confirmed
27	Appendix F includes a section titled "Transitional Plan - General Care Management" which requires the Vendor to "Provide the Vendor's plan to ensure continuity of care for recipients in the General Population transitioning to the Vendor's care management program." The next section requires the same thing for "Transitional Care - Maternity Care Coordination." Both of these sections refer to RFP Section II.5.B. Please provide additional information regarding which specific RFP requirement within II.5.B aligns with the Transitional Plan - General Care Management section?	Appendix F	The term "general" in section II.5.A. refers to general instructions for all populations not only the General population.
28	Appendix F includes a section titled, "Transition of recipients between PCCM-e entities" and references RFP Section II.5.B. However, Section II.5.B does not include requirements for recipients to transition between entities, only for recipients leaving an inpatient facility. Please provide guidance on what the Agency expects to see in the "Transition of recipients between PCCM-e entities" section of the proposal. For example, is this section only for recipients leaving an outpatient facility or does this also include recipients transitioning from one region (Central) to another (Southwest)?	Appendix F	Refer to Amendment 3
29	For PCCM-e Website in Appendix F, please confirm the correct RFP requirement is III.8.E.	Appendix F	Confirmed
30	The Key Personnel Resume Sheet requires references to be submitted within that document. However, it contradicts Section VI.d which states, "Furnish three (3) professional references for the Executive Director position..." Please confirm references are required for the Executive Director only.	Procurement Library 22, Key Personnel Resume Sheet	Refer to Amendment 3
31	Please confirm the Key Personnel Resume Sheet is submitted in lieu of a full resume for key staff positions.	Procurement Library 22, Key Personnel Resume Sheet	Both the Key Personnel Resume Sheet and a full resume for key staff positions should be submitted in response to this RFP.

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32	Are the PMPM rates provided going to be applicable to all regions? There is a note that states "The actual PMPM by ACHN region will vary from these figures based on member months for the region." We wanted to confirm that means that the rates will be consistent for all regions, but the member months would be the only variable among the regions.	Procurement Library 23, PCCM-E Payment Support	The PMPM rates vary by region. Total PMPM is calculated by adding the administrative cost PMPM and QIP PMPM. The administrative cost is the same amount for each region; however, the PMPM varies considering the member months in the region. In addition, QIP PMPMs were calculated at a slightly higher rate for regions with rural member months, compared to urban member months.
33	Please clarify the page limit for attachments. Appendix F states, ".....supplemental information must not exceed ten (10) pages for the entirety of this document." However, the response to Question #73 states, "The 10 page limit applies to attachments only related to each requirement within each section, in Appendix F." Please confirm whether the 10 page limit is for each requirement in Appendix F or a total of 10 pages for all requirements.	Responses to Round 1 Questions	Refer to the response to Question #4.
34	Regarding the response to Round 1, Question #79, the Agency referred to the format provided in Section VII.N. However, there is no specific format in Section VII.N. Please elaborate on the structure of non-Appendix F requirements.	Responses to Round 1 Questions	The proposal submission of documents should align with the order of the RFP.
35	In reference to the response provided in Question #93, can a Recipient be dual enrolled in Maternity and General?	Responses to Round 1 Questions	Refer to the responses to Questions # 5 and #7.
36	In regard to Question #161, please confirm the PCCM-e is only to meet with the governing board the 2nd and 4th quarter, as indicated III.A.1.	Responses to Round 1 Questions	Refer to the response in question #15.
37	Regarding the response to Round 1 Question #179, please confirm we are to respond in order of the RFP, even though Appendix F is not in the order of the RFP. For example, Process for Selecting a PCP is II.D.5, NET Coordination is II.D.9, and Care Management Stratification of Recipients is II.D.2.	Responses to Round 1 Questions	Confirmed. The Vendor is to respond in the order of the RFP.
38	In regard to Round 1 Question #189, Alabama Code Section 34-30-20, License Requirements and the Alabama Board of Social Work Examiners indicates the LGSW certification is no longer issued and has been replaced by the LMSW certification. Please update this requirement for the Care Management Director in Appendix K.	Responses to Round 1 Questions	Noted. Refer to Amendment 3
39	Regarding Round 1 Question #191, the question asked, "Regarding Performance Withhold Standard 3, will the Agency consider determining if an outcome is appropriately met if circumstances beyond PCCM-e control impact the anticipated outcome proposed (similar to the determination described in Performance Withhold Standard 2)?" The Agency needed additional information. Standard 2 says that we will meet our timeliness for QIPs, there is an exception for what is beyond our control; Standard 3 ask if you are achieving your outcomes; Is there a similar equitable for standard 3 that is already in on standard 2?	Responses to Round 1 Questions	To clarify, the Round 2 question submitted referred to Round 1 response to question 191 response; however, it should have referenced question #192. Related to Performance Standard #3, the Agency expects the PCCM-e shall meet all outcomes proposed in its QIP proposal without consideration for circumstances that were outlined for Performance Standard #2. The consideration provided for Performance Standard #2 is related to time while Performance Standard #3 is related to outcome measures proposed.
40	Should the required letters of support from community partners, providers, etc., be sent directly to the Alabama Medicaid Agency?		No. These letters must accompany the bidder's response to the RFP. Letters of support sent directly to the Agency without the RFP response will not be review nor included with the submission.