

**RFP #: 2019-ACHN-01**  
**State of Alabama Medicaid**  
**Alabama Coordinated Health Network**  
**Contractor Questions and Agency Answers**  
**2/8/2019**

|                             |  |
|-----------------------------|--|
| <b>Question ID:</b>         | 1  |
| <b>Date Question Asked:</b> | 1/22/2019  |
| <b>Question:</b>            | If a general care coordinator is cross-trained to provide maternity care coordination – how do you determine what he/she caseload would be?  |
| <b>Section Number:</b>      |  |
| <b>RFP Page Number:</b>     |  |
| <b>Agency Answer:</b>       | The case determination is based on Full Time Equivalent (FTE). If a Care Coordinator is cross trained in multiple programs the caseload size would be proportionate to the percentage of time in each program.   |
| <b>Question ID:</b>         | 2  |
| <b>Date Question Asked:</b> | 1/22/2019  |
| <b>Question:</b>            | Also does the 100 caseloads/community health worker count toward the percentages of caseloads for each group (general population, maternity, and family planning).   |
| <b>Section Number:</b>      |  |
| <b>RFP Page Number:</b>     |  |
| <b>Agency Answer:</b>       | Refer to Section II.I.1.f.i. The 100 case load for Community Health Workers is for General Population only.  |
| <b>Question ID:</b>         | 3  |
| <b>Date Question Asked:</b> | 1/22/2019  |
| <b>Question:</b>            | Could we see the staffing model used for coming up with the numbers? We know that by merging these three programs it will be much more efficient, but I am struggling to determine how we can use care coordinators in different programs because of the caseload constraints. |
| <b>Section Number:</b>      |  |

| <b>RFP Page Number:</b>            |   |                                    |         |             |       |       |       |    |    |                   |       |       |       |       |       |       |       |                    |       |       |       |       |       |       |       |            |       |       |       |       |       |       |       |
|------------------------------------|---|------------------------------------|---------|-------------|-------|-------|-------|----|----|-------------------|-------|-------|-------|-------|-------|-------|-------|--------------------|-------|-------|-------|-------|-------|-------|-------|------------|-------|-------|-------|-------|-------|-------|-------|
| <b>Agency Answer:</b>              | <p>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 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 |
| <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 |    |    |                   |       |       |       |       |       |       |       |                    |       |       |       |       |       |       |       |            |       |       |       |       |       |       |       |
| <b>Question ID:</b>                | 4   |                                    |         |             |       |       |       |    |    |                   |       |       |       |       |       |       |       |                    |       |       |       |       |       |       |       |            |       |       |       |       |       |       |       |
| <b>Date Question Asked:</b>        | 1/22/2019   |                                    |         |             |       |       |       |    |    |                   |       |       |       |       |       |       |       |                    |       |       |       |       |       |       |       |            |       |       |       |       |       |       |       |
| <b>Question:</b>                   | Are there any funds budgeted for patient resources, like transportation, DME equipment, etc.?   |                                    |         |             |       |       |       |    |    |                   |       |       |       |       |       |       |       |                    |       |       |       |       |       |       |       |            |       |       |       |       |       |       |       |
| <b>Section Number:</b>             |   |                                    |         |             |       |       |       |    |    |                   |       |       |       |       |       |       |       |                    |       |       |       |       |       |       |       |            |       |       |       |       |       |       |       |
| <b>RFP Page Number:</b>            |   |                                    |         |             |       |       |       |    |    |                   |       |       |       |       |       |       |       |                    |       |       |       |       |       |       |       |            |       |       |       |       |       |       |       |
| <b>Agency Answer:</b>              | No  |                                    |         |             |       |       |       |    |    |                   |       |       |       |       |       |       |       |                    |       |       |       |       |       |       |       |            |       |       |       |       |       |       |       |
| <b>Question ID:</b>                | 5   |                                    |         |             |       |       |       |    |    |                   |       |       |       |       |       |       |       |                    |       |       |       |       |       |       |       |            |       |       |       |       |       |       |       |
| <b>Date Question Asked:</b>        | 1/22/2019   |                                    |         |             |       |       |       |    |    |                   |       |       |       |       |       |       |       |                    |       |       |       |       |       |       |       |            |       |       |       |       |       |       |       |
| <b>Question:</b>                   | Maternity: Can the eligibility visit and the 1 <sup>st</sup> F2F be on the same visit and billed separately?  |                                    |         |             |       |       |       |    |    |                   |       |       |       |       |       |       |       |                    |       |       |       |       |       |       |       |            |       |       |       |       |       |       |       |
| <b>Section Number:</b>             |   |                                    |         |             |       |       |       |    |    |                   |       |       |       |       |       |       |       |                    |       |       |       |       |       |       |       |            |       |       |       |       |       |       |       |
| <b>RFP Page Number:</b>            |   |                                    |         |             |       |       |       |    |    |                   |       |       |       |       |       |       |       |                    |       |       |       |       |       |       |       |            |       |       |       |       |       |       |       |

| <b>Agency Answer:</b>       | Yes. The services must be documented in the HIMS for reimbursement to be made.  |              |       |       |       |       |       |                             |         |              |      |    |    |    |    |                   |       |       |       |       |       |       |       |
|-----------------------------|---|--------------|-------|-------|-------|-------|-------|-----------------------------|---------|--------------|------|----|----|----|----|-------------------|-------|-------|-------|-------|-------|-------|-------|
| <b>Question ID:</b>         | 6   |              |       |       |       |       |       |                             |         |              |      |    |    |    |    |                   |       |       |       |       |       |       |       |
| <b>Date Question Asked:</b> | 1/22/2019   |              |       |       |       |       |       |                             |         |              |      |    |    |    |    |                   |       |       |       |       |       |       |       |
| <b>Question:</b>            | To put in a writing a question I asked at today's vendor meeting, does the PCCM-E candidate have to name the consumer representative to the board as part of a complete RFP response? Some consumer advocacy groups prefer to nominate board suggestions after the winner is selected in a region.  |              |       |       |       |       |       |                             |         |              |      |    |    |    |    |                   |       |       |       |       |       |       |       |
| <b>Section Number:</b>      |   |              |       |       |       |       |       |                             |         |              |      |    |    |    |    |                   |       |       |       |       |       |       |       |
| <b>RFP Page Number:</b>     |   |              |       |       |       |       |       |                             |         |              |      |    |    |    |    |                   |       |       |       |       |       |       |       |
| <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>         | 7   |              |       |       |       |       |       |                             |         |              |      |    |    |    |    |                   |       |       |       |       |       |       |       |
| <b>Date Question Asked:</b> | 1/23/2019   |              |       |       |       |       |       |                             |         |              |      |    |    |    |    |                   |       |       |       |       |       |       |       |
| <b>Question:</b>            | Would the agency please share the staffing scenarios used to determine 1.5% caseload requirement?   |              |       |       |       |       |       |                             |         |              |      |    |    |    |    |                   |       |       |       |       |       |       |       |
| <b>Section Number:</b>      |   |              |       |       |       |       |       |                             |         |              |      |    |    |    |    |                   |       |       |       |       |       |       |       |
| <b>RFP Page Number:</b>     |   |              |       |       |       |       |       |                             |         |              |      |    |    |    |    |                   |       |       |       |       |       |       |       |
| <b>Agency Answer:</b>       | <p>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 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>General Population Payments</th> <th>CENTRAL</th> <th>JEFF/SHELB Y</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> </tbody> </table> |              |       |       |       |       |       | General Population Payments | CENTRAL | JEFF/SHELB Y | EAST | NE | NW | SE | SW | Intensely Managed | 7,990 | 9,249 | 8,436 | 8,101 | 7,839 | 7,999 | 9,595 |
| General Population Payments | CENTRAL   | JEFF/SHELB Y | 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 |                             |         |             |      |    |    |    |    |                   |       |       |       |       |       |       |       |                    |       |       |       |       |       |       |       |            |       |       |       |       |       |       |       |
| <b>Question ID:</b>         | 8  |             |       |       |       |       |       |       |                             |         |             |      |    |    |    |    |                   |       |       |       |       |       |       |       |                    |       |       |       |       |       |       |       |            |       |       |       |       |       |       |       |
| <b>Date Question Asked:</b> | 1/23/2019  |             |       |       |       |       |       |       |                             |         |             |      |    |    |    |    |                   |       |       |       |       |       |       |       |                    |       |       |       |       |       |       |       |            |       |       |       |       |       |       |       |
| <b>Question:</b>            | <p>Would the agency please explain how caseload assignments factor into staff shared across different types of care coordination services?<br/>                     Is this an accurate assumption? General/Maternity Care Coordinator - 25 general / 182 maternity?</p>   |             |       |       |       |       |       |       |                             |         |             |      |    |    |    |    |                   |       |       |       |       |       |       |       |                    |       |       |       |       |       |       |       |            |       |       |       |       |       |       |       |
| <b>Section Number:</b>      |  |             |       |       |       |       |       |       |                             |         |             |      |    |    |    |    |                   |       |       |       |       |       |       |       |                    |       |       |       |       |       |       |       |            |       |       |       |       |       |       |       |
| <b>RFP Page Number:</b>     |  |             |       |       |       |       |       |       |                             |         |             |      |    |    |    |    |                   |       |       |       |       |       |       |       |                    |       |       |       |       |       |       |       |            |       |       |       |       |       |       |       |
| <b>Agency Answer:</b>       | <p>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 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>General Population Payments</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> |             |       |       |       |       |       |       | General Population Payments | 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 |
| General Population Payments | 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 |       |                             |         |             |      |    |    |    |    |                   |       |       |       |       |       |       |       |                    |       |       |       |       |       |       |       |            |       |       |       |       |       |       |       |
| <b>Question ID:</b>         | 9  |             |       |       |       |       |       |       |                             |         |             |      |    |    |    |    |                   |       |       |       |       |       |       |       |                    |       |       |       |       |       |       |       |            |       |       |       |       |       |       |       |
| <b>Date Question Asked:</b> | 1/23/2019  |             |       |       |       |       |       |       |                             |         |             |      |    |    |    |    |                   |       |       |       |       |       |       |       |                    |       |       |       |       |       |       |       |            |       |       |       |       |       |       |       |

|                             |  |
|-----------------------------|--|
| <b>Question:</b>            | If the transitional Screening form is completed in the hospital and patient accepts services, does the Entity still have to complete the care coordination screening form?   |
| <b>Section Number:</b>      |  |
| <b>RFP Page Number:</b>     | 26   |
| <b>Agency Answer:</b>       | Yes  |
| <b>Question ID:</b>         | 10   |
| <b>Date Question Asked:</b> | 1/23/2019  |
| <b>Question:</b>            | Will the Entity get paid for completing the transitional screening in the hospital if the patient declines services?   |
| <b>Section Number:</b>      |  |
| <b>RFP Page Number:</b>     |  |
| <b>Agency Answer:</b>       | Yes, refer to Exhibit N. This is a Face to Face encounter and must be documented in the HIMS.  |
| <b>Question ID:</b>         | 11   |
| <b>Date Question Asked:</b> | 1/23/2019  |
| <b>Question:</b>            | G0002 Face to Face Practice Encounter with EI / Activities related to a face to face encounter with the EI during a PCP or Medical Provider appointment. Please define Medical Provider.   |
| <b>Section Number:</b>      |  |
| <b>RFP Page Number:</b>     |  |
| <b>Agency Answer:</b>       | An institution, facility, agency, person, partnership, corporation or association which is approved and certified by the Agency as authorized to provide the EIs the services specified in the State Plan at the time services are rendered. |
| <b>Question ID:</b>         | 12   |
| <b>Date Question Asked:</b> | 1/23/2019  |
| <b>Question:</b>            | Is moderately managed the same thing as a medium patient?  |
| <b>Section Number:</b>      |  |
| <b>RFP Page Number:</b>     |  |
| <b>Agency Answer:</b>       | No, refer to Exhibit N. Moderately managed refers to the level of monthly activity for an EI to determine payment. Refer to section II.I.3.d. Medium refers to the stratification of an EI.  |

|                             |  |
|-----------------------------|--|
| <b>Question ID:</b>         | 13   |
| <b>Date Question Asked:</b> | 1/23/2019  |
| <b>Question:</b>            | If the patient is stratified as medium, will the entity be paid for attending non-PCP appointments?  |
| <b>Section Number:</b>      |  |
| <b>RFP Page Number:</b>     |  |
| <b>Agency Answer:</b>       | Yes, refer to Exhibit N. Refer to section II.I.3.d. Medium refers to the stratification of an EI.  |
| <b>Question ID:</b>         | 14   |
| <b>Date Question Asked:</b> | 1/28/2019  |
| <b>Question:</b>            | On the first Q&A, Medicaid Agency provided the contact level assumptions per year for general care coordination. Would you please provide the same information, contact level assumptions, for Maternity Coordination and Family Planning?   |
| <b>Section Number:</b>      |  |
| <b>RFP Page Number:</b>     |  |
| <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>         | 15   |
| <b>Date Question Asked:</b> | 1/28/2019  |
| <b>Question:</b>            | In the upcoming ACHN, if a pediatrician completes the EPSDT for a child, then the mother takes the child to another pediatric practice and this pediatrician sends the child to a specialist, what pediatrician is responsible for the referral? The pediatrician who completed the EPSDT or the pediatrician who referred the child to a specialist?  |
| <b>Section Number:</b>      |  |

|                             |   |
|-----------------------------|---|
| <b>RFP Page Number:</b>     |   |
| <b>Agency Answer:</b>       | The pediatrician responsible for the referral will be the pediatrician who referred the child to a specialist   |
| <b>Question ID:</b>         | 16  |
| <b>Date Question Asked:</b> | 1/28/2019   |
| <b>Question:</b>            | Note: Year one (1) includes the one-time one hundred dollar (\$100) Maternity Care Coordination transfer fee . . .<br><br>Will the PCCM-E still be paid for the encounters performed for the rest of the pregnancy along with the \$100 transfer fee? |
| <b>Section Number:</b>      |   |
| <b>RFP Page Number:</b>     | 70  |
| <b>Agency Answer:</b>       | Yes.  |
| <b>Question ID:</b>         | 17  |
| <b>Date Question Asked:</b> | 1/28/2019   |
| <b>Question:</b>            | The PCCM-E must comply with the DHCP selection referral process as not maternity Claims will be paid/reimbursed unless a DHCP receives a selection referral . . .<br><br>Without the Maternity Referral, will the DHCP be paid anything?              |
| <b>Section Number:</b>      |   |
| <b>RFP Page Number:</b>     | 34  |
| <b>Agency Answer:</b>       | No, refer to Section II.I.5.a.  |
| <b>Question ID:</b>         | 18  |
| <b>Date Question Asked:</b> | 1/28/2019   |
| <b>Question:</b>            | Can Eis be incentivized? If yes, what are the rules for incentivization?  |
| <b>Section Number:</b>      | General   |
| <b>RFP Page Number:</b>     | General   |
| <b>Agency Answer:</b>       | Yes. See Amendment II, 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>         | 19  |
| <b>Date Question Asked:</b> | 1/28/2019   |

|                             |  |
|-----------------------------|--|
| <b>Question:</b>            | If the Pharmacy Director also serves as the Community Pharmacist, can she still serve as back up for the Transitional med rec team?  |
| <b>Section Number:</b>      |  |
| <b>RFP Page Number:</b>     | 131  |
| <b>Agency Answer:</b>       | According to Exhibit L: “The Pharmacy Director may also simultaneously serve as <u>either</u> the Transitional Pharmacist <u>or</u> Community Pharmacist. The Pharmacy Director may also serve as the Transitional or Community Pharmacist, but not both. If the Pharmacy Director also serves as the Transitional or Community Pharmacist, the Educational/Professional Criteria must be met for all positions held.” |
| <b>Question ID:</b>         | 20   |
| <b>Date Question Asked:</b> | 1/28/2019  |
| <b>Question:</b>            | If the Pharmacy Director also serves as the Community Pharmacist, can she access the Transitional patients for QA checks?  |
| <b>Section Number:</b>      |  |
| <b>RFP Page Number:</b>     | 132  |
| <b>Agency Answer:</b>       | Yes, it is the intention that all pharmacists have access to all permissible files in the event a patient transitions to or from inpatient.  |
| <b>Question ID:</b>         | 21   |
| <b>Date Question Asked:</b> | 1/28/2019  |
| <b>Question:</b>            | Does the Agency consider 32 hours fulltime?  |
| <b>Section Number:</b>      |  |
| <b>RFP Page Number:</b>     | 133  |
| <b>Agency Answer:</b>       | No. The Agency considers 40 hours, per standard work week, as full-time.   |
| <b>Question ID:</b>         | 22   |
| <b>Date Question Asked:</b> | 1/28/2019  |
| <b>Question:</b>            | Can the Pharmacy Director position be a shared position?   |
| <b>Section Number:</b>      |  |
| <b>RFP Page Number:</b>     | 134  |
| <b>Agency Answer:</b>       | Yes. According to Exhibit L: “The Pharmacy Director may also simultaneously serve as <u>either</u> the Transitional Pharmacist <u>or</u> Community   |



|                             |  |
|-----------------------------|--|
|                             | Pharmacist. The Pharmacy Director may also serve as the Transitional or Community Pharmacist, but not both. If the Pharmacy Director also serves as the Transitional or Community Pharmacist, the Educational/Professional Criteria must be met for all positions held.”   |
| <b>Question ID:</b>         | 23   |
| <b>Date Question Asked:</b> | 1/28/2019  |
| <b>Question:</b>            | If the Pharmacy Director meets all of the requirements of the Transitional Pharmacist and of the Community Pharmacist, may she perform Med Recs for each group if additional help is needed in cases of Illness, Vacation, or extreme case load?   |
| <b>Section Number:</b>      | 1/28/2019  |
| <b>RFP Page Number:</b>     | 134  |
| <b>Agency Answer:</b>       | According to Exhibit L: “The Pharmacy Director may also simultaneously serve as <u>either</u> the Transitional Pharmacist <u>or</u> Community Pharmacist. The Pharmacy Director may also serve as the Transitional or Community Pharmacist, but not both. If the Pharmacy Director also serves as the Transitional or Community Pharmacist, the Educational/Professional Criteria must be met for all positions held.” |
| <b>Question ID:</b>         | 24   |
| <b>Date Question Asked:</b> | 1/29/2019  |
| <b>Question:</b>            | How will the the Agency know if the DHCP has a selection referral?   |
| <b>Section Number:</b>      |  |
| <b>RFP Page Number:</b>     |  |
| <b>Agency Answer:</b>       | Refer to Section II.I.5.a.   |
| <b>Question ID:</b>         | 25   |
| <b>Date Question Asked:</b> | 1/30/2019  |
| <b>Question:</b>            | What data must be included in the monthly extract that has to be sent the Agency?  |
| <b>Section Number:</b>      |  |
| <b>RFP Page Number:</b>     |  |
| <b>Agency Answer:</b>       | See the document titled “Maternity Data Fields” which was uploaded 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>   |
| <b>Question ID:</b>         | 26  |
| <b>Date Question Asked:</b> | 1/30/2019   |
| <b>Question:</b>            | How often will HIMS receive EI's eligibility, provider and reference data?  |
| <b>Section Number:</b>      |   |
| <b>RFP Page Number:</b>     |   |
| <b>Agency Answer:</b>       | This information will be discussed at the first meeting following contract award.   |
| <b>Question ID:</b>         | 27  |
| <b>Date Question Asked:</b> | 1/30/2019   |
| <b>Question:</b>            | What is reference data? Will this be additional data fields that not being currently uploaded to the Case Management system?  |
| <b>Section Number:</b>      |   |
| <b>RFP Page Number:</b>     |   |
| <b>Agency Answer:</b>       | Reference data are data that define the set of permissible values to be used by other data fields (i.e., look-up tables). Yes, it will be additional data points for the HIMS system.   |
| <b>Question ID:</b>         | 28  |
| <b>Date Question Asked:</b> | 1/30/2019   |
| <b>Question:</b>            | What data has to be included in the network and case management audit files that have to be sent to Medicaid  |
| <b>Section Number:</b>      |   |
| <b>RFP Page Number:</b>     | 59  |
| <b>Agency Answer:</b>       | See the documents titled "AL Med Case Management Activity Guide" and "Activities and Definitions" which were uploaded to the Vendor's online library<br><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>         | 29  |
| <b>Date Question Asked:</b> | 1/30/2019   |

|                             |  |
|-----------------------------|--|
| <b>Question:</b>            | Do the ADT feeds have to be integrated into the HIMS systems, if so, what data fields? Will any ADT data be included in the monthly data extract sent to the Agency? |
| <b>Section Number:</b>      |  |
| <b>RFP Page Number:</b>     |  |
| <b>Agency Answer:</b>       | It is at the discretion of each ACHN whether or not to integrate the ADT feeds into their HIMS. No.  |
| <b>Question ID:</b>         | 30   |
| <b>Date Question Asked:</b> | 1/30/2019  |
| <b>Question:</b>            | How will the Agency provide the target list of EIs for case management? Will this information be uploaded into HIMS or given to ACHNs as a hard copy?                |
| <b>Section Number:</b>      |  |
| <b>RFP Page Number:</b>     |  |
| <b>Agency Answer:</b>       | Refer to Section II.I.3.b.i. The data will be uploaded into HIMS.  |
| <b>Question ID:</b>         | 31   |
| <b>Date Question Asked:</b> | 1/30/2019  |
| <b>Question:</b>            | From the HIMS requirements what does "Inform" mean, how should the system process "inform" as it relates to Case Management Types and Benefit plan?                  |
| <b>Section Number:</b>      |  |
| <b>RFP Page Number:</b>     |  |
| <b>Agency Answer:</b>       | "Inform" means "For Information Only".   |
| <b>Question ID:</b>         | 32   |
| <b>Date Question Asked:</b> | 1/30/2019  |
| <b>Question:</b>            | Will current case management information be transferred to HIMS or will each ACHN start with a clean data slate?   |
| <b>Section Number:</b>      |  |
| <b>RFP Page Number:</b>     |  |
| <b>Agency Answer:</b>       | No. Refer to Section II.I.8.   |
| <b>Question ID:</b>         | 33   |

|                             |  |
|-----------------------------|--|
| <b>Date Question Asked:</b> | 1/30/2019  |
| <b>Question:</b>            | Will there be a technical review meeting to discuss system requirements in more detail?  |
| <b>Section Number:</b>      |  |
| <b>RFP Page Number:</b>     |  |
| <b>Agency Answer:</b>       | Yes, after contracts are awarded.  |
| <b>Question ID:</b>         | 34   |
| <b>Date Question Asked:</b> | 1/30/2019  |
| <b>Question:</b>            | Will the Family Planning and Maternity case management modules have unique goals, & interventions or should the ACHN identify the goals and interventions?   |
| <b>Section Number:</b>      |  |
| <b>RFP Page Number:</b>     |  |
| <b>Agency Answer:</b>       | Refer to Section II.I.4.a and Section II.I.6. The Family Planning and Maternity case management modules will require goals and interventions that are in accordance with their program requirements and are aligned with ACHN and Agency goals.                                |
| <b>Question ID:</b>         | 35   |
| <b>Date Question Asked:</b> | 1/30/2019  |
| <b>Question:</b>            | Will the current maternity database continue to exist or will all of Maternity's reporting requirements be extracted from the Maternity case mgt module.   |
| <b>Section Number:</b>      |  |
| <b>RFP Page Number:</b>     |  |
| <b>Agency Answer:</b>       | No. See the document titled "Maternity Data Fields" which was uploaded to the Vendor's online library<br>( <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>         | 36   |
| <b>Date Question Asked:</b> | 1/30/2019  |
| <b>Question:</b>            | What unique data will be transmitted from Maternity & Family planning case mgt to the Agency?  |
| <b>Section Number:</b>      |  |

|                             |   |
|-----------------------------|---|
| <b>RFP Page Number:</b>     |   |
| <b>Agency Answer:</b>       | See the documents titled “AL Med Case Management Activity Guide” and “Activities and Definitions” which were uploaded to the Vendor’s online library<br>( <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>         | 37  |
| <b>Date Question Asked:</b> | 1/30/2019   |
| <b>Question:</b>            | Which forms have to put online vs. which should be document uploads (there are some forms that require signatures)  |
| <b>Section Number:</b>      |   |
| <b>RFP Page Number:</b>     |   |
| <b>Agency Answer:</b>       | Forms that require a signature will need to be uploaded.  |
| <b>Question ID:</b>         | 38  |
| <b>Date Question Asked:</b> | 1/30/2019   |
| <b>Question:</b>            | What fields are required vs optional?   |
| <b>Section Number:</b>      |   |
| <b>RFP Page Number:</b>     |   |
| <b>Agency Answer:</b>       | All fields are required to be completed on forms.   |
| <b>Question ID:</b>         | 39  |
| <b>Date Question Asked:</b> | 1/30/2019   |
| <b>Question:</b>            | What is the sequence for entering maternity/family planning form, are there forms that depend on other forms? What will be the Maternity & Family Planning work flow?   |
| <b>Section Number:</b>      |   |
| <b>RFP Page Number:</b>     |   |
| <b>Agency Answer:</b>       | It is at the discretion of each ACHN to develop their work flow.  |
| <b>Question ID:</b>         | 40  |
| <b>Date Question Asked:</b> | 1/30/2019   |
| <b>Question:</b>            | There are sections of forms where the same questions are asked on different forms, can this be streamlined to one form or do the questions need to be repeated or pre populated with information entered on another form?   |

|                             |   |
|-----------------------------|---|
| <b>Section Number:</b>      |   |
| <b>RFP Page Number:</b>     |   |
| <b>Agency Answer:</b>       | It is at the discretion of each ACHN to determine the information that can be pre-populated to other forms.   |
| <b>Question ID:</b>         | 41  |
| <b>Date Question Asked:</b> | 1/30/2019   |
| <b>Question:</b>            | Will current Maternity EIs be uploaded to patient pool?   |
| <b>Section Number:</b>      |   |
| <b>RFP Page Number:</b>     |   |
| <b>Agency Answer:</b>       | No.   |
| <b>Question ID:</b>         | 42  |
| <b>Date Question Asked:</b> | 1/30/2019   |
| <b>Question:</b>            | Please confirm that vendors need only respond to the Scope of Work Scored Items (listed in Appendix B) in the Scope of Work section of our response.  |
| <b>Section Number:</b>      |   |
| <b>RFP Page Number:</b>     |   |
| <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>         | 43  |
| <b>Date Question Asked:</b> | 1/30/2019   |
| <b>Question:</b>            | The Agency has uploaded "AL ACHN 1915b PCCME-E Payment Support . . .<br><br>This documents references assumptions. We would like to see the spreadsheets of how those assumptions were made. Example - Maternity First Encounter was assumed at 2 million. What salary base and benefits percentage was used? What amount of time for the encounter was used? |
| <b>Section Number:</b>      |   |
| <b>RFP Page Number:</b>     |   |
| <b>Agency Answer:</b>       | Refer to Section II.I.1.f. The details for the requirements to provide services are listed in the RFP. Without exceeding any of the maximums described in   |

|                             |  |
|-----------------------------|--|
|                             | the RFP, the ACHN has flexibility to determine the staffing levels necessary to fulfill the RFP requirements, enhance the bid proposal, and potentially earn incentives.   |
| <b>Question ID:</b>         | 44   |
| <b>Date Question Asked:</b> | 1/30/2019  |
| <b>Question:</b>            | Please confirm resumes of Senior Managers, required in VI.1.b.v. are not required to follow the Appendix D resume format.  |
| <b>Section Number:</b>      | VI.1.b.v   |
| <b>RFP Page Number:</b>     |  |
| <b>Agency Answer:</b>       | Please follow the resume format in Appendix D, for resumes of Senior Managers.   |
| <b>Question ID:</b>         | 45   |
| <b>Date Question Asked:</b> | 1/30/2019  |
| <b>Question:</b>            | Please confirm that the only required professional references are for Executive Director.  |
| <b>Section Number:</b>      | Appendix A, #7 (Amended)   |
| <b>RFP Page Number:</b>     |  |
| <b>Agency Answer:</b>       | Yes.   |
| <b>Question ID:</b>         | 46   |
| <b>Date Question Asked:</b> | 1/30/2019  |
| <b>Question:</b>            | To further cost containment and automation, please confirm that an electronically signed consent form is allowed (similar to when a person signs for a credit card purchase).  |
| <b>Section Number:</b>      | II.I.6.b   |
| <b>RFP Page Number:</b>     |  |
| <b>Agency Answer:</b>       | Yes, in accordance with the Alabama Medicaid Administrative Code 560-X-1-.18 Provider/Recipient Signature Requirements.  |
| <b>Question ID:</b>         | 47   |
| <b>Date Question Asked:</b> | 1/30/2019  |
| <b>Question:</b>            | The answer to Q#21 states that only a TOC nurse (per Exhibit F - only a nurse) can bill for a face to face hospital transition assessment. However the Activity matrix states that a SW or RN may bill. Please provide clarification |
| <b>Section Number:</b>      | Attachment Activity Matrix   |

|                             |  |
|-----------------------------|--|
| <b>RFP Page Number:</b>     |  |
| <b>Agency Answer:</b>       | See the document titled “Activities and Definitions” which was uploaded 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> ) The face to face hospital transition contact with the EI may be completed by a Social Worker or a Registered Nurse. Refer to Section II.I.3.n.iv. However, a Health Risk and Psychosocial Assessment completed for transitional care services must be completed by a Transitional Care Nurse. |
| <b>Question ID:</b>         | 48   |
| <b>Date Question Asked:</b> | 1/30/2019  |
| <b>Question:</b>            | What is the Agency's expectation for care coordination of current HH and Maternity members during the month of October (after HH and Maternity contracts end, but prior to ACHN stated 11/1 EI transition)?  |
| <b>Section Number:</b>      | EI Transition  |
| <b>RFP Page Number:</b>     |  |
| <b>Agency Answer:</b>       | See Amendment II, 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>         | 49   |
| <b>Date Question Asked:</b> | 1/30/2019  |
| <b>Question:</b>            | Please define the 4 non-face to face activities required to completed in a month to be considered moderately managed.  |
| <b>Section Number:</b>      | Exhibit N  |
| <b>RFP Page Number:</b>     |  |
| <b>Agency Answer:</b>       | See Exhibit N and the document titled “Activities and Definitions” which was uploaded 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> )   |
| <b>Question ID:</b>         | 50   |
| <b>Date Question Asked:</b> | 1/30/2019  |
| <b>Question:</b>            | Please confirm that the PCCM-E (Entity) will be allowed a voice in the oversight of the ACHN program through having seats on the Governing Board. As the contract holder, the Entity is ultimately responsible for achieving the Agency’s program and quality goals. Currently, there are entities that are associated with hospitals and will automatically have  |



|                             |  |
|-----------------------------|--|
|                             | <p>representation on the Board. However, not all Entities are associated with hospitals, therefore they will be unable to have a voice in the policies or governance of the program decided by the Board.</p> <p>Please confirm that the following is a compliant Board structure, allowing the contract holder to have appropriate representation on the Board.</p> <ul style="list-style-type: none"> <li>• 2 representatives of the Entity;</li> <li>• 8 PCPs (including at least one OB-GYN);</li> <li>• 2 representatives of hospitals;</li> <li>• 1 representative of a Community Mental Health Center;</li> <li>• 1 representative of a Substance Abuse Treatment Facility;</li> <li>• 1 Consumer Representative; and</li> <li>• 1 representative of a Federally Qualified Health Center</li> </ul> |
| <b>Section Number:</b>      | II.C.3   |
| <b>RFP Page Number:</b>     |  |
| <b>Agency Answer:</b>       | See Amendment II, 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>         | 51   |
| <b>Date Question Asked:</b> | 1/30/2019  |
| <b>Question:</b>            | Many providers are waiting for an Award to be made before committing to being on the Governing Board. Please confirm the Agency will accept a partially filled Board with a detailed plan to fully fill the Board within 30 days of Award.   |
| <b>Section Number:</b>      | II.C.3 and VI.1.b.iii  |
| <b>RFP Page Number:</b>     |  |
| <b>Agency Answer:</b>       | The specific individual's names of the Governing Board must be supplied within one month after contract award.   |
| <b>Question ID:</b>         | 52   |
| <b>Date Question Asked:</b> | 1/30/2019  |
| <b>Question:</b>            | If the Pharmacy Director meets all of the requirements of the Transitional Pharmacy team and of the Community Pharmacy team, yet only serves in the position of Pharmacy Director, may she perform Medication Reconciliations for both Community and Transitional teams, provided she meets qualification requirements of those respective teams, if additional help is needed in cases of illness, vacation, extreme case load, or to enhance understanding of the process?   |
| <b>Section Number:</b>      | II.I.7.f and exhibit L; "However, the Transitional Pharmacist and Community Pharmacist may not share duties."  |

|                             |  |
|-----------------------------|--|
| <b>RFP Page Number:</b>     |  |
| <b>Agency Answer:</b>       | According to Exhibit L: “The Pharmacy Director may also simultaneously serve as <u>either</u> the Transitional Pharmacist <u>or</u> Community Pharmacist....Pharmacy Director may also serve as the Transitional or Community Pharmacist, but not both. If the Pharmacy Director also serves as the Transitional or Community Pharmacist, the Educational/Professional Criteria must be met for all positions held.”   |
| <b>Question ID:</b>         | 53   |
| <b>Date Question Asked:</b> | 1/30/2019  |
| <b>Question:</b>            | If the Pharmacy Director chooses to also serve in the role of the Community Pharmacist, may she also assist the Transition Pharmacy team in performing Medication Reconciliations, provided she meets requirements for the Transition team, if additional help is needed in cases of illness, vacation, extreme case load, or to enhance understanding of the process?   |
| <b>Section Number:</b>      | II.I.7.f and exhibit L; “However, the Transitional Pharmacist and Community Pharmacist may not share duties.”  |
| <b>RFP Page Number:</b>     |  |
| <b>Agency Answer:</b>       | According to Exhibit L: “The Pharmacy Director may also simultaneously serve as <u>either</u> the Transitional Pharmacist <u>or</u> Community Pharmacist. The Pharmacy Director may also serve as the Transitional or Community Pharmacist, but not both. If the Pharmacy Director also serves as the Transitional or Community Pharmacist, the Educational/Professional Criteria must be met for all positions held.” |
| <b>Question ID:</b>         | 54   |
| <b>Date Question Asked:</b> | 1/30/2019  |
| <b>Question:</b>            | Please define "Advocacy Organization" representation. Would representatives from the United Way qualify?   |
| <b>Section Number:</b>      | II.C.3.g.ii.4  |
| <b>RFP Page Number:</b>     |  |
| <b>Agency Answer:</b>       | In the context of Section II.C.3.g.ii.4 of the RFP, an “advocacy organization” means an organization whose mission is to campaign on behalf of Medicaid population or potential Medicaid population regarding issues including, but not limited to, healthcare.  |
| <b>Question ID:</b>         | 55   |

|                             |  |
|-----------------------------|--|
| <b>Date Question Asked:</b> | 1/30/2019  |
| <b>Question:</b>            | Please confirm that the Agency will allow the Consumer Representative on the Governing Board to also be on the CAC. If so, please confirm that the Consumer Representative spot on the Governing Board can be vacant at the time of proposal submission, since CAC will be formed after Award.                   |
| <b>Section Number:</b>      | II.C.3.g.ii.4  |
| <b>RFP Page Number:</b>     |  |
| <b>Agency Answer:</b>       | Yes. The specific individual's names of the Governing Board must be supplied within one month after contract award.  |
| <b>Question ID:</b> 56      |  |
| <b>Date Question Asked:</b> | 1/30/2019  |
| <b>Question:</b>            | Please confirm that II.Sow sections that do not require a response per Appendix B do not require an acknowledgement statement.<br>Ex: II.1.F is not in Appendix B. Please confirm an acknowledgement is not required.<br>Ex: II.I.1.a-b is not in Appendix B. Please confirm an acknowledgement is not required. |
| <b>Section Number:</b>      | Appendix B and VII.Q   |
| <b>RFP Page Number:</b>     |  |
| <b>Agency Answer:</b>       | In each instance where the RFP references an acknowledgement statement, the Agency requires the Vendor to submit an acknowledgement statement.   |
| <b>Question ID:</b> 57      |  |
| <b>Date Question Asked:</b> | 1/30/2019  |
| <b>Question:</b>            | Please provide direction as to what section these items should be located in our response.   |
| <b>Section Number:</b>      | Appendix A #5 and #10  |
| <b>RFP Page Number:</b>     |  |
| <b>Agency Answer:</b>       | The Vendor may place these items in the Corporate Background and References Section.   |
| <b>Question ID:</b> 58      |  |
| <b>Date Question Asked:</b> | 1/30/2019  |
| <b>Question:</b>            | Please confirm that Responders do not need to register as a Vendor in STAARS.  |
| <b>Section Number:</b>      | General  |

|                             |   |
|-----------------------------|---|
| <b>RFP Page Number:</b>     |   |
| <b>Agency Answer:</b>       | The Vendor does not have to be registered in STAARS to submit a response to this RFP. However, the Vendor must register with STAARS during the Readiness Assessment.  |
| <b>Question ID:</b>         | 59  |
| <b>Date Question Asked:</b> | 1/30/2019   |
| <b>Question:</b>            | The referenced Sections are not directly included in Section II. Statement of Work. Per instructions in VII.Q, we must follow the structure of the RFP exactly in our response. If so, these sections would not be in Tab II - Statement of Work (as stated in Appendix B), but would be their own separate Tabs. Please provide direction on where these sections should be located.   |
| <b>Section Number:</b>      | Appendix B - Items: ACHN Staff Family Planning Care Coordination Services Contingency and Continuity Plan   |
| <b>RFP Page Number:</b>     |   |
| <b>Agency Answer:</b>       | Section II – Scope of Work is where the Vendor is to submit their responses to Appendix B items.  |
| <b>Question ID:</b>         | 60  |
| <b>Date Question Asked:</b> | 1/30/2019   |
| <b>Question:</b>            | Please describe more fully the desired format for the RFP response. For example, is a cover letter allowed? Would an executive summary be an appropriate way to describe the corporate background? Please describe the difference between what the agency wants to see in the corporate background section and Section II.C.1-4. Where does a vendor include the Certificate of Formation, bylaws and other such corporate items? Do the letters of reference belong in their own section between corporate background and scope of work? |
| <b>Section Number:</b>      |   |
| <b>RFP Page Number:</b>     |   |
| <b>Agency Answer:</b>       | It is at the discretion of the Vendor to determine how their response is formatted and submitted to the Agency, as long as the response is in compliance with the requirements of the RFP.<br><br>While the information in Corporate Background and References and Scope of Work Section II.C.1-4 are similar, the requirements in the Scope of Work  |

|                             |   |
|-----------------------------|---|
|                             | <p>are more detailed for the needs of the program and Corporate Background and References are more general in nature.</p> <p>Certificates of formation, bylaws, other corporate items and letters of reference should be submitted with Corporate background.</p>   |
| <b>Question ID:</b>         | 61  |
| <b>Date Question Asked:</b> | 1/30/2019   |
| <b>Question:</b>            | In Amendment 1, the revised Appendix B no longer lists a page limit in the response. Are we to assume, then, that no section of the response (scope of work or otherwise) has a page limit?   |
| <b>Section Number:</b>      |   |
| <b>RFP Page Number:</b>     |   |
| <b>Agency Answer:</b>       | Yes   |
| <b>Question ID:</b>         | 62  |
| <b>Date Question Asked:</b> | 1/30/2019   |
| <b>Question:</b>            | Please explain the start date. In the vendor meeting on 1/22, the agency said that care coordination would not begin until Nov. 1. Will the PCCM-E be paid the PMPM starting October 1? If there is a month's lag before care coordination begins, how will the patient populations be managed during that interim period?  |
| <b>Section Number:</b>      |   |
| <b>RFP Page Number:</b>     |   |
| <b>Agency Answer:</b>       | See Amendment II, 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>         | 63  |
| <b>Date Question Asked:</b> | 1/30/2019   |
| <b>Question:</b>            | Can the Eligibility Assistance M0001 be completed at any time during the pregnancy? Or more than once during the pregnancy? Typically, the maternity contractors have 2-3 recipients a week whose Medicaid has gone 'inactive' during their pregnancy. The Care Coordinator then spends time helping the EI determine why her Medicaid ended and helping her get it re- |

|                             |  |
|-----------------------------|--|
|                             | activated. Many times that re-activation includes assisting the EI with completing a new application. The RFP says “assisting pregnant women with establishing Medicaid eligibility in the first trimester” . . . . EIs often need this assistance outside their first trimester.  |
| <b>Section Number:</b>      |  |
| <b>RFP Page Number:</b>     |  |
| <b>Agency Answer:</b>       | M0001 can be completed at any time during the pregnancy. However, M0001 will only be reimbursed during the first trimester.  |
| <b>Question ID:</b>         | 64   |
| <b>Date Question Asked:</b> | 1/30/2019  |
| <b>Question:</b>            | Does the governing board have to be identified /established prior to the bid response or can that be addressed prior to the readiness review?  |
| <b>Section Number:</b>      | II.C.3   |
| <b>RFP Page Number:</b>     | 13   |
| <b>Agency Answer:</b>       | The specific individual’s names of the Governing Board must be supplied within one month after contract award.   |
| <b>Question ID:</b>         | 65   |
| <b>Date Question Asked:</b> |  |
| <b>Question:</b>            | The RFP provides that the PCCM-E must comply with the DHCP selection referral process as no maternity claims will be paid/reimbursed unless a DHCP receives a selection referral and the PCCM-Es NPI number is on the DHCP’s claim is type of referral still necessary for a DHCP to be paid for an EI show did not receive pre-natal care and who was not enrolled with the PCCM-E? |
| <b>Section Number:</b>      | II.I.5.a   |
| <b>RFP Page Number:</b>     | 35   |
| <b>Agency Answer:</b>       | Yes. The DHCP will require a referral in order to be reimbursed.   |
| <b>Question ID:</b>         | 66   |
| <b>Date Question Asked:</b> | 1/30/2019  |
| <b>Question:</b>            | Can there be a carry over of funds received from the AMA from sources other than the QIP PMPM payment?   |
| <b>Section Number:</b>      | II.J.7   |

|                             |  |
|-----------------------------|--|
| <b>RFP Page Number:</b>     | 45   |
| <b>Agency Answer:</b>       | Yes  |
| <b>Question ID:</b>         | 67   |
| <b>Date Question Asked:</b> | 1/30/2019  |
| <b>Question:</b>            | Is it possible that, prior to year-end, the AMA could pay a Contractor the maximum amount for services rendered in a given year and still require that services for additional EIs be provided? For example, if as of August 2020, the Contractor has billed AMA for the maximum amount set forth in the schedule on page 70, and there are EIs that need to receive services, more will the Contractor be required to continue to provide services without compensation through year-end, would services be suspended or would the ceiling be raised? |
| <b>Section Number:</b>      | III.3  |
| <b>RFP Page Number:</b>     | 70   |
| <b>Agency Answer:</b>       | Refer to Section II.J.9. The maximum payable per Region for PMPM payments and Care Coordination services during the duration of this contract will not be raised.  |
| <b>Question ID:</b>         | 68   |
| <b>Date Question Asked:</b> | 1/30/2019  |
| <b>Question:</b>            | Please respond to Question 75.a. from the previous questions submitted January 25, 2019.<br><br>-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?  |
| <b>Section Number:</b>      | Appendix B   |
| <b>RFP Page Number:</b>     | 78   |
| <b>Agency Answer:</b>       | No, the RFP text that is required is the RFP requirement where a response is requested. Section II – Scope of Work is where the Vendor is to submit their responses to Appendix B items.<br><br>The Agency will not provide a Word copy of the RFP.  |
| <b>Question ID:</b>         | 69   |
| <b>Date Question Asked:</b> | 1/30/2019  |

|                             |  |
|-----------------------------|--|
| <b>Question:</b>            | Currently, in the Maternity Program, two attempts are required in order to document that an encounter has been completed. How many attempts are required of the PCCM-E in order to document completion of a maternity encounter? What types of attempts are permitted (i.e. phone calls, certified letter, etc.) toward completion of the encounter requirement? |
| <b>Section Number:</b>      | II.FF.4  |
| <b>RFP Page Number:</b>     | 90   |
| <b>Agency Answer:</b>       | All encounters in the ACHN Maternity Care Coordination Program must be face to face. If the encounters are not successful, the ACHN will not be reimbursed.  |
|                             |  |
| <b>Question ID:</b>         | 70   |
| <b>Date Question Asked:</b> | 1/30/2019  |
| <b>Question:</b>            | Please provide us with the assumptions upon which you based your calculations for each category of services provided. For instance, in the “General - Intensely Managed” category, how many FEE social workers, nurses, etc. did you contemplate? What were the assumed salaries and benefits for the FEES?  |
| <b>Section Number:</b>      | <b>AL ACHN 1915b PCCM-E Payment Support</b>  |
| <b>RFP Page Number:</b>     |  |
| <b>Agency Answer:</b>       | Refer to Section II.I.1.f. The details for the requirements to provide services are listed in the RFP. Without exceeding any of the maximums described in the RFP, the ACHN has flexibility to determine the staffing levels necessary to fulfill the RFP requirements, enhance the bid proposal, and potentially earn incentives.                               |