

# STATE OF OREGON



## COVER PAGE

Oregon Health Authority

## COORDINATED CARE ORGANIZATIONS 2.0

Request for Applications (RFA)

**RFA OHA-4690-19**

Date of Issue: January 25, 2019

Closing Date and Time: April 22, 2019 at 3:00 PM

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## Section 1. General Information

### 1.1 Introduction

The State of Oregon, acting by and through the Oregon Health Authority (“OHA”), requests Applications from qualified Applicants to be awarded Contracts as Coordinated Care Organizations to provide coordinated care to Oregon Health Plan (OHP) ~~clients~~ Clients.

OHA expects to award Contracts for the entire State for the period starting January 1, 2020. Subject to annual renewal terms and conditions, all initial Contracts will expire December 31, 2024, and thereafter may be renewed for one-year periods at OHA’s discretion. CCO Contracts are expected to be re-solicited in five years.

All organizations submitting Applications are referred to as Applicants in this Request for Applications (RFA). After award of a CCO Contract to provide Medicaid services under this RFA, the Applicant will be designated as the CCO or Contractor.

The scope of the Contractor services and deliverables for the Contract is described in Section 3, “Scope of Work,” Appendix B (Sample Contract) and Attachments 6 through 16. The RFA describes the updating and negotiations that will determine the final terms and conditions to be included in the Contract.

### 1.2 Schedule

The table below represents a tentative schedule of events. The time due is 5:00 PM Pacific Time, unless otherwise indicated. All dates listed are subject to change.

Event	Date
RFA Released	January 25, 2019
Letter of Intent Due	February 1, 2019
Questions / Requests for Clarification Due	February 4, 2019
Letters of Intent Publicly Posted	February 5, 2019
RFA Protest Period Ends	February 5, 2019
<u>Letter of Intent to Apply – Change Requests Due</u>	<u>February 15, 2019</u>
Answers to Questions / Requests for Clarification Issued	February 15, 2019
Pre-Application Conference	Announced via Addendum
Technical Assistance Forums	Announced via Addendum
Closing (Application Due)	See RFA cover page (April 22, 2019)
Announcement of Applications Received	April 25, 2019
Required Applicant Conference	May 20, 2019
Notice of Intent to Award	July 9, 2019
Award Protest Period Ends	7 days after Notice of Intent to Award has been issued.
Readiness Review Documentation Due	August 1, 2019
2019 Rates Updated	September 15, 2019
Readiness Review and Contract Negotiations Completed	September 27, 2019

CCO 2.0 Contracts Signed	September 30, 2019
Notice to Proceed	October 1, 2019
Member Allocation	October 1 to November 29, 2019
<b>CCO 2.0 Contracts Effective</b>	January 1, 2020

### 1.3 Single Point of Contact (SPC)

The SPC for this RFA is identified on the Cover Page, along with the SPC’s contact information. Applicant shall direct all communications related to any provision of the RFA only to the SPC, whether about the requirements of the RFA, contractual requirements, the RFA process, or any other provision.

## Section 2. Authority, Overview and Scope

### 2.1 Authority and Method

OHA issues this RFA under the authority of ORS 414.651. The procedures for this RFA are governed by the OHA’s procedures in OAR 410-141-3010, CCO Application, Readiness Review, and Contracting Procedures.

### 2.2 Background and Overview

#### a. Improving Health, Improving Health Care and Reducing Cost

OHA is requesting Applications from entities experienced with bearing health care risk in Oregon and having a strong ~~community~~Community presence and commitment to enter into Contracts as CCOs. CCOs are accountable for care management and provision of integrated and coordinated health care for each of their Members, including Members who are dually eligible for Medicare and Medicaid services, managed within a ~~global budget~~Global Budget and sustainable rate of growth.

CCOs are the primary agents of Health System Transformation in Oregon. Oregon’s unique coordinated care model has made progress on the triple aim of better health, better care and lower costs, and Oregon continues to innovate the model to meet these goals. The Oregon Health Plan (OHP) is the source of health coverage for nearly one million Oregonians. During the current cycle of CCO contracting, 15 (formerly 16) CCOs improved access to primary care, reduced costly Emergency Department visits, and saved the state an estimated \$2.2 billion dollars in avoided health care costs. This RFA and subsequent contracting will build upon this success as well as address the gaps and challenges that persist in Oregon’s health care system.

CCOs are responsible for integrated and coordinated health care for their ~~community~~Community members’ physical health, Behavioral Health, and oral health care—with a focus on prevention, improving quality (including by ensuring culturally appropriate care), accountability, eliminating health disparities and lowering costs. CCOs’ delivery system networks emphasize Patient-Centered Primary Care Homes (PCPCH), evidence-based practices, and health information technology. CCOs are expected to improve the coordination of care for individuals with chronic conditions or those experiencing health disparities and to increase preventive services that will improve health and health care for all eligible Members—all managed within a ~~global budget~~Global Budget.

In alignment with 2018 House Bill 4018, ~~contracts~~Contracts awarded through this RFA will include additional focus on addressing the Social Determinants of Health and Health Equity (SDOH-HE), requiring CCOs to direct a portion of spending on SDOH-HE and to ensure their work with ~~community~~Community partners is designed to address ~~community~~Community priorities. Additionally, Contracts will expand on the success of PCPCHs by supporting Behavioral Health Homes, as well as focus on increased integration between Behavioral Health, physical health, and oral health through improved accountability and outcome standards. CCOs will also be required to expand their

~~value-based payment~~Value-Based Payment arrangements with contracted ~~providers~~Providers, through more rigorous performance metrics and expectations. This effort includes new reporting standards and purchasing processes that will increase efficiency and transparency.

## b. Description of Oregon’s Integrated and Coordinated Health Care Model

OHP implemented a Medicaid managed care system in the mid-1980s and the Prioritized List of Health Services in 1994. Despite the many successes of OHP, growth in Medicaid expenditures continued to outpace State general fund revenue. Prior to the CCO model, beneficiaries with the greatest need often saw multiple ~~providers~~Providers across multiple sites of care, while facing complex treatment and medication regimens with minimal care coordination. In particular, the OHP goal of integrating care across physical, behavioral and oral health was not achieved, nor was the goal of seamless management of health care for individuals eligible for both Medicare and Medicaid. In addition, the forty percent of Medicaid Members who are people of color, along with other culturally and socially diverse groups, continued to experience disparities in access, quality and outcomes of care.

Oregon’s Health System Transformation to the coordinated care model and CCOs was the next evolution of OHP. Prior to implementing the CCO model, Oregon’s existing Medicaid delivery system was made up of 34 Managed Care Organizations—14 Fully Capitated Health Plans (FCHPs), 2 Physician Care Organizations (PCOs), 8 Dental Care Organizations (DCOs), and 10 Mental Health Organizations (MHOs)—in addition to Health Services delivered using fee-for-service (FFS) and the Department of Human Services (DHS) Medicaid-funded Long Term Care (LTC) delivery system. The current CCO contracting cycle, from 2012 through 2019, transformed the myriad of care systems into 16 CCOs (plus FFS for a small number of members). This, together with expanded coverage through the Affordable Care Act, resulted in nearly 1 in 4 Oregonians receiving coverage through OHP, with nearly 88% of ~~members~~Members enrolled in a CCO.

The key elements of a coordinated and integrated health care delivery system were focused on PCPCHs, coordination of care across categories of care and funding streams, patient activation, and aligning incentives to reward ~~providers~~Providers and beneficiaries for achieving good outcomes. In order to incent integration and efficiency, CCOs were to receive a single ~~global budget~~Global Budget designed to allow maximum flexibility to support both investment in evidenced-based care and innovation in care delivery. Triple Aim-oriented measures of health outcomes, quality and efficiency would help ensure that CCOs improve upon the existing managed care system and focused on incentives for exceptional performance.

In 2018 the Oregon Health Policy Board (OHPB) recommended enhancements to this model to ensure that the original aims were met more effectively, and to address gaps persisting after the original transformation. These included an increased focus on SDOH-HE, requiring CCOs to partner more effectively with ~~community~~Community partners, as well as increased requirements around spending in this area; clearer direction and standardization around integration of behavioral and oral health care paired with outcome expectations; cost-containment policies that focus on transparency, efficiency, and purchasing power; a greater focus on health equity; and an increased role in ~~value-based payment~~Value-Based Payment to ensure we are paying for outcomes as well as care.

In May 2012 Oregon submitted a Section 1115 demonstration proposal to CMS that aligned and integrated Medicare and Medicaid benefits and financing to the greatest extent possible for individuals who are eligible for both programs (Medicare/Medicaid Alignment Demonstration, or Demonstration). In 2017, a second Section 1115 demonstration was submitted allowing for continued transformation under the CCO model. Both Demonstration proposals have been approved by CMS and are available for review at: <https://www.oregon.gov/oha/HSD/Medicaid-Policy/pages/index.aspx>.

Applicants will be expected to have a thorough familiarity with Health System Transformation, the CCO Implementation Proposal, and policy enhancements recommended by the OHPB in their CCO 2.0 Policy Recommendations, as well any administrative rules or other formal guidance of OHA pertaining to CCOs.

In addition to Medicaid, CCOs will be required to enter into a companion contract covering state-funded services. In the future, OHA also intends to require CCOs to enter into other non-Medicaid contracts during the 5-year term of the Medicaid Contracts to align transformation efforts across other markets. This includes, but is not limited to, coordinated care contracts to serve other OHA payors, such as PEBB and OEGB.

**c. Objective of this Request for Application Process**

This RFA solicits innovative and creative responses from Applicants and identifies the criteria they must meet to be contracted as a CCO effective January 1, 2020. Evaluation of Applications will account for the continuing development of the CCO system. In all cases, CCOs will be expected to have plans in place for meeting the criteria laid out in the Application process and making sufficient progress in implementing plans and realizing the goals established by the OHPB. Applicants will be expected to demonstrate how they will meet the performance expectations of the Contract Template.

**d. The Role of Tribes in CCOs**

OHA has great flexibility in how it partners with Oregon's nine federally recognized Tribes and ~~urban~~ Urban Indian ~~health program~~ Health Program. OHA and Tribes have engaged in discussions about one or more Tribes becoming Indian Managed Care Entities under federal law. In the future OHA may contract with Indian Managed Care Entities or other similar Tribal-related organizations to provide health care services to Tribal members and potentially other OHP members as allowed by law.

**2.3 Scope of Work**

Work to be performed under the Contracts awarded through this RFA is to provide Coordinated Care Services for the CCO's Members, in accordance with the objectives of Health System Transformation, as described in this RFA. Additional information is in the CCO Administrative Rules (Section 1.5 and Appendix C), the Attachments and Tables of the RFA, the RFA Questionnaires (Attachments 1 through 16), the Definitions (Appendix A) and the Contract Template (Appendix B).

**a. Contract Template**

The Contract Template (Appendix B) contains the core elements that will be included in the Statement of Work. The Contract Template Statement of Work provisions in Appendix B implement federal and state law requirements as well as OHPB policies. A request for change to or clarification of the Contract Template must be submitted, in accordance with Section 5.4, not later than the Questions/Clarification due date. OHA may not be able to agree to a request for change that would be inconsistent with federal or state laws, OHPB policies, or legislative funding objectives. Any change to the Contract Template made prior to award will affect all Applicants and will be made by addendum to this RFA. Applications should be submitted on the assumption that no changes will be made to the Contract Template.

For years after 2020, annual changes in the Contract Template and in the CCO Payment ~~rates~~ Rates will be made in compliance with the schedule required by 2018 HB 4018. Before the end of the five -year period, OHA may require CCOs to align transformation efforts across other markets (e.g. PEBB, OEGB, the Marketplace, or other markets moving to a coordinated

care model). In connection with these changes, CCO Contractors may be required to have a Certificate of Authority from the Department of Consumer and Business Services.

**b. Rule Concepts**

OHA intends to adopt Oregon Administrative Rules (OARs) corresponding to the rule concepts in Appendix C during 2019. Rules will be open for public comment through the usual processes for Rule Advisory Committees and public notice and comment. Comments or questions on the rule concepts in Appendix C, made through RFA procedures by potential Applicants, will not become part of the administrative procedures record for rule adoption unless separately submitted through rules processes. Where the Contract Template or questionnaires describe work to be done in accordance with OARs, such OARs will include all current OARs together with such new or revised OARs as may be adopted through the rules process, including the rule changes described in Appendix C.

**c. Transformation Scope Elements**

Applicants have considerable flexibility to design integrated and coordinated care systems. In order to achieve the goals of the Oregon Health Policy Board's adoption of CCO 2.0 policy recommendations, Applicants may propose innovative strategies to ensure Coordinated Care Services within their delivery system network and may request flexibilities to address ~~community~~Community-based priorities. Applicants contracted as CCOs will enter into Contracts with OHA to establish those models of care and service delivery. The Applicant's proposed strategies and requested flexibilities will be elicited in the questionnaires (Attachments 6-16) included in this RFA.

The Contract Template (Appendix B), Administrative Rule Concepts (Appendix C), and Attachments 6 through 16 reflect the policy guidance from the Oregon Health Policy Board. (OHPB), particularly OHPB's report on CCO 2.0 adopted October 15, 2018. An Applicant must be familiar with this RFA and the OHPB report in order to describe its unique approach to coordination and integration of care.

Applicants will use the RFA submission to describe and demonstrate to OHA how it proposes to accomplish the Work, and how it plans to meet progressive goals. Applicant must explain how its integrated and coordinated care systems will provide the full range of services in each of the OHP benefits packages, how it will develop Provider ~~panels~~Panels and a delivery system consistent with Triple Aim objectives, how it intends to engage in collaborative ~~community~~Community engagement, and how it will demonstrate accountability for performance invest in services to eliminate health care disparities. The Attachments provide further details.

### **Section 3. Procurement Requirements**

#### **3.1 Minimum Qualifications**

To be eligible to apply, Applicant must meet all of the following minimum qualifications:

**a. CCO Letter of Intent to Apply**

Applicant has timely submitted a signed and notarized CCO Letter of Intent to Apply in accordance with Attachment 1. Any modification requested by OHA has been made.

**b. Entities Eligible to Apply**

Applicant is a corporation or company that is one of the following

- (1) An organization that (a) has a certificate of authority in good standing as a health care service contractor or health insurance company from the Oregon Department of Consumer and Business Services (DCBS), and (b) issues health benefit plans, as defined in [ORS 743B.005](#), in Oregon;
- (2) An organization that is under, or during the last two years was under, a Medicaid contract to bear capitated health care financial risk in Oregon, including CCOs currently or formerly certified by OHA;
- (3) A ~~provider-organization~~ [Provider Organization](#) which bears health care financial risk in Oregon (e.g. hospital systems with capitated contracts) but which DCBS has exempted from a certificate of authority by Bulletin 96-2, [https://dfr.oregon.gov/laws-rules/Documents/Bulletins/bulletin\\_96-02.pdf](https://dfr.oregon.gov/laws-rules/Documents/Bulletins/bulletin_96-02.pdf);
- (4) A Tribe or Tribal organization; or
- (5) An entity newly formed from one or more of the organizations described above.

**c. Governance**

- (1) Applicant has a governing body as described in ORS 414.625(~~4~~2)(o) and in Attachment 6.
- (2) Applicants governing body has approved Applicant’s submission of an Application.

### 3.2 Letter of Intent to Apply

**a. Submission**

Applicants must complete and submit a CCO Letter of Intent to Apply (LOI) by the due date in Section 1.2 “Schedule”. The LOI must be submitted electronically in text-readable Portable Document Format (PDF) form to the SPC. Concurrently, Applicant must submit the LOI with the notarized signature of its authorized representative. Once SPC receives the LOI, SPC will respond to the email with a confirmation of receipt. If Applicant does not receive a confirmation of receipt within one ~~business day~~ [Business Day](#) it is the Applicant’s sole responsibility to confirm receipt by additional email or phone contact with SPC. The form in Attachment 1 for the LOI is mandatory. Alteration of its wording will render the LOI ineffective and may subject the person submitting an altered form to ~~false claims~~ [False Claims](#) liability.

If a potential Applicant’s LOI is submitted after the initial date set forth in Section 1.2 “Schedule”, OHA will not consider the Application from that organization.

A representative authorized to bind the Applicant must sign the LOI electronically and in addition provide a notarized signature. OHA will reject an LOI that is not signed by an authorized representative.

The information included in the LOI is binding on the Applicant, except for allowable changes as further described in this paragraph. In other words, if a potential Applicant submits an LOI by the stated due date and meeting all stated LOI requirements and then submits an Application by the stated due date, OHA may rely on the information in the LOI and the Applicant will be bound by the information in the LOI, unless Applicant requests changes to the information as allowed by this RFA and OHA accepts the changes or otherwise withdraws its Application from consideration.

OHA intends to post, on its web site, all LOIs received by the due date in Section 1.2 “Schedule~~”~~.” This will identify the potential Applicants that submitted an LOI along with the Counties they intend to serve and portions of Counties they have requested not to serve.

[A potential Applicant may submit one or more LOIs. If a potential Applicant or Affiliates of a potential Applicant submit multiple LOIs, none can overlap in Service Area.](#)

OHA may reject proposed ~~service areas~~Service Areas that include portions of counties and may determine that the LOI is from a potential Applicant that lacks the necessary Oregon footprint. OHA may provide feedback and request clarifications on the information contained in an Applicant's LOI. Applicant must respond to such requests for clarifications and feedback or its LOI will be rejected.

**b. Revocation or Change**

While submission of an LOI is necessary for all Applicants, submission of an LOI does not assure that an Application will follow. An Applicant submitting an LOI must have a good faith and realistic intent to apply. If Applicant subsequently changes its intent to apply or determines that an Application is not realistic, the Applicant must submit to OHA a signed and notarized document titled “Letter of Intent to Apply – Revocation,” briefly explaining the change. OHA will post the revocation on its LOI web site.

Applicant may request changes to the information included in its LOI by submitting a signed and notarized document titled “Letter of Intent to Apply – Change Request” promptly when Applicant information or intent changes, explaining the change and providing a justification why the change was not reflected in the original LOI. OHA may consider requested changes to the LOI, but may reject in whole or in part any requests to change the proposed ~~service area~~ Service Area. A Letter of Intent to Apply – Change Request must be submitted no later than ~~five business days before the Application~~ the due date in Section 1.2 “Schedule.” OHA will post the Letter of Intent to Apply – Change Request on its LOI web site. If an Applicant has not submitted a Letter of Intent to Apply – Change Request, then its Application must be consistent with its LOI.

**c. Service Area Exceptions and Negotiations**

Applicant must submit a document titled “Full County Coverage Exception Requests” at time of Application if it would like OHA to consider allowing it to serve less than a full County. For requests to be considered, Applicants must list each County it would like to serve on less than a full County basis. For each County listed, Applicant must explain in detail how:

- (1) Serving less than the full County will allow the Applicant to achieve the transformational goals of CCO 2.0 (as described in this RFA) more effectively than county-wide coverage in the following areas:
  - Community engagement, governance, and accountability
  - Behavioral Health integration and access
  - Social determinants of health and health equity
  - Value-~~based payments~~ Based Payments and cost containment
  - Financial viability; and
- (2) Serving less than the full County provides greater benefit to OHP members, ~~providers~~ Providers, and the ~~community~~ Community than serving the full County; and
- (3) The exception request is not designed to minimize financial risk and does not create adverse selection, e.g. by red-lining high-risk areas.

Applicants’ proposed list of counties to serve and any requests to cover less than a full County are reserved as potential items OHA may negotiate based on the needs of OHA and its members. OHA will review requests to cover less than a full County during the evaluation process. If the Applicant is deemed successful, OHA may also require changes to the ~~service area~~ Service Area Applicant has proposed in its Application and through its LOI, as updated based on OHA approval. In no cases will OHA be bound by the proposed ~~service area~~ Service Area information submitted by Applicants under this RFA. Rather, OHA reserves the right in all cases to require changes in Applicants’ proposed ~~service areas~~ Service Areas as a condition of receiving a CCO Contract or as a condition of the Notice to Proceed.

### 3.3 Minimum Submission Requirements

#### a. Application Submissions

To be considered for evaluation, the Application Package must contain each of the following elements, including all requirements within each Attachment:

- Application Checklist (Attachment 2)
- Applicant Information and Certification Sheet (Attachment 3)
- Executive Summary
- Reference Checks (Section 3.4.e.)
- Disclosure Exemption Certificate (Attachment 4) – submit 1 copy only
- Responsibility Check Form (Attachment 5)
- General Questionnaire (Attachment 6)
- Provider Participation and Operations Questionnaire (Attachment 7)
- Value-Based Payments Questionnaire (Attachment 8)
- Health Information Technology Questionnaire (Attachment 9)
- Social Determinants of Health and Health Equity Questionnaire (Attachment 10)
- Behavioral Health Questionnaire (Attachment 11)
- Cost and Financial Questionnaire (Attachment 12)
- Attestations (Attachment 13)
- Assurances (Attachment 14)
- Representations (Attachment 15)
- Member Transition Plan (Attachment 16)

#### b. Application Format and Quantity

Each Application should follow the format and reference the sections listed in the Application Requirements section above. Responses to each section and subsection should be labeled to indicate the item being addressed according to the file naming convention described in this RFA.

The Applicant Information and Certification Sheet (Attachment 3) must bear the notarized signature of the Applicant's authorized representative, who must be an officer of the company. By signing, the officer acknowledges that penalties, including rejection of the Application or ~~false claims~~ [False Claims](#) liability, may result from answers or submissions that the Applicant knew or should have known with due diligence to be false or misleading.

Applicants shall submit 1 electronic copy of the Application; and 1 redacted electronic copy of the Application on a USB drive. Applicant's electronic copy of the Proposal on USB drive, must be formatted using Adobe Acrobat (pdf) and must be text readable, Microsoft Word (docx), or Microsoft Excel (xlsx).

Applicant shall submit its Application in a sealed package addressed to the SPC with the Applicant's name and the RFA number clearly visible on the outside of the package.

Except for notarized signatures, all submissions must be electronic. Except where this RFA requires submissions to be in Excel format, electronic submissions (including the Letter of Intent to Apply) must be in PDF and must be text-readable (also referred to as text-searchable) rather than scanned or image format, provided that an individual page of a PDF document may contain an illustration or graphic insert that is in scanned or image format. Each PDF document and Excel document must be clearly named with RFA #4690-19, the Applicant's name (which may be abbreviated), and the document identification including applicable numbering. Applicants may submit supporting data in Excel format.

Each submission document must be named as follows:

RFA4690-(Name or Acronym of Applicant)-Att(X)(Name of Submission Document)

For Example:

RFA4690-ApplicantABC-Att10-RFA Community Engagement Plan.pdf

The Applicant is responsible for assuring that all electronic submissions are complete, have all desired headers and footers, and are paginated.

The Applicant is responsible for assuring that all electronic submissions contain no personal health information and are free of viruses and all other electronic security risks. An Applicant violating the preceding sentence may be subject to rejection of its Application, civil penalties, damages, and criminal prosecution.

Applications must use 8 ½" x 11"-page format using 12-point font size, unreduced, single spaced, one-inch margins. Applications will be evaluated on overall quality of content and responsiveness to the specifications of this RFP. Only those Applicants that include complete information as required by this RFA will be considered for evaluation.

### 3.4 Application Requirements

Applicant must submit an Application consistent with its LOI, except for allowed change requests for information included in the LOI and approved by OHA. The Application shall include the following items in the order listed below. Page limits are noted, when relevant. Unless otherwise specified, no particular form is required.

- a. **Application Checklist** (Attachment 1): **Submit 1 copy.**
- b. **Application and Information Certification Sheet** (Attachment 2): **Submit 1 copy.** Complete all sections in Attachment 2 and have the document notarized.
- c. **Disclosure Certificate Exemptions** (Attachment 3): **Submit 1 copy.** Complete all sections in Attachment 3, including Exhibit A, and be sure to check the applicable box in Section 4.
- d. **Executive Summary: Page limit 1 page.**
- e. **References: Page limit 1 page for each reference.**
  - (1) Provide two (2) references from current client firms and two (2) references from former client firms for similar projects performed within the last 5 years that can speak to and verify the quality of the work you delivered to them that is related to the Work under the Sample Contract.
  - (2) OHA may check to determine if the references provided support Applicant's ability to comply with the requirements of this RFA. OHA may also use references to obtain additional information that is in any way related to the Work to be provided under the resulting Contract. In addition, OHA may contact additional references, whether submitted by the Applicant or not, to verify Applicant's qualifications.

- f. **Full County Coverage Exception Requests**, per Section 3.2, if Applicant would like OHA to consider allowing it to serve less than a full County.
- g. **Responsibility Check Form** (Attachment 5): **Submit 1 copy**. OHA will determine responsibility of an Applicant prior to award and execution of a Contract. Complete all sections in Attachment 5.
- h. **General Questionnaire** (Attachment 6): **Applicable page limits are noted in the attachment**. Answer all questions and follow any additional instructions as may be noted in the attachment. If additional documentation is required, that documentation must be a part of the submission for this attachment and not in a separate upload.
- i. **Provider Participation and Operations Questionnaire** (Attachment 7): **Applicable page limits are noted in the attachment**. Answer all questions and follow any additional instructions as may be noted in the attachment. If additional documentation is required, that documentation must be a part of the submission for this attachment and not in a separate upload.
- j. **Value-Based Payment Questionnaire** (Attachment 8): **Applicable page limits are noted in the attachment**. Answer all questions and follow any additional instructions as may be noted in the attachment. If additional documentation is required, that documentation must be a part of the submission for this attachment and not in a separate upload.
- k. **Health Information Technology Questionnaire** (Attachment 9): **Applicable page limits are noted in the attachment**. Answer all questions and follow any additional instructions as may be noted in the attachment. If additional documentation is required, that documentation must be a part of the submission for this attachment and not in a separate upload.
- l. **Social Determinants of Health and Health Equity Questionnaire** (Attachment 10): **Applicable page limits are noted in the attachment**. Answer all questions and follow any additional instructions as may be noted in the attachment. If additional documentation is required, that documentation must be a part of the submission for this attachment and not in a separate upload.
- m. **Behavioral Health Questionnaire** (Attachment 11): **Applicable page limits are noted in the attachment**. Answer all questions and follow any additional instructions as may be noted in the attachment. If additional documentation is required, that documentation must be a part of the submission for this attachment and not in a separate upload.
- n. **Cost and Financial Questionnaire** (Attachment 12): **Applicable page limits are noted in the attachment**. Answer all questions and follow any additional instructions as may be noted in the attachment. If additional documentation is required, that documentation must be a part of the submission for this attachment and not in a separate upload.
- o. **Attestations** (Attachment 13) **Applicable page limits are noted in the attachment**. Each question must be answered by checking the appropriate box “yes” or “no”. If an answer is “no” an explanation must be provided.
- p. **Assurances** (Attachment 14) **Applicable page limits are noted in the attachment**. If an answer is “no” an explanation must be provided.
- q. **Representations** (Attachment 15) **Applicable page limits are noted in the attachment**. Each Representation requires an explanation.
- r. **Member Transition Plan** (Attachment 16) **Applicable page limits are noted in the attachment**.

Applicant must submit by the Application submission date any supporting documents or data requested in the RFA. Additional information or documentation may be requested as part of Readiness Review. See Section 5.7 for information about the Readiness Review.

### 3.5 Notarized Signature of Authorized Representative

OHA may reject an LOI or Application unaccompanied by the notarized signature of an authorized representative.

## Section 4. Solicitation Process

### 4.1 Public Notice

The RFA and attachments are published in the Oregon Procurement Information Network (ORPIN) at <https://orpin.oregon.gov>. RFA documents will not be mailed to prospective Applicants.

Modifications, if any, to this RFA will be made by written Addenda published in ORPIN. Prospective Applicant is solely responsible for checking ORPIN to determine whether or not any Addenda have been issued. Addenda are incorporated into the RFA by this reference.

### 4.2 Pre-Application Conference

A Pre-Application conference will be held at the date and time listed in the Schedule. Prospective Applicants' participation in this conference is mandatory.

The purposes of the Pre-Application conference are to:

- Provide additional description of the project;
- Explain the RFA process; and
- Provide technical explanations and guidance as appropriate in the RFA's focal areas including, but not limited to:
  - Value-Based Payments
  - Health Information Technology
  - Social Determinants of Health and Health Equity
  - Behavioral Health
  - Health Information Technology

Statements made at the Pre-Application conference are not binding upon OHA, unless and until confirmed in an addendum to this RFA. Applicants may be asked to submit questions in Writing.

### 4.3 Questions/Requests for Clarifications

All inquiries, whether relating to the RFA process, administration, deadline or method of award, or to the intent or technical aspects of the RFA must:

- Be delivered to the SPC via email;
- Reference the RFA number;
- Identify Applicant's name and contact information;
- Refer to the specific location of the RFA being questioned (i.e. attachment, page, section and paragraph number); and
- Be received by the due date and time for Questions/Requests for Clarification identified in the Section 1.2 "Schedule".

#### 4.4 Solicitation Protests

##### a. Protests to RFA

An Applicant may submit a written protest of anything contained in this RFA, including but not limited to, the RFA process, Specifications, Scope of Work, the Contract Template, the Readiness Review procedures, and the Rate Methodology. No protest, however, may be brought against RFA Sections 6.2 (Governing Laws) and 6.4 (Limitation on Claims). This is Applicant’s only opportunity to protest the provisions of the RFA.

Only an Applicant whose Letter of Intent complies with Section 3.2 and has been approved by OHA may protest. No other person may protest.

##### b. All Protests must:

- Be delivered to the SPC via email;
- Reference the RFA number in the subject line;
- Identify prospective Applicant’s name and contact information;
- Be sent by an authorized representative;
- State the reason for the protest, including:
  - The grounds that demonstrate how the Procurement Process is contrary to law, Unnecessarily Restrictive, legally flawed, or improperly specifies a brand name; and
  - Evidence or documentation that supports the grounds on which the protest is based
- State the proposed changes to the RFA provisions or other relief sought; and
- Be received by the due date and time identified in the Section 1.2 “Schedule”.

Once SPC receives the Protest, SPC will respond to the email with a confirmation of receipt. If Applicant does not receive a confirmation of receipt within one ~~business day~~Business Day it is the Applicants’ sole responsibility to confirm receipt by additional email or phone contact with SPC.

#### 4.5 Application Submission

Applicant is solely responsible for ensuring its Application has been received by the SPC prior the closing date and time listed on the Cover Page of this RFA. An Application submitted by any means not authorized below will be rejected.

##### Delivery through Mail or Parcel Carrier

An Application may be submitted through the mail or via parcel carrier and must be clearly labeled and submitted in a sealed envelope, package or box. The outside of the sealed submission must clearly identify the Applicant’s name and the RFA number. It must be sent to the attention of the SPC at the address listed on the Cover Page of this RFA.

##### Delivery in Person

An Application may be hand delivered and must be clearly labeled and submitted in a sealed envelope, package or box. An Application will be accepted, prior to Closing, during OHA’s normal Monday – Friday business hours of 8:00 a.m. to 5 p.m. Pacific Time, except during State of Oregon holidays and other times when OHA is closed. The outside of the sealed submission must clearly identify the Applicant’s name and the RFA number. It must be delivered to the attention of the SPC at the address listed on the Cover Page of this RFA.

#### 4.6 Application Modification or Withdrawal

If an Applicant wishes to make modifications to a submitted Application it must submit its written notice to modify and its modified document to the SPC via email. To be effective the notice must include the RFA number and be submitted to the SPC prior to Closing in accordance with OAR 137-047-0440(1).

Once the SPC receives a written request to modify an Application, the SPC will respond to the email with a confirmation of receipt. If Applicant does not receive a confirmation of receipt within one ~~business~~ Business Day it is the Applicants' sole responsibility to confirm receipt by additional email or phone contact with SPC.

If an Applicant wishes to withdraw a submitted Application, it must submit a written notice signed by an authorized representative of its intent to withdraw to the SPC via email, in accordance with OAR 137-047-0440(2). To be effective the notice must include the RFA number.

Once SPC receives a written notice to withdraw the Application, the SPC will respond to the email with a confirmation of receipt. If Applicant does not receive a confirmation of receipt within one ~~business~~ Business Day it is the Applicants' sole responsibility to confirm receipt by additional email or phone contact with SPC.

#### 4.7 Application Due

An Application (including all required submittal items) must be uploaded into ORPIN before Closing. All Application modifications or withdrawals must be received prior to Closing.

The ORPIN system will not accept late Applications. Applications must be uploaded in order to be considered.

#### 4.8 Public Announcement of Applications Received

OHA will open Applications received on the Closing date of the RFA on the date listed in Section 1.2 "Schedule". OHA will announce the Applications received by posting on OHA's CCO 2.0 web site at the following address: <https://www.oregon.gov/oha/OHPB/Pages/CCO-2-0.aspx>. Only the name of the Applicant will be posted on the website, and no other information will be made available at that time. Applications received will not be available for inspection until after the evaluation process has been completed, the notice of Intent to Award is issued pursuant to OAR 137-047-0610 and any protests have been resolved.

#### 4.9 Application Rejection

OHA may reject an Application for any of the following reasons:

- Applicant fails to meet the minimum qualifications.
- Applicant fails to substantially comply with all prescribed RFA procedures and requirements, including but not limited to the requirement that Applicant's authorized representative sign the Application and have the signature notarized.
- Applicant has liquidated and delinquent debt owed to the State or any department or agency of the State.
- Applicant fails to meet the responsibility requirements of OAR 137-047-0500.
- Applicant makes any contact regarding this RFA with State representatives such as State employees or officials other than the SPC or those the SPC authorizes, or inappropriate contact with the SPC.
- Applicant attempts to influence a person who OHA as announced is an evaluator.
- Applicant fails to meet the minimum financial solvency requirements as specified in the financial pro-forma instructions.

- Application is conditioned on OHA’s acceptance of any other terms and conditions or rights to negotiate any alternative terms and conditions that are not reasonably related to those expressly authorized for negotiation in the RFA or Addenda.

#### **4.10 Evaluation Process**

##### **a. Responsiveness determination**

An Application received prior to Closing will be reviewed to determine if it is Responsive to all RFA requirements including compliance with Minimum Qualifications section and Minimum Submission Requirements section. If the Application is unclear, the SPC may request clarification from Applicant. However, clarifications may not be used to rehabilitate a non-Responsive Application. If the SPC finds the Application non-Responsive, the Application may be rejected. OHA may waive or allow correction of mistakes in accordance with OAR 137-047-0470.

**b. Responsibility determination**

OHA will determine if an apparent successful Applicant is Responsible prior to award and execution of the Contract. Applicants shall submit a signed Responsibility Inquiry form (Attachment 5) with its Application. At any time prior to award, OHA may reject an Applicant found to be not Responsible.

**4.11 Revised Application**

OHA may request a Revised Application from any Applicant if additional information is required to make a final decision. Applicant may be contacted asking that it submit its Revised Application, which must include any and all discussed and all negotiated changes.

**4.12 Evaluation Criteria**

Applications must be complete at the time of submission. OHA will verify the Applications received meet the Minimum Qualifications identified in Section 3.1 and Application Requirements in Section 3.4. Those Applications meeting these requirements will then be evaluated by Evaluators selected by OHA.

Each Application meeting all Responsiveness requirements will be independently evaluated by persons designated by OHA as Evaluators. Evaluators may change and OHA may have additional or fewer evaluators for optional rounds of evaluation. Evaluators will assign a pass or fail score for each evaluation criterion. SPC or designee may request further clarification to assist the Evaluators in gaining additional understanding of Application. A response to a clarification request must be to clarify or explain portions of the already submitted Application and may not contain new information not included in the original Application.

The items listed below will be scored on an initial pass/fail basis.

- Does the Applicant meet the requirements of Section 3.1 Minimum Qualifications?
- Has the Applicant completed and submitted all Section 3.4 Application Requirements, except those expressly deferred for Readiness Review?

**4.13 Pre-Award Conferences**

OHA may require attendance at additional Applicant conference(s) after Applications have been submitted and before awards have been made. OHA will determine whether additional conferences are required based on the Applications received, the quality of the Applicant responses in certain areas, and OHA's general assessment on whether additional required conferences are needed to ensure all Applicants understand OHA's expectations under the resulting CCO Contracts. OHA will provide at least 7 (seven) calendar days' notice to Applicants of any additional required conferences it schedules. The notice will be provided through ORPIN.

The following Required Application Conference has been scheduled:

**(1) Program Integrity Conference**

On Thursday, May 30, 2019 the Oregon Health Authority and the Department of Justice Medicaid Fraud Control Unit (MFCU) will be sponsoring an "Applicants Conference" in Portland. This Applicants Conference is required attendance for all Applicants and will require the Applicant to send its compliance officer, and at least one of the "C" level executives (CEO, CFO, COO).

The Applicants Conference will focus on building and sustaining the success of program integrity efforts between OHA's Office of Program Integrity, the MFCU, and the Applicants. One of the goals of the conference will be to establish program integrity expectations, identify areas of coordination between the parties, and provide Applicants with an opportunity to learn how to

leverage the available resources to prevent and respond to ~~fraud~~Fraud, ~~waste~~Waste and Abuse in the Medicaid system.

The Applicants Conference will feature speakers from the MFCU, OHA and other enforcement entities including the Health and Human Services Office of the Inspector General and the U.S. Attorney's Office. Representatives from the Ohio MFCU, who are leaders in the collaborative development of program integrity efforts in the managed care space, will be speaking on multiple program integrity topics.

#### 4.14 Notice of Intent to Award

If OHA determines, after the evaluation of Application, that Applicant may serve Medicaid beneficiaries, OHA will issue a notice of intent to award to Applicant (Successful Applicant). The notice of intent to award will confirm the approximate date a Contract will be sent for signature, a list of ~~readiness review~~Readiness Review items and the date the ~~readiness review~~Readiness Review items must be completed. If OHA determines that Applicant has not met the evaluation criteria, OHA will send a notice of Application rejection to such Applicant.

#### 4.15 Public Presentation by Applicant

- a. Successful Applicants must provide a public presentation in a ~~community~~Community forum within its proposed ~~service area~~Service Area(s) as described in the RFA Community Engagement Plan in Attachment 10. Successful Applicants must perform a public presentation in each county they will serve under the Contract, including Counties where the Successful Applicant will serve less than the full County, unless otherwise agreed upon by OHA in writing.
- b. Successful Applicants ~~must~~will be notified after they receive the Notice of Intent to Award the appropriate OHA staff to send the name, email address, and phone number ~~to: [insert appropriate email address]~~ of the person or persons whom ~~community~~Community members can contact to receive information about or get involved in the public presentation. In addition, Successful Applicants must provide presentation material to OHA 2 (two) weeks in advance of the scheduled public presentation. OHA reserves the right to require edits to the materials to ensure the material is appropriate for OHP's diverse ~~members~~Members.
- c. Successful Applicants must, when public presentation(s) have been scheduled, send the invitation to ~~the~~SPCOHA and ensure the ~~SPCOHA~~SPCOHA receives the date, time, location, and agenda of the public presentations at least 30 days in advance.
- d. Successful Applicants must invite all entities identified in the RFA Community Engagement Plan to the public presentation.
- e. Successful Applicants must, within 1 (one) week after the public presentation has occurred, submit the agenda, number of attendees, a description of who was invited and the outreach efforts, and a summary of the public input to the SPC.
- f. Successful Applicants may format the presentation in the way that best serves the needs of the ~~community~~Community.

#### g. Goals of Public Presentation

The public presentation must provide the information to the ~~community~~Community in a public setting accessible to an audience that is representative of the population in the intended ~~service area~~Service Area, the ~~community~~Community's providers, allied agencies that provide services to ~~members~~Members or the ~~community~~Community, and other stakeholders. The Applicant must provide a mechanism to receive meaningful input from the ~~community~~Community about the proposed approach.

The public presentation must include the following components:

- How the Successful Applicant will engage ~~community~~Community members and health care ~~providers~~Providers in improving the health of the ~~community~~Community and addressing regional, cultural, socioeconomic, and racial disparities that exist among the ~~members~~Members and in the Applicant's ~~community~~Community;
- How the Successful Applicant's approach will meet the Triple Aim of better health, better care and lower costs for the population within the proposed ~~service area~~Service Area; and
- How the Successful Applicant's approach will address the following focal areas from the RFA:
  - Value ~~-~~-Based Payments
  - Health Information Technology
  - Social Determinants of Health and Health Equity
  - Behavioral Health
  - Health Information Technology

#### **h. Topics to Consider for the Public Presentation**

Successful Applicants should also consider presenting information about other strategies for addressing health care transformation and delivering ~~community~~Community-based coordinated care, such as:

- Coordinating delivery of physical health care, mental health, Behavioral Health and chemical dependency services, and oral health care;
- Educating ~~members~~Members on how to access ~~covered services~~Covered Services, particularly services that ~~members~~Members historically have a difficult time accessing;
- Developing a ~~community~~Community health assessment and resulting ~~community~~Community health improvement plan;
- Addressing key social determinants of health and health equity in the ~~community~~Community;
- Engaging ~~members~~Members and their families to be active partners in their health care;
- Supporting an adequate network of ~~providers~~Providers and also implementing and increasing ~~patient-centered primary care homes~~Patient-Centered Primary Care Homes;
- Strategies the Successful Applicant plans to use to coordinate with other CCO(s) in the ~~service area~~Service Area, including strategies for the best use of resources and minimizing burden on ~~community~~Community partners;
- Its ~~governance structure~~Governance Structure and the role its Community Advisory Council will play; and
- How its ~~governance structure~~Governance Structure will support a sustainable and successful organization that can deliver the greatest possible health care within available resources, where success is defined through the Triple Aim and the various focal areas included in this RFA.

#### 4.16 Disposition of Applications

- a. **Mandatory Rejection:** OHA will reject an Applicant’s Application if the Applicant attempts to influence an Application Evaluator or the SPC regarding the Application review and evaluation process.
- b. **Discretionary Rejection:** OHA may reject an Application for any of the following additional reasons:
  - (1) The Applicant fails to substantially comply with all prescribed solicitation procedures and requirements, including but not limited to the requirement that Applicant’s authorized representative sign the Application electronically and submit a notarized signature; or
  - (2) The Applicant makes any unauthorized contact regarding this RFA with any State employees or officials other than an Application Evaluator or the SPC.
- c. **Debarment:** OHA may reject an Application and determine that the Applicant is debarred from future Application. Grounds for debarment include, but are not limited to, grounds set forth in ORS 279B.130 or exclusion from the federal Medicare or Medicaid programs.
- d. **Administrative Review:** An Applicant may seek administrative review under OAR 410-141-3010 of OHA’s decision to reject an Applicant as a contracted CCO or to debar the Applicant. If an Administrative Review is performed, it will be conducted according to the process described in OAR 410-120-1580.

### Section 5. Award and Negotiation

#### 5.1 Award Notification Process

The apparent successful Applicants for award of Contracts shall be notified in writing and the SPC will set the time lines for Contract negotiation.

#### 5.2 Award Protest

##### a. Protest Submission

An Affected Applicant shall have 7 calendar days from the date of the Intent to Award notice to file a Written protest.

An Applicant is an Affected Applicant only if the Applicant would be eligible for Contract award in the event the protest was successful and is protesting for one or more of the following reasons as specified in OAR 137-047-0710:

- OHA has failed to conduct an evaluation of its Application in accordance with the criteria or process described in the RFA.
- OHA abused its discretion in rejecting the protestor’s Application as non-Responsive.
- OHA’s evaluation of Application or determination of award otherwise violates ORS Chapter 279B or ORS Chapter 279A.

##### **Protests must:**

- Be delivered to the SPC via email
- Reference the RFA number
- Identify Applicant’s name and contact information
- Be signed by an authorized representative
- Specify the grounds for the protest

- Be received within 7 calendar days of the Intent to Award notice

Once SPC receives the Protest, SPC will respond to the email with a confirmation of receipt. If Applicant does not receive a confirmation of receipt within one ~~business day~~ Business Day it is the Applicants' sole responsibility to confirm receipt by additional email or phone contact with SPC.

**b. Response to Protest**

OHA will address all timely submitted protests within a reasonable time and will issue a Written decision to the respective Applicant. Protests that do not include the required information will not be considered by OHA.

### 5.3 Apparent Successful Application Submission Requirements

Applicants who are selected for a Contract award under this RFA will be required to submit additional information and comply with the following:

**a. Insurance**

Prior to award, Applicant shall secure and demonstrate to OHA proof of insurance as required in this RFA or as negotiated. Insurance Requirements are found in Exhibit F of Appendix B.

**b. Taxpayer Identification Number**

Applicant shall provide its Taxpayer Identification Number (TIN) and backup withholding status on a completed W-9 form when requested by OHA or when the backup withholding status or any other relevant information of Applicant has changed since the last submitted W-9 form, if any.

**c. Business Registry**

If selected for award, Applicant shall be duly authorized by the State of Oregon to transact business in the State of Oregon before executing the Contract. Visit <http://sos.oregon.gov/business/pages/register.aspx> for Oregon Business Registry information (or DCBS site for insurance companies).

**d. Pay Equity Certification**

If selected for award, Applicant shall submit to OHA a true and correct copy of an unexpired Pay Equity Compliance Certificate, issued to the Applicant by the Oregon Department of Administrative Services. For instructions on how to obtain the Certificate, visit [www.oregon.gov/das/Procurement/Documents/SB491PayEquity.pdf](http://www.oregon.gov/das/Procurement/Documents/SB491PayEquity.pdf).

Applicant must provide this prior to execution of the Contract. See ORS 279B.110(2)(f)

**e. Nondiscrimination in Employment**

As a condition of receiving the award of a Contract under this RFA, Applicant must certify by its Signature on Attachment 3 "Applicant Information and Certification Sheet" in accordance with ORS 279A.112, that it has in place a policy and practice of preventing sexual harassment, sexual assault, and discrimination against employees who are members of a protected class. The policy and practice must include giving employees a written notice of a policy that both prohibits, and prescribes disciplinary measures for, conduct that constitutes sexual harassment, sexual assault, or unlawful discrimination.

### 5.4 Contract Negotiation

**a. Negotiation**

After selection of Successful Applicants, OHA may enter into Contract negotiations with the Successful Applicants. By submitting an Application, Applicant agrees to comply with the requirements of the RFA, including the terms and conditions of the Contract Template (Appendix B); ~~with the exception of those terms listed below for negotiation.~~

OHA is willing to negotiate **ONLY** the portions of the Contract indicated below:

- ~~Service Area~~

~~Applicants will follow the process described below for identifying and requesting portions of the Contract it would like to negotiate:~~

- ~~Applicant shall review the attached Contract Template in Appendix B, including all relevant attachments and reference documents, and list the provisions it would like to negotiate, provide proposed redlined language for those provisions, and describe the reasoning for the requested change in language.~~
- ~~Applicant must submit those exceptions to OHA during the Questions / Requests for Clarification period set forth in Section 1.2. Unless OHA agrees to modify any of the terms and conditions, OHA intends to enter into a Contract with the Successful Applicant in substantially in the form set forth in Contract Template (Appendix B).~~
- ~~It may be possible to negotiate some provisions of the final Contract after the Questions / Requests for Clarification period set forth in Section 1.2; however, OHA is not required to make any changes at this time and most provisions are deemed non-negotiable. Applicant is cautioned that the State of Oregon believes modifications to the standard provisions constitute increased risk and increased cost to the State. Therefore, OHA will consider the Scope of requested exceptions in the evaluation of Application.~~
- ~~Any negotiated changes are subject to approval of the Oregon Department of Justice and may be subject to CMS review.~~

OHA reserves the right to require negotiations on other aspects of the resulting Contract and required Work as a condition of Award or a condition of Notice to Proceed, including:

- Service ~~area~~Area coverage, including rejecting a Successful Applicant's request to cover less than a full County and requiring them to cover the full county, or requiring Successful Applicants to expand or contract the ~~service area~~Service Area proposed with its Application to meet OHA and OHP ~~members~~Members' needs;
- Provider ~~network~~Network composition, including requiring Successful Applicants to fill ~~provider~~Provider type gaps or other care coordination gaps identified during the evaluation process that met basic RFA requirements but did not address all ~~member~~Member needs in the ~~community~~Community;
- Components of any implementation plan or roadmap required to be submitted in the Application that include description of work and deliverables with corresponding delivery dates and milestones;
- Financial management, risk management and allocation, and rate ~~development~~data validation;
- Responses to any questionnaires; and
- Protests filed by any Applicant.

OHA will set dates for reaching agreement for the negotiable items described above. In the event that the parties have not reached agreement by the stated OHA date, OHA may, at its discretion, terminate Negotiations and contact other successful Applicants about filling the CCO ~~service area~~Service Area need if the termination of Negotiations leaves that area of the state in need of one or more additional CCOs based on OHA and its ~~members~~Members' needs.

## 5.5 Antitrust Exemption

- a. OHA intends to exempt from state antitrust laws, and to provide immunity from federal antitrust laws through the state action doctrine, Applicants, CCOs, and persons forming CCOs that might otherwise

be constrained by such laws. OHA’s evaluation of an Application is intended to evidence appropriate state supervision necessary to promote state action immunity under state and federal antitrust laws. OHA’s issuance of a CCO Contract is intended to evidence appropriate state supervision necessary to promote state action immunity under state and federal antitrust laws.

- b. OHA does not authorize Applicants, CCOs, persons forming a CCO, or other persons to engage in activities or to conspire to engage in activities that would constitute per se violations of state or federal antitrust laws including, but not limited to, agreements among competing health care ~~providers~~Providers as to the prices of specific health services. OHA will not be liable in the event that state, federal, or private antitrust enforcement, injunctive, or damages action is initiated against Applicant, a CCO, or persons forming a CCO.
- c. The purposes of this antitrust exemption are to allow (1) persons forming CCOs to communicate and negotiate with each other about a CCO they are forming, and vice versa; (2) Applicants to communicate and negotiate with ~~providers~~Providers and ~~subcontractors~~Subcontractors, and vice versa; and (3) CCOs and Contractors to communicate about ~~member~~Member transitions. With these exceptions, it is not the purpose of this antitrust exemption to allow Applicants or potential Applicants to communicate with one another about pricing, commenting on this RFA, content of Applications, or any other communications which antitrust laws prohibit among competitors.

## 5.6 Contract Award

- a. OHA will use Readiness Review as OHA’s determination that a CCO meets OHA’s readiness standards under 42 CFR 438.66(d). Readiness Review as a CCO will be made for the responsive, responsible Applicants who meet the Readiness Review standards. OHA may enter into negotiations with Applicant before or after Readiness Review regarding the Applicant’s satisfying Readiness Review standards. OHA may choose to not execute a ~~contract~~Contract with an Applicant or may determine that the Applicant may potentially be issued a ~~contract~~Contract in the future if specified conditions are met. At any time after initial Readiness Review, OHA may deny, revoke, debar, or revise Applicant’s Readiness Review as a CCO, based on updated information.
- b. OHA may award a Contract to any Applicant that OHA finds capable of being a CCO. OHA is not required to award a Contract with the same scope that Applicant has applied for. OHA may enter into negotiations with Applicant before or after award. OHA may choose to not award a Contract.
- c. The Contract is for federally funded Medicaid services. OHA may also require a Contractor to enter into a contract for state-funded services, substantially similar to the Contract. The differences between the Medicaid Contract and the state-funded contract are described in Section 5.9.

## 5.7 Readiness Review and Notice to Proceed

- a. **Readiness Review:** After award of the Contract, and before its Effective Date, OHA (with the potential assistance of vendor(s) and other designees) will conduct a ~~readiness review~~Readiness Review to determine a Successful Applicant’s ability and capacity to fulfill the contractual requirements. Requested documentation is due from Successful Applicant by the date shown in Section 1.2 “Schedule”. OHA may include in the award of the Contract conditions that Successful Applicant must meet by the Readiness Review Date.

Readiness Review will include a desk review of submitted documents and may include an on-site review. On-site reviews, if conducted, may include interviews with staff and leadership personnel that manage key operational areas.

Areas under review will include any area that OHA deems necessary to evaluate Successful Applicant’s ability to serve OHP ~~members~~Members, including but not limited to:

### Operations and Administration

- Community Support and Engagement, demonstrated by strong ~~community~~Community partnerships
- Administrative staffing and resources
- Delegation and oversight of CCO requirements and responsibilities performed by ~~subcontractors~~Subcontractors
- Member and Provider communications
- Grievance and ~~appeals~~Appeals
- Member services and ~~outreach~~Outreach
- Provider ~~network~~Network management
- Program integrity and compliance

#### **Service Delivery**

- Case management
- Care coordination and service planning
- Quality Improvement
- Utilization Review
- Access monitoring

### Financial Management

- Financial reporting and monitoring
- Financial solvency
- Governance and accountability

### Systems Management

- Claims processing and management
- Encounter data and Enrollment information management
- Privacy and security
- Health Information Technology
- Any other documentation deemed appropriate to evaluate readiness

### Other Implementation Needs Identified by OHA

- Status updates and required demonstrations on any RFA or CCO Contract requirement identified by OHA in its Notice of Intent to Award

During Readiness Review, OHA may request additional detail or documentation to evaluate Successful Applicant's ability to perform the contracted work. OHA may request any documentation it deems appropriate to ensure Successful Applicant is able to meet the requirements of CCO 2.0. If Successful Applicant fails to demonstrate its readiness during Readiness Review, fails to submit to OHA the additional requested information, or fails to provide a satisfactory work plan for how it will satisfy the contractual requirements within the time frame specified by OHA, OHA in its sole discretion may determine that Successful Applicant is unable to fulfill the contractual requirements and terminate the Contract prior to its Effective Date or not award a Contract.

- b. Notice to Proceed:** If OHA determines, after its Readiness Review and review of other implementation related updates and work, that Successful Applicant is ready to serve Medicaid beneficiaries, OHA will issue a notice to proceed to Successful Applicant. The notice to proceed will confirm the ~~effective date~~ Effective Date of Successful Applicant's Contract to serve Medicaid beneficiaries. If OHA determines, after its Readiness Review, that Applicant is unready to serve Medicaid beneficiaries, OHA will not issue a notice to proceed to Applicant. If OHA does not issue a notice to proceed, OHA will issue a notice of cancellation of the Contract.

## 5.8 Member Enrollment

OHA will determine the number of ~~applicants~~ Applicants that have:

- Successfully negotiated and signed a Contract for CCO 2.0 services with OHA, and
- Either passed ~~readiness review~~ Readiness Review or appear likely to pass on time.

Such ~~applicants~~ Applicants are referred to in this section as "Contractors."

For the purposes of this procurement, OHA will allocate ~~members~~ Members to Contractors effective January 1, 2020, according to the following methodology:

OHA will determine the number of Contractors in each Membership Service Area, as follows:

- In a Membership Service Area with only one Contractor, Members will be assigned to that Contractor.
- In a Membership Service Area with more than one Contractor, and each of the Contractors holds a CCO contract with OHA for that Service Area for the 2019 Contract Year, no Open Enrollment will be

held and Members will remain where they are currently assigned (subject to normal Member choice procedures).

- c. In a “Choice Area,” the following procedures apply to membership allocation:

OHA will hold an Open Enrollment period for Members in the Choice Area.

During an ~~open enrollment~~Open Enrollment, Members will have an opportunity to select the plan they wish to be enrolled in between the available Contractors in their Membership Service Area. Members will be assigned to the Contractor of their choice unless there is an extenuating circumstance that prevents their ~~enrollment~~Enrollment in that Contractor.

The number of Members in a Choice Area who do not make a selection will be known as Undecided Members. The number of Undecided Members divided by the number of Contractors in the Membership Service Area will comprise each Contractor’s Presumptive Enrollment. Presumptive Enrollment is only an approximation and Contractors are not guaranteed any level of Member ~~assignment~~Assignment.

Allocation of Undecided Members will be performed in a manner that seeks to maintain, to the degree possible consistent with information available to OHA, the Member’s access to established ~~providers~~Providers. The Member’s ability to access their established ~~primary care~~Primary Care and Behavioral Health ~~providers~~Providers will be used to determine if a Contractor is eligible to receive an Undecided Member. If OHA determines that a Member may have important ~~provider~~Provider relationships other than primary care and Behavioral Health, OHA may provide choice counseling.

If a Contractor’s ~~provider network~~Provider Network does not facilitate continuity of ~~provider~~Provider for the Member, the Member will not be assigned to the Contractor. This may result in the Contractor receiving less than the Presumptive Enrollment number.

If an Undecided Member does not have an established Primary Care Provider, or does not have recent claims data to identify an established ~~provider~~Provider, the Member will be assigned randomly to any available Contractor in the ~~service area~~Service Area.

If a Member is assigned to a Contractor during this process, and does not wish to remain enrolled in that Contractor, the Member has the right to change plans within 30 days after the ~~assignment~~Assignment is made.

OHA may repeat the Member allocation process more than once, in order to take account of changes in Membership. OHA will attempt to allocate ~~members~~Members in a way that will not disrupt case management and Medicare Advantage alignment. Tribal Members who are not subject to automatic CCO Enrollment will not be enrolled in a CCO. OHA reserves the right to adjust this methodology in the best interests of ~~members~~Members in any Membership Service Area.

Members who are auto-enrolled or manual-enrolled in error may change plans, if another plan is available, within 30 days of the Enrollment.

For each county in which it has any Membership Service Area, Applicant must submit a Member Transition Plan to describe the process by which Members will be transitioned from another CCO to Applicant. Upon acceptance of its Plan by OHA, Applicant must be prepared to execute its Plan on the schedule required by OHA. Current CCOs, whether or not they are submitting an Application for this RFA, must submit ~~member~~Member-specific information about PCP, Behavioral Health, and other significant ~~provider~~Provider relationships to facilitate continuity of care.

**Example:**

A Membership Service Area has two Contractors and contains 30,000 enrolled Members.

During Open Enrollment, 5,000 Members enroll in Contractor 1 and 2,000 Members enroll in Contractor 2. Of the remaining 23,000 Members, all but 3,000 have previously been assigned to a PCP. The 3,000 Members without PCPs are evenly assigned between Contractor 1 and Contractor 2.

There remain 20,000 Undecided Members who have not been assigned. Of these Undecided Members:

- 5,000 have an established relationship with Primary Care Providers that are Participating Providers with Contractor 1 but not Contractor 2. These Members will be allocated to Contractor 1.
- 4,000 have an established relationship with Primary Care Providers that are Participating Providers with Contractor 2 but not Contractor 1. These Members will be allocated to Contractor 2.
- 11,000 Members have an established relationship with Primary Care Providers that are Participating Providers for both Contractor 1 and for Contractor 2. These Members will be allocated evenly between Contractor 1 and Contractor 2.

	Open Enrollment	Random Enrollment of Members lacking PCP	Established relationship with PCP <del>provider</del> in one network	Established relationship with PCP <del>provider</del> in both networks	Expected Enrollment
Contractor 1	5,000	1,500	5,000	5,500	17,000
Contractor 2	2,000	1,500	4,000	5,500	13,000

Notes:

- a. Expected ~~enrollment~~Enrollment is based on the formula. OHA does not guarantee that Applicants will receive any level of ~~enrollment~~Enrollment.
- b. The example uses PCP relationships. OHA will also use information about Behavioral Health ~~provider~~Provider relationships and ~~providers~~Providers for ~~members~~Members with high health needs, to the extent such information is available.
- c. The Member allocation and auto-assignment process described in this RFA does not preclude OHA from making modifications to how Members are assigned to a plan in future contract years.

**5.9 State Funded Programs**

The Contract is for Medicaid ~~recipients~~Recipients is receives federal financial participation. OHA also sponsors, and will expect Contractors to participate in, parallel state-funded programs. For 2019 CCOs, Cover All Kids (CAK) is a separate CCO contract which mirrors the Medicaid Benefits and rules. The CAK contract covers children up to age 19, not eligible for traditional Medicaid.

A Successful Applicant will be required to sign a contract for any State Funded, Medicaid-like program. For 2020 and future years, the differences between the CCO Contract and the State Funded Contract will be similar to the differences between the 2019 CAK contract and the 2019 CCO Contract, except that additional population groups may be covered. Enrollment and eligibility will be done by OHA and communicated via the 834 with the CCO’s Medicaid ~~enrollment~~Enrollment. The

State-Funded contract will renew annually with the CCO ~~contract~~[Contract](#). State-Funded Contract rates will not include Quality Incentive Pool or account for value-based services provided by the CCO to this population. Required Reporting while identical to the CCO ~~Medicaid contract~~[Contract](#), attestations will be accepted in all areas except for Exhibit L Financial reporting, which must be reported separately. Any State-Funded Contract will be issued with the CCO ~~contract~~[Contract](#) for execution.

## **Section 6. Additional Information**

### **6.1 Certified Firm Participation**

Pursuant to Oregon Revised Statute (ORS) Chapter 200, OHA encourages the participation of small businesses, certified by the Oregon Certification Office for Business Inclusion and Diversity (“COBID”) in all contracting opportunities. This includes certified small businesses in the following categories: disadvantaged business enterprise, minority-owned business, woman-owned business, a business that a service-disabled veteran owns or an emerging small business. OHA also encourages joint ventures or subcontracting with certified small business enterprises. For more information, visit:

<https://oregon4biz.diversitysoftware.com/FrontEnd/VendorSearchPublic.asp?XID=6787&TN=oregon4biz>

Because the Contract will have potential subcontracting opportunities, the successful Applicant may be required to submit a completed Certified Disadvantaged Business Outreach Plan (Attachment 9) prior to execution.

### **6.2 Governing Laws and Regulations**

This RFA is governed by the laws of the State of Oregon. Venue for any administrative or judicial action relating to this RFA, evaluation and award is the Circuit Court of Marion County for the State of Oregon; provided, however, if a proceeding must be brought in a federal forum, then it must be brought and conducted solely and exclusively within the United States District Court for the District of Oregon. In no event shall this Section be construed as a waiver by the State of Oregon of any form of defense or immunity, whether sovereign immunity, governmental immunity, immunity based on the eleventh amendment to the Constitution of the United States or otherwise, to or from any Claim or consent to the jurisdiction of any court. This Section 6.2 of the RFA is not subject to protest.

### **6.3 Ownership/Permission to use Materials**

The following are public records that OHA intends to disclose publicly when received:

- A CCO Letter of Intent to Apply, and
- Any change to or withdrawal of a CCO Letter of Intent to Apply;

After the notice of intent to award, the procurement file is subject to public disclosure in accordance with OAR 137-047-0630, and the Oregon Public Records Law (ORS 192.311–192.478), subject to potential redaction under Attachment 4.

If Applicant considers any portion of an Application or protest a trade secret as defined in Oregon Revised Statutes 192.345(2) or otherwise exempt from disclosure under Oregon Public Records Law, in order to seek protection from disclosure the Applicant shall, at the time of submission: (1) clearly designate that portion as confidential in Part I of Attachment 4 (Applicant’s Designation of Confidential Materials); and (2) explain the justification for exemption under the Oregon Public Records Law in Exhibit A of Attachment 4. After review of Attachment 4 as submitted, OHA may request that the redacted copy of the Application be modified if OHA determines that confidential information claimed to be exempt is in fact not exempt from disclosure. Interpretation of the Oregon Public Records Law, as determined by OHA upon advice of the Oregon Department of Justice, shall determine if the confidential information claimed to be exempt is in fact exempt from disclosure. OHA may release information notwithstanding its being in fact exempt from disclosure. OHA will not be liable to Applicant or any other person for release of information Applicant claims to be confidential.

Any person may request copies of public information. Requests for copies of public information shall be in writing. Requestors will be charged according to the current policies and rates for public records requests in

effect at the time OC&P receives the written request for public information. Fees, if applicable, must be received by OC&P before the records are delivered to the requestor.

All Applications are public record and are subject to public inspection after OHA issues the Notice of the Intent to Award. Application of the Oregon Public Records Law will determine whether any information is actually exempt from disclosure.

All Applications submitted in response to this RFA become the Property of OHA. By submitting an Application in response to this RFA, Applicant grants the State a non-exclusive, perpetual, irrevocable, royalty-free license for the rights to copy, distribute, display, prepare derivative works of and transmit the Application solely for the purpose of evaluating the Application, negotiating a Contract, if awarded to Applicant, administering the OHP, or as otherwise needed to administer the RFA process, and to fulfill obligations under Oregon Public Records Law (ORS 192.311 through 192.478). For example, OHA may require some or all CCOs to comply with a provision contained in Applicant's Application. Applications, including supporting materials, will not be returned to Applicant unless the Application is submitted late.

#### 6.4 Cancellation of RFA; Rejection of Application; No Damages

Pursuant to OAR 137-047-0660, OHA may reject any or all Applications in whole or in part, or may cancel this RFA at any time when the rejection or cancellation is in the best interest of the State or OHA, as determined by OHA. Neither the State nor OHA is liable to any Applicant, provider, contractor, ~~member~~ [Member](#), or other person, for any loss or expense caused by or resulting from the delay, suspension, or cancellation of the RFA including its addenda; the award, negotiation, ~~readiness review~~ [Readiness Review](#) or rejection of any Application; or any other OHA action contemplated by the RFA. Other than filing a protest complying with the RFA, no person may maintain a claim against OHA based on this RFA. Any Applicant filing a LOI or Application must acknowledge and be bound by this provision. This Section 6.4 of the RFA is not subject to protest.

#### 6.5 Cost of Submitting an Application

Applicant shall pay all the costs in submitting its Application, including, but not limited to, the costs to prepare and submit the Application, costs of samples and other supporting materials, costs to participate in demonstrations, costs of changing its Application due to addenda, or costs associated with protests.

#### 6.6 Code of Conduct

The Provisions of this Code of Conduct do not alter any stricter or different guidelines or prohibitions of OHA or the laws of the State of Oregon.

- a. Prohibited Practices.** Except as disclosed in writing to and accepted or authorized in writing by OHA, or as otherwise expressly permitted or required by the Contract, Applicant shall not, and shall assure that its Affiliates shall not, in any way:
- (1) Be party to or benefit from any agreement or understanding relating to the receipt or payment of, or receive, any contingent commission relating to this RFA.
  - (2) Induce any other person or organization to submit or not submit an Application.
  - (3) Arrange for, be party to, or otherwise cause any Noncompetitive Response on a Procurement by or on behalf of OHA.
  - (4) Take unfair advantage of OHA or the Members through manipulation, concealment, abuse of privileged information, misrepresentation of material facts or any other unfair practice.
  - (5) Mislead OHA or the Members through deceptive acts or practices, false advertising claims, misrepresentations regarding the plans of Applicant, or other unfair methods of competition.

- (6) Engage in any conduct, conspiracy, contract, agreement, arrangement or combination, or adopt or follow any practice, plan, program, scheme, artifice or device similar to, or having a purpose and effect similar to, the conduct prohibited above.
- b. **Disclosure and Transparency.** Applicant shall fully, clearly, completely, and adequately disclose to OHA the services it provides and all forms of income, compensation, or other remuneration it receives or pays or expects to receive or pay under or otherwise in connection with the Contract. The manner in which Applicant gets paid must be transparent and understandable to OHA.
- c. **Conflicts of Interest.** Applications will be submitted so as to allow OHA using its best impartial judgment in evaluating them. Applicant and Affiliates will perform their duties using their best impartial judgment in all matters affecting OHA. A conflict of interest occurs when Applicant or its Affiliate has a personal interest or is involved in an activity that could interfere with OHA's ability to evaluate an Applicant under this RFA, or Applicant's ability to perform its Work, in an objective, impartial and effective manner. An apparent conflict of interest occurs when personal interests or activities could lead others to doubt the objectivity or impartiality of OHA or of Applicant or its Affiliates. To maintain independence of judgment and action, Applicant and Affiliates shall avoid conflict of interest or an appearance of conflict that might arise because of economic or personal self-interest, except as disclosed in writing to and consented in writing by OHA. The Applicant's disclosure to OHA may include suggestions for mitigating or managing a conflict of interest, such as communications barriers with conflicted individuals. While it is impossible to list all situations that could constitute a conflict of interest, the following are some common examples:
- (1) Using property or non-public information of OHA or Members, or an Affiliate's position with or relationship with Applicant, for personal gain of the Applicant or Affiliate (other than compensation to Applicant expressly provided in the Contract).
  - (2) Having an ownership or economic interest in a company that does business with Applicant or an Affiliate, where the owner or interested person is in a position to influence Applicant's or OHA's relationship with the company.
  - (3) Having the representative of an Applicant or Vendor to the State of Oregon be a ~~family~~Family member of an employee of the State of Oregon who has authority over the Applicant or RFA.
  - (4) Applicant or its Affiliates using, for work connected with this RFA, a former employee or consultant of the State of Oregon who assisted in preparing the RFA.
- d. **Use of Funds or Assets.** To the extent it uses funds and assets of the State of Oregon under the Contract, Applicant shall not, directly or indirectly:
- (1) Use funds or assets for any purpose which would be in violation of any applicable law or regulation.
  - (2) Make contributions to any political candidate, party, or campaign either within or without the United States.
  - (3) Establish or maintain a fund, asset, or account that is not recorded and reflected accurately on the books and records of Applicant or the State of Oregon.
  - (4) Make false or misleading entries in the books and records of Applicant or the State of Oregon, or omit to make entries required for these books and records to be accurate and complete.
  - (5) Effect a transaction or make a payment with the intention or understanding that the transaction or payment is other than as described in the documentation evidencing the transaction or supporting the payment.

## 6.7 Federally Required Conflict of Interest Safeguards

- a. Applicant and its Affiliates shall not recruit, promise future employment, or hire any OHA employee (or their relative or member of their household) who has participated personally and substantially in the procurement under this RFA as an OHA employee.
- b. Applicant and its Affiliates shall not offer to any OHA employee (or any relative or member of their household) any gift or gifts with an aggregate value in excess of \$50 during a calendar year or any gift of payment of expenses for entertainment.
- c. Applicant and its Affiliates shall not retain a former OHA employee to make any communication with or appearance before OHA on behalf of Applicant in connection with this RFA if that person participated personally and substantially in the procurement under this RFA as an OHA employee.
- d. If a former OHA employee authorized or had a significant role in this RFA, Applicant and its Affiliates shall not hire such a person in a position having a direct, beneficial, financial interest in the resulting Contract for two years after the contract was authorized by OHA.
- e. For purposes of this Section:
  - (1) “Participates” means actions of an OHA employee, through decision, approval, disapproval, recommendation, the rendering of advice, investigation or otherwise in connection with the RFA or resulting Contract.
  - (2) “Personally and substantially” has the meaning set forth in 5 CFR 2635.402(b)(4).
  - (3) See the State Public Ethics Law, ORS 244.020, for the definitions of “gift,” “relative” and “member of household”.

## 6.8 Marketing Practices.

Except as authorized in writing by OHA, Applicant shall assure that all relationships with its Affiliates and business partners relating to the State of Oregon are conducted at arms-length using criteria approved by OHA and are based on fairness and the best interests of OHA and its Members.

In any dealings with a supplier, customer, government official, or other person or entity, Applicant or its Affiliate shall not request, accept, or offer to give any payments, gifts, trips, kickbacks, or other significant things of value, the purpose or result of which could be to influence the Services received by OHA and its Members or that may be construed as swaying OHA’s RFA decisions based on other than the merits of and the evaluation criteria in the RFA. For this purpose, a “significant thing of value” will mean a thing that a person could not lawfully receive or be given as an employee of OHA.

In any dealings with a supplier, customer, government official, or other person or entity for or on behalf of OHA and its Members or in connection with a Procurement, Applicant and its Affiliates shall not exchange business gifts, meals, entertainment, or other business courtesies that are intended to interfere, or are in a magnitude that may have the effect of interfering, with the ~~recipient~~[Recipient](#)’s duty to act in the best interests of OHA and its Members or to interfere with the ~~recipient~~[Recipient](#)’s business judgment.

## 6.9 Checklist Disclaimer

Any checklists that may be contained in this RFA are provided only as a courtesy to prospective Applicant. OHA makes no representation as to the completeness or accuracy of any Checklist. Prospective Applicant is solely responsible for reviewing and understanding the RFA and complying with all the requirements of this RFA, whether listed in a checklist or not. Neither the State nor OHA is liable for any claims, or subject to any defenses, asserted by Applicant based upon, resulting from, or related to, Applicant’s failure to comprehend all requirements of this RFA.

**The following appendices are attached as separate documents.**

**Appendix A - Definitions**

**Appendix B - Contract Template**

**Appendix C - Administrative Rule Concepts**



Note: A Tribe may sponsor an Indian Managed Care Entity or a CCO on a different timeline from that generally applicable to Applicants. Tribal members may be moved to that organization when it is approved by OHA.

e. An entity newly formed from one or more of the organizations described above.

Yes       No

If you selected Yes, please describe the newly formed organization and explain how the constituent or predecessor organizations meets one of the requirements in (a) through (d) above:

\_\_\_\_\_

**Please note:** Applicant’s qualifications to apply will not be evaluated until after the Application due date.

7. Desired Service Area

County (List each desired County separately)	In your Application, will you request to serve less than the entire County?	If yes, what zip codes will be in your requested <del>service area</del> <u>Service Area</u> in this County?

**Please note:** If Applicant requests to cover less than a full County, it will be required to provide additional information and its reasoning for the request in its Application. OHA will consider requests during Application evaluation and will determine whether to approve or reject the request based on criteria that include, but are not limited to, how the request better serves the goals of CCO 2.0 than serving the entire County at issue. These Applicant requests and subsequent OHA responses do not limit OHA in any way from requiring additional changes to an Applicant’s proposed ~~service area~~ Service Area based on OHA’s needs and the needs of its ~~members~~ Members. OHA may require an Applicant to accept OHA’s additional ~~service area~~ Service Area request(s) as a condition of receiving an award or a Notice to Proceed as OHA and its ~~members~~ Members’ needs warrant. Applicant’s requests for ~~service area~~ Service Area will not be evaluated until after the ~~application~~ Application due date.

- 8. In Exhibit A, please provide an organization chart complying with the requirements of Attachment 6.
- 9. In Exhibit B, describe your current lines of health plan business in Oregon. Provide total covered lives for each line of business. (Provide separate figures for the following markets: Medicaid, other OHA, non-OHA state health plans, other state or local public sector, Medicare, other federal, Marketplace, other commercial insured, and commercial self-funded. Within each market identify numbers for benefit coverage types such as oral and comprehensive medical and identify numbers that are administrative-services-only as opposed to at-risk).

10. **Applicant’s Good Faith Intentions**

Applicant has a good faith intention to submit an Application and believes it has the resources to do so. If at any time prior to or upon the Application due date Applicant determines it will not submit an Application, Applicant will submit to OHA a notarized letter, withdrawing this letter of intent and briefly

stating the reason for the withdrawal. If at any time prior to seven days before the Application due date Applicant determines it must change the provisions of this LOI other than the requested ~~service area~~ [Service Area](#), Applicant will submit to OHA a notarized letter, changing this letter of intent and briefly stating the reason for the change.

**11. Acknowledgements**

Applicant acknowledges that this Letter of Intent is binding upon Applicant if it proceeds to submit an Application and continues through the RFA process without withdrawing its Application. Applicant also acknowledges that OHA will publicly post the information in this LOI prior to the Application submission date. To be considered for a CCO Contract, Applicant must submit all required document in the RFA by the applicable dates in Section 1.2 of the RFA.

Representatives of Applicant have read the RFA in its entirety. By submitting this Letter of Intent, Applicant acknowledges and agrees to be bound by RFA Section 6.2 (Governing Laws) and 6.4 (Limitation on Claims). Applicant also agrees to be bound by all the other provisions of the RFA, subject to Applicant’s protest rights as set forth in the RFA.

**12. Signature**

The signature must be notarized, as follows

I, \_\_\_\_\_, being first duly sworn under oath, and representing Applicant, hereby depose and swear or affirms under penalty of perjury that:

- a. I am an officer of the Applicant,
- b. I have personal knowledge of this Letter of Intent and believe it to be accurate, and
- c. I have full authority from the Applicant to submit this Letter of Intent.

Signature	Printed Name and Title	Date
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State of \_\_\_\_\_ )

) ss:

County of \_\_\_\_\_ )

Signed and sworn to before me on \_\_\_\_\_ (date) by \_\_\_\_\_ (Affiant’s name).

\_\_\_\_\_  
Notary Public for the State of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

## EXHIBIT A: ORGANIZATION CHART

## **EXHIBIT B: OREGON HEALTH CARE BUSINESS**

## Attachment 2 - Application Checklist

The checklist presented in this Attachment 2 is provided to assist Applicants in ensuring that Applicant submits a complete Application. Please complete and return with Application. This Application Checklist is for the Applicant's convenience and does not alter the Minimum Submission requirements in Section 3.2.

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### Application Submission Materials, Mandatory Except as Noted

- Attachment 1 – Letter of Intent
  - Attachment 2 – Application Checklist
  - Attachment 3 – Applicant Information and Certification Sheet
  - Executive Summary
  - Full County Coverage Exception Requests (Section 3.2) **(Optional)**
  - Reference Checks (Section 3.4.e.)
  - Attachment 4 – Disclosure Exemption Certificate
  - Attachment 4 – Exhibit 3 - List of Exempted Information.
  - Attachment 5 – Responsibility Check Form
  - Attachment 6 – General Questionnaire
  - Attachment 6 – Narratives
  - Attachment 6 – Articles of Incorporation
  - Attachment 6 – Chart or listing presenting the identities of and interrelationships between the parent, ~~affiliates~~[Affiliates](#) and the Applicant.
  - Attachment 6 – Subcontractor and Delegated Entities Report
  - Attachment 7 – Provider Participation and Operations Questionnaire
  - Attachment 7 – DSN Provider Report
  - Attachment 8 – Value-Based Payments Questionnaire
  - Attachment 8 – RFA VBP Data Template
  - Attachment 9 – Health Information Technology Questionnaire
  - Attachment 10 – Social Determinants of Health and Health Equity Questionnaire
  - Attachment 11 – Behavioral Health Questionnaire
  - Attachment 12 – Cost and Financial Questionnaire
  - Attachment 12 – Pro Forma Workbook Templates (NAIC Form 13H)
  - Attachment 12 – NAIC Biographical Certificate (NAIC Form 11)
  - Attachment 12 – UCAA Supplemental Financial Analysis Workbook Template
  - Attachment 12 – Three years of Audited Financial Reports
  - Attachment 13 – Attestations
  - Attachment 14 – Assurances
  - Attachment 15 – Representations
  - Attachment 16 – Member Transition Plan
  - Redacted Copy of Application Documents for which confidentiality is asserted. All redacted items must be separately claimed in Attachment 4. **(Optional)**
-

### Attachment 3 - Application Information and Certification Sheet

Legal Name of Proposer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

State of Incorporation: \_\_\_\_\_

Entity Type: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Oregon Business Registry Number: \_\_\_\_\_

**Any individual signing below hereby certifies they are an authorized representative of Applicant and that:**

1. Applicant understands and accepts the requirements of this RFA. By submitting an Application, Applicant acknowledges and agrees to be bound by (a) all the provisions of the RFA (as modified by any Addenda), specifically including RFA Section 6.2 (Governing Laws) and 6.4 (Limitation on Claims); and (b) the Contract terms and conditions in Appendix B, subject to negotiation and rate finalization as described in the RFA.
2. Applicant acknowledges receipt of any and all Addenda to this RFA.
3. Application is a firm offer for 180 days following the Closing.
4. If awarded a Contract, Applicant agrees to perform the scope of work and meet the performance standards set forth in the final negotiated scope of work of the Contract.
5. I have knowledge regarding Applicant’s payment of taxes. I hereby certify that, to the best of my knowledge, Applicant is not in violation of any tax laws of the state or a political subdivision of the state, including, without limitation, ORS 305.620 and ORS chapters 316, 317 and 318.
6. I have knowledge regarding Applicant’s payment of debts. I hereby certify that, to the best of my knowledge, Applicant has no debts unpaid to the State of Oregon or its political subdivisions for which the Oregon Department of Revenue collects debts.
7. Applicant does not discriminate in its employment practices with regard to race, creed, age, religious affiliation, gender, disability, sexual orientation, national origin. When awarding subcontracts, Applicant does not discriminate against any business certified under ORS 200.055 as a disadvantaged business enterprise, a minority-owned business, a woman-owned business, a business that a service-disabled veteran owns or an emerging small business. If applicable, Applicant has, or will have prior to ~~contract~~Contract execution, a written policy and practice, that meets the requirements described in ORS 279A.112 (formerly HB 3060), of preventing sexual harassment, sexual assault and discrimination against employees who are members of a protected class. OHA may not enter into a ~~contract~~Contract with an Applicant that does not certify it has such a policy and practice. See <https://www.oregon.gov/DAS/Procurement/Pages/hb3060.aspx> for additional information and sample policy template.
8. Applicant and Applicant’s employees, agents, and subcontractors are not included on:
  - a. the “Specially Designated Nationals and Blocked Persons” list maintained by the Office of Foreign Assets Control of the United States Department of the Treasury found at: <https://www.treasury.gov/ofac/downloads/sdnlist.pdf>, or
  - b. the government wide exclusions lists in the System for Award Management found at: <https://www.sam.gov/portal/>

- 9. Applicant certifies that, to the best of its knowledge, there exists no actual or potential conflict between the business or economic interests of Applicant, its employees, or its agents, on the one hand, and the business or economic interests of the State, on the other hand, arising out of, or relating in any way to, the subject matter of the RFA, except as disclosed in writing in this Application. If any changes occur with respect to Applicant's status regarding conflict of interest, Applicant shall promptly notify OHA in writing.
- 10. Applicant certifies that all contents of the Application (including any other forms or documentation, if required under this RFA) and this Application Certification Sheet are truthful and accurate and have been prepared independently from all other Applicants, and without collusion, ~~fraud~~Fraud, or other dishonesty.
- 11. Applicant understands that any statement or representation it makes, in response to this RFA, if determined to be false or fraudulent, a misrepresentation, or inaccurate because of the omission of material information could result in a "claim" {as defined by the Oregon False Claims Act, ORS 180.750(1)}, made under Contract being a "false claim" {ORS 180.750(2)} subject to the Oregon False Claims Act, ORS 180.750 to 180.785, and to any liabilities or penalties associated with the making of a ~~false claim~~False Claim under that Act.
- 12. Applicant acknowledges these certifications are in addition to any certifications required in the Contract and Statement of Work in Attachment 10 at the time of Contract execution.

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Authorized to Bind Applicant)

State of \_\_\_\_\_ )

) ss:

County of \_\_\_\_\_ )

Signed and sworn to before me on \_\_\_\_\_ (date) by \_\_\_\_\_ (Affiant's name).

\_\_\_\_\_  
Notary Public for the State of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

## Attachment 4 - Disclosure Exemption Certificate

[redacted] (“Representative”), representing [insert Applicant Name] (“Applicant”), hereby affirms under penalty of ~~false claims~~ False Claims liability that:

1. I am an officer of the Applicant. I have knowledge of the Request for Application referenced herein. I have full authority from the Applicant to submit this Certificate and accept the responsibilities stated herein.
2. I am aware that the Applicant has submitted an Application, dated on or about [insert date] (the “Application”), to the State of Oregon in response to Request for Application #OHA-4690-18 for CCO 2.0 (the RFA). I am familiar with the contents of the Application.
3. I have read and am familiar with the provisions of Oregon’s Public Records Law, Oregon Revised Statutes (“ORS”) 192.311 through 192.478, and the Uniform Trade Secrets Act as adopted by the State of Oregon, which is set forth in ORS 646.461 through ORS 646.475. I understand that the Application is a public record held by a public body and is subject to disclosure under the Oregon Public Records Law unless specifically exempt from disclosure under that law.
4. I have checked Box A or B as applicable:
  - A.  The Applicant believes the information listed in Exhibit A to this Exhibit 4 is exempt from public disclosure (collectively, the “Exempt Information”), which is incorporated herein by this reference. In my opinion, after consulting with a person having expertise regarding Oregon’s Public Records Law, the Exempt Information is exempt from disclosure under Oregon’s Public Records Law under the specifically designated sections as set forth in Exhibit A or constitutes “Trade Secrets” under either the Oregon Public Records Law or the Uniform Trade Secrets Act as adopted in Oregon. Wherever Exhibit A makes a claim of Trade Secrets, then Exhibit A indicates whether the claim of trade secrecy is based on information being:
    1. A formula, plan, pattern, process, tool, mechanism, compound, procedure, production data, or compilation of information that:
      - i. is not patented,
      - ii. is known only to certain individuals within the Applicant’s organization and that is used in a business the Applicant conducts,
      - iii. has actual or potential commercial value, and
      - iv. gives its user an opportunity to obtain a business advantage over competitors who do not know or use it.
  - Or
  2. Information, including a drawing, cost data, customer list, formula, pattern, compilation, program, device, method, technique or process that:
    - i. Derives independent economic value, actual or potential, from not being generally known to the public or to other persons who can obtain economic value from its disclosure or use; and
    - ii. Is the subject of efforts by the Applicant that are reasonable under the circumstances to maintain its secrecy.
- B.  Exhibit A has not been completed as Applicant attests that are no documents exempt from public disclosure.

5. The Applicant has submitted a copy of the Application that redacts any information the Applicant believes is Exempt Information and that does not redact any other information. The Applicant represents that all redactions on its copy of the Application are supported by ~~valid claims~~ [Valid Claims](#) of exemption on Exhibit A.
6. I understand that disclosure of the information referenced in Exhibit A may depend on official or judicial determinations made in accordance with the Public Records Law.

Representative’s Signature

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### Exhibit A to Attachment 4

Applicant identifies the following information as exempt from public disclosure under the following designated exemption(s):

<u>Section Redacted</u>	<u>ORS or other Authority</u>	<u>Reason for Redaction</u>
		<b>1.</b> _____ _____ _____ _____
		<b>2.</b> _____ _____ _____ _____
		<b>3.</b> _____ _____ _____ _____
		<b>4.</b> _____ _____ _____ _____
		<b>5.</b> _____ _____ _____ _____
		<b>6.</b> _____ _____ _____ _____

## Attachment 5 - Responsibility Check Form

OHA will determine responsibility of an Applicant prior to award and execution of a Contract. In addition to this form, OHA may notify Applicant of other documentation required, which may include but is not limited to recent profit-and-loss history, current balance statements and cash flow information, assets-to-liabilities ratio, including number and amount of secured versus unsecured creditor claims, availability of short and long-term financing, bonding capacity, insurability, credit information, materials and equipment, facility capabilities, personnel information, record of performance under previous contracts, etc. Failure to promptly provide requested information or clearly demonstrate responsibility may result in an OHA finding of non-responsibility and rejection.

1. Does Applicant have available the appropriate financial, material, equipment, facility and personnel resources and expertise, or ability to obtain the resources and expertise, necessary to demonstrate the capability of Applicant to meet all contractual responsibilities?

YES  NO .

2. Within the last five years, how many contracts of a similar nature has Applicant completed that, to the extent that the costs associated with and time available to perform the contract remained within Applicant's ~~control~~Control, Applicant stayed within the time and budget allotted, and there were no contract claims by any party? Number: \_\_\_\_\_

How many contracts did not meet those standards? Number: \_\_\_\_\_ If any, please explain.

Response:

3. Within the last three years has Applicant (incl. a partner or shareholder owning 10% or more of Applicant's firm) or a major ~~subcontractor~~Subcontractor (receiving 10% or more of a total contract amount) been criminally or civilly charged, indicted or convicted in connection with:

- obtaining, attempting to obtain, or performing a public (Federal, state, or local) contract or subcontract,
- violation of federal or state antitrust statutes relating to the submission of bids or proposals, or
- embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, or receiving stolen property?

YES  NO

If "YES," indicate the jurisdiction, date of indictment, charge or judgment, and names and summary of charges in the response field below.

Response:

4. Within the last three years, has Applicant had:

- any contracts terminated for default by any government agency, or
- any lawsuits filed against it by creditors or involving contract disputes?

YES  NO

If "YES," please explain. (With regard to judgments, include jurisdiction and date of final judgment or dismissal.)

Response:

5. Does Applicant have any outstanding or pending judgments against it?

YES  NO .

Is Applicant experiencing financial distress or having difficulty securing financing? YES  NO .

Does Applicant have sufficient cash flow to fund day-to-day operations throughout the proposed ~~contract~~Contract period?

YES  NO

If "YES" on the first question or second question, or "NO" on the third question, please provide additional details.

Response:

6. Within the last three years, has Applicant filed a bankruptcy action, filed for reorganization, made a general assignment of assets for the benefit of creditors, or had an action for insolvency instituted against it?

YES  NO .

If "YES," indicate the filing dates, jurisdictions, type of action, ultimate resolution, and dates of judgment or dismissal, if applicable.

Response:

7. Does Applicant have all required licenses, insurance and/or registrations, if any, and is Applicant legally authorized to do business in the State of Oregon?

YES  NO .

If "NO," please explain.

Response:

8. Pay Equity Certificate. This certificate is required if Applicant employs 50 or more full-time workers and the prospective ~~contract~~Contract price is estimated to exceed \$500,000. [This requirement does not apply to architectural, engineering, photogrammetric mapping, transportation planning or land surveying and related services contracts.] Does a current authorized representative of Applicant possess an unexpired Pay Equity Certificate issued by the Department of Administrative Services?

YES  NO  N/A .

**Submit a copy of the certificate with this form.**

Response:

**AUTHORIZED SIGNATURE**

By signature below, the undersigned Authorized Representative on behalf of Applicant certifies to the best of his or her knowledge and belief that the responses provided on this form are complete, accurate, and not misleading.

Applicant Name: RFA:

	Project Name:
--	---------------

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Authorized to Bind Applicant)

**The following attachments are attached as separate documents.**

**Attachment 6 - General Questions**

**Attachment 7 - Provider Participation and Operations Questionnaire**

**Attachment 8 - Value-Based Payment Questionnaire**

**Attachment 9 - Health Information Technology Questionnaire**

**Attachment 10 - Social Determinants of Health and Health Equity Questionnaire**

**Attachment 11 - Behavioral Health Questionnaire**

**Attachment 12 - Cost and Financial Questionnaire**

**Attachment 13 - Attestations**

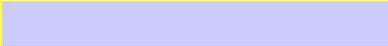
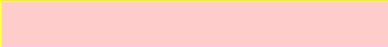
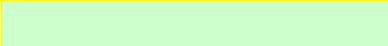
**Attachment 14 - Assurances**

**Attachment 15 - Representations**

**Attachment 16 ~~=~~ Member Transition Plan**

Document comparison by Workshare Professional on Friday, January 25, 2019  
10:21:59 AM

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Moved cell	
Split/Merged cell	
Padding cell	

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