

Attachment 6 — General Questions

The information requested in this questionnaire should be provided in narrative form, answering specific questions in each section and providing enough information for the OHA to evaluate the response.

Page limits for this General Questionnaire is five pages, items that are excluded from the page limit will be noted in that requirement.

A. Background Information about the Applicant

1. Questions

In narrative form, provide an answer to each of the following questions.

Describe the Applicant's Legal Entity status, and where domiciled.

- a. Describe Applicant's Affiliates as relevant to the Contract.
- b. Is the Applicant invoking alternative dispute resolution with respect to any ~~provider~~Provider (see OAR 410-141-3268)? If so, describe.
- c. What is the address for the Applicant's primary office and administration located within the proposed ~~service area~~Service Area?
- d. What counties are included in this ~~service area~~Service Area? Describe the arrangements the Applicant has made to coordinate with county governments and establish written agreements as required by ORS 414.153.
- e. Prior history:
 - (1) Is Applicant the Legal Entity that has a contract with OHA as a CCO as of January 1, 2019 (hereinafter called "Current CCO")?
 - (2) If no to 1, is Applicant the Legal Entity that had a contract with OHA as a CCO prior to January 1, 2019?
 - (3) If no to 1 and 2, is Applicant an ~~affiliate~~Affiliate with or a Risk Assuming Entity of a CCO that has a current or prior history with OHA?
 - (4) If no to 1, 2, and 3, what is Applicant's history of bearing health care risk in Oregon?
- f. Current experience as an OHA contractor, other than as a ~~current~~Current CCO. Does this Applicant (or an ~~affiliate~~Affiliate of Applicant) currently have a contract with the OHA as a licensed insurer or health plan third party administrator for any of the following (hereinafter called "~~current~~Current OHA ~~contractor~~Contractor")? If so, please provide that information in addition to the other information required in this section.
 - Public Employees Benefit Board
 - Oregon Educators Benefit Board
 - Adult Mental Health Initiative
 - Cover All Kids
 - Other (please describe)
- g. Does the Applicant (or an ~~affiliate~~Affiliate of Applicant) have experience as a Medicare Advantage contractor? Does the Applicant (or an ~~affiliate~~Affiliate of Applicant) have a current contract with Medicare as a Medicare Advantage contractor? What is the ~~service area~~Service Area for the Medicare Advantage plan?

- h.** Does Applicant have a current Dual Special Needs Coordination of Benefits Agreement with OHA to serve Fully Dual Eligible Members?
- i.** ~~h.~~ Does the Applicant (or an ~~affiliate~~Affiliate of Applicant) hold a current certificate of authority for transacting health insurance or the business of a health care service contractor, from the Department of Consumer and Business Services, Division of Financial Regulation?
- j.** ~~i.~~ Does the Applicant (or an ~~affiliate~~Affiliate of Applicant) hold a current contract effective January 1, 2019, with the Oregon Health Insurance Marketplace?
- k.** ~~j.~~ Describe Applicant’s demonstrated experience and capacity for engaging ~~community~~Community members and health care ~~providers~~Providers in improving the health of the ~~community~~Community and addressing regional, cultural, socioeconomic and racial disparities in health care that exist among Applicant’s enrollees and in Applicant’s ~~community~~Community.
- l.** ~~k.~~ Identify and furnish résumés for the following key leadership personnel (by whatever titles designated):

 - Chief Executive Officer
 - Chief Financial Officer
 - Chief Medical Officer
 - Chief Information Officer
 - Chief Administrative or Operations Officer

(résumés do not count toward page limit; each resume has a two page limit)
- m.** ~~l.~~ Provide a chart (as a separate document, which will not be counted against page limits) identifying Applicant’s contact name, telephone number, and email address for each of the following:

 - The Application generally,
 - Each Attachment to the RFA (separate contacts may be furnished for parts),
 - The Sample Contract generally,
 - Each Exhibit to the Sample Contract (separate contacts may be furnished for parts),
 - Rates and solvency,
 - Readiness ~~review~~Review (separate contacts may be furnished for parts), and
 - Membership and ~~enrollment~~Enrollment

2. Required Documents

- Background Narrative
- Résumés (excluded from pages limit)
- Contact list (excluded from pages limit)

B. Corporate Organization and Structure

1. Questions

- a. Provide a certified copy of the Applicant’s articles of incorporation, or other similar legal entity charter document, as filed with the Oregon Secretary of State or other corporate chartering office.
- b. Provide an organization chart listing of ownership, ~~control~~Control or sponsorship, including the percentage Control each person has over the organization.
- c. Describe any licenses the corporation possesses.
- d. Describe any administrative service or management contracts with other parties where the Applicant is the provider or ~~recipient~~Recipient of the services under the contract. Affiliate contracts are excluded in this item and should be included under Section C.

2. Required Documents

- Articles of Incorporation (excluded from page limit)
- Narrative of Items b through d

C. Corporate Affiliations, Transactions, Arrangements

1. Questions

- a. Provide an organization chart or listing presenting the identities of and interrelationships between the parent, the Applicant, ~~affiliated~~Affiliated insurers and reporting entities, and other Affiliates. The organization chart must show all lines of ownership or ~~control~~Control up to Applicant’s ultimate controlling person, all subsidiaries of Applicant, and all ~~affiliates~~Affiliates of Applicant that are relevant to this Application. When interrelationships are a 50/50% ownership, footnote any voting rights preferences that one of the entities may have. For each entity, identify the corporate structure, two-character state abbreviation of the state of domicile, Federal Employer’s Identification Number, and NAIC code for insurers. Schedule Y of the NAIC Annual Statement Blank—Health is acceptable to supply any of the information required by this question. If a subsidiary or other ~~affiliate~~Affiliate performs business functions for Applicant, describe the functions in general terms.
- b. Describe of any expense arrangements with a parent or Affiliate organization. Provide detail of the amounts paid under such arrangements for the last two years. Provide footnotes to the operational budget when budgeted amounts include payments to Affiliates for services under such agreements.
- c. Describe Applicant’s demonstrated experience and capacity for:
 - Managing financial risk and establishing financial reserves
 - Meeting the minimum financial requirements for restricted reserves and net worth in OAR 410-141-3350.

2. Required Documents

- Item a., an organization chart or listing (excluded from page limit)
- Narrative for Items b and c

D. Subcontracts

1. Informational Questions

- a. Please identify and describe any business functions the Contractor subcontracts or delegates to Affiliates.

- b. What are the major subcontracts Applicant expects to have? Please provide an example of subcontracted work and describe how Applicant currently monitors ~~subcontractor~~ Subcontractor performance or expects to do so under the Contract.
(example of subcontracted work does not count toward page limit)

2. Required Documents

Narrative for Items a and b

E. Third Party Liability

1. Informational Questions

- a. How will Applicant ensure the prompt identification of ~~members~~ Members with TPL across its ~~provider~~ Provider and ~~subcontractor~~ Subcontractor network?
- b. How will Applicant ensure the prompt identification of ~~members~~ Members covered by Medicare across its ~~provider~~ Provider and ~~subcontractor~~ Subcontractor network?

2. Required Documents

Narrative for Items a and b

F. Oversight and Governance

1. Informational Questions

Please describe:

- a. Applicant's governing board, how board members are elected or appointed, how the board operates, and decisions that are subject to approval by a person other than Applicant.
- b. Please describe Applicant's key committees including each committee's composition, reporting relationships and responsibilities, oversight responsibility, monitoring activities and other activities performed.
- c. The composition, reporting responsibilities, oversight responsibility, and monitoring activities of Applicant's CAC.

2. Requested Documents

Narrative for Items a, b, and c

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