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March 29, 2019

RFP 4690

Addendum #7

1. This is Addendum #7 to Request for Application (RFA) 4690, Coordinated Care Organizations (CCOs) 2.0.
2. OHA amends the RFA as follows:
 - a. Section 4.12 “Evaluation Criteria” of the Main RFA Document is amended as follows, language to be deleted or replaced is ~~struck through~~; new language is **underlined and bold**:
Notwithstanding the labelling of some RFA questions as informational or not labelling a question as either informational or evaluative, OHA may use answers to any RFA questions as part of the RFA evaluation process.
 - b. RFA Appendix A, Definitions, is replaced in its entirety with the document attached to this addendum. Also attached is the same document but marked such that it identifies the changes made by comparing the original Appendix A, Definitions, as published on ORPIN with the original RFA on January 25, 2019 with this attached replacement Appendix A.
 - c. RFA Appendix B, Sample Contract, is replaced in its entirety with the document attached to this addendum. Also attached is same document but marked such that it identifies the changes made by comparing the original Appendix B, Sample Contract, as published on ORPIN with the original RFA on January 25, 2019 with this attached replacement Appendix B.
 - d. For Applicants’ convenience, the attached document, “Summary of March 29, 2019 Changes to Sample Contract,” provides a high-level overview of the changes made today to the Sample Contract. Applicants are advised, however, that the overview document is intended to identify high-level changes only and does not identify all changes made. In the event of any inconsistency between the overview document and the Sample Contract, the Sample Contract controls.
 - e. Attachment 7 “DHS Provider Report Protocol” is hereby updated and incorporated into the RFP with this reference.
 - f. Attachment 7 Section 12a, Standard #1 - Provision of Coordinated Care Services, is amended as follows, language to be deleted or replaced is ~~struck through~~; new language is **underlined and bold**:
INSTRUCTIONS: Submit the information in about each Provider or facility following the file extract specifications in the DSN Provider Capacity Report Protocol using the DSN Provider Report Template in Excel for all Provider or facility types in Applicant’s Provider Network. Providers or facilities must be currently contracted to provide or have signed letters of intent to enter into a contractual agreement to serve Applicant’s prospective members after award. The DSN Provider Report does not count toward overall page limits.
 - g. Attachment 7 Section 12c, Standard #3 - Publicly funded public health and Community mental health services, is amended as follows, language to be deleted or replaced is ~~struck through~~; new language is **underlined and bold**:

Other formatting conventions that must be followed are: all requested data on Applicant’s Provider Network must be submitted in the exact format found in the **DSN Provider Capacity Report Protocol** ~~DSN Provider Report Template~~ (Standard #1).

3. In accordance with the RFA, OHA provides the following questions and answers:

General Questions

Question 1. The application file size will be too large to submit electronically. Can we submit our application by hand-delivering a USB drive?

Answer 1. All applications must be submitted either in person or mail on a USB drive. In submitting an application, the Applicant represents and warrants that the USB drive is free of viruses or other malware.

Question 2. How does OHA want the submission? a folder for each attachment? 1 big PDF?

Answer 2. Please submit one folder for each attachment, with documents named according to the File Naming Convention in Section 3.3(b). The folder should contain one document for the narrative response to the attachment and supporting documents for that attachment as referenced in the narrative.

Question 3. For the CCO’s expanding into new service areas, how will the Application be evaluated/awarded? Will it be evaluated/awarded by each service area or the application as a whole? Can CCO’s amend the LOI/RFA to take away desired service areas?

Answer 3. OHA is not evaluating and scoring each county independently within a single application. The entire application will be evaluated. A notice to proceed will not be issued for service areas that do not meet network capacity requirements at Readiness Review.

An applicant may amend its LOI to take away undesired service areas, by submitting a “Letter of Intent to Apply – Change Request” with its application. The application should then reflect only the desired service area.

Question 4. In the RFA final document on page 13, letters o, p & q, it says “Applicable page limits are noted in the attachment”. I don’t see any page limits written on the physical attachments 13, 14 or 15. I know the “no” answers are limited to 5 pages, but is there any other page limits for these documents?

Answer 4. There are no other page limits for Attachments 13, 14 and 15.

Main RFA Document

Question 5. In the Final RFA page 11 3.3b, it says “applicants shall submit 1 electronic copy of the application and 1 redacted electronic copy of the application on a USB drive”. What is the difference? I’m not sure what redacted means in the case of this application.

Answer 5. Please see Section 6.3 “Ownership/Permission to use Materials” for information about requesting redactions using Attachment 4. The redacted copy of the application must remove the information declared a trade secret in Attachment 4.

Question 6. Per Section 4.10 Evaluation Process (page 17, paragraph 1-2) and Section 4.12 Evaluation Criteria (page 17, paragraph 1-2) for CCOs submitting an Application for existing and new service areas, can OHA please confirm that each County within our desired Service Area will be evaluated and scored on its own merit even if desired counties are submitted within a single application.

If this is not confirmed (or cannot be confirmed), per the document named “2019 Summary of public feedback included in the final CCO 2.0 RFA”, our understanding is that Applicants (whether the Applicant submitted one or more Letters of Intent) can submit “multiple applications for different, non-overlapping service areas” based on a single Letter of Intent. If this is an incorrect assumption, can OHA please provide further instructions for Applicants to submit multiple Applications?

Answer 6. OHA is not evaluating and scoring each county independently within a single application. The entire application will be evaluated. A notice to proceed will not be issued for service areas that do not meet network capacity requirements at Readiness Review. An applicant may amend its LOI to take away undesired service areas, by submitting a “Letter of Intent to Apply – Change Request” with its application. The application should then reflect only the desired service area.

Attachment 6

Attachment 7

Question 7. Addendum #5 included a “CCO 2.0 DSN Providers Capacity Report Protocol” attachment. However, when the document is opened it is titled “2019 DSN Provider Capacity Report Protocol” and also contains a “DRAFT” watermark. Please confirm whether this document applies to the CCO 2.0 RFA DSN requirements.

If yes, then: The requirements in the “CCO 2.0 RFA DSN template” (Excel document) differ from what is contained/required in the new “CCO 2.0 DSN Providers Capacity Report Protocol”. The latter refers to the “2019 DSN Provider Capacity and Narrative Report Template” (Excel document) found on the CCO Contract Forms webpage. Please confirm which template is required for the CCO 2.0 RFA.

If the “2019 DSN Provider Capacity and Narrative Report Template” (Excel document on the CCO Contract Forms webpage) applies, then, do we also complete the narrative section contained in that document in lieu of the narrative section in the CCO 2.0 RFA DSN template?

The minimum required data fields listed in the “CCO 2.0 DSN Providers Capacity Report Protocol /2019 DSN Provider Capacity Report Protocol” are different than those included in the “CCO 2.0 RFA DSN template” (Excel document). The former includes new fields which are not contained in the “CCO 2.0 RFA DSN template” and excludes a field, FTE, which is contained in the “CCO 2.0 RFA DSN template”. Please confirm which template applicants should be using and the minimum field requirements for that template.

Answer 7. Please see Section 2, above, for information about changes to the DSN report requirements. The DSN Provider Capacity Report was previously submitted as an excel document in two parts - a section with detailed information about each contracted provider, and a section to provide a narrative response describing how the CCO addresses network capacity and adequacy issues. OHA has adopted the following changes:

Provider network data will be submitted according to the protocol outlined in the document entitled CCO 2.0 DSN Provider Capacity Report Protocol.

This document details the process for submitting an extracted database file in the required format on a quarterly basis to OHA

The data submitted should reflect only contracted network providers or providers who have signed an agreement to contract with the Applicant if the Applicant is awarded a CCO contract

Question 8. If we would be so fortunate to be awarded additional counties, we would need to expand our network. Our question is in regards to provider contracts. Would the base contract we use in the new counties have to be approved by OHA?

Answer 8. OHA does not need to approve these base contracts. Please ensure that the base contracts meet all requirements for written agreement with subcontractors as stated in Appendix B - Sample Contract. Please note that a notice to proceed will not be issued for service areas that do not meet network capacity requirements at Readiness Review.

Attachment 8

Attachment 9

Attachment 10

Attachment 11

Question 9. Section D. “Provision of Covered Services” Item 1: please clarify what is expected in the response related to “a report on Behavioral Health needs” in Applicant’s Service Area.

Answer 9. Please report on the prevalence of behavioral health diagnoses, providers and behavioral health service needs for your area, both from an individual need level and providers needed level.

Attachment 12

Question 10. Can we get an extension on the NAIC requirements until 2021 without claiming a financial hardship?

Answer 10. No.

Question 11. We are working on Attachment 12 of the RFA and we’re reviewing the required documentation listed in section F. These include the NAIC forms and the UCAA supplemental template. We have some high-level questions about how these forms should be completed. For example, in a delegated CCO model, we are uncertain which costs should be included in the fixed and variable section found in the UCAA supplemental template. We also have more narrow questions. For example, how should applicants project membership and revenue through 2022? An enrollment forecast is provided through Q2 2021 and we have limited information about 2020 rates. We would like to discuss acceptable methods for projecting these forward.

Answer 11. For questions about the forms, please contact Ryan Keeling at the Department of Consumer and Business Services (DCBS) directly for these questions (ryan.w.keeling@oregon.gov), letting him know that you are writing as a potential applicant under OHA’s CCO 2.0 RFA. Anything that is going to vary by the enrollment, or on a “per member” or other allocation method, should be noted as variable. Any costs that are set for the CCO that will not vary by the enrollment, would be considered to be

fixed.

For projecting project membership and revenue, OHA has not prescribed comprehensive assumptions for these projections. However, as stated in the Pro Forma Reference Document, the submitted Pro Forma Financial Statement workbooks will be reviewed for accuracy and reasonableness. In addition, an unprotected “Scratch Sheet” is included as the last tab in the SFA workbook. This sheet will be used to document the rationale for the MMs selected under each scenario. OHA also provided capitation rate methodology information for 2020 and projected enrollment totals by county through June 2021.

With these points in mind,

- Applicants should project enrollment through 2022 using reasonable assumptions that are consistent with the OHA forecast through June 2021.
- Applicants should assume that capitation rates in 2020 are consistent with the materials provided with the RFA. Applicants may also assume that capitation rates will increase in years after 2020 using reasonable assumptions. Note that Oregon has a target of limiting annual Medicaid cost increases to 3.4%.
- Applicants may provide brief, pertinent justification for these and other projection assumptions.

Applicants may be required to submit the details behind the calculations if requested by OHA during the evaluation process.

Attachment 13

Question 12. Attachment 13 Section D (3), can you please define “support?”

Answer 12. OHA expects CCO activities to lead to overall improvements in rates of EHR adoption. CCOs will set their own targets, choose where to focus their efforts, and decide how best to remove barriers to EHR adoption based on the needs in their communities. OHA expects that CCOs will set targets keeping in mind their provider networks. CCOs with more dispersed provider networks that may include many smaller providers (who may face greater barriers to EHR adoption) may set more modest targets.

CCO support for EHR adoption could include such things as: providing a rubric to help providers assess their EHR needs and select EHRs, providing TA to providers in selecting EHRs, hosting a collaborative to bring providers together to talk about their experiences with EHRs, providing financial incentives for adoption of EHRs, or paying for EHRs.

Attachment 14

Attachment 15

Attachment 16

Appendix A

Appendix B

Appendix C

- 4.** All other terms, provisions, and conditions of this RFA remain unchanged.