Addendum #3

QUESTIONS AND ANSWERS

STATEWIDE MANAGEMENT ORGANIZATION
LOUISIANA BEHAVIORAL HEALTH PARTNERSHIP
OFFICE OF BEHAVIORAL HEALTH
RFP # 305PUR-DHHRFP-SMO-2014-OBH

#	Document Reference (*e.g.*, RFP, RFP Companion Guide)	Section Number	Section Heading	Page Number in Referenced Document	Question	Response
1	RFP	19.8.3	The SMO Louisiana Data Warehouse	274	The SMO shall provide a detailed electronic SMO Data Element Dictionary for the SMO Data Warehouse to DHH-OBH thirty (30) days prior to contract go-live. SMO Data Element Dictionary updates shall be supplied electronically to DHH-OBH as they occur and the document shall be dated and versioned with each update. Please confirm that providing this documentation via e-mail would be acceptable.	Yes, email is acceptable; however, OBH reserves the right to request a hard copy.
2	RFP	7.14.1.3	General TPL Information	91	SMO shall ensure submission of TPL information to the FI on a weekly basis as per an agreed upon layout by the FI, Medicaid, DHH-OBH and the SMO. Please confirm that the SMO will receive other coverage information, at least initially, from the FI/state.	Yes, the state will provide a file with the TPL information for all Medicaid eligibles.

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3	RFP	17.3.2	Incentive Based Measures	238	How is the SMO encouraged to develop incentive arrangements with hospitals that recognize and incorporate incentives to manage population health and improve healthcare quality and outcomes? Will the SMO be required to share savings related to provider mandates, such as ED data sharing, where savings are achieved due to provider actions?	The SMO has discretion to develop incentive arrangements with hospitals and providers. The SMO is not required to share savings with providers.

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4	RFP	17.9	NCQA Accreditation	242	The SMO must be accredited by NCQA as a Health Plan or Managed Behavioral Healthcare Organization. If the SMO is not currently accredited, the SMO must attain NCQA accreditation as a Health Plan or Managed Behavioral Healthcare Organization within nine months of the contract go-live date, unless otherwise approved by DHH-OBH. NCQA offers MBHO accreditation that requires at least 12 months of data (with claims lag, this becomes an 18 month requirement). Would the state consider re-aligning the accreditation requirement consistent with NCQA practice and accept the SMO obtaining NCQA MBHO accreditation within 18 months of the go-live date?	The State may approve an extension for legitimate reasons which are well documented and indicate the accreditation application was submitted to NCQA at the earliest date allowed by NCQA and that any delays during the accreditation process were not due to the SMO.
5	RFP	3.6.1	Permanent Supportive Housing (PSH)	54	The RFP currently states that the SMO will perform outreach to potential and current PSH recipient with behavioral health needs. Since the SMO is the single point of entry for PSH, why would they not do outreach for all eligible populations?	As indicated in Section 3.6.1.1, "The SMO shall assist with targeted outreach for the PSH program statewide to LBHP members, as well as to entities who provide services or outreach to individuals and households who could benefit from PSH." Primary outreach efforts for other eligible populations are coordinated by the respective DHH Program Offices. The

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						SMO is not the single point of entry for PSH.
6	RFP	5.4.3	Included LBHP Populations	64-65	Again, because the SMO is the single point of entry for PSH, why not mention all PSH eligible populations?	As indicated in the RFP, Section 5.4.3 references PSH eligibility within the LBHP, which includes behavioral health populations only. PSH eligibility for non-behavioral health eligible populations are determined by the respective DHH Program Offices. The SMO is not the single point of entry for PSH.
7	RFP	8.10.3	Coverage for Permanent Supportive Housing	108	Isn't the SMO responsible for authorizing payment for all PSH eligible populations, not only those served under the 1915(i)?	The SMO will authorize PSH payments only for those participants served under the 1915(i). Authorization for PSH services paid through other funding mechanisms will not be the responsibility of the SMO.
8	RFP	12.2.2	Minimum Reimbursement to Contracted Providers	181	Clarify that the "minimum Medicaid rate" refers to the Medicaid Fee-for-service rate?	This is correct.

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9	RFP	12.3.2	Reimbursement to Non-Contracted Providers	181	Is 90% of the published Medicaid rate the reimbursement floor for non-contracted providers after the 3rd documented attempt requirement has been satisfied?	Yes, except for emergency services which are paid at 100%.
10	RFP	12.6.2	Claims Processing Requirements	183	The subsection addresses payment for up to 99% of clean claims but fails to address 100% of payments. What is the time frame for payment of the remaining 1% of claims?	The SMO shall adjudicate all claims, including appealed claims, within twenty-four (24) months of the date of service.
11	RFP	7.4.1	Determination of the SMO's Rates	82	The State indicates that actuarially sound rates by cohort will be developed by Mercer and presented to the winning vendor on a "take it or leave it" basis. At what point during the procurement or negotiation process will these rates be shared with the selected vendor? If the vendor determines that they believe the rates are inadequate to provide the program as outlined by the requirements of the RFP, will there be opportunity for the vendor to discuss any concerns with DHH?	The rates are included in the Request For Proposal procurement library located at http://new.dhh.louisiana.gov/index.cfm/newsroom/category/47. Please refer to the schedule of events to submit follow up questions should there be questions or concerns regarding the rates. Changes to the rates will be determined by the Actuary and DHH. . Per Section 7.4 of the RFP, capitation rates will be offered to the SMO on a "take it or leave it" basis." If the vendor determines the rates are inadequate, they should not submit a proposal.

#	Document Reference (*e.g.*, RFP, RFP Companion Guide)	Section Number	Section Heading	Page Number in Referenced Document	Question	Response
12	RFP	7.2.8	Payment Terms	82	This section addresses the submission of encounter data on a weekly basis by the SMO. Please confirm that this encounter data is based upon paid data versus authorized data.	Encounter data is based upon paid or claims data.
13	RFP	7.4.4 /7.5.2	Determination of SMO Rates / Annual Actuarial Study	83	Section 7.4.4 indicates that rates paid to the SMO will be reviewed and may be periodically adjusted. Section 7.5.2 addresses an annual actuarial study and suggests that rates will be reviewed and potentially adjusted annually. Please elaborate on the anticipated frequency of review and potential adjustment of rates. Will rate adjustment be an annual process to ensure that the most recent experience is considered with respect to setting future rates?	Rates must be reviewed annually to ensure they are actuarially sound. Rates, however, may be reviewed more frequently.

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14	RFP and Appendix F	7.8.3.3 and Appendix F	Administrative Fee for Non-Medicaid Population and Behavioral Health Data Book	88 and 24	The RFP states that non-Medicaid administrative funding will be limited to no more than 7.5% of service costs. The data book indicates that an adjustment will be made to projected medical expense for administrative expenses associated with management of the Medicaid populations. Will the State/Mercer provide insight into the anticipated administrative percentage that will be included in the Medicaid rates?	A 7.5% administrative adjustment is included in the Medicaid capitated rates.
15	RFP	7.16.6	Financial Reporting	95	The SMO shall provide near real-time, read-only access to its financial reporting systems. Please elaborate on the State's purpose/goal for requiring the SMO provide near real-time, read-only access to its financial reporting systems.	For proper monitoring, OBH requires near-real time, read-only access to all systems to ensure compliance, transparency and accountability.
16	RFP	12.6	Claims Processing Requirements (Provider Payments)	182	Will the new SMO be responsible for any claims processing activities for claims with dates of service prior to the go-live date or will the existing SMO pay the claims run-out for all claims with dates of service prior to the go-live date.	The new SMO is responsible for processing claims with dates of service from the go-live date of this contract forward. The previous SMO is responsible for claims processing activities with dates of service prior to the go-live date of this contract.

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17	Appendix F		Behavioral Health Data Book	5	Given the lack of credible historical data available for the new 1915(i) population, will the State/Mercer provide any insight into a range of anticipated medical expense level for this population?	If this question is referring to the new 1915i only population, currently there are fewer than 100 individuals in the new 1915i only population. The rate range includes available detail on this population.
18	Appendix F		Behavioral Health Data Book	17	Is the pharmacy expense provided in the data book inclusive of 340b Ingredient pricing and any additional 340B program fees?	No.
19	Appendix F		Behavioral Health Data Book	24	Given the adult population has been managed under a full risk arrangement since March 1, 2012 while the Child population has been managed on an ASO only basis by the current vendor, will Mercer apply different managed care efficiency adjustments to these populations when establishing rates to account for this difference?	The Actuary did not apply any managed care efficiency adjustments in the rate development. Refer to page 6 in the capitation rate assumptions attachment (LA Cap Rate Development 081114 - RFP.pdf).

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20	Appendix F		Behavioral Health Data Book	17-23	Are there any additional treatments or covered services for mental health or addiction disorders that will become the responsibility of the Contractor that are not captured in the Mercer Behavioral Health Data Book, pages 17 through 23? If so, what additional treatments/services would be covered under the new contract?	The contractor is responsible for treatment and services referenced in this RFP and corresponding documents. Any additional services not mentioned in this RFP or referenced documents will be added by contract amendment As per section 7.9.9.2, the state reserves the right to alter benefits and/or services under this contract through a contract amendment.
21	Appendix F		Behavioral Health Data Book	1	This appendix provides the anticipated non-Medicaid administrative fee. This fee appears to be substantially lower than the non-Medicaid administrative fee found in the current SMOs contract for the period of March 1, 2013 to February 28, 2014. Please provide an explanation for the apparent reduction in the non-Medicaid administrative fee in the current RFP?	The fee was adjusted based on actual data and availability of funding.

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22	Appendix F		Behavioral Health Data Book	16	Recognizing that the LBHP program began on March 1, 2012 and the challenges in obtaining and aligning encounter and FFS data to align with the proposed benefit plan structure and rate payment cohorts for the initial contract period, will the State/Mercer provide at least one additional year of utilization and claims experience in order to allow bidders insight into year-over-year utilization and expense trends?	2013 is the only year with complete data available.
23	RFP	7.4.1	Determination of SMO Rates	82	DHH will develop monthly capitation rates that will be offered to the SMO on a “take it or leave it” basis. In the event the SMO makes the decision to “leave it” what is the DHH process for moving forward from that point?	Per Section 7.4 of the RFP, capitation rates will be offered to the SMO on a “take it or leave it” basis." If the proposer determines the rates are inadequate, they should not submit a proposal. By submitting a proposal to this RFP, the proposer is accepting the terms of this RFP.

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24	RFP	10.1.18	General Provider Network Requirements	134	If the SMO declines to include individuals or groups of providers in its network, it must notify DHH-OBH and give the affected providers written notice of the reason for its decision within fourteen (14) calendar days of its decision. Does this mean that DHH-OBH must approve the decision to deny participation? Is this applicable to initial applicants only, or for all denials?	No, DHH will not approve the decision to deny participation. This is applicable to all denials.
25	RFP	10.1.20	General Provider Network Requirements	134	The SMO shall at least quarterly validate provider demographic data to ensure that current, accurate, and clean data is on file for all contracted providers. Quarterly validation shall be provided to DHH-OBH upon request. What format/type of validation is expected?	The SMO is responsible to confirm that the provider demographic information is complete and accurate for all contracted providers. The SMO will present a process and format to OBH to be approved by OBH.

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26	RFP	11.2.12.2	Care Management Policies and Procedures	163	The SMO is required to screen all members to identify those with special needs who meet certain criteria. One of those criteria is, "children with behavioral health needs in contact with other child serving systems who are not eligible for CSoC." Given the school system has connections as a child serving system with virtually all children, please elaborate as to the child serving system contact that would deem individuals eligible for this special needs population.	Youth who may be considered high needs/high risk within the school setting include: youth with an IEP due to behaviors; homeless youth as defined by the Department of Education; youth with current significant behavior issues including suspension, expulsions, placement in an alternative school setting due to behavior issues, or any other behaviors that are interfering with the youth's success in school, home or community.
27	RFP	5.1.4	Eligibility Determination	63	DHH may add, delete, or otherwise change mandatory, voluntary opt-out, voluntary opt-in, and excluded populations. Is the Department considering the voluntary opt-in of IDD Waiver participants into LBHP (similar to Bayou Health)? If so, what is the estimate of participants who may be eligible for opt-in along with the proportion who require behavioral health services consistent with those provided through LBHP?	IDD Waiver participants are already a mandatory population for behavioral health services through LBHP.

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28	RFP	4.2.1.4	Scope of Work	60	The SMO is tasked with tracking names of shared members that visit ED and share that information through monthly reports to Bayou Health including names of members. What method of data capture would the SMO rely on to determine the shared members? Additionally, does this requirement include every ED encounter?	The SMO shall establish formal memorandums of understanding with the MCOs, effective the begin date of the contract, to facilitate the integration of physical and behavioral health and to provide for the appropriate continuity of care across programs. It is anticipated that the SMO will work with the individual Bayou Health plans to determine the most efficient method for data capture and to determine the encounter data that should be exchanged to monitor network need.
29	RFP	8.1.13	Covered Benefits and Services	98	In an effort to address network adequacy, DHH references if specific access problems are reported and verified by DHH-OBH, then the SMO shall provide for service levels that meet the needs of members. While this does begin to address the issue, we would appreciate a more detailed definition of “specific access problems”.	Access issues will vary. The term "specific access problems" is meant to be all-encompassing of these varied issues. Access may include, but not be limited to, geographic/distance access, wait time, appointment time, or the availability of appropriate services and/or quality providers.

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30	RFP	8.11.1	Coverage and Payment for Emergency Services for Medicaid Members	108	This section seems to confuse the issue on reimbursement for emergency services. Please provide clarity around SMO vs MCO responsibility for reimbursement of emergency services provided in hospital emergency departments.	The SMO shall be responsible for coverage, payment, and provision of outpatient emergency behavioral health services and covered post stabilization services performed by LMHP **or psychiatrist** in an emergency room setting. The SMO shall provide that emergency behavioral health services for LBHP members be rendered without the requirement of prior authorization. The SMO must cover and pay for emergency behavioral health services regardless of whether the provider that furnishes the emergency behavioral health services has a contract with the SMO. If an emergency behavioral health condition exists, the SMO is obligated to pay for the emergency behavioral health service **if provided by an LMHP or psychiatrist**. The coverage will be provided consistent with 42 CFR §438.114.
31	RFP	9.6.4 & 9.7.1	Encounter Data & Rebates	127	Is it the intention of the DHH to carve out 340B drugs from the manufacturers rebate in the event that the drug is 340B eligible?	Yes, claims dispensed through a 340B are not eligible for rebate.

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32	RFP	11.10.4	Medical History Information	179	Please provide clarification around the definition of a provider that “fails to respond to SMO request”. Also, seeking additional information on what type of financial penalties that may be deemed “appropriate” and under what authority would these penalties be applied?	A provider who fails to respond to an SMO request is defined in Section 11.10.3 as "Providers who do not provide requested medical information for purposes of making service authorization determinations for a particular item or service." The SMO shall build financial penalties into their provider subcontractors for providers who fail to respond to the SMO.
33	RFP	4.2.1.18.1	Scope of Work; Behavioral health consultation services	61	Can the Department please provide additional information about the acceptable types of Masters level clinicians functioning as integrated care managers (e.g., psychologist, counselor, social worker, etc.)? Are these clinicians required to be licensed and if so, is the license required to be from Louisiana?	OBH is changing the RFP to read as follows: 4.2.1.18.1 The SMO shall use dedicated ~~Masters level clinicians~~ LMHPs as integrated care managers.
34	RFP	9.2.4	Formulary Requirements	119	Please confirm that cost-effectiveness evaluations may be used to determine changes to the formulary for requirements 9.2.4.4 and 9.2.4.5.	Cost-effectiveness evaluations may be a tertiary consideration; however, Sections 9.2.4.4 and 9.4.5 in addition to Section 9.2.2.1 are the SMO's main qualifiers for formulary changes.
35	RFP	9.2.4 / 9.2.5	Formulary Requirements and Preferred Drug List (PDL) Requirements	119	Please confirm that approval of the formulary and PDL by DHH-OBH will be based solely on the requirements listed in Sections 9.2.4 (Formulary Requirements) and 9.2.5 (Preferred Drug List (PDL) Requirements).	The State's approval of the formulary will primarily be based on the requirements listed in Sections 9.9.2, 9.2.4, and 9.2.5. However, as circumstances arise the State's approval of the formulary will be managed according to the intent of the RFP.

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36	RFP	15.8.4	Additional Member Education Materials and Programs	204	Will the state allow the additional member educational materials to be available electronically and mailed to members when specifically requested?	Guidelines for distribution will be determined by DHH-OBH based on the content of the additional member educational materials.
37	Appendix F		Behavioral Health Data Book		Please provide one year of paid pharmacy claims in a NCPDP standard billing format. In addition, please provide the most recent annual pharmacy report package containing utilization data.	The LBHP does not process pharmacy claims under the current contract.
38	RFP	10.7.3	Credentialing and Re-credentialing of Providers and Clinical Staff	148	Once the SMO credentials the provider and determines that the provider meets the requirements as outlined by DHH-OBH, the SMO shall supply electronically to DHH-OBH the following: A recommendation that the provider be certified by DHH-OBH in a format to be determined by DHH-OBH (e.g., may include a check list of items received from credentialing process); An attestation that the provider has met credentialing and certification requirements; and An attestation to the need of the provider in the network. Does this mean that even though a provider has met credentialing requirements, they may not be certified unless there is a need?	Yes. The State reserves the option to deny certification to a provider if the SMO cannot attest to the need for the provider in the network.

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39	RFP	10.2.4.4	Network Development and Management Plan	138	This section references GEO mapping to ensure network capacity. Please provide a definition of when "network capacity" has been achieved.	Network capacity will be achieved when there are no discernible network access difficulties. The State will consider the following factors when determining network access difficulties: the number of members denied services by the providers, the number of members receiving services out of the network within the state, the number of complaints regarding service availability, the number of referrals for all service types, the number of members in the service types, network access (including, but not limited to, geographic access, appointment availability, and access to qualified providers), and the number of members receiving services outside of the state. When assessing network capacity, the state will consider the following factors: service type availability and geographic access.
40	RFP	5.4	Included LBHP Populations	64	What is the process, with the carving out of dual eligible services, for processing and payment of these claims? Does DHH plan to provide separate communication detailing out the method for pre-authorizations, billing of claims, etc now that this is being carved into the Medicaid Fiscal Intermediary?	Services for dually eligible members are not carved out of the LBHP. Rather, the claims that crossover to Medicare for payment on Medicare eligible services will be paid by the Fiscal Intermediary rather than the SMO going forward. If a dually eligible member receives a Medicaid-unique service (i.e., a service that is ineligible for Medicare), then the SMO pays the claim rather than the FI. Any

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						systems/billing mechanisms will be addressed in the SMO Systems Companion Guide.
41	RFP	8.9.5.5 & 8.9.6	Mixed Service Protocol	107	Please provide clarification around payment for behavioral health emergency department services. Is it the intention of the RFP to pay emergency department services provided for behavioral health or mental health diagnosis through Bayou Health except for instances where the services are rendered by a psychiatrist or LMHP? For example, in the stance that a patient presents to a rural emergency department for only mental health services and is treated / transferred by an emergency department physician, who would pay this claim?	Payment of mixed service protocol will not be determined by diagnosis under this contract. Rather, the determination as to whether or not a provider bills the SMO or Bayou Health will be based solely on the provider type and/or the facility type. For emergency room services in a non-psychiatric, general hospital, the Bayou Health Plan would be responsible for covering the cost of all facility and professional components, regardless of diagnosis. The only exception would be for any professional components when the billing provider is a psychiatrist or LMHP. For emergency room services provided in, and billed by, a freestanding psychiatric hospital or distinct part psychiatric unit, all professional and facility claims would be covered by the SMO.

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42	RFP	12.8.1	12.8.1	185	Sections 7.11 and 7.15 of this RFP do not address payment for emergency and post-stabilization services. What are the correct reference sections for these payments?	This was a typo. The correct section references should be 8.11 and 8.12.
43	RFP	10.11.12	Mainstreaming	159	Why are sensory disabilities not mentioned?	The term disability, as referenced in this section, aligns with the ADA definition of disability which in summary means "a physical or mental impairment that substantially limits one or more major life activities." Major life activities include, but are not limited to, "caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating and working."
44	RFP	10.2.3.3.9.3	Network Development and Management Plan	136	For out-of-network services, please confirm the Medicaid Bayou Health Plans (MCOs) are responsible for Medicaid- eligible transportation costs. Please confirm the SMO is responsible for non-Medicaid eligible out-of-network transportation services.If the SMO is responsible for non-Medicaid eligible out-of- network services, will that cost be part of the administrative fee for reimbursement?	Yes, the Medicaid Bayou Health Plans (MCOs) are responsible for out-of-network Medicaid-eligible transportation costs. Yes, the SMO is responsible for out-of-network non-Medicaid eligible transportation costs. No, the cost is not part of the administrative fee.

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45	RFP	13.2.3.4	Provider Toll-free Telephone Line	187	Is there a penalty for non-compliance in the event that call abandonment rates exceed 3%?	Yes. It is a contract requirement that the call abandonment rates shall not exceed 3%. Failure to comply with any requirement contained in this RFP allows DHH-OBH to impose remediations as described in Section 22, specifically Section 22.4.7.4.
46	RFP	7.8.1.4	Non-Medicaid Children and Youth Service Claims		How soon after the SMO submits client-level data and an invoice to DCFS, OJJ and DHH-OBH for services provided to individuals eligible for DCFS and OJJ but not eligible for Medicaid will the SMO be reimbursed for those services?	Reimbursement will be set on a schedule to be determined by DCFS and OJJ.
47	RFP	10.7.5	Credentialing and Re-credentialing of Providers and Clinical Staff	148	Upon receipt and review of the above requirements from the SMO for the provider, DHH-OBH will review the attestation and recommendation and notify the SMO the provider is eligible for contracting in writing or via electronic mail. The SMO will have thirty (30) calendar days to sign the contract with the provider from the date DHH-OBH certifies the provider for contracting. Is this requirement applicable to individuals as well as facilities?	Yes. This requirement is applicable to individual providers as well as facility providers.

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48	RFP	3.9	Subcontracting Information	58	Information required of the SMO under the terms of this RFP shall also be required for each subcontractor. Please clarify what information the SMO is to submit with its proposal response on the SMO's subcontractors. For example, does this include the subcontractor's references, financial statements, organization background, corporate experience, and/or disaster recovery policies?	See Section 3.9.2: "If the SMO intends to subcontract for portions of the work, the SMO should identify any subcontractor relationships and include specific designations of the tasks to be performed by the subcontractor." However, any documentation required to be included in the proposal is contained in Section 23 of the RFP.
49	RFP	6.1.1	General Requirements	67	Sixty days prior to contract go-live, the SMO shall have in place the organizational, operational, managerial, and administrative systems capable of fulfilling all contract requirements. Please clarify what the State means by organizational, operational, managerial, and administrative systems capable of fulfilling all contract requirements.	As stated in the RFP, the SMO shall have in place the organizational, operational, managerial, and administrative systems capable of fulfilling all contract requirements.

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50	RFP	10.3.4.4	Network Guidelines for Subcontracted Providers Needing DCFS Licensing	142	The SMO shall obtain nationwide criminal clearances on all staff prior to employment. The SMO shall be responsible for monitoring compliance with this requirement via random verification sampling. Does this apply to credentialed individuals as well as staff providers with facilities? Please describe what is meant by random verification sampling.	Yes, as per the Section 10.3's title, "Network Standards and Guidelines," this applies to credentialed individuals as well as staff providers with facilities. For random verification sampling, the SMO shall choose a method of sampling in compliance with DCFS regulations.
51	RFP	10.6.7	Material Change to Provider Network	147	The SMO shall notify DHH-OBH within one (1) business day of the SMO becoming aware of any unexpected changes (e.g., a provider becoming unable to care for members due to provider illness, a provider dies, the provider moves from the service area and fails to notify the SMO, or when a provider fails credentialing or is displaced as a result of a natural or man-made disaster) that would impair its provider network [42 CFR §438.207(c)]. Please clarify how the State would like this notification to take place?	The notification must be given in writing by email.
52	RFP	8.6.2.2	Anticipated Changes to Children/Youth Services to be Submitted for	102	Are there current Therapeutic Foster Care providers or is there an expectation that the SMO is contracting and training foster homes?	Yes, there are current Therapeutic Foster Care providers. Yes, the SMO is expected to contract and provide training to them.

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			CMS Approval			
53	RFP	10	Provider Network Requirements	131	Will the State allow the proposal response to contain geo- access maps that demonstrate network adequacy as an attachment?	All information included in a proposal should be relevant to a specific requirement detailed in the proposal contract outline. See Sections 23.16.3.2, 23.16.9 and 23.16.10.
54	RFP	11.5	Service Authorization	173	Is the SMO UM staff required to authorize for the entire authorization period requested or can a shorter time period be approved with units relative to the days of service without this being considered an adverse decision?	The issuance of a service authorization that gives limited authorization of a requested service requires a notice of action notification advising the beneficiary of the action and providing information on the right to appeal the decision.
55	RFP	11.5.2.3	Service Authorization	173	If in consultation with the requestor of a service, the SMO's UM staff and the requestor agree on an alternative "amount, duration or scope," may the request be amended and approved or is any change in the requested services from the initial request considered an adverse decision?	A written notification advising the beneficiary of the action is required when the SMO denies or gives limited authorization of a requested service.

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56	RFP	19.6.13	Connectivity	272	The SMO shall complete an Information Systems Capabilities Assessment (ISCA), which will be provided by DHH-OBH or its subcontractor. The ISCA shall be completed and returned to DHH-OBH no later than thirty (30) days from the date the signed contract is approved by The Division of Administration/Office of Contract Review. Will DHH-OBH provide the assessment tool that is needed for the SMO to complete and return?	The ISCA form will be provided to the SMO after contract award.
57	RFP	9.2.12	PBM Scope of Work	122	This section discusses denials of services, but it does not contain all of the requirements that are the subject of the *Wells vs. Kliebert* litigation. Will these requirements be incorporated in the contracts, and, if so, how?	OBH will ensure compliance with any future law suit settlements. Section 11.9.5.1.1 states: The SMO shall comply with all state and federal requirements for notice of action notifications.
58	RFP	16.8	Notice of Action	226	The section setting out the required contents of the notices of adverse action does not contain all of the requirements that arethe subject of the *Wells vs. Kliebert* litigation. Will these requirements be incorporated in the contracts, and, if, so how?	Notice of Action letters must be approved by DHH-OBH prior to use or changes. OBH will ensure compliance with any future law suit settlements. Section 11.9.5.1.1 states: The SMO shall comply with all state and federal requirements for notice of action notifications.

#	Document Reference (*e.g.*, RFP, RFP Companion Guide)	Section Number	Section Heading	Page Number in Referenced Document	Question	Response
59	RFP	10.1.15	General Provider Network Requirements	132	The SMO shall ensure all subcontracted providers are in compliance with the National Voter Registration Act (NVRA) as applicable, and offer members with each application, admission, re-admission, re-certification, or submission of change of address an opportunity to register to vote. Does this apply to all individual providers as well as facilities? Is this part of the credentialing process and if so, does the Contractor need to include these documents with provider application materials?	Yes. NVRA requires all providers in the State that provide State-funded programs (services, treatment, etc.) who are primarily engaged in providing services to persons with disabilities to comply with NVRA. The SMO will determine if documents will need to be submitted during the credentialing process.
60	RFP	19.6.6	Connectivity	271	Why is DHH mandating the SMO connect to LaHIE? Is the intention to feed only eligible Medicaid Beneficiary data into the LaHIE database? What method would a provider have to exercise their right to not have their data included in LaHIE after an interface is formed between the SMO's EHR and provider's EHR? Will hospitals have any financial obligations to the quality forum (LaHIE)?	The state intends to leverage existing investments in HIE for the purpose of improving patient safety, quality of care and health outcomes. In 2010 the Office of the National Coordinator for Health Information Technology (ONC) awarded a $10.6 million grant to the state to advance health information exchange among providers and hospitals in their designated areas. The Louisiana Health Care Quality Forum was designated by the state as a neutral entity to build and support a health information exchange (HIE) in our state to allow authorized providers and organizations to electronically access and share health-

#	Document Reference (*e.g.*, RFP, RFP Companion Guide)	Section Number	Section Heading	Page Number in Referenced Document	Question	Response
						related information through a secure and confidential network. No. The EHR shall have the capacity to enter member/client information for both Medicaid and non-Medicaid members in their EHR. The SMO will determine the method that the provider would use for opting out of including their data in the LaHIE. DHH does not require any contractual obligation exist between hospitals and LHCQF, its programs or contractors. MCO assumes responsibilities for connectivity and its associated costs.
61	RFP	3.2.11.5.3	General SMO Requirements	44	The RFP states that our member services approach will provide information on service access to "Medicaid eligible youth under age 21 requiring applied behavior analysis services or with Intellectual or Developmental Disabilities (including Chisholm Class Members). Is autism a covered diagnosis? Is ABA a covered service?	Autism is a covered diagnosis. ABA is not a covered service under the LBHP. ABA is a Medicaid State Plan service outside of the LBHP and paid on a Fee For Service basis.
62	RFP	3.1.5	Scope of Work	39	Does the RFP incorporate all of the requirements contained in the stipulations and orders in the *Chisholm v. Kliebert* case? If so, there needs to be an appendix that clearly lists these requirements so that proposers can be aware of them.	Yes. The State will include requirements in an addendum to the RFP.

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63	RFP	8.2.1.9	Medicaid State Plan Services	99	Why are Applied Behavioral Analysts not mentioned as one of the EPSDT services? Since there is a service within the state plan, it should be mentioned to assure that the SMO contracts with all appropriate providers.	ABA is not a covered service in the LBHP.
64	RFP	18.6	Reporting	255-256	Will reporting obligations under the *Chisholm vs. Kliebert* and *Wells vs. Kliebert* cases be subsumed in these ad hoc reports, or are provisions for these reports made elsewhere in the documents?	Reporting requirements for *Chisholm vs. Kliebert* will be included in an addendum to the RFP. For *Wells vs. Kliebert* litigation, DHH-OBH will ensure compliance with any future lawsuit settlement.
65	RFP	7.1.2	SMO Reimbursement	81	The RFP references pending CMS approval, DHH intends to transition to a fully capitated payment structure for both children and adults eligible for Medicaid. What is the timeline for submittal of the reference State Plan Amendment to CMS?	Amendments to the state plan and waivers have been submitted to CMS.

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66	RFP	7.6.8	Payment for Medicaid Eligible Children	85	DHH has indicated that specific payment mechanisms for Medicare "crossover" claims will be determined in the SMO Systems Companion Guide. As the payment of crossover claims has been an unresolved issue that has plagued providers throughout the first contract period, we had anticipated additional guidance to be included in the RFP. What is the projected publish date for the SMO Systems Companion Guide?	Crossover claim guidance will be provided in the SMO Systems Companion Guide anticipated to be published for the March 1, 2015 contract implementation.
67	RFP	7.14.6	DHH Right to Conduct Identification and Pursuit of TPL	94	There appears to be a typo on the time frame for collection of payments from a TPL. Verify if the time frame is three hundred days for 365 days from date of service.	Three hundred and sixty-five days (365) is correct.
68	RFP	19.8.4	The SMO Louisiana Data Warehouse	274	The SMO shall provide near real-time read only access to users defined by DHH-OBH for data extraction and analytics (creating reports with SAS and SQL, for example) to its operational data stores by the date the signed contract is approved by DOA/OCR. Please confirm that data analytic functions will be performed by SMO staff and that access requirements would be limited to SMO staff members.	The SMO performs the data analytics functions as defined in this contract. DHH analytics staff, however, will also have access to the SMO data warehouse for data extraction and analytics. DHH-OBH will determine the appropriate analytics, informatics, fiscal, and Medicaid staff that require access to the SMO's data warehouse.

#	Document Reference (*e.g.*, RFP, RFP Companion Guide)	Section Number	Section Heading	Page Number in Referenced Document	Question	Response
69	RFP	19.8.2	SMO Louisiana Data Warehouse	274	What is the method by which a "user" can be approved by DHH to have access to the SMO Data Warehouse? Will the Data Warehouse include only data related to eligible Medicaid beneficiaries?	OBH users approved to access the SMO data warehouse may include, but not be limited to, analytics, informatics, fiscal, and appropriate Medicaid staff. Appropriate OBH staff will notify the SMO when users need to be added or removed from access to the data warehouse. The data warehouse will include data related to all people receiving LBHP services.
70	RFP	11.2.13	Care Management Policies and Procedures	163	How is the willingness of the PCP to participate in the development of a treatment plan determined?	Per Section 11.2.13.1, a willing PCP collaborates with the SMO and with the member and any specialists caring for the member.
71	RFP	19.1.1	General Requirements	206	Is the Electronic Health Record to be made available to all provider types? Is the information to be captured via the SMO's EHR to include only eligible Medicaid Beneficiary data?	The EHR must be made available to all provider types. The information to be captured includes both Medicaid and non-Medicaid members. See Section 19.1.1.2.

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72	RFP	19.3.1	Utilization Data for Members Not Enrolled	269	The SMO shall have the capacity to receive, monitor, and analyze utilization data for individuals not enrolled as members of the SMO that receive their behavioral health services from other sources (e.g., FQHC/RHC, Managed Care Organizations, LGEs). Will the SMO be required to load member utilization into the SMO's platform that the SMO is not contracted (e.g., medical, non-behavioral health pharmacy) to manage under the SMO's contract?	No. This is not required by the RFP. See Section 4.2.1.5 for information on healthcare integration expectations with Bayou Health plans.
73	RFP	19.3.2	Utilization Data for Members Not Enrolled	269	All utilization data shall be transmitted in aggregate format or otherwise shall maintain strict adherence to all HIPAA regulations and requirements using an industry-standard HIPAA compliance checker approved by DHH-OBH. Does DHH-OBH already have a file layout defined for utilization data that the SMO is to adopt using a secured file transfer method?	No.

#	Document Reference (*e.g.*, RFP, RFP Companion Guide)	Section Number	Section Heading	Page Number in Referenced Document	Question	Response
74					Can Louisiana DHH please provide the following pharmacy data to review: One year's worth of data in NCPDP post-adjudication claims format with all data attributes. One year's historical volumes by month of claims volume and call center (member, PA) # of providers # of lives	No. The LBHP does not currently process pharmacy claims. We cannot provide this data specific to behavioral health.
75				Appendix F: Mercer Behavioral Health Data Book	Can additional information be provided on the pharmacy data, such as by broad drug class, etc in addition to several historical periods (as the pharmacy is not subject to the start-up as BH was)?	Additional summarized historical data is not readily available.
76				Data Book P.5-6 Capitation Rate Assumptions Document P.6	Is the difference in expected medical costs in the base year data for the 1915(i) certification write up and in Appendix C due to trend only?	No, the FY 2011 base data is provided for reference only. The base of the new capitation rates are the prior capitation rates inclusive of programmatic changes that occurred between FY 2011 and the rates effective March 2014 through February 2015.

#	Document Reference (*e.g.*, RFP, RFP Companion Guide)	Section Number	Section Heading	Page Number in Referenced Document	Question	Response
77				Capitation Rate Assumptions Document P. 3-6	Please explain the difference between the programmatic changes outlined in pages 3-6 of the Capitation Rate Development Assumptions total the amount of change as shown in Appendix A and Appendix B as noted in schedule below:Narrative itemization of Program Changes Adult Child IP Fee Schedule 0.6% Chronic Care Management 1.0% Med Mgmt 1.1% 1.0% Parent Support/Youth Support Fee Change 0.1% Coverage of LaCHIP IV -0.3% Disability Medicaid Closure -0.5% 1915(c) CSOC Expansion 1.3% 0.8% Total change from narrative 2.6% 2.5% Change per Appendix A and B 1.3% 0.7%	The 1915(C) CSoC expansion results in a 0.9% decrease to the children rate cells only. The statement below the CSoC description in the memo refers to the totality of all programmatic changes, a 1.3% increase to the Adult rates and a 0.8% increase to the Child rates.
78				Capitation Rate Assumptions Document P.4	For the Chronic Care management, it appears an adjustment was made for the increase in services expected, but it is indicated that the increase reflects a ramp up of services over time. Can the ramp up and the ultimate utilization level increase be provided?	The Actuary assumed approximately 9000 members would receive this service per quarter.

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79				Capitation Rate Assumptions Document P. 5	For the non citizen pregnant women coverage, what was the assumption for behavioral utilization for this population? The Certification appears to indicate 0%.	The Actuary used actual historical FFS experience for this population to develop an adjustment to the rates. This group had minimal behavioral utilization, totaling approximately $0.14 PMPM.
80				Databook page 13	The Child IBNR factor is less than the Adult factor. The adult factor is explained. Is there an explanation for the child factor or a reason for the difference?	Children's claims are paid more quickly than the adult claims. This is due to a lower proportion of inpatient expenses. The historical non-risk arrangement for children, where the prior PIHP was reimbursed for services based on submitted encounters, may also be a contributing factor.
81		2.4		36	Written questions are due Aug. 22, but several documents, particularly IT related and financial documents in the procurement library have still not been updated. Will updated documents be available before the Sept. 5 deadline for follow-up questions and will DHH-OBH allow questions on those documents during follow-up?	Updated documents will not be available before September 5, 2014. The question period from 9/2 to 9/5 is for follow-up questions based solely on the answers provided from the first question period.
82		7.3.1		82	This section makes reference to risk-adjusted monthly capitated payments. Please confirm that rates will not be risk adjusted in this contract?	There is no current plan to risk adjust the capitation payments to a single contractor.

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83		7.16.9		95	Please clarify the requirement to not make subsequent payment adjustments in the data warehouse on previously reported payment data.	Data based on dates of payment should not be adjusted retrospectively. Adjustments must appear in the period when the adjustment occurred, not the original payment.
84		8.2.1.7 and 8.2.1.8		99	PRTF and TGH services are listed as SPA services provided to all Medicaid members. Should those be under the EPSDT section instead?	No.
85		8.1		107	Can OBH-DHH confirm that management of Community Development Block Grant services for the Permanent Supportive Housing program is not a function of the SMO under the new model?	Correct, per Section 8.10.3, "The SMO shall be responsible for authorizing payment for PSH tenancy support services for the 1915(i) eligible population in PSH." Other PSH funding sources will be managed by the respective state agencies and/or their designees.
86		8.11.8.1		109	Does the state have a separate designation or licensure for a "psychiatric emergency room" versus a "general hospital emergency room?" How are the Bayou Health plans and SMO to know when an ER is psych or not?	The State does not have a separate designation or licensure for "psychiatric emergency room." For emergency room services in a non-psychiatric, general hospital, Bayou Health would be responsible for covering the cost of all facility and professional components, regardless of diagnosis. The only exception would be for any professional components when the billing provider is a psychiatrist or LMHP. For emergency room services provided in, and billed by, a

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						freestanding psychiatric hospital or distinct part psychiatric unit, all professional and facility claims would be covered by the SMO.
87		9.2.13		122	Is the state requiring the SMO to include Methadone as a covered medication and, if so, was that cost built into the actuarial assumptions since Methadone has not previously been covered by Medicaid or the Bayou Health MCOs? Or does this reference only refer to the treatment and management services related to Methadone provision?	No. the state is not requiring the SMO to cover Methadone. This reference only refers to the treatment and management services related to Methadone provision.
88		9.3.1		124	Please confirm that DHH will recognize URAC PBM accreditation	Yes. DHH will recognize URAC Pharmacy Benefit Management accreditation.
89		10.1.15		132	Is the NVRA implementation manual posted on the Secretary of State's Web site at http://www.sos.la.gov/ElectionsAndVoting/PublishedDocuments/NVRAImplementationManual.pdf the appropriate reference for understanding the state's adoption of NVRA requirements. In addition to the sites outlined in the manual above, does the state intend for all providers contracted in the SMO's	Yes. It is an appropriate reference for understanding the state's adoption of NVRA requirements. Yes. According to the Louisiana Secretary of State, public assistance offices such as social services offices and other offices which provide state-fund programs primarily engaged in providing services to persons with disabilities are required to comply with NVRA. These include state or contractor providers. Examples include:

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					network of behavioral health provider regardless of type (e.g. hospitals, PRTFs, substance use facilities, ACT teams, etc.) to be designated Voter Registration Agencies under the NVRA?	• Food Stamp programs • Medicaid programs • Women, Infants, and Children program • Family Independence Temporary Assistance (formerly Aid to Families with Dependent Children) program • Rehabilitation Services • Independent Living • Alcohol and Drug Abuse • Mental Health • Citizens with Developmental Disabilities • Disability Service offices at colleges and universities • Recruitment offices of the Armed Forces • Public high schools, colleges and universities
90		10.1.15.1		133	Is every subcontracted provider in the SMO network required to have a designated NVRA provider site coordinator?	Yes. According to LAC 31:II.Chapter 4, Each mandatory voter registration agency shall appoint a qualified employee to serve as the NVRA Site Coordinator. A site is defined as the physical location where voter registration is conducted. The site coordinator shall be responsible for ensuring compliance by

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						each mandatory voter registration agency with the duties and responsibilities provided in 42 U.S.C. §1973gg-5 and R.S. 18:116, and as set forth in training, manuals, pamphlets, rules and procedures of the secretary of state agencies.
91		10.1.22		134	Most systems require some manual handling of provider data to update systems would OBH-DHH consider revising to replace "near real time" requirement and definition with an alternative other than within minutes?	No.
92		10.2.4.5.1.1		138	This provider contracting requirement for providing information including sexual orientation social class, religion, etc. is only possible if it is voluntarily provided. While we understand the intent is to assure that there is a network of providers that are qualified and culturally competent to serve specific members, it is possible to achieve this without necessarily "matching" the demographics of a member to the same demographics of a provider. Please confirm that the information may be requested but not required to be provided.	Yes, the information must be requested but the provider is not required to respond.

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93		10.7.2		148	Since it is necessary to often assist providers in completing the credentialing packet appropriately after it is first submitted, would OBH-DHH be willing to amend this language to read, "… from receipt of the providers complete credentialing and certification application …"	The language will remain the same.
94		10.9.5.3		153	This requirement implies the need to predetermine the number of members a provider will serve. It is unlikely that this can be done accurately and may have the unintended consequence of risking restricting access to care for members or limiting the Network unfairly. Will OBH-DHH consider an alternative to or elimination of this requirement? The same issues exist with contractually defining in advance specific sub populations to be served.	The purpose of this requirement is not to limit network capacity.

#	Document Reference (*e.g.*, RFP, RFP Companion Guide)	Section Number	Section Heading	Page Number in Referenced Document	Question	Response
95		11.1.4.3		160	In several sections, the RFP references treatment planning as a responsibility of the SMO care management team. In the SDM, it says treatment planning should be done in accordance with 42 CFR 438.208, which states that for special health populations "the treatment plan must be developed by the enrollee's primary care provider … and approved by the MCO…". Please confirm that the SMO is responsible for assuring treatment plans are in place and approving them rather than creating them?	The SMO is responsible for assuring treatment plans are in place and approving them as referenced in 11.1.4.3 and in compliance with state plan, state plan amendments, and waivers.
96		11.5.3		174	Would DHH-OBH consider removing the reference to "intermediate/long-term" care as the SMO is not responsible for the intermediate/long-term network for adults and cannot control access to those levels of care?	No. The language will remain the same.
97		11.9.2.3		176	DBH-OBH through this procurement requires that the SMO obtain NCQA accreditation. Please confirm that the RFP requirements for conducting concurrent reviews timelines should align with NCQA standards and adjusting standards based on urgency of request? (Urgent vs. Routine)	The RFP language is changed to state the following: "The SMO shall make concurrent review determinations within ~~one (1) business day~~ twenty-four (24) hours of obtaining the appropriate medical information that may be required."

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98		12.6.8		183	Does the OBH-DHH intend to reduce the time the SMO is allowed to process a claim, and how does this align to timely processing of claims performance measures?	At this time, DHH-OBH is not changing the time allowed to process a claim, but DHH-OBH reserves the right to reduce this time in the future.
99		15.11.15		211	What is the role of the SMO in the Balancing Incentive Program under this section?	The Balancing Incentives Program works off of a "No Wrong Door" concept. This means that people can contact OAAS, OCDD, or OBH or their designee (the SMO for OBH) to receive their Level 1 screening and make referrals to the office that can best assist them. The SMO will need to be able to transfer data collected from the Level 1 and Level 2 screens to the State upon request. See Section 19.6.8 for technical requirements.
100		19.1.1		260	Is the SMO required to make the Web-based ONC-certified Electronic Health Record available to all providers free of charge?	Yes.
101		19.1.4		262	When can we expect the updated Systems guide to be published?	The release of the SMO Systems Companion Guide is anticipated for November 2014.

#	Document Reference (*e.g.*, RFP, RFP Companion Guide)	Section Number	Section Heading	Page Number in Referenced Document	Question	Response
102		10.1.5 & 10.1.17.3.1 – 10.1.17.3.2		131 & 134	Can OBH-DHH please clarify if the SMO must contract with all willing and qualified providers as outlined in section 10.1.5 or if the SMO can limit the number of provider necessary to meet member needs as outlined in 10.1.17.3.1?	The requirements of Section 10.1.5 do not conflict with Section 10.1.17.3.1. The SMO shall contract with as many providers to meet the needs of the members; however, the SMO must consider any willing and qualified provider.
103		26.8.1		354	Please specify under what circumstances DHH will invoke a ten percent retainage from annual capitated payments. Will the retainage be withheld lump sum or spread on a monthly basis? Will the acceptance of contract deliverables be evaluated annually and within a strict timeframe in order to facilitate release of any retainage?	DHH will withhold the retainage monthly from contract go-live with an annual cost settlement. Deliverables will be evaluated annually by contract year and the funds will be released within an appropriate timeframe to ensure the SMO's cash flow needs are met.
104				372 (Attachment I)	Will the state accept minority certification from the National Minority Supplier Diversity Council (NMSDC) in lieu of state certification?	No.
105				372 (Attachment I)	If not will the state allow a submitted state certification application by a NMSDC certified entity to meet the supplier diversity requirement?	No
106				372 (Attachment I)	Attachment I makes references to websites that provide "Qualification requirements and online certification are available at https://smallbiz.louisianaforward.com/in	https://smallbiz.louisianaeconomicdevelopment.com/Account/Login

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					dex_2.asp.". When attmepting to access the information contained in that link and error message appears. Please advise.	
107				372 (Attachment I)	Several entities certify Veteran Owned Business. Will any Veteran Owned Business with a DUNS number meet the requirement?	Qualification requirements and online certification are available at https://smallbiz.louisianaeconomicdevelopment.com/Account/Login
108					Please confirm that the Department is asking for a description of these guarantees only, and that any actual guarantees will be developed once additional claims data are received. If this is not the case in addition to the full NCPDP post-adjudication claims file please provide claims information about the specialty drugs, ER visits, hospitalizations and related claims and utilization information.	Yes, the State is asking for descriptions of guarantees to be developed by the SMO.