

Addendum 10 – Additional Revisions to RFP

Document	Section	Change From:	Change to:
RFP	IV.D.3.j	All additional required staff in this section must be located in the State with the exception of claims and encounter processing staff and certain care management staff.	All additional required staff in this section must be located in the State with the exception of claims and encounter processing staff, customer service representatives staffing the toll-free call center, and certain care management staff.
RFP	IV.E.14.a.iii	The MCO must not deny payment for treatment obtained when a member had an emergency medical condition as defined in 42 CFR 438.114(a).	The MCO must not deny payment for treatment obtained when a member had an emergency medical condition as defined in 42 CFR 438.114(c)(1)(ii)(A).
RFP	IV.I.12.d	Add new section	The MCO is prohibited from explicitly or implicitly communicating to potential network providers that the provider may face a lower reimbursement rate or any other financial or operational sanction should that provider choose not to sign a letter of intent with the MCO prior to the deadline for Heritage Health Proposals included in Addendum 8.
RFP	IV.N.4.d.vii	Use a licensed child and adolescent psychiatrist to review prior authorization requests for psychotropic medication use in youth as described under Section IV.D Staffing Requirements of this RFP.	Use a State-licensed child and adolescent psychiatrist to review prior authorization requests for psychotropic medication use in youth as described under Section IV.D Staffing Requirements of this RFP.
RFP	IV.N.10.a	Utilize prior authorizations and additional edits for psychotropic drugs prescribed to youth, at a minimum, following MLTC guidelines as provided in Attachment 8 – PBM Claims Processing Edits for the Nebraska Medicaid Psychotropic Drugs and Youth Initiative. If appropriate, the MCO must ensure a review of the prior authorization request by a State-licensed child and adolescent psychiatrist.	Utilize prior authorizations and additional edits for psychotropic drugs prescribed to youth, at a minimum, following MLTC guidelines as provided in Attachment 8. The MCO must ensure a review of the prior authorization request by a State-licensed child and adolescent psychiatrist.

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RFP	IV.N.11.b	Restricted services are a mechanism for restricting Medicaid recipients to a specific physician and/or a specific pharmacy provider. The restricted services mechanism cannot prohibit the recipient from receiving services from providers who offer services other than physician and pharmacy benefits.	Restricted services are a mechanism for restricting Medicaid recipients to a specific hospital, primary care provider, prescribing provider, and/or a specific pharmacy provider in accordance with 471 NAC 2-004. The restricted services mechanism cannot prohibit the recipient from receiving services that meet the exceptions contained in 471 NAC 2-004.04.
RFP	IV.P.9.c	Risk corridor profit/loss = qualifying revenue - MLR rebate - Net qualified medical expenses calculated for the MLR - Total allowed administration calculated for the administrative cap.	Risk corridor profit/loss = qualifying revenue - MLR rebate - Net qualified medical expenses calculated for the risk corridor - Total allowed administration calculated for the administrative cap.
RFP	IV.Q.9.f	Add new section	If a MCO enters into a contract for the provision of services with a FQHC or RHC, the MCO shall provide payment that is not less than the level and amount of payment which the MCO would make for the services if the services were furnished by a provider which is not a FQHC or RHC.
RFP	Glossary of Terms	Administrative expense rate: The percentage of qualifying revenue a MCO may spend on administrative expenses. Administrative expense rate equals the costs that would have been incurred in the contract year in the absence of any related-party relationship.	Administrative expense rate: The percentage of qualifying revenue a MCO may spend on administrative expenses. Administrative expense rate equals the costs that were incurred in the contract year. These costs are subject to review to verify that the administrative services were actually provided and that the costs included for these services is reasonable. In the event the MCO paid any amounts for administrative services to a related party, only those administrative costs actually incurred by the related party in connection with the administration of this contract will be included in such costs.

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RFP	Glossary of Terms	Patient-centered medical home (PCMH): The Center for Medical Home Improvement defines PCMH as a community-based primary care setting that provides and coordinates high quality, planned, family-centered, health promotion, acute illness care, and chronic condition management.	Patient-centered medical home (PCMH): A health care delivery model in which a patient establishes an ongoing relationship with a primary care practice team to provide comprehensive, accessible, and continuous evidence-based primary and preventative care, and to coordinate the patient’s health care needs across the health care system in order to improve quality, safety, access and health outcomes in a cost effective manner.
RFP	Glossary of Terms	Related-party administrative expense: Fees paid by a MCO, or any of its subsidiaries, to a related party such as a parent organization. Such fees are not considered in the calculation of administrative expense under this contract.	Related-party administrative expense: Fees paid by a MCO, or any of its subsidiaries, to a related party such as a parent organization such as flat monthly administration fees. Such fees are not considered in the calculation of administrative expense under this contract. Related-party administrative expense does not include amounts paid to a related-party for administrative costs actually incurred by the related party in connection with the administration of the contract.
Addendum 6	Question 69	MLTC will provide this answer in the second round of questions for this RFP.	No, Nebraska State-licensure is not required for all prior authorization and concurrent review staff. The prior authorization and concurrent review functions must meet the requirements of IV.D.3.a and IV.D.3.B regarding additional required staff. Nebraska State licensure is required for peer-to-peer consultations on prior authorizations and for adolescent psychiatrist review of prior authorization requests for psychotropic medication use in youth. Please see the amended IV.N.4.d.vii in this addendum.

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Addendum 7	Question 247	As nearly all Medicaid eligible individuals will be included in Heritage Health, the State does not currently have an exact figure by county for the number of individuals that will continue to receive core benefits and services through the fee-for-service program. This information will be posted to the procurement website as part of the second round of questions and answers.	Please see Attachment 33.
Addendum 7	Question 313	The State is reviewing this question further. This information will be posted to the procurement website as part of the second round of questions and answers.	Please see revised definitions for Administrative expense rate and Related-party administrative expense in this Addendum.
Addendum 7	Question 332	A list of Medicaid-eligible providers will be posted on the procurement website as soon as it is available. This information will be posted to the procurement website as part of the second round of questions and answers.	Please see Attachment 32.
Attachment 4		As amended by Addendum 3: Revisions to RFP: Core Competency 1: Facilitate ongoing patient relationship with a primary care provider in a physician-directed team.	Core Competency 1: Facilitate ongoing patient relationship with a primary care practice team.
Attachment 8	Table 2. Antidepressant High Dose Limit	Generic Name: citalopram Recommended Max: 40mg/day	Generic Name: citalopram Recommended Max: 4-18 yrs – 40mg/day
Attachment 8	Table 2. Antidepressant High Dose Limit	Generic Name: paroxetine hcl Recommended Max: children – not recommended; 12-18 years – 40mg IR, 50mg CR	Generic Name: paroxetine hcl Recommended Max: children – not recommended; 13-18 years – 40mg IR, 50mg CR
Attachment 8	Table 2. Antidepressant High Dose Limit	Generic Name: fluoxetine hcl (all oral) Recommended Max: 60mg/day	Generic Name: fluoxetine hcl (all oral) Recommended Max: 4-18 yrs - 60mg/day

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Attachment 8	Table 2. Antidepressant High Dose Limit	Generic Name: sertraline hcl Recommended Max: 200mg/day	Generic Name: sertraline hcl Recommended Max: 4-18 yrs - 200mg/day