

RFP 5427 Z1
Addendum Four – Additional Revisions to RFP

#	Document	Section	Change From:	Change to:
1	RFP	IV.A.e.iii.a	Two (2) DBPM networks in Cass, Dodge, Douglas, Gage, Lancaster, Otoe, Sarpy, Saunders, Seward, and Washington counties.	Two (2) <u>MCO</u> networks in Cass, Dodge, Douglas, Gage, Lancaster, Otoe, Sarpy, Saunders, Seward, and Washington counties.
2	RFP	IV.A.e.iii.b	Two (2) DBPM networks in Adams, Antelope, Arthur, Banner, Blaine, Boone, Box Butte, Boyd, Brown, Buffalo, Burt, Butler, Cedar, Chase, Cherry, Cheyenne, Clay, Colfax, Cuming, Custer, Dakota, Dawes, Dawson, Deuel, Dixon, Dundy, Fillmore, Franklin, Frontier, Furnas, Garden, Garfield, Gosper, Grant, Greeley, Hall, Hamilton, Harlan, Hayes, Hitchcock, Holt, Hooker, Howard, Jefferson, Johnson, Kearney, Keith, Keya Paha, Kimball, Knox, Lincoln, Logan, Loup, Madison, McPherson, Merrick, Morrill, Nance, Nemaha, Nuckolls, Pawnee, Perkins, Phelps, Pierce, Platte, Polk, Red Willow, Richardson, Rock, Saline, Scotts Bluff, Sheridan, Sherman, Sioux, Stanton, Thayer, Thomas, Thurston, Valley, Wayne, Webster, Wheeler, and York counties.	Two (2) <u>MCO</u> networks in Adams, Antelope, Arthur, Banner, Blaine, Boone, Box Butte, Boyd, Brown, Buffalo, Burt, Butler, Cedar, Chase, Cherry, Cheyenne, Clay, Colfax, Cuming, Custer, Dakota, Dawes, Dawson, Deuel, Dixon, Dundy, Fillmore, Franklin, Frontier, Furnas, Garden, Garfield, Gosper, Grant, Greeley, Hall, Hamilton, Harlan, Hayes, Hitchcock, Holt, Hooker, Howard, Jefferson, Johnson, Kearney, Keith, Keya Paha, Kimball, Knox, Lincoln, Logan, Loup, Madison, McPherson, Merrick, Morrill, Nance, Nemaha, Nuckolls, Pawnee, Perkins, Phelps, Pierce, Platte, Polk, Red Willow, Richardson, Rock, Saline, Scotts Bluff, Sheridan, Sherman, Sioux, Stanton, Thayer, Thomas, Thurston, Valley, Wayne, Webster, Wheeler, and York counties.
3	RFP	IV.D.2; Table 1	Add new section	The Dental Director must be licensed to practice in the State of Nebraska.
4	RFP	IV.G.12.c	Add new section	The provider may discontinue seeing their members as long as they provide their members thirty (30) days of emergency care while in transition of finding a new dental home.

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5	RFP	IV.G	Add new section	<p>14. Member Handbook</p> <p>a. The DBPM must develop, maintain, and post to the member portal of its website a member handbook in both English and Spanish. In addition to the requirements described in this RFP, the handbook must comply with the requirements in 42 CFR 438.10.</p> <p>b. The draft member handbook must be submitted to MLTC for review and approval a minimum of thirty (30) calendar days after date of award.</p> <p>c. The DBPM must publish the member handbook on its website in the member portal. It must also have hard copies available and inform members how to obtain a hard copy member handbook if they want it.</p> <p>d. At a minimum, the DBPM must review and update the member handbook annually. The DBPM must submit the updated handbook to MLTC for review and approval a minimum of 45 calendar days before it is to be implemented. If the DBPM wishes to make changes to the handbook more frequently than annually, the revised language must still be submitted to MLTC a minimum of 45 calendar days prior to proposed implementation.</p> <p>e. The DBPM's updated member handbook must be made available to all members on an annual basis, through its website. When there is a significant change in the Member Handbook, the DBPM must provide members written notice of the change a minimum of 30 calendar days before the effective date of the change, that they may receive a new hard copy if they want it, and the process for requesting it.</p> <p>f. At a minimum, the member handbook must include:</p> <p>i. A table of contents.</p> <p>ii. A general description of basic features of how the DBPM</p>
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			<p>operates and information about the DBPM in particular.</p> <p>iii. A description of the Member Services department, what services it can provide, and how member services representatives (MSRs) may be reached for assistance. The member handbook shall provide the toll-free telephone number, fax number, email address, and mailing address of the Member Services department as well as its hours of operation.</p> <p>iv. A section that stresses the importance of a member notifying Medicaid Eligibility of any change to its family size, mailing address, living arrangement, income, other health insurance, assets, or other situation that might affect ongoing eligibility.</p> <p>v. Member rights/protections and responsibilities, as specified in 42 CFR 438.100 and this RFP.</p> <p>vi. Appropriate and inappropriate behavior when seeing a DBPM provider. This section must include a statement that the member is responsible for protecting his/her ID cards and that misuse of the card, including loaning, selling, or giving it to another person, could result in loss of the member's Medicaid eligibility and/or legal action.</p> <p>vii. Instructions on how to request no-cost multi-lingual interpretation and translation services. This information must be included in all versions of the member handbook.</p> <p>viii. A description of the dental home selection process and the dental home's role as coordinator of services.</p> <p>ix. The member's right to select a different dental home within the DBPM network.</p> <p>x. Any restrictions on the member's freedom of choice of DBPM providers.</p> <p>xi. A description of the purpose of the Medicaid and DBPM ID cards, why both are necessary, and how to use them.</p>
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			<p>xii. The amount, duration and scope of benefits available to the member under the contract between the DBPM and MLTC in sufficient detail to ensure that members understand the benefits for which they are eligible.</p> <p>xiii. Procedures for obtaining benefits, including authorization requirements.</p> <p>xiv. The extent to which, and how, members may obtain benefits, including from out-of-network providers.</p> <p>xv. Information about health education and promotion programs, including chronic care management.</p> <p>xvi. Appropriate utilization of services including not using the ED for non-emergent conditions.</p> <p>xvii. How to make, change, and cancel dental appointments and the importance of cancelling or rescheduling an appointment, rather than being a “no show”.</p> <p>xviii. Information about a member’s right to a free second opinion per 42 CFR 438.206(b)(3) and how to obtain it.</p> <p>xix. The extent to which, and how, after-hours and emergency coverage are provided, including:</p> <p>a) What constitutes an emergency medical condition, emergency services, and post-stabilization services, as defined in 42 CFR 438.114(a) and 42 CFR 422.113(c).</p> <p>b) That prior authorization is not required for emergency services.</p> <p>c) The process and procedures for obtaining emergency services, including use of the 911-telephone system.</p> <p>d) That, subject to provisions of 42 CFR Part 438, the member has a right to use any hospital or other setting for emergency care.</p> <p>xx. The policy about referrals for specialty care and for other benefits not furnished by the member’s dental home.</p>
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			<p>xxi. How to obtain emergency and non-emergency medical transportation.</p> <p>xxii. Information about the EPSDT program and the importance of children obtaining these services.</p> <p>xxiii. Information about member copayments. The charging of a copayment is at the discretion of the DBPM. If the DBPM chooses to ask its providers to charge copayments, this cost-sharing must be in compliance with 42 CFR 447.50 through 447.57, and cannot exceed the amounts specified at 471 NAC 3-008.</p> <p>xxiv. The importance of notifying the DBPM immediately if the member files a workers' compensation claim, has a pending personal injury or medical malpractice lawsuit, or has been involved in an accident of any kind.</p> <p>xxv. How and where to access any benefits that are available under the Medicaid State Plan that are not covered under the DBPM's contract with MLTC, either because the service is carved out or the DBPM will not provide the service because of a moral or religious objection.</p> <p>xxvi. That the member has the right to refuse to undergo any medical service, diagnosis, or treatment or to accept any health service provided by the DBPM if the member objects (or in the case of a child, if the parent or guardian objects) on religious grounds.</p> <p>xxvii. Member grievance, appeal, and state fair hearing procedures and timeframes, as described in 42 CFR 438.400-424 and this RFP, as follows:</p> <p>a) For grievances and appeals:</p> <ol style="list-style-type: none"> 1). Definitions of a grievance and an appeal. 2). The right to file a grievance or appeal.
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			<p>3). The requirements and timeframes for filing a grievance or appeal.</p> <p>4). The availability of assistance in the filing process.</p> <p>5). The toll-free number(s) the member can use to file a grievance or an appeal by telephone.</p> <p>6). The fact that, when requested by a member, benefits can continue if the member files an appeal within the timeframes specified for filing at 477 NAC 10-001. Pursuant to the same regulation, the member should also be notified that the member may be required to pay the cost of services furnished while the appeal is pending, if the final decision is adverse to the member.</p> <p>b) For state fair hearing:</p> <p>1). Definition of a state fair hearing.</p> <p>2). The right to request a hearing.</p> <p>3). The requirements and timeframes for requesting a hearing.</p> <p>4). The availability of assistance to request a fair hearing.</p> <p>5). The rules on representation at a hearing.</p> <p>6). The fact that, when requested by a member, benefits can continue if the member files a request for a state fair hearing within the timeframes specified for filing at 477 NAC 10-001. Pursuant to the same regulation, the member should also be notified that the member may be required to pay the cost of services furnished while the appeal is pending, if the final decision is adverse to the member.</p> <p>xxviii. How a member may report suspected provider fraud and abuse, including but not limited to, the DBPM's and MLTC's toll-free telephone</p>
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				<p>number and website links created for this purpose.</p> <p>xxix. Any additional information that is available upon request, including but not limited to:</p> <ul style="list-style-type: none"> a) The structure and operation of the DBPM. b) The DBPM physician incentive plan (42 CFR 438.6). c) The DBPM service utilization policies. d) How to report alleged marketing violations to MLTC. e) Reports of transactions between the DBPM and parties in interest (as defined in section 1318(b) of the Public Health Service Act) provided to the State. <p>xxx. A minimum of once a year, the DBPM must notify members of the option to receive the Member Handbook and the provider directory in either electronic or paper format.</p>
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6	RFP	IV.G	Add new section	<p>15. Member Website</p> <p>a. The DBPM must maintain a website that includes a member portal. The member portal must be interactive and accessible using mobile devices, and have the capability for bi-directional communications (i.e., members can submit questions and comments to the DBPM and receive responses).</p> <p>b. The DBPM website must include general and up-to-date information about the Nebraska Medicaid program and the DBPM. All material to be included on the website must be submitted and approved by MLTC in advance of its intended posting. MLTC will review and approve or request changes as quickly as practical but within 30 calendar days of receipt.</p> <p>c. The DBPM must remain compliant with applicable privacy and security requirements (including but not limited to HIPAA) when providing member eligibility or member identification information on its website.</p> <p>d. The DBPM website should, at a minimum, be in compliance with Section 508 of the Americans with Disabilities Act, and meet all standards the Act sets for people with visual impairments and disabilities that make usability a concern.</p> <p>e. The DBPM website must follow all written marketing guidelines included in Section IV G - Member Services and Education.</p> <p>f. Use of proprietary items that would require use of a specific browser or other interface is not allowed.</p> <p>g. The DBPM must provide the following information on its website, and such information must be easy to find, navigate among, and be reasonably understandable to all members:</p>
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				<ul style="list-style-type: none">i. The most recent version of the member handbook in both English and Spanish.ii. Telephone contact information for the DBPM, including the toll free customer service number prominently displayed and a telecommunications device for the deaf (TDD) number.iii. A searchable list of network providers, with a designation of open or closed panels. This directory must be updated in real time, for changes to the DBPM network.iv. A link to the enrollment broker's website and the enrollment broker's toll free number for questions about enrollment.v. A link to the Medicaid Eligibility website (http://accessnebraska.ne.gov) for questions about Medicaid eligibility.vi. Information about how to file grievances and appeals.
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7	RFP	IV.G	Add new section	<p>16. Requirements for Member Materials</p> <p>a. The DBPM must comply with the following requirements for all written member materials, regardless of the means of distribution (for example, printed, web, advertising, and direct mail).</p> <p>b. The DBPM must write all member materials in a style and reading level that will accommodate the reading skill of DBPM members. In general, the writing should be at no higher than a 6.9 grade level, as determined by the Flesch–Kincaid Readability Test.</p> <p>c. MLTC reserves the right to require the DBPM to submit evidence that written member materials were tested against the 6.9 grade reading-level standard.</p> <p>d. The DBPM must distribute member materials to each new member within 30 calendar days of enrollment. One of these documents must describe the DBPM’s website, the materials that the members can find on the website and how to obtain written materials if the member does not have access to the website.</p> <p>e. Written material must be available in alternative formats, communication modes, and in an appropriate manner that considers the special needs of those who, for example, have a visual, speech, or hearing impairment; physical or developmental disability; or, limited reading proficiency.</p> <p>f. All members and Medicaid enrollees must be informed that information is available in alternative formats and communication modes, and how to access them. These alternatives must be provided at no expense to each member.</p> <p>g. The DBPM must make its written information available in the prevalent non-English languages in the State. Currently, the prevalent non-English language in</p>
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			<p>the State is Spanish. The DBPM must make its written information available in any additional non-English languages identified by MLTC during the duration of the contract.</p> <p>h. All written materials must be clearly legible with a minimum font size of twelve-point, with the exception of member identification (ID) cards, or as otherwise approved by MLTC.</p> <p>i. The quality of materials used for printed materials must be, at a minimum, equal to the materials used for printed materials for the DBPM's commercial plans, if applicable.</p> <p>j. The DBPM's name, mailing address, (physical location, if different), and toll-free telephone number must be prominently displayed on all marketing materials, including the cover of all multi-page materials.</p> <p>k. All multi-page written member materials must notify the member that real-time oral interpretation is available for any language at no expense to them, and how to access those services.</p> <p>l. All written materials related to DBPM enrollment and dental home selection must advise members to verify with their usual providers that they are participating providers in the selected DBPM and are available to see the member.</p> <p>m. Marketing materials must be made available by the DBPM across the State. Materials may be customized for particular locations or populations within the State.</p> <p>n. All marketing activities must provide for equitable distribution of materials without bias toward or against any group.</p> <p>o. Marketing materials must accurately reflect information that is applicable to an average member of the DBPM.</p> <p>p. In all member materials, the DBPM must include the date of issue or revision.</p>
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				q. Copies of all member mailings/materials (print and multimedia) must be provided.
8	RFP	IV.I.9	Add new section	<p>g. The DBPM must completely process credentialing applications from the provider within thirty (30) calendar days of receipt of a completed credentialing application. A completed application includes all necessary documentation and attachments.</p> <p>h. “Completely process” means that the DBPM must:</p> <p>i. Review, approve, and load approved providers to its provider files in its system and submit the information in the weekly electronic provider file to MLTC or MLTC’s designee, or</p> <p>ii. Deny the application and ensure that the provider is not used by the DBPM. A provider whose application is denied must receive written notification of the decision, with a description of his/her/its appeal rights.</p>
9	RFP	IV.D.2, Table 1	1. Planning and working with Provider Services staff to expand and enhance physical and behavioral health services for American Indian members.	1. Planning and working with Provider Services staff to expand and enhance dental services for American Indian members.
10	RFP	IV.P.5.b	b. Pursuant to Neb. Rev. Stat. §71-831, the DBPM must hold back 2% of the aggregate of all income and revenue earned by the DBPM and related parties under the contract in a separate account. The hold-back constitutes the maximum amount available to the DBPM to earn via the quality performance program.	b. Pursuant to Neb. Rev. Stat. §71-831, the DBPM must hold back 1.5% of the aggregate of all income and revenue earned by the DBPM and related parties under the contract in a separate account. The hold-back constitutes the maximum amount available to the DBPM to earn via the quality performance program.

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11	RFP	IV.V.4	<p>The DBPM must have a contracted provider network in place, sufficient in size and composition, to meet MLTC’s access standards and the requirements of the covered population ninety (90) calendar days prior to the contract’s start date. The DBPM should submit to MLTC a network development plan with its proposal. This plan must be updated upon contract award and bi-weekly until the contract start date. The plan must detail the DBPM’s network, including GeoAccess reports, and describe any provider network gaps and the DBPM’s remediation plans. Additional requirements regarding network adequacy are included in Section IV.I – Provider Network Requirements of this RFP.</p>	<p>The DBPM must have a contracted provider network in place, sufficient in size and composition, to meet MLTC’s access standards and the requirements of the covered population thirty (30) calendar days prior to the contract’s start date. The DBPM should submit to MLTC a network development plan with its proposal. This plan must be updated upon contract award and bi-weekly until the contract start date. The plan must detail the DBPM’s network, including GeoAccess reports, and describe any provider network gaps and the DBPM’s remediation plans. Additional requirements regarding network adequacy are included in Section IV.I – Provider Network Requirements of this RFP.</p>
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12	RFP	IV.U.4.iv	<p>iv. Network Performance Requirement</p> <p>Between the date of award and the contract start date, the DBPM must have a contracted provider network in place, sufficient in size and composition to meet the service requirements of its members on the contract start date. The required attestation of network sufficiency must be submitted to MLTC a minimum of ninety (90) calendar days prior to the contract start date. MLTC may assess a penalty of \$1,000.00, per calendar day, for each day that the provider network is not adequate to meet the service needs of its members.</p>	<p>iv. Network Performance Requirement</p> <p>Between the date of award and the contract start date, the DBPM must have a contracted provider network in place, sufficient in size and composition to meet the service requirements of its members on the contract start date. The required attestation of network sufficiency must be submitted to MLTC a minimum of thirty (30) calendar days prior to the contract start date. MLTC may assess a penalty of \$1,000.00, per calendar day, for each day that the provider network is not adequate to meet the service needs of its members.</p>
13	Attachment 12	Provider Network List	<p>Description: Submit list of all network providers via the provider enrollment file as described in Section IV.I - Provider Network. Due Date: 90 days prior to contract start date.</p>	<p>Description: Submit list of all network providers via the provider enrollment file as described in Section IV.I - Provider Network. Due Date: 30 days prior to contract start date.</p>
14	Attachment 11	#58	Section IV.O – Program Integrity	Section IV.R – Claims Management