

Pete Ricketts, Governor

ADDENDUM THREE REVISIONS TO RFP

Date: November 10, 2015
 To: All Bidders
 From: Michelle Thompson/Teresa Fleming, Buyers
 AS Materiel State Purchasing Bureau
 RE: Addendum for Request for Proposal Number 5151Z1
 to be opened December 22, 2015 at 2:00 p.m. Central Time

The following is hereby amended as follows:

Document	Section	Change From:	Change to:
RFP	IV.E.29.h	Add new section	Non-emergency transportation (except as indicated in Section IV.E.8.a)
RFP	IV.B.3.e	In accordance with 42 Code of Federal Regulations (CFR) 438.50(f), the automatic assignment methodology will seek to preserve existing provider-recipient relationships and relationships with providers that have traditionally served Medicaid recipients. After consideration of provider-recipient relationships, the methodology will assign recipients equitably among MCOs, excluding those subject to an intermediate sanction. The automatic assignment methodology will not take into consideration the enrollee's previous MCO assignment.	In accordance with 42 Code of Federal Regulations (CFR) 438.50(f), the automatic assignment methodology will seek to preserve existing provider-recipient relationships and relationships with providers that have traditionally served Medicaid recipients. After consideration of provider-recipient relationships, the methodology will assign recipients equitably among MCOs, excluding those subject to an intermediate sanction. The automatic assignment methodology will not take into consideration the enrollee's previous MCO assignment during the initial Heritage Health enrollment period.
RFP	IV.A.11.f	Add new section	Inmates of public institutions.
RFP	IV.B.10.a.iv	Remove section	
RFP	IV.F.10.f	Use of proprietary items that would require use of a specific browser or other interface is not allowed.	Use of proprietary items that would require use of a specific browser or other interface is not allowed.

RFP	IV.C.1.b	<p>On June 1, 2015, the Centers for Medicare & Medicaid Services (CMS) published a Proposed Rule (CMS-2390-P) regarding Medicaid managed care. MLTC anticipates that the finalizing of this proposed rule will affect the contracts awarded as a result of this RFP. The MCO must include in its proposal:</p> <p>i. An analysis of the Proposed Rule that includes the MCO's interpretation of all provisions relevant to the contract requirements.</p> <p>ii. A plan that details the processes and timeline the MCO will implement to ensure compliance with all applicable requirements in the proposed rule on the contract's start date. This plan must take into consideration requirements CMS is placing on states that require MCO cooperation/compliance.</p>	<p>On June 1, 2015, the Centers for Medicare & Medicaid Services (CMS) published a Proposed Rule (CMS-2390-P) regarding Medicaid managed care. MLTC anticipates that the finalizing of this proposed rule will affect the contracts awarded as a result of this RFP. The MCO must submit 90 days prior to the contract start date or 60 days after the Proposed Rule is finalized (whichever is earlier), a plan that details the processes and timeline the MCO will implement to ensure compliance with all applicable requirements in the proposed rule on the contract's start date. This plan must take into consideration requirements CMS is placing on states that require MCO cooperation/compliance.</p>
RFP	Glossary of Terms	<p>Primary care provider (PCP): A medical professional chosen by or assigned to the member to provide primary care services. Provider types that can be PCPs are doctors of medicine (MDs) or doctors of osteopathic medicine (DOs) from any of the following practice areas: general practice, family practice, internal medicine, pediatrics, and obstetrics/gynecology (OB/GYN). Advanced practice nurses (APNs) and physician assistants may also serve as PCPs when they are practicing under the supervision of a physician who also qualifies as a PCP under this contract and specialize in family practice, internal medicine, pediatrics or obstetrics/gynecology.</p>	<p>Primary care provider (PCP): A medical professional chosen by or assigned to the member to provide primary care services.</p> <p>Provider types practicing within the scope of their respective Practice Acts may be doctors of medicine (MDs), doctors of osteopathic medicine (DOs), nurse practitioners, and physician assistants.</p>
RFP	Glossary of Terms	<p>Primary care services: All health care services and laboratory services customarily furnished by or through a general practitioner, family physician, internal medicine physician, obstetrician/gynecologist, or pediatrician, to the extent the furnishing of those services is legally authorized in the State in which the practitioner furnishes them.</p>	<p>Primary care services: All health care services and laboratory services customarily furnished by or through primary care provider, to the extent the furnishing of those services is legally authorized in the State in which the practitioner furnishes them.</p>

Attachment 5		<p>Required with Proposal: Proposed Rule Implementation Plan</p> <p>Description: Plan for complying with new CMS Medicaid managed care rules as described in Section IV.C – Business Requirements</p> <p>Due Date: Required with proposal</p>	<p>90 Days Prior to Contract Start Date: Proposed Rule Implementation Plan</p> <p>Description: Plan that details the processes and timeline the MCO will implement to ensure compliance with all applicable requirements in the proposed rule on the contract’s start date. This plan must take into consideration requirements CMS is placing on states that require MCO cooperation/compliance.</p> <p>Due Date: 90 days prior to the contract start date or 60 days after the Proposed Rule is finalized (whichever is earlier).</p>
Attachment 4	Core Competency 1	Core Competency 1: Facilitate ongoing patient relationship with physician in a physician-directed team.	Core Competency 1: Facilitate ongoing patient relationship with a primary care provider in a physician-directed team.
Attachment 4	Core Competency 1	6. Practice utilizes medical home team that provides team-based care composed of, but not limited to, the primary care physician(s), care coordinator, and office staff with a structure that values separate but collaborative functions and responsibilities of all members from clerical staff to physician.	6. Practice utilizes medical home team that provides team-based care composed of, but not limited to, the primary care provider(s), care coordinator, and office staff with a structure that values separate but collaborative functions and responsibilities of all members from clerical staff to physician.

This addendum will become part of the proposal and should be acknowledged with the Request for Proposal.