

Amendment 2 to RFP Number: 2015-HH_RegionE-01

Section I. B. Introduction. Revised to read, “This population includes Patient 1st recipients with asthma, diabetes, cancer, COPD, HIV, cardiovascular disease, mental health conditions, substance use disorders, transplants, sickle cell, BMI over 25, and heart disease. An additional diagnosis of Hepatitis C is being added with this RFP.”

Section II.A.3.j. Identify designated individuals. Revised to read, “Clinical Pharmacists to implement a pharmacy program that will coordinate pharmacy activities for Health Home recipients.”

Section II.B.1. b. Organization – Key Staff Physicians. Revised to read, “Key staff positions include the Health Home Executive Director, Medical Director, Quality Care Manager, Clinical Pharmacist, Network Pharmacist, and Care Management Supervisor. The Clinical Pharmacist and Network Pharmacist positions may be held by one person if they meet the staffing requirements of the Clinical Pharmacist as described in Exhibit C. Within fifteen (15) days, any changes to the Entity’s key staff positions and/or waiver of specific staff credentials must be submitted in writing for approval by AMA prior to hiring or designation of the individual to the position.

Section II.B.2.a. Financial. Revised to read, “The entity must prepare and submit a budget for approval for the effective dates of 4/01/2015 – 9/30/2015 no later than fifteen (15) days prior to the start of the Health Home Program that specifies how the enhanced care management fees paid under this program will be spent to develop and maintain Health Home activities. In addition, the Entity must also prepare and submit an annual budget for approval at least thirty (30) days prior to the start of each fiscal year that specifies how the enhanced care management fees paid under this program will be spent to develop and maintain Health Home activities.

Section II.B.3.d.ii. Health Information Technology. Revised to read, “The system must have the capability to share care coordination information with members of the care team, as appropriate.

Section II.B.4.b.i.3. Transitional Care Program is revised to read, “Implementing medication reconciliation in concert with the PMP and Clinical Pharmacist to assure continuation of needed therapy following inpatient discharge;”

Section II.B.4.d.ii. Revised to read, “The Entity must have Network and Clinical Pharmacists on staff to support the Medication Reconciliation Review Process. Requirements for Network and Clinical Pharmacists are detailed in Exhibit C Health Home Key Staff of this RFP. The Clinical Pharmacist and Network Pharmacist positions may be held by one person if they meet the staffing requirements of the Clinical Pharmacist.”

Section II.B.4.d.vii and viii. Medication Reconciliation Review Process vii and viii are combined to read, “The Medication List must be used during the Health Home Recipient interview of the

Health and Psychosocial Assessment to enhance drug use information gathering. The caregiver or family may be present at the interview which may take place in the home, clinic, pharmacy, or via telephone. Medication List should also include discharge instructions, PMP chart, prescription fill history and patient report, as appropriate. At a minimum, the process must identify duplications and/or discrepancies between the Medication Lists and other sources (e.g. fill history, patient interview, PMP chart) arising from uncoordinated care or patient non-adherence.”

Section II.B.4.e.-j. Heading titles and numbering are revised to read, “e. Behavioral Health, f. Documentation, g. Quality Improvement/Medical Management, h. Participating Primary Medical Providers, i. Partnering with Outside Entities, j. Confidentiality of Data and Recipient Information”

Section VII.e. Corporate Background. Revised to read, “Business Entity must also attach a Certificate of Compliance form which may be found on page 71 of this RFP and documentation establishing that Business Entity is enrolled in the E-Verify Program.

Exhibit C: Pharmacy Staff. Revised to read, “The entity must employ Network and Clinical Pharmacists to implement a pharmacy program that will coordinate the pharmacy activities for Health Home recipients. The Clinical Pharmacist and Network Pharmacist positions may be held by one person if they meet the staffing requirements of the Clinical Pharmacist.”

Exhibit C: Health Home Key Staff Positions—Network Pharmacist. Remove, “Develop and coordinate e-prescribing efforts.”