Alabama Medicaid
Health Home Questions and Answers

	Received by Outside Party			Alabama Medicaid Agency
Question #	RFP Page Number	RFP Section Reference	Question	Answer
1	p.20	vii. and viii.	These two points are redundant except for the last sentence in viii which is the medication reconciliation process (this does not apply to obtaining a medication list. Recommend deleting viii or rewriting to reflect	This will be amended.
2	p.15	b.i.3.	Please include clinical pharmacy or same statement written for p.20.	This will be amended.
3	p.46	4th bullet point	"Develop and Coordinate e-prescribing efforts" Is this still possible in 2015? We ask this be removed from the RFP	This will be amended.
4	p.23	vi.	Chart reviews to facilitate PMP participation in periodic chart records- Will Medicaid direct these audits? Will we be given list of PMP charts to audit?	Audits will be required and additional information will be provided at a later date by the Agency.
5	p.13	e.ii.	Medicaid approval of all care educational materials. A. Do we consider materials approved if they are on the Medicaid website? B. Would Medicaid consider pre-approving certain websites of Agencies such as CDS, SAMSA, American Heart Association?	A. The Entity must receive express written approval from Medicaid prior to distribution of any and all educational material regardless of source. B. No.
6	p.20	v.	Medication list "must" include the following. We would like to change this to "shall include as appropriate" due to time restraints.	There will be no changes.
7	p.10	g.vi.	At Sept. 30, 2016, if excess funds exist, may they be retained by the RCO to fund RCO costs beginning Oct. 1, 2016?	According to the RFP, any use of excess funds for any other purpose other than the list provided on page 10 requires Medicaid authorization.
8	p.13	d.i.5.	Could you clarify what type of authorization this is referring to?	That would include but not be limited to release forms, confidentiality forms, referrals to community agencies and patients agreement to receive services.
9	p.7	II.A.2.	"Work with PMP's to review claims data on all Health Home recipients each month" Is this going to change or does the "touching" we currently do going to remain the same- through RMEDE?	Medicaid will continue to send a report to all Health Homes for qualified recipients assigned to them monthly.
10	p.7	II.A.1.c.	"Scope of Work, Facilitate Care" How would you like us to demonstrate that we are doing this?	This could be demonstrated through policies and procedures.
11	p.25	h.ii.1.	"Bi-directional referring of patients to needed services" A. How should these activities be demonstrated? B. How will ADPH send referrals to the Entity? C. Since ADPH has two public health areas how will these activities be coordinated and monitored? D. Will ADPH have access to RMEDE after April 1, 2015? E. ADPH currently serves a variety of Patient 1st patients, will ADPH be limited to serving the patients identified in the RFP? F. What about patient 1st Health Home Assignments? Specifically, who will provide case management services to Patient 1st Home Health patients?	A. Policies and procedures could reflect how your Health Home develops their Bi-directional relationships with other agencies. B. The referral process between the ADPH and the Health Home will be determined between those two groups. C. The Health Home will determine how it will coordinate and monitor these efforts through its policies and procedures. D. The Health Home through their proposal will determine access to RMEDE. E. ADPH is a source to assist the Health Home in managing the care of those recipients that qualify for Health Home services. The Health Home will determine how they will utilize that source. F. ADPH is a source to assist the Health Home in managing the care of those recipients that qualify for Health Home services. The Health Home will determine how they will utilize that source. Any Patient 1st Home Health recipients who qualify for Health Home services may receive care coordination from the Entity.
12	p.17	iv.	"These patterns of care must be mapped" How should this be demonstrated?	This could be demonstrated through policies and procedures.
13	p.25	h.ii.1.	"coordinating joint staff meetings" A. How should these activities be demonstrated? B. Will minutes of these meetings be required?	A. This could be demonstrated through policies and procedures as well as patient documentation. B. No.
14	p.33	X.	What criteria will the Agency use for the on-site visit of the readiness assessment?	To be determined.

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15	N/A	N/A	Subject: Redaction of Electronic Submission Please confirm that it is acceptable to submit the redacted electronic file in PDF, not word.	Yes
16	p.21	iv.	Behavioral and physical health integration in training and evaluation of participating PMPs. Please clarify and provide examples and how it is to be demonstrated for audit purposes? Clarify (training and evaluation) Please clarify joint sponsorship of trainings with community stakeholders.	Training and evaluation refers to training and evaluation of knowledge base for new staff and PMPs as well as ongoing training for existing staff and PMPs. Joint sponsorship of trainings would involve the Entity and other community stakeholders coordinating trainings.
17	p.13	e. Education and outreach Materials ii.	Does the Agency need to approve template letters that are mailed out to our patients giving a brief summary of services to be provided by the Entity?	Yes.
18	p.18	vii.	The recipients PMP must be an integral participant of the team. How do you want this demonstrated? Provide specific expectations of Entity to facilitate this?	This could be demonstrated through policies and procedures. The Agency expects the Entity to provide its expectations in facilitating this.
19	p.16	iv.1.	Please provide clarification of "residential settings" How do we demonstrate this for residential settings?	Residential setting would include but not be limited to: psychiatric facilities, group homes, substance abuse facilities. Demonstration can include policies that develop relationships with these entities and that census will be reviewed at a minimum of once per week as stated in the RFP.
20	p.46	7th bullet point	We would like to request these goals be removed from the RFP. Why are specific goals in place for one position? The pharmacist reports to the executive Director of Health Home and will have goals reflective of their office and as applicable to their policies/procedures.	These goals will remain in place and must be reported through the quarterly report from the Executive Directors.
21	p.51	Table D.2.1, 4th bullet point	Under minimum contract requirements- months 0-1 two face to face visits, maximum of 15 calendar days between visits. What if we have two unsuccessful home visit attempts? Will we be expected to close the chart? What if the provider asks that we continue to locate the	There must be significant efforts to contact the patient. At a minimum, documentation must reflect that at least 3 attempted phone calls, 2 attempted home visits and 1 letter by certified mail were made before closing a chart. Records must remain open at the providers request.
22	N/A	Subcontracts	How soon does a subcontract have to be approved and what is the process? Example- A contract to provide certain admin services to start on April 1. What is the process for approval?	Subcontracts with an estimated value over $10,000 must be prior approved in writing by the Agency. Subcontracts must be submitted to the Agency through the RCO portal not less than 2 weeks before the desired effective date of said subcontract.
23	N/A	N/A	Is it AMA's intention to award more than one Health Home per region?	Entity(s) whose proposal(s) is determined to be in the best interest of the Agency will be recommended for Award in each region.
24	N/A	N/A	How will employed PCPs that sign exclusive LOIs with one Health Home Entity be considered? If can't get the 70/30 split? Will a provisional RCO be penalized if they don't file as a Health Home ?	To be determined. This is currently under further review.
25	N/A	N/A	Health Home to RCO risk. Are the same requirements in place effective 10/1/16 as are in place 4/1 through 10/1/16? Example: Approval of budget items over 10%.	To be determined.
26	p.33	C.	A. Contract: what is the life of RFP contract for the Health Home program? B. Enrollee identification cards: When will enrollee be required to receive ID cards? C. How will PCP Identify?	A. The initial term of the contract shall be effective April 1, 2015 through September 30, 2016. B. There is no requirement for Health Home recipients to have an identification card for Health Home services. C. To be determined.
27	p.6; p.14-15	I.B.; 4.a.i.	A. List of chronic diseases are not the same. B. How will BMI over 25 be provided?	A. The RFP will be amended to add BMI over 25 to page 6. B. To be determined.
28	N/A	N/A	Is there a minimum number or percentage of providers of patient 1st providers required by Feb 11 to meet network adequacy requirements for the Health Home?	An Entity must demonstrate the ability to provide services to recipients in their region by having an adequate network of providers. Minimum numbers are not available at this time.
29	N/A	N/A	Is two month carry over for budget month to month or year to year?	Year to year.

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30	N/A	N/A	Performance Guarantee: Has to be in place 10 days prior to 4/1/15. When will RCO know its number of participants to determine guarantee?	To Be Determined.
31	N/A	N/A	Is supplemental Provider Information needed for Health Home LOIs?	No.
32	N/A	N/A	Staffing: Please confirm all staff positions may be subcontracted.	Yes, with prior written approval for services with a value over $10,000 per year.
33	p.9	B.1.b.	Should key staff include network pharmacist instead of current wording "clinical"?	No, there is a network and clinical pharmacy position. The RFP is amended to include both network and clinical pharmacist and states, "The Clinical Pharmacist and Network Pharmacist position may be held by one person if they meet the staffing requirements of the Clinical Pharmacist as described in Exhibit C."
34	p.13	d.	If the Health Home uses the RMEDE System will this satisfy HIT Requirements in the RFP?	Yes.
35	N/A	N/A	Does RMEDE software meet all of requirements for this RFP?	RMEDE meets the HIT requirements of the RFP.
36	p.16	iv.4.	Complete assessments of patients requiring heavy/medium care coordination within 10 days of patient interview. Please clarify the definition of interview.	Recipient interview is a face-to-face visit to obtain information to complete the health and psychosocial assessment.
37	N/A	N/A	Will the attendee list and Q&A be posted on website?	The attendee list will not be posted however the Q&A will be posted and updated as needed.
38	p.23	Quality Care Manager	Master's level social worker was mentioned as being an option for Quality Care Manager Care Coordinator. Can licensed professional counselors and licensed marriage and family therapist (masters level of course) be used in these positions, too?	No.
39	p.15	b.ii.	Entity must initially submit to Agency the transition of care policies- Do we include with the RFP/ or is this for review process?	This could be part of your response to the RFP.
40	p.9	B.2.a	Should an Annual budget be submitted with the proposal?	No, an annual budget is not required to be submitted with the Proposal. The budget must be submitted no later than 15 days prior to the start of the program. An amendment will be made to the RFP.
41	p.3	Section B. Schedule of Events	Staffing requirements for Proposals due by Jan 29. For the requirement to have a staffing plan and resumes for the RFP, do we need resumes only for key staff positions?	The Agency requires resumes for staff that have been hired and a staffing plan for those positions not yet filled.
42	p.3	Section B. Schedule of Events	For a new Health Home, do the key staff positions have to be hired, or are job descriptions and resumes sufficient by Jan. 29, 2015?	No, for the January 29th proposal, key staff positions do not have to be hired. The Agency requires resumes for staff that have been hired and a staffing plan for those positions not yet filled.
43	N/A	N/A	Can you provide some guidance on how you want the proposal organized? e.g. expected tabs, sections, etc.	It should be organized in a chronological sequence to meet the requirements of the RFP.
44	p.15	b.ii.	Under transitional care policies and procedures, it states as these items are revised, changes must be submitted to the Agency for review and prior approval. Does this mean every change must be submitted?	Yes, changes must be submitted for review and prior approval.
45	p.14	g.i.	Do we need to submit a training plan listing dates for each of the required topics or just a general plan?	A training plan on required topics could be submitted however dates are not required at this time.
46	p.16	c.	For the care coordination program, does the care planning requirement apply to the population identified as high and medium risk in their initial risk stratification or following the health and psychosocial assessment?	Care plans are developed after the psychosocial assessment has been completed. Risk stratification may change as information is obtained.

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47	p.18	v.4. and v.5.	Does an assignment to the multidisciplinary care team requirement apply to the population identified as medium and high risk in their initial risk stratification (v.4) or following the health and psychosocial assessment (v.5).	Patients are assigned to the multidisciplinary care team when they are identified as medium and high risk. Risk stratification may change as information is obtained.
48	p.7	II.A.1.c.	"Facilitate care" -- How would you like us to demonstrate that we do this?	This could be demonstrated through policies and procedures.
49	p.7	A.2.	Do you have a preferred method on how we accomplish this task?	No.
50	p.7	A.3.g.	"act as a liaison with various governmental agencies and programs" - Could you give examples of how this could be accomplished? (Due to the educational requirements of this staff position-listed on page-44.)	The Agency looks forward to learning how your organization proposes to accomplish this requirement in your proposal.
51	p.13	d.ii.	'The system must have the capability..." -Will RMEDE be modified to give access to one or more Providers (RCO and other community agencies)at the same time ?	The RMEDE support is sufficient for the Health Home program and currently meets the needs for this RFP.
52	p.14	ii.	"a toll-free Recipient services telephone line" - What qualifications for this staff member are you going to be looking for?	The staff member must be knowledgeable of all policies and procedures and other criteria as well as provided Health Home services.
53	p.14	h.i.	To meet this requirement can the Entity have the Community Resource Guide on the Entity's web page and have hard copies to give to patient's as requested?	Yes.
54	p.16	iv.1.	"Review recipient census at inpatient or residential settings" A. Could you give us examples of the residential settings where you will be looking for this to occur? B. Will this include treatment facilities for adolescents and children?	A. Residential setting could include but are not limited to: psychiatric facilities, group homes, substance abuse facilities. B. Yes.
55	p.16	iv.5.	Must TOC nurses follow all patients discharged from all residential settings? Please provide examples.	Yes, all patients who meet the criteria for Health Home services must be followed by TOC nurses after discharge for any and all residential settings.
56	p.18	vi.	"with a team approach" - A. If a care coordinator is in the patient's home and is working with patient /care giver on a Care plan and the patient refuses to agree to work on a specific problem(i.e. mental health diagnosis) - as long as that communication is documented, will that be sufficient? - B. If several agencies are involved with a patient's care, will the Entity have to provide each Agency with a copy of the Care Plan? C. Does a Release of Information for each Agency listed on the Plan of Care have to be signed by the patient and kept on file?	A. Yes. B. You can only share information with other entities upon the recipient's approval unless recipient safety is at risk or in accordance with the terms of the RFP. C. Yes.
57	p.18	vii.1.	"to establish and coordinate a Multidisciplinary Care team(MCT) for Health Home recipients meeting the medium and high level of risk" - A. Where in RMEDE will this activity be documented? B. What will need to be included in the documentation of these activities?	A. The Health Home Entity will determine where this information will be documented. B. Any patient activity should be documented.
58	p.19	3	"must have access to and direct the development of a MCT." - How should this activity be demonstrated?	The Agency looks forward to learning how your organization proposes to accomplish this requirement in your proposal.
59	p.21	e.iv.	"training and evaluation of participating PMP's" - Will an element on a "PMP report card" be sufficient to document the PMP's participation in these trainings?	No.

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60	p.23	vi.	"to facilitate PMP participation in periodic chart reviews" - A. How do you want the Entity to document these efforts? B. Will the Agency select and send a list of charts to the Entity to be reviewed at participating PMP's offices? C. Will the Agency furnish the audit tools to be utilized?	Audits will be required and additional information will be provided at a later date by the Agency.
61	p.25	h.i.	"create an infrastructure" - A. How does the Entity need to demonstrate this activity? B. What elements will need to be included?	A. A demonstration of your partnership with the community resources as stated in the RFP. B. The proposal should include methods in which your Entity will partner with community resources to integrate behavioral and medical health services.
62	p.25	h.ii.2.	"upon approval of patient" - Will two Releases of Information be required - one for the Entity and one for ADPH?	It will be the Entity's responsibility to complete a release to make a referral to ADPH.
63	p.38	BB. 2nd Bullet point	"Monthly report of Performance of Care Management System" - A. Is there a reporting tool for this activity? B. What needs to be captured regarding the "performance of duties"?	A. No. B. The performance of duties as described in Section II.
64	N/A	N/A	A. If the Agency plans to award more than one Health Home contract in each region, how will the Health Home recipients for each probationary RCO be determined? B. Will they be assigned by the Agency? C. Is there a guaranteed minimum number of members for each awardee?	A. The Agency will assign as discussed in the vendor conference based on an algorithm developed by Medicaid. This will include patient choice, history with provider, family members, and risk score. The goal is to distribute as equally as possible. B. Yes. C. No.
65	N/A	N/A	Is it acceptable to submit information on 11 x 17 paper if used minimally for large foldout graphics, such as	Yes.
66	N/A	N/A	Please provide additional information on how the Entity will be reimbursed for implementation tasks (such as hiring and training) between contract award and the	There will be no reimbursement for implementation tasks.
67	p.9	B.1.b.	"Key staff positions include the Health Home Executive Director, Medical Director, Quality Care Manager, Clinical Pharmacist, and Care Management Supervisor." Is the Care Management Supervisor referenced in II.B.1.b the same position as the Care Coordination Supervisor referenced in II.A.3.d?	Yes, they are the same.
68	p.9	B.1.b.	"Key staff positions include the Health Home Executive Director, Medical Director, Quality Care Manager, Clinical Pharmacist, and Care Management Supervisor." Can the Clinical Pharmacist referenced in II.B.1.b and the Network Pharmacist referenced in II.A.3.e be filled by the same person?	Yes. The RFP has been amended to read, "The Clinical Pharmacist and Network Pharmacist position may be held by one person if they meet the staffing requirements of the Clinical Pharmacist as described in Exhibit C."
69	p.9	B.1.c.	"The Entity must demonstrate to the Agency's satisfaction, via submission of a staffing plan and resumes, that it has the necessary staffing, by function and qualifications, to fulfill its obligations under this RFP." Please confirm the only required resumes are for key staff positions listed in Section II.2.1.b.	Resumes must be included for all positions hired.
70	p.9	B.2.c.	"The Entity must provide, at a minimum, the expenses and revenues specified in the budget forms. Refer to Exhibits F and G." Please confirm the Entity should only submit Exhibit F for April 1, 2015 through June 30, 2015 as the first quarter of the contract period.	The Entity should provide a proposed annual budget for April 1, 2015 through September 30, 2015 and a quarterly budget for April 1, 2015 through June 30, 2015.

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71	p.10	2.i.	"If, on or before October 1, 2016, the Entity has failed to gain full regional care organization certification or has had its probationary certification terminated, the Entity shall, pursuant to Code of Alabama (1975) § 22-6-162, refund an amount equal to half the payments made by the Agency to the Entity for Health Homes services during the twelve (12) months preceding October 1, 2016 or, if sooner, during the 12months preceding the date of termination of probationary certification. The Entity shall pay such amount in full to the Agency not later than October 31, 2016 or, if sooner, 30 days after the date of termination of probationary certification. If the CMS waiver or other legislative matters impact the future of the RCO program, how would this requirement be implemented?	To be determined. This is currently under further review.
72	p.10	j.	"…the Entity must provide a performance guarantee in an amount equal to 50% of the aggregate amount of the payments projected to be made by the Agency to the Entity for Health Home services during the first 12 months of the contract, as estimated by the Agency in its discretion. The performance guarantee must be submitted by Entity at least ten calendar days prior to the contract start date." It would be beneficial to know the amount of the performance guarantee in order to appropriately plan for program implementation. When will the Agency notify the Entity of the amount of the performance guarantee?	To Be determined at a future date.
73	p.12	3.b.	"The Entity must develop and implement a process to document and address grievances and complaints." What is the average percentage of membership that submits grievances and complaints?	There have been no formal grievances filed since the inception of the program per our audits.
74	p.21	e.	There are two Section II.B.4.e paragraphs – one is titled Behavioral Health Program and one is titled Documentation. Please confirm this is correct.	This will be amended.
75	p.24-25	g.iii.	"The Entity must verify at the initial provider agreement and/ or contract and on a monthly basis that PMPs are not excluded from participation in the Medicaid program." Does the Agency maintain a list of parties excluded from the Alabama Medicaid program that can be accessed by the Entity? How will the Agency notify the Entity when a provider is excluded from the	A current list of suspended (excluded) Providers is posted on the Agency website under Fraud/Abuse prevention.
76	p.29	VII.e.	"Business Entity must attach an affidavit form and documentation establishing that Business Entity is enrolled in the E-Verify Program." If the Entity subcontracts the human resources administration to a third-party, may the Entity submit documentation establishing that the third-party is enrolled in E-Verify, in lieu of documentation establishing that the Entity is enrolled?	No, the Entity must submit documentation establishing that the Entity is enrolled in E-Verify. Affidavit form will be changed to Certificate of Compliance.
77	p.29	VII.e.	"Entity must attach an affidavit form and documentation establishing that Entity is enrolled in the E-Verify Program." A. Will the Agency provide the affidavit form? B. What type of documentation does the Agency require to establish the Entity is enrolled in E-Verify?	A. Affidavit form will be changed to Certificate of Compliance. This certificate of compliance form may be found on page 71 of the RFP. B. A copy of the Entity's E-Verify MOU

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78	p.32	E. Scoring (table)	"Demonstration of local PMP's commitment to the Health Home" A. What level of detail and documentation is required to meet this evaluation criteria? B. Please confirm this evaluation criteria is not a subset of the "Demonstration of plan for implementing the following" evaluation header.	A. An Entity must demonstrate their efforts to obtain LOIs from PMPs throughout the region in order to provide an adequate network of providers to provide services to recipients. B. Confirmed.
79	p.31	N.	"…two electronic (Word format) copies of the Proposal on CD, jump drive or disc…" Please confirm it is acceptable to submit scanned copies of supporting documentation, such as copies of Probationary RCO certificate in PDF instead of Word.	Yes
80	P.31	N.	"…two electronic (Word format) copies of the Proposal on CD, jump drive or disc clearly labeled with the Entity name. One electronic copy MUST be a complete version of the Entity's response and the second electronic copy MUST have any information asserted as confidential or proprietary removed." Would the Agency consider allowing Entities to submit the redacted version in PDF?	Yes
81	p.33	X.	"All Entity(s) who are awarded a contract under this RFP must satisfactorily, as determined by the Agency, complete a readiness assessment review before commencing any work under the terms of this RFP/contract." Please provide additional detail regarding the Readiness Assessment Review.	To be determined
82	p.39	II.	"The Entity hereby certifies that any exchange of MMIS data with the Agency's fiscal agent will be accomplished by following the Alabama interchange Interface Standards Document, which is contained in the RFP library." Where is the RFP Library located and how will access be granted?	The Alabama interchange Interface Standards can now be found at: http://www.medicaid.alabama.gov/CONTENT/2.0_newsroom/2.4_Procurement.aspx
83	N/A	N/A	We contract with our emergency room doctors. Do we need to complete a RCO form for each one of the ER doctors even though the billing is done through the hospital? Also do we need to contract with the different RCOs in areas from which we may receive patients for our Medical Detox unit?	For the Health Home Program, LOIs are only required of PMPs.
84	N/A	N/A	Are the for-profit organizations allowed to bid on the Health Homes RFPs?	The Agency will accept proposals for review from any interested bidder. The Agency will determine if each bidder is qualified based on criteria set forth in the RFP
85	p.9	2.b.	The fiscal year for the Health Homes must be the same as the State of Alabama, October 1 through September 30. Alabama Community Care- Region A, Inc's fiscal year ends 6/30 per the approved Bylaws. Given that the Health Home contract will be between the AMA and the RCO, will the AMA permit the RCO to provide audited financial statements for the RCO's most recent fiscal year and a management financial report that corresponds with the year ending 9/30?	The response to this question will be determined at a later date.
86	P.1; 31	Title Page; M.	On page 31-M Submission of Proposals of Region E proposal, it states to "clearly indicate that they are in response to 2015-HH_RegionDE-01". However, the cover sheet states that it is 2015-HH_RegionE-01.	This should read "2015-HH_RegionE-01" on page 31 of the RFP.

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87	p.6; p.14-15	I.B. 4.a.i.	On page 6, the RFP states that Hepatitis C will be added as a chronic condition but on pages 14-15, it looks as if Hepatitis C, BMI over 25, and Cardiovascular Disease will be added. A. Will all three be additions the Health Home category? B. If so, how will data with BMI over 25 be provided?	A. The RFP will be amended to add BMI over 25 to page 6. B. To be determined.
88	p.13	d.i. and d.ii.	A. Will RMEDE still be provided to the Networks? B. If so, will it have capability in the future for "authorization and referrals" and the capability to "link to other databases, systems, and the centralized patient record" C. Would the Care Coordinator printing the information and giving it to the patient qualify as the system having "the capability to share care coordination information with the Health Home Recipient"?	A. Yes, the Entity may choose RMEDE or another system. B. Yes. C. This will be amended to read "the capability to share care coordination information with any member(s) of the care team as appropriate".
89	p.13	e.ii.	A. In reference to education and outreach materials, will those materials that have been previously approved by the Agency be automatically approved or will all materials need to be resubmitted? B. Will education material found on the Agency's website need to be submitted as well?	A. The Entity must receive express written approval from Medicaid prior to distribution of any and all educational material regardless of source. B. The Entity must receive express written approval from Medicaid prior to distribution of any and all educational material regardless of source.
90	p.14	ii.	If the Entity closes at 5pm, can it choose to roll the phones over to a call center or cell phone if the telephone line staff is trained properly?	Yes.
91	p.15	b.ii.	A. Do the transitions of care policies have to be submitted with the RFP? The RFP states that "The Entity must, initially, and as revised, submit to the Agency for review and prior approval, transition of care policies and procedures and staffing model," B. Would the Agency consider changing the "as revised" statement? These policies and procedures will change often due to needs of the individual network.	A. This could be part of your response to the RFP. B. This will not be revised.
92	p.18	v.5.	Will a community health worker be able to perform an assessment?	No, The RFP describes who can complete an assessment under Transition of Care Process on page 16 and Risk Assessments and Stratification on page 18.
93	p.18	vii.1.	Can the PMP that must be "an integral participant" of the MCT be a representative from the PMP's office (i.e. nurse)?	The PMP must be a Primary Medical Provider.
94	p.18	vii.1.	Would written contribution to the MCT qualify as the PMP that "must be an integral participant of the team"? For example, if they provided a care plan that the MCT discussed and that would be the PMP's participation to team?	Yes.
95	p.20	v.	Can the medication list component requirements be changed from *must* include to *may* include? It is not always feasible or pertinent to include all 7 sources listed. Also, can more clarification be provided on the difference between v2, v4, and v5?	There will be no changes to the medication list. Questions related to the Medication List may be discussed with contracted entities at a later date.
96	p.23	vi.6.	Is there a chance of the transmission of transition records being a billable code in order to best track coordination?	This will be determined at a later date.
97	p.42	Training Requirements	Can the Agency provide clarification on what the "Federal and State laws and program requirements"	The Entity is responsible for compliance with all applicable laws.

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98	p.44	Care Coordinators-Caseloads	Due to the current RMEDE system not having the capability to assign more than one staff member to a patient, could the ratio of 1:50 be waived for certain team approaches?	Caseloads of Care Coordinators may not exceed 1:50 ratio. Team approaches may still be accomplished without exceeding this limit.
99	p.45	Network Pharmacist	Would the Agency consider removing "developing and coordinating e-prescribing efforts" since e-prescribing is widely used and is required in certain situations at this time?	This will be amended.
100	p.46	7th bullet point	Could these goals be omitted from the RFP to allow the Network Pharmacist time to work towards region specific goals that could be identified and evaluated quarterly based from new ESD data and trending prescribing patterns?	These goals will remain in place and must be reported through the quarterly report from the Executive Directors.
101	p.51 and p.52	Risk Stratification	Is the second bullet point "Within twenty-five (25) Calendar Days of health and psychosocial assessment: care plan developed", supposed to read "within 25 calendar days of the risk screening and stratification" or is the Agency allowing 46 calendar days from screening for the care plan to be developed?	The care plan is to be developed within twenty-five (25) days of the health and psychosocial assessment.
102	p.52	Risk Stratification	For Low Risk patients, would the Agency consider removing the requirement of a face-to-face visit if the purpose of classifying a patient as low risk is for population management (i.e. ER Coordination)?	No, please see the minimum contact requirements schedule on page 52 of the RFP.
103	p.52	Risk Stratification	If a patient's risk stratification level changes, would the minimum contact requirement schedule start back at month 0-2 or would the months still accumulate from original enrollment date?	The minimum contact requirements schedule would start back at month 0-2.
104	N/A	N/A	Are there specific items that must be mentioned in the transmittal letter?	The fields on page one (1) in addition to any specific requirements found within the RFP must be submitted with the proposal.
105	N/A	N/A	If PMPs sign letter of intent and then fully execute contracts within the Health Home region, which Health Home keeps the PMPM?	The PMPM is based on the recipient assigned to the Health Home. Therefore if a PMP is contracted with multiple Health Homes, the $9.50 rate is paid to the Health Home in which the recipient is assigned.
106	N/A	N/A	In Previous RFP's there has been a requirement regarding the "format of response" and defines how many sections and requires numbered tabs. Is there any type of format requirement with this RFP?	It should be organized in a chronological sequence to meet the requirements of the RFP.
107	N/A	N/A	In response to a question posed at the Medicaid Vendor Conference held on Monday, January 12, the Agency stated that it is acceptable for RCOs to sign exclusive agreements with the PCNs. Section 22-6-153(b) of the legislation states, "…the Medicaid Agency shall enroll beneficiaries into regional care organizations. If more than one regional care organization operates in a Medicaid region a Medicaid beneficiary may choose the organization to provide his or her care." It is our interpretation of this section that allowance for exclusive agreements with PCNs and all PMPs associated with that PCN eliminates the beneficiary's ability to choose a RCO. Can the Agency provide clarification regarding how exclusive agreements meet the intent of the legislation?	To be determined. This is currently under further review.
108	N/A	N/A	Does a PMP have to sign up with more than 1 RCO in order not to lose patients?	To be determined. This is currently under further review.

Alabama Medicaid

Health Home Questions and Answers

	Received by Outside Party			Alabama Medicaid Agency
Question #	**RFP Page Number**	**RFP Section Reference**	**Question**	**Answer**
109	p.31	M. Submission of Proposals	Does the Entity need to make an appointment with Carolyn Miller if it plans to hand deliver its proposal on January 29th?	No.
110	p.19	3.	All medium and high risk Recipients must have access to and direct the development of a MCT." Does this mean the Recipient should direct the development of the Multi-disciplinary Care Team or of the care plan?	The recipient participates in the development of the MCT and the care plan. As stated in the RFP, "The MCT must be person-centered, built on the recipient's specific preferences and needs and with his or her input, delivering services with transparency, individualization, respect, linguistic and cultural competence, and dignity."