

Questions and Responses

HC Expansion RFP #06-15

No.	RFP or Agreement Section	Question	Response
General Proposal Formatting			
1.	Part II, Proposal Requirements, B.b., page 15. b. Must use Arial or Times New Roman font with a size of twelve (12).	Can fonts larger than twelve (12) be used? Can fonts smaller than twelve (12) be used in tables because they are considered graphical exhibits?	DHS requires narrative responses in 12-pt fonts. Since 9 pt is common for tables in numerous graphics programs, 9pt may be used for tables and other appropriate graphical depictions.
2.	Part II Proposal Requirements, Section II-3 (C) ("References")	The RFP notes that an offeror must provide a list of at least three (3) relevant contracts within the past three (3) years to serve as corporate references. If a respondent has less than 3 similar contracts (i.e. 2), can the respondent just include corporate references for those 2 clients? If not, what types of	If able, Offerors should list the three most relevant contracts or agreements for the same or similar services as described in the RFP. If not able, the offeror should submit the two relevant References and a statement indicating why the 3 rd could not be produced.

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		corporate references can be provided instead (i.e. from vendors)?	
3.	RFP 06-15 HealthChoices Physical Health Final, Part II Proposal Requirements, page 15.	Several sections indicate that longer, standalone documents should be attached outside of the "body of the proposal." Does DHS have any restrictions around where these attachments appear within the Technical Submittal? Would a separate binder that is clearly labeled as part of the Technical Submittal be acceptable?	DHS has no specific requirements other than the documents must clearly identify the relevant sections of the RFP to which the documents are responding. A separate binder clearly identifying the contents would be acceptable. Please also see response to question No. 17.
4.	RFP, Part II, Planned Approach, MIS, Question 7, Appendix A, Exhibit XX RFP, p.27 Pg. XX-1 (Appendix A, Exhibit XX)	In Exhibit XX, the link in the Certification Requirements does not work. http://dpwintra.dpw.state.pa.us/HealthChoices/custom/program/encounter/promise/documents/encounter_updated_certification_process_for_promise_v1.0_to_dpw_ph.doc . Please update it with the correct link.	Offerors who need to access information can request access to the OMAP RFP site which is a mirror of our production site. To request access, please send an e-mail to Kelly McCarty at kemccarty@pa.gov .

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5.	RFP, Part II, Planned Approach, MIS, Question 7, Appendix A, Exhibit XX Pg.XX-1 (Appendix A, Exhibit XX)	There is a reference link on the dhs.state.pa.us page to PROMISe certification (http://www.dhs.state.pa.us/PartnersProviders/PROMISe/) that does not work. Where can the certification information be found? (See preceding question above for reference)	See response to question No. 4.
6.	RFP, Calendar of Events Pg. v	The URL link supplied in the RFP here (http://www.dgsweb.state.pa.us/RTA/Search.aspx) does not appear to work. Please supply an updated link.	All documents and addendums related to RFP #06-15 can be located at the following link, http://www.emarketplace.state.pa.us/Solicitations.aspx?SID=RFP 06-15
7.	Appendix A, Section V, Subsection O Pg.82	We see item O.1 and O.3; however, item O.2 is missing. Please confirm that item O.2 was intentionally excluded.	The RFP Appendix A <u>DRAFT HealthChoices Agreement</u> is a draft document. Sections will be renumbered in the final agreement. There is no information missing that would be necessary for an offeror to submit a proposal.
8.	Appendix A, Section V, Subsection O Pg.91	We see item O.5 and O.7; however, item O.6 is missing. Please confirm that item O.6 was intentionally excluded.	See response to question No. 7.

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9.	RFP 06-15 HealthChoice's Physical Health Final, Part II Proposal Requirements, page 15.	Please confirm that question text provided on a separate page WILL NOT count towards prescribed page limits.	If an offeror chooses to submit the question on a separate sheet, it will not be considered in the answer page limitations; however, offerors are not required or encouraged to include question text on a separate page.
10.	RFP 06-15 HealthChoice's Physical Health Final, Part II-5 Work Statement Questionnaire, Planned Approach, Question 2, page 21.	We request that the page limit for question #2 of Planned Approach be removed. Four pages is not a sufficient amount of space to appropriately and thoroughly respond to DHS's request for a work plan, including provider networking activities and an itemized list of activities that will be undertaken prior to Readiness Review and the implementation date.	DHS has increased the page limitation for this question to six (6) pages total. This will be reflected as part of an addendum.
11.	RFP I-12, Proposals and Part II Proposal requirements 7,8,15	Part II (pg. 15) states there should be 2 separate submissions, one for Technical and one for Small Diverse Business and requires that Small Diverse Business cost data relating to the proposal should be kept separate from and not included in	In addition to the hard copies, DHS requires ten (10) exact copies of only the Technical Submittal on separate CD-ROMS or Flash Drives and two (2) exact copies with both the Technical AND the Small Diverse Business submittals on separate CD-ROMS or Flash Drives.

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		the Technical Submittal. I-12 states there should be 2 exact copies of the entire proposal on CD ROM or flash drive. Please confirm that bidders should include the CD ROMs or flash drives containing the entire proposal with the Small Diverse Business proposal.	
12.	RFP, Calendar of Events Pg. v	Please provide the anticipated date or timeframe for notice of contract award.	At this time, DHS anticipates that agreement award notices will be issued in January 2016.
13.	RFP, Part II, Planned Approach, MIS, Question 5 RFP, Pg. 27	Please confirm that the five page limit does not include the report listing and descriptions but rather only refers to the response narrative.	The page limit for Planned Approach Question 5 does NOT include report listings and descriptions but to only the narrative portion of the response.
14.	Appendix A, Section VIII, C2 Pg.144 (Appendix A)	The link to detailed information on Operational Reports in Appendix A, Section VIII, C.2 requires a secure login (dpwds.state.pa.us/docushare/dsweb/View/Collection-29547). Is login information available to reach the report information, or can DHS	Offerors who need to access to information can request access to the OMAP RFP site which is a mirror of our production site. To request access, please send an e-mail to Kelly McCarty at kemccarty@pa.gov .

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		make this information available to bidders in some other manner besides a login, if a bidder is currently not allowed access?	
15.	III-4 Technical Evaluation Criteria	Will Offerors receive separate Work Statement scores for each zone proposed in the submittal?	DHS will separately evaluate the proposal for each Zone and score each separately.
16.	Preproposal Conference	Will DHS publish the attendee list for the Preproposal Conference scheduled for October 20, 2015?	Copies of the material from the October 20 th pre-proposal conference including the sign-in sheet will be published as addenda to the RFP at the following link, http://www.emarketplace.state.pa.us/Solicitations.aspx?SID=RFP 06-15
17.	Part II, II-5. Work Statement Questionnaire, page 20.	Can the bidder label our supporting documentation as "Attachments/Attachment" instead of using the terms Appendices/Appendix and/or Exhibits/Exhibit?	Offerors can label supporting documentation in the manner that best suits the structure of their proposal. Any such documentation must clearly indicate what element it supports so that RFP evaluators can effectively identify the material and the requirements to which it relates.
18.	Part I. General Information and RFP Part III. Criteria for Selection.	Please confirm that no proposal response is required for Part I General Information and Part III Criteria for Selection.	Parts I and III of the RFP are informational. Offerors should comply with all of the directives and information relayed in those two Parts.

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19.	Part II, Section II-5. Work Statement Questionnaire (Soundness of Approach), page 20 of the RFP.	Will the Department please clarify whether the work plan requested in question 1. PLANNED APPROACH, subsection question 2. is to be included within the four page limit, or whether it is to be included as an Exhibit?	See response to question No. 10 increasing the page limit to six (6) pages. The narrative description of the work plan is included in the page limit. The limit does not include any project schedules (Microsoft Project) that may be submitted.
20.	RFP page 15	Is there any particular method in which the proposal must be bound (e.g. spiral; 3-ring binder, etc.)?	While no requirement regarding the binding of the proposal exists, 3-Ring Binders are preferred by DHS.
21.	RFP page 15	If applying for more than one zone, do the page-limit restrictions apply to each zone or as a total for all zones for which the Offeror is applying?	The page limit restrictions separately apply to each zone. For example, if an offeror is submitting a proposal for the SE and SW Zones and a question allows 3 pages, the offeror may submit a 3 page response for SE and a 3 page response for SW—if necessary. Please see responses to Questions #41 and 42.
22.	RFP page 2 and pages 7-8	Can Offerors add a video to its disk/flash drive if the video is not included in the hardcopy submittal?	No, DHS will not accept video material. This RFP is designed for narrative and graphical response submissions.
23.	RFP page 2 and pages 7-8 RFP page 2, and 8. Topic:	Should the required CDs/flash drives submitted with the Offeror's proposal be password protected?	Offerors are not required to password protect the CDs or Flash Drives. If the Offeror chooses to do so, it must clearly indicate how the Evaluation teams will gain access to the document.

No.	RFP or Agreement Section	Question	Response
	CD-ROM/Flash Drives		
24.	RFP page 2 and pages 7-8	<p>Does the cover of the Technical Proposal Submittal need be signed/have a signature?</p> <p>Does the cover of the SDB Submittal need be signed/have a signature?</p> <p>Does the signature required on Appendix D – Proposal Cover Sheet meet the needs of this signature requirement and therefore no signatures are needed on the covers of each binder submitted?</p>	<p>Offerors must have an individual with the authority to bind the offeror to the proposal contents sign Appendix D—Proposal Cover Sheet and attach that Cover Sheet to its proposal. See RFP Part I, Section I-12 and RFP Part III, Section III-1.B. A properly signed Appendix D meets the signature requirement for the proposal.</p>
25.	RFP page 2, and 8. Topic: CD-ROM/Flash Drives	Can Zip Files be included on flash drives?	Zip files are acceptable as long as they are accessible and clearly indicate the content.
26.	RFP page 7-8	Can PDF files be included on the flash drive? Does the Commonwealth consider pdf files to be a Microsoft office-compatible format?	PDF files are acceptable. While not technically part of the Office suite, DHS can use and will accept PDF files.

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27.	Part II Proposal Requirements – page 15	Given the page limits for the response and best practices in graphic design and page layout, we recommend that the minimum font size for text within graphics and tables be 9 point to improve contrast and readability. Please confirm that this is acceptable.	See response to question No. 1.
28.	Part II Proposal Requirements Part II-8 Small Diverse Business – page 32	Does each zone need a letter of intent or can one letter of intent identify all zones?	Offerors must include separate Small Diverse Business (“SDB”) Letters of Intent for each zone for which it submits a proposal. See RFP Part II, Section II-8A.
29.	Part IV Work Statement Section: IV-3. Requirements – page 39	Please indicate where to include this information in the overall proposal submittal as indicated in Proposal Requirements on page 15.	This material should be included as part of the Work Statement Part II-5 clearly labeled as “Section IV-3 A. <u>Emergency Preparedness</u> ”
30.	RFP Overall	We understand there are page limits within the questionnaire (Part II, Proposal Requirements, II-5), but is there an overall page limit?	No, no overall, comprehensive page limitation exists.

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31.	Part II, Proposal Requirements, II-5, Page 27 Question 5	Does the page limit of 5 pages include the list of reports?	See response to question No. 13.
32.	Part II, Proposal Requirements, II-5, Page 28 Question 6	How will the half page be measured?	DHS is increasing this limitation to 3 pages.
33.	Part IV - 3A: Emergency Preparedness, Page 39 Section A	Are the answers to these questions to be included in the RFP response? If so, where should it be included?	See response to question No. 29.
34.	Procurement Cover Letter, Dated September 16, 2015, CD-ROM/Flash Drives	Is it permissible to encrypt the CD-ROM/Flash Drives with a password?	See response to question No. 23.
35.	IV-3 (A) Emergency	Please confirm whether DHS expects offerors to submit with their	See response to question No. 29.

No.	RFP or Agreement Section	Question	Response
	Preparedness	proposal responses, a response to the direct questions included in Section IV-3(A) of the Work Statement.	
36.	RFP 06-15 HealthChoice's Physical Health Final, Cover Letter, page 1.	Per instructions stated for the submission of CD-ROM/Flash Drives, file formats must be "in Microsoft Office or Microsoft Office compatible format." Many documents, such as the financial attachments, are generally available as a pdf. Are Offerors permitted to submit pdf files?	Yes, see response to question No. 26.
37.	RFP 06-15 HealthChoice's Physical Health Final, Part IV Work Statement, IV-3 Requirements, A. Emergency Preparedness, page 39.	Are Offerors required to submit a response to the Requirements listed under IV-3. Requirements. A. Emergency Preparedness? If so, where in the response should this information be submitted ?	Yes, see response to question No. 29.
38.	RFP 06-15	Should Appendix E be included in	If Appendix E is included by the offerer, it should be placed under the

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	HealthChoice's Physical Health Final, Appendix E Trade Secret/Confidential Proprietary Information Notice	the hard-copy response binders? If so, please provide the location for submission.	Appendix D—Proposal Cover Sheet.
39.	RFP 06-15 HealthChoice's Physical Health Final, Part II Proposal Requirements, page 15.	Please consider allowing Offerors to use 12 pt. Calibri for their proposal submissions. This font is similarly sized to Times New Roman, and would allow offerors to make better use of the limited pages allowed for narrative responses than the Arial font allows in that size.	DHS will allow the use of Calibri font for proposal submissions.
40.	RFP 06-15 HealthChoice's Physical Health Final, Part II Proposal Requirements, page 15.	Please clarify whether the font type/size restrictions apply to headings, tables and graphics within the proposal submission as well.	Headings must be at least 12 pt font size. Tables and Graphical depictions are allowed to be submitted in 9 pt font size. See also response to question No. 1.

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41.	RFP 06-15 HealthChoice's Physical Health Final, Part II Proposal Requirements, page 15.	The RFP states "Tab and Section Headings must be used." This statement can be interpreted in a number of ways. Can DHS please provide additional guidance on how this requirement should be applied to the response?	Offerors may be submitting a proposal for participation in multiple zones. Each response to a Technical Section requirement that is zone-specific should be tabbed in the Submittal in a manner that clearly identifies the Zone and the Section heading for the portion of the RFP to which the Offeror is responding. Please review the instructions in the introductory paragraphs preceding RFP Part II, Section II-4 (Personnel) and II-5 (Work Statement).
42.	RFP 06-15 HealthChoice's Physical Health Final, Part III-4 Evaluation Criteria, A. Technical, 1. Work Statement Questionnaire/Soundness of Approach, page 35.	Is it the intent for Offerors to submit separate responses for each Zone within one binder/submission? Or that, unless necessitated operationally, Offerors should submit one response that will encompass capabilities and experience within all Zones? If so, how should Offerors allocate page count? Will each Zone's response be considered a separate response for purposes of page count?	Offerors should follow the instruction of Section I-15 regarding economy of preparation. Since it has become evident in the HealthChoices Program that MCOs often use the same staff, policies and procedures for many aspects of the program across multiple zones, DHS does not want Offerors to submit duplicate responses on all the zones being pursued. Offerors should clearly indicate when a response is the same across the zones being pursued. When the response will be different based upon zone differences, the offeror should include the different zone-specific responses by using a separate tab for that section as indicated in the instructions preceding RFP Part II, Section II-4 (Personnel) and Section II-5 (Work Statement Questionnaire). See also response to question No. 41.
SDB and CPP			
43.	Part II-8. Small Diverse Business	Do current SDB contracts expire automatically when the new HC's contract begins on 1/1/17 despite	This answer is not required for an Offeror to submit a proposal.

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	Submittal	whether all previous commitments have or have not been met? Stated differently, are current MCOs excused from prior SDB commitments once the new HealthChoices agreement commences in 2017?	
44.	RFP 06-15 HealthChoice s Physical Health Final, Part II-10 Contractor Partnership Program, page 33.	Will Offerors be permitted to adjust projected targets for the Contractor Partnership Program based on Zones awarded?	Yes.
45.	RFP 06-15 HealthChoice s Physical Health Final, Appendix L PMPM SDB Zone Chart.	Offerors are asked to submit each zone under a different tab in the Small Diverse Business proposal. Appendix L, a key part of the Small Diverse Business proposal, contains worksheets for each zone. Please provide guidance on how bidders should include Appendix L (a single document vs. separate zone worksheets within each separate	Offerors are required to submit Appendix L for each zone reflecting each Small Diverse Business (“SDB”) partner under separately tabbed sections. DHS also is including a revised Appendix L, Letter of Intent to more appropriately reflect the commitments being made.

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		tab).	
46.	Small Diverse Business Participation	Will the Department consider allowing MCO's to submit a more general Disadvantaged Business Proposal since the overall required commitment is significantly larger in the past and MCO's may need to participate in a significant amount of new vendor negotiations and contracting?	No, all SDB commitments must comply with the RFP requirements set forth in Section II-8 of the RFP.
47.	Small Diverse Business Participation	How does the Department expect the MCO's with larger memberships to meeting the \$1.77 PMPM Disadvantaged Business spend when there are a limited number of items and services that the MCO's require and a limited number of quality DB contractors who provide those specific services?	DHS is not requiring a certain commitment from MCOs but is requesting that the MCO submit its proposed commitment, which will be evaluated and scored. For assistance with specific information about services that may be provided by SDBs, please contact Gayle Nuppnau at 717-346-8150 or by email at gnuppnau@pa.gov
48.	Small Diverse Business Participation	Do the dollars spent on Disadvantaged Businesses need to be exclusively for products and services related to an MCO's Medicaid members or is any dollar spent with a DBE, regardless of the purpose, able to be counted?	Yes, dollars committed to SDB partners need to be directly related to the products and or services required by the HealthChoices Program.
49.	Small Diverse Business Participation	Has the Department considered that plans with smaller memberships can commit a greater overall percentage of their administrative PMPM to DBE's because the overall total commitment	At this point in time, neither DHS nor offerors know the size of a plan's membership if awarded an agreement. DHS cannot speculate as to plan membership or whether it is more difficult to obtain the commitment or not.

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		will be smaller and easier to obtain? How does the Department plan to address this inequity?	
50.	Part II-8. Small Diverse Business Submittal	Is a DGS-issued “Notice of Small Business Self-Certification” sufficient to submit as part of the SDB submittal or must the certificate be the “Notice of Small Business Self-Certification and Small Diverse Business Verification”?	No, the “Notice of Small Business Self-Certification” is not sufficient to submit as part of the SDB submittal. For offerors to receive credit, they must submit a valid certificate of “Notice of Small Business Self-Certification and Small Diverse Business Verification” as set forth in section II-8 A of the RFP.
51.	Part II-8. Small Diverse Business Submittal	We’ve been told the timeline for receiving a “Notice of Small Business Self-Certification and Small Diverse Business Verification” is 14 days – if a proposed SDB does not have that particular “verification” in hand, can they substitute a signed statement that it has applied for the required “Notice of Small Business Self-Certification and Small Diverse Business Verification” document?	No; a signed statement will not be accepted. If a company has submitted all required documentation for DGS SDB verification prior to the proposal due date, it may request an expedited review by contacting DGS Bureau of Diversity, Inclusion and Small Business (“BDISBO”) Opportunities at 717-783-3119 and asking for the verification section.
52.	II-8 Small Diverse Business Submittal	Please clarify how Offerors should submit SDB commitments that support all zones rather than just one zone.	Offerors must submit separate SDB commitments for each zone and should not submit a commitment that crosses multiple zones. DGS will separately score each commitment for each zone. See Section III-4 B of the RFP.
53.	II-8 Small	How will these multi-zone	See response to question No. 52. DISBO will evaluate the offeror’s SDB

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	Diverse Business Submittal	commitments be scored in the SDB evaluation?	commitments for each zone based on a percentage of the PMPM. In addition, BDISBO will evaluate the SDB components per the priority rankings as set forth in Section III-4 B of the RFP.
54.	II-8 Small Diverse Business Submittal	Will commitments to Small Diverse Business made by an Offeror's parent company or affiliates count towards the Offerors total Small Diverse Business commitment for proposal evaluation and scoring purposes. More specifically, are they to be designated differently and do those commitments need to support the HealthChoices program for evaluation and scoring purposes?	No, commitments to SDBs made by an offeror's parent or affiliate company will not count toward the offeror's total SDB commitments. Dollars committed to SDB partners must be directly related to the products and or services required by the RFP and by the individual Offeror to exclude family or affiliate companies.
55.	RFP 06-15 HealthChoices Physical Health Final, Part III-4 Evaluation Criteria, B. Small Diverse Business Participation, page 36.	In alignment with the goals of the recently established Advisory Council on Diversity, Inclusion and Small Business Opportunities, we propose that the Commonwealth expand the evaluation criteria to include other diverse businesses and allow prime contractors more flexibility to utilize a greater number of diverse businesses over the course of the contract. Offering greater flexibility with regards to driving utilization of diverse	At this time, no changes are being made to the SDB Program.

No.	RFP or Agreement Section	Question	Response
		<p>businesses will yield a willingness and ability to make bigger commitments to that end. Specifically, will the Commonwealth consider eliminating commitments to specific/named suppliers? Business requirements and supplier capabilities may change over time, and generating more flexibility for prime contractors will enable contractors to develop a larger number of diverse suppliers over the course of the contract, while still meeting any aggregate commitment.</p>	
56.	RFP 06-15 HealthChoice s Physical Health Final, Part III-4 Evaluation Criteria, B. Small Diverse Business Participation, page 36.	<p>Incentivizing the use of small businesses is certainly worthwhile, but should not be to the exclusion of diverse businesses that have managed to grow. Because of this, will the Commonwealth consider broadening the scope of diverse suppliers to include businesses of all sizes?</p>	<p>No, see response to question No. 55. Currently, as defined by RFP Part I, Section I-13, a small diverse business is a business that meets the “small” qualifications and is also a minority, woman, veteran or service disabled veteran owned business. At this time all commitments must comply with the requirements of RFP Sections I-13 and II-8.</p>

No.	RFP or Agreement Section	Question	Response
57.	RFP 06-15 HealthChoice's Physical Health Final, Part III-4 Evaluation Criteria, B. Small Diverse Business Participation, page 36.	Will the Commonwealth consider broadening the scope of diverse suppliers to include other reputable third party supplier diversity certifications?	<p>No, currently, DGS will accept approved third-party certifications only from the following entities:</p> <ul style="list-style-type: none"> •Unified Certification Program (UCP)* •United States Small Business Administration (SBA) 8(a) Program •National Minority Supplier Development Council (NMSDC) •Woman's Business Enterprise National Council (WBENC) •VetBiz Vendor Information Pages (VIP) at vetbiz.gov
58.	RFP 06-15 HealthChoice's Physical Health Final, Part III-4 Evaluation Criteria, B. Small Diverse Business Participation, page 36.	Just as prime contractors are encouraged to utilize diverse suppliers, we would like to see credit for further cascading of that requirement and favorably impacting diverse businesses through some non-diverse suppliers, especially where the intermediary firm is only serving an administrative function to help manage the underlying spend/work. Will the Commonwealth consider permitting use of second tier diverse suppliers?	No, see response to question No. 55. SDB commitments extend to Prime and Subcontractor partners. RFP Part III, Section III-4 B states that a SDB subcontractor must perform 50% of the work being subcontracted to them.
59.	Part II-8. Small Diverse	Is it required that, or do you receive additional points if, the Small	No, additional points will not be awarded for companies located in a

No.	RFP or Agreement Section	Question	Response
	Business Submittal	Diverse Business is headquartered, or has an office, within the HealthChoices zone or zones that the offeror is bidding on? Additionally, is it required that, or do you receive additional points if, the Small Diverse Business is located within the State of Pennsylvania?	zone or in the Commonwealth of Pennsylvania.
60.	RFP 06-15 HealthChoices Physical Health Final, Part III-4 Evaluation Criteria, B. Small Diverse Business Participation, page 36.	It appears that it is not feasible for a business to qualify as a Small Diverse Business under Section I-13 while also meeting the financial conditions under Section II-6. Will the Commonwealth consider adjusting the SDB ranking criteria, perhaps eliminating Ranks 1 and 2 in favor of allocating all 200 available points based on percentage of top commitment?	No, see response to Question No. 55.
61.	RFP 06-15 HealthChoices Physical Health Final, Part II.8, Small Diverse Business Submittal,	Please confirm that DGS issues two types of certificates: (1) Notice of Small Business Self-Certification, and (2) Notice of Small Business Self-Certification and Small Diverse Business Verification, and that the latter is the only acceptable certification to indicate verification	Yes, for offerors to receive credit, they must submit a valid certificate of "Notice of Small Business Self-Certification and Small Diverse Business Verification" as set forth in RFP Part II Section II-8 A of the RFP.

No.	RFP or Agreement Section	Question	Response
	page 31 - 32.	of diverse status.	
62.	II-10 Contractor Partnership Program	If Offerors include commitments by their parent companies or affiliates to hire TANF cash assistance consumers as part of the Contractor Partnership Proposal submittal, will those commitments count towards the Offeror's total CPP commitment for proposal evaluation and scoring purposes?	Offerors should include all commitments, and if including those by parents and affiliates, should identify them as such. Following selection for negotiation, DHS will work with the selected MCOs to refine and clarify the CPP expectations regarding the HealthChoices Agreements. CPP is not a scored technical element of the RFP, but is a requirement for most DHS contracts and agreements.
Right To Know Law / Confidentiality / Proprietary & Trade Secret Information			
63.	Appendix A Draft Agreement Exhibit D, Standard Contract Terms and Conditions for Services, Section 30, Right to Know Law 8-K-1580	<p>It appears that Section 30 may not provide the same protections as the letter of the Right-to-Know Law and court and Office of Open Records rulings thereunder.</p> <p>Is it the intent of the Commonwealth to change the protections as afforded by the Right-to-Know Law and court and Office of the Open Records rulings thereunder; or, is it the Commonwealth's intent to follow the letter of the Right-to-Know Law and court and Office of Open</p>	The language in Appendix A Draft Agreement Section 30 is standard language used by all Commonwealth agencies. DHS has a long track record of working cooperatively with managed care organizations in the context of Right to Know requests and expects this practice will continue. Please see RFP Part II, Section II-7 regarding objections to any standard terms and conditions.

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		Records rulings thereunder?	
64.	Appendix A Draft Agreement Exhibit D, Standard Terms and Conditions for Services, Section 30(e), Right to Know Law 8-k-1580	<p>“Clearly not protected” is not a language used in the Right-to-Know Law.</p> <p>Is it the intent of the Commonwealth to change the protections as afforded by the Right-to-Know Law and court and Office of the Open Records rulings thereunder; or, is it the Commonwealth's intent to follow the letter of the Right-to-Know Law and court and Office of Open Records rulings thereunder?</p>	See response to question No. 63.
65.	Appendix A Draft Agreement Exhibit D, Standard Terms and Conditions for Services, Section 30(e), Right to Know Law 8-K-1580	Please confirm that the Commonwealth will await the outcome of any Right-to-Know Law litigation, dispute, or other legal challenge before disclosing information that the MCO claims is exempted under the Right-to-Know Law.	See response to question No. 63

No.	RFP or Agreement Section	Question	Response
66.	Appendix A Draft Agreement Exhibit D, Standard Terms and Conditions for Services, Section 30(h), Right to Know Law 8-K-1580	Will the Commonwealth require an MCO to indemnify the Commonwealth for attorneys' fees, costs, etc. in every situation where an MCO makes a challenge to the Commonwealth's decision to release a record, for example, even where the MCO agrees to assume responsibility for the litigation against the requesting party, or the Commonwealth's position is rejected on appeal as incorrect under the law by the Office of Open Records or the courts?	Yes and see response to question No. 63.
67.	Appendix A Draft Agreement Exhibit D, Standard Terms and Conditions for Services, Section 30(h) Right to Know Law 8-K-1580	Please confirm that Section 30(h) would not apply to situations where the Right-to-Know Law is willfully violated or where disclosure is made by the Commonwealth as a result of gross negligence or before the resolution of any litigation, disputes, or other legal challenges relating to the Right-to-Know Law request.	See response to question No. 63.

No.	RFP or Agreement Section	Question	Response
68.	Appendix E, Trade Secret / Confidential Proprietary Information Notice	Please confirm that the items that may be listed in Appendix E include not only trade secret and confidential information, but also information to which other Right-to-Know Law exemptions would apply, including: section 708(b)(26), which exempts from disclosure financial information of an offeror or bidder; sections 708(b)(2), (3), and (4), which provide for exemptions if disclosure would threaten public safety, physical security, and computer security; sections 102 and 305, which exempt documents exempt under other laws; and sections 708(b)(1)(ii) and (6), which exempt information that, if disclosed, could affect personal security and/or reflects personal information.	Please note RFP Part I, Section I-19 relates to the proposal contents only. DHS is not requiring offerors provide confidential, proprietary information; however, to the extent an Offeror believes it must include such information in its <i>proposal</i> ; it needs to identify such information in Exhibit E. In responding to the RFP, including the submission of resumes, please do not include personal information such as home addresses and phone numbers, Social Security Numbers, and Drivers' License that will, or will be likely to, require redaction. Offerors do not need to list financial capacity information on Appendix E since DHS is aware that this type of information is not subject to public disclosure (See RFP Part I, Section I-19C, last sentence).
69.	Appendix E, Trade Secret/Confidential Proprietary Information	If the answer to the question 13 is no, please explain how the Department will invoke, in response to a request, other Right-to-Know Law exemptions that may apply to an MCO's RFP response, including:	See response to question No. 68.

No.	RFP or Agreement Section	Question	Response
	Notice	<p>section 708(b)(26), which exempts from disclosure financial information of an offeror or bidder; sections 708(b)(2), (3), and (4), which provide for exemptions if disclosure would threaten public safety, physical security, and computer security; sections 102 and 305, which exempt documents exempt under other laws; and sections 708(b)(1)(ii) and (6), which exempt information that, if disclosed, could affect personal security and/or reflects personal information.</p>	
70.	Appendix G Trade Secret / Confidential Proprietary Information Notice	<p>Please confirm that the Department's position on disclosure of pricing is consistent with the Commonwealth Court's decision in Commonwealth v. Eiseman, i.e., that prices paid by the Department to the MCOs are not exempt under the Right-to-Know Law, but that the prices paid by the MCOs to their subcontractors, and the subcontractors to their sub-subcontractors, etc., can be exempt</p>	<p>DHS does not understand how this question relates to the submission of a proposal under this RFP. The language in Appendix A Draft Agreement Section 30 is standard language used by all Commonwealth agencies. DHS has a long track record of working cooperatively with managed care organizations in the context of Right to Know requests and expects this practice will continue.</p>

No.	RFP or Agreement Section	Question	Response
		as trade secrets and/or confidential proprietary information.	
71.	Part I General Information I-19(B), Proposal Contents, Commonwealth Use – page 11	Please confirm that the Commonwealth will not disclose or otherwise use information set forth in Appendix E, Trade Secret/Confidential Proprietary Information Notice, unless and until it is finally determined by a court of competent jurisdiction, including after any and all appeals, that the information therein is subject to disclosure under the Pennsylvania Right-to-Know-Law, 65 P.S. Section 67.101 et seq. in accordance with the procedures set forth in that law.	See response to question No. 63.
Financial / Rates			
72.	Appendix B:Financial Data, Admin & Profit Load	Would the Department provide the anticipated funding for administrative costs and profit for CY 2016 by zone?	The DHS does not currently have this information available.
73.	Appendix B	Will the State host a separate meeting to discuss rate development and methodology which has been disclosed in	No, DHS has issued the rate information necessary for offerors to make decisions about HealthChoices participation. No further meetings will be scheduled. Please note, the following information has been provided as part of Appendix B:

No.	RFP or Agreement Section	Question	Response						
		Appendix B?	<ul style="list-style-type: none"> • Average HealthChoices Rates for 2015, which is the most recent information that we have. We will provide a complete rate documentation package for January-June 2017 rates to selected offerors. This has not yet been developed. • CY2015 HealthChoices Rate Methodology Overview • CY2015 HealthChoices Administrative Profit Load • CY2015 HealthChoices Trend Summaries for Southeast, Lehigh Capital, and Southwest zones • Risk Adjusted Rates (RAR) Manual (Version 2.5) This is the most recent version issued by our actuary. It has not yet been updated to include RAR for the expansion population. Our actuary provides regular methodology letters to HealthChoices MCOs to explain updates and details of the method. 						
74.	RFP section II-8 and Appendix L	Does the estimated administrative PMPM value of \$35.30 referenced in RFP section II-8 Small Diverse Business Submittal and Appendix L represent a weighted average across all five zones, or was this value calculated as a straight average? Due to the fact that the MCOs will be reporting the small diverse commitment on a per zone basis, would it be possible for the Department to provide the MCOs an administrative PMPM value for each	<p>DHS is issuing a new series of Appendix L PMPMs showing the average administrative PMPM per zone. Offerors should use those zone-specific average amounts when crafting the SDB submittal for each zone. The averages are as follows:</p> <table border="1" data-bbox="984 1140 1356 1365"> <thead> <tr> <th data-bbox="984 1140 1115 1222">Zone</th> <th data-bbox="1115 1140 1356 1222">Admin PMPM</th> </tr> </thead> <tbody> <tr> <td data-bbox="984 1222 1115 1292">SW</td> <td data-bbox="1115 1222 1356 1292">\$ 33.61</td> </tr> <tr> <td data-bbox="984 1292 1115 1365">SE</td> <td data-bbox="1115 1292 1356 1365">\$ 38.83</td> </tr> </tbody> </table>	Zone	Admin PMPM	SW	\$ 33.61	SE	\$ 38.83
Zone	Admin PMPM								
SW	\$ 33.61								
SE	\$ 38.83								

No.	RFP or Agreement Section	Question	Response						
		specific zone that could be used to calculate the required small diverse commitment as a percentage of total administrative PMPM?	<table border="1" data-bbox="989 345 1356 553"> <tr> <td data-bbox="989 345 1115 412">LC</td> <td data-bbox="1115 345 1356 412">\$ 33.71</td> </tr> <tr> <td data-bbox="989 412 1115 479">NE</td> <td data-bbox="1115 412 1356 479">\$ 32.75</td> </tr> <tr> <td data-bbox="989 479 1115 553">NW</td> <td data-bbox="1115 479 1356 553">\$ 32.34</td> </tr> </table>	LC	\$ 33.71	NE	\$ 32.75	NW	\$ 32.34
LC	\$ 33.71								
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NW	\$ 32.34								
75.	RFP section II-8 and Appendix L	Appendix L with respect to each zone states that “\$35.30 is the estimated administrative PMPM amount for the HealthChoices zones. Offerors may use this amount for reference when determining their overall and specific PMPM commitments to small diverse businesses”. In cases where the MCO has achieved administrative efficiencies such that their actual administrative PMPM is lower than the referenced \$35.30 for a particular zone, would it be acceptable for the MCO to use their actual administrative PMPM for the requested calculation of the “the	<p>Administrative efficiencies on an individual MCO’s part do not alter the average PMPM for this RFP. All offerors start on an equal basis and past participation is not taken into consideration.</p> <p>Offerors must use the averages from this RFP. See response to question No. 74 for the revised zone averages.</p>						

No.	RFP or Agreement Section	Question	Response
		<p>small diverse commitment as a percentage of total administrative PMPM” as reported on Appendix L? Using the actual administrative PMPM would be a more accurate reflection of our small diverse commitment as a percentage of our total administrative PMPM.</p>	
76.	Exhibit L	<p>How should we interpret the “PMPM status” in Exhibit L? In other words, is the dollar amount to which the Offeror commits in the Letter of Intent subject to change over the life of the HC contract based on membership numbers? Can the commitment be simply a dollar amount?</p>	<p>Offerors must submit SDB submittals in accordance with the directions provided in the RFP and the SDB questions and answers above. Offerors must submit a PMPM amount; not a flat figure.</p> <p>Over the life of the agreement, dollar amounts may vary based upon the market share of the MCO.</p> <p>MCOs will work with the BDISBO during the life of the Agreement to ensure that their actual commitments are consistent with the proposal and Agreement.</p>
77.	Appendix A: Financial Data, Admin & Profit Load	<p>For profit insurance entities such as a Health Maintenance Organization (HMO) providing coverage through the HealthChoices program are required to pay a “health insurer tax” based upon the amount of premium. While not for profit HMOs do not pay the health insurer tax. Does the Department of Human Services compensate the</p>	<p>Yes. See RFP Appendix A, DRAFT Agreement, Appendix 3a ACA Health Insurers Providers Fee for a description of the payment methodology.</p>

No.	RFP or Agreement Section	Question	Response
		for-profit HMO directly for the payment of such health insurer tax which is accrued as a part of Medicaid based premiums earned by the HMO?	
78.	II-6 Financial Condition	Please clarify the difference between the questions in Subsection E and Subsection I.	DHS will accept offeror's answer under (E) as sufficient for both (E) and (I).
79.	II-6 Financial Condition	Does DHS have a preferred format for the financial statements requested in this section? (e.g., GAAP or STAT)	If the requested statement is available using SAP Statutory Accounting Principles (referred to as SAP or STAT), the offeror must provide this. If it is not, we will accept a statement using Generally Accepted Accounting Principles (GAAP).
80.	Rate Book	Are the 2016 (or 2015) Rate Books and Certification documents available from the state or Mercer? Looking specifically for the detailed rate build information by both Region and Rate Cell. It appears as though the only information provided thus far are Summary Exhibits and Data Books with little to no detailed rating information.	DHS has provided significant documentation of the 2015 HealthChoices rates to potential offerors. DHS is not providing the rate certification or detailed rate build information.
81.	Rate Book	The 2016 Rate Book states that the data detail used to develop rates is available and includes "enrollment, expenditures, unit cost and utilization". However, this level of detail does not	DHS has provided the following information as part of Appendix B: <ul style="list-style-type: none"> • Average HealthChoices Rates for 2015. We are providing information on the 2015 rates FYI because it is the most recent that we have. We will provide a complete rate documentation package for January-June 2017 rates to selected offerors. This

No.	RFP or Agreement Section	Question	Response
		appear to be posted to the states website. Only summary experience data by region (for Physical and Maternity) has been shared.	<p>has not yet been developed.</p> <ul style="list-style-type: none"> • CY2015 HealthChoices Rate Methodology Overview • CY2015 HealthChoices Admin Profit Load • CY2015 HealthChoices Trend Summaries for Southeast, Lehigh Capital, and Southwest zones • Risk Adjusted Rates (RAR) Manual (Version 2.5) This is the most recent version issued by our actuary. It has not yet been updated to include RAR for the expansion population. Our actuary provides regular methodology letters to MCOs to explain updates and details of the method. <p>DHS does not plan to share any additional information at this time.</p>
82.	Rate Book	Can prospective bidders be supplied with the detailed, claim level base period 2013 data used in the 2016 rating?	DHS will not provide this data.
83.	Rate Book	Are MCO specific experience reports (including membership and loss ratio detail) available for years prior to CY 2016?	DHS will not provide this data.
84.	Rate Book	Are the NH Risk Sharing , HCRP and Specialty Drug Risk Sharing Programs all revenue neutral to state?	<p>Yes, regarding the HNRS and HCRP.</p> <p>Specialty Drug Risk Sharing is intended to adjust the size of the revenue pie specific to the drugs that are included.</p>
85.	Rate Book	Have any adjustments been made to either the base data OR within the rating process that “re-price” claims back to some predetermined % of the	In the rates data book, no. When the actuary develops rates, provider pricing is not reduced to Fee for Service (“FFS”). Provider pricing is increased to FFS for inpatient hospital services.

No.	RFP or Agreement Section	Question	Response
		PA Medicaid Fee Schedule? If yes, what % has been targeted? If no, has the state evaluated the reimbursement levels that underlie the base data?	
86.	Rate Book	Does the state make sanctions and penalty payments collected from the individual MCO's publicly available?	No, this information is not needed to respond to this RFP.
87.	Rate Book	It is expected that DHS's actuary will make estimates of the Jan-Jun 2017 rates available to prospective bidders sometime prior to the awarding of contracts. What is the expected timing around this release? What level of pricing detail will be made available? Will prospective bidders have the opportunity to ask questions about these rates and their development detail?	DHS plans to provide selected offerors with the rate ranges and supporting documentation developed by DHS's actuary in January 2016. If the question refers to provider pricing detail, no. Yes, selected offerors will have the opportunity to pose questions to DHS's actuary.
88.	Rate Book	When will decisions be made around the continuation of the Risk Corridor program beyond CY2017?	At present, DHS does not plan to continue risk corridors beyond CY2017. There is no current plan to reevaluate this decision.
89.	Rate Book	Will the Specialty Drug Risk Sharing program be evaluated annually to determine if changes need to be made in light of the emergence of other high cost drugs entering the system?	Evaluation of emerging high cost drugs for inclusion in the risk sharing will occur as information becomes available.
90.	Rate Book	Please describe how the various P4P programs will be funded by the state.	Information on DHS's funding of the P4P is not necessary for the submission of a proposal.
91.	Rate Book	Is additional detail, specifically an	No, additional detail is not available.

No.	RFP or Agreement Section	Question	Response																																																								
		experienced based buildup, available to support to the Trend assumptions provided in Appendix B? Will actual emerging experience beyond what is used in the base be analyzed as part of the trend development? If so, what periods will be looked at.	Yes. The actuary will decide on information to analyze when developing trend rates.																																																								
92.	Rate Book	What portion of the average rates included in Appendix B are represented by Hospital APR Payments? Admin and Margin? Other Taxes and Fees?	<p style="text-align: center;">APR Percentage of Average September-December 2015 Rates</p> <p style="text-align: center;">In reply to a submitted question</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="text-align: left;">Zone</th> <th style="text-align: center;">TANF/MAGI</th> <th style="text-align: center;">SSI/BCC</th> <th style="text-align: center;">Newly Eligible</th> </tr> </thead> <tbody> <tr> <td>Southwest</td> <td style="text-align: center;">3.5%</td> <td style="text-align: center;">4.0%</td> <td style="text-align: center;">10.1%</td> </tr> <tr> <td>Southeast</td> <td style="text-align: center;">5.6%</td> <td style="text-align: center;">6.2%</td> <td style="text-align: center;">8.6%</td> </tr> <tr> <td>Lehigh</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Capital</td> <td style="text-align: center;">3.4%</td> <td style="text-align: center;">3.7%</td> <td style="text-align: center;">6.9%</td> </tr> <tr> <td>New East</td> <td style="text-align: center;">0.9%</td> <td style="text-align: center;">1.0%</td> <td style="text-align: center;">1.8%</td> </tr> <tr> <td>New West</td> <td style="text-align: center;">0.9%</td> <td style="text-align: center;">1.0%</td> <td style="text-align: center;">1.7%</td> </tr> </tbody> </table> <p style="text-align: center;">Admin/Profit Percentage of Average September-December 2015 Rates</p> <p style="text-align: center;">In reply to a submitted question</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="text-align: left;">Zone</th> <th style="text-align: center;">TANF/MAGI</th> <th style="text-align: center;">SSI/BCC</th> <th style="text-align: center;">Newly Eligible</th> </tr> </thead> <tbody> <tr> <td>Southwest</td> <td style="text-align: center;">9.1%</td> <td style="text-align: center;">9.1%</td> <td style="text-align: center;">10.0%</td> </tr> <tr> <td>Southeast</td> <td style="text-align: center;">8.9%</td> <td style="text-align: center;">8.9%</td> <td style="text-align: center;">9.9%</td> </tr> <tr> <td>Lehigh</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Capital</td> <td style="text-align: center;">9.9%</td> <td style="text-align: center;">9.9%</td> <td style="text-align: center;">10.8%</td> </tr> <tr> <td>New East</td> <td style="text-align: center;">10.7%</td> <td style="text-align: center;">10.7%</td> <td style="text-align: center;">11.6%</td> </tr> <tr> <td>New West</td> <td style="text-align: center;">10.1%</td> <td style="text-align: center;">10.1%</td> <td style="text-align: center;">11.0%</td> </tr> </tbody> </table>	Zone	TANF/MAGI	SSI/BCC	Newly Eligible	Southwest	3.5%	4.0%	10.1%	Southeast	5.6%	6.2%	8.6%	Lehigh				Capital	3.4%	3.7%	6.9%	New East	0.9%	1.0%	1.8%	New West	0.9%	1.0%	1.7%	Zone	TANF/MAGI	SSI/BCC	Newly Eligible	Southwest	9.1%	9.1%	10.0%	Southeast	8.9%	8.9%	9.9%	Lehigh				Capital	9.9%	9.9%	10.8%	New East	10.7%	10.7%	11.6%	New West	10.1%	10.1%	11.0%
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			<p style="text-align: center;">Gross Receipts Tax Percentage of Average September-December 2015 Rates</p> <p style="text-align: center;">In reply to a submitted question</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #e0e0e0;">Zone</th> <th style="background-color: #e0e0e0;">TANF/MAGI</th> <th style="background-color: #e0e0e0;">SSI/BCC</th> <th style="background-color: #e0e0e0;">Newly Eligible</th> </tr> </thead> <tbody> <tr> <td>All Zones</td> <td style="text-align: center;">5.9%</td> <td style="text-align: center;">5.9%</td> <td style="text-align: center;">5.9%</td> </tr> </tbody> </table>	Zone	TANF/MAGI	SSI/BCC	Newly Eligible	All Zones	5.9%	5.9%	5.9%
Zone	TANF/MAGI	SSI/BCC	Newly Eligible								
All Zones	5.9%	5.9%	5.9%								
93.	Rate Book	Will a single experience period be used as the basis for the rate buildup or will multiple years be blended?	The cost base year for the January-June 2017 rates for traditional populations will be CY2013. The cost base year for the July-December 2017 rates for traditional populations will be CY2014.								
94.	Rate Book	Are the Non-medical Expense Loads (by region) shown in Appendix truly % of premium based or is there a fixed admin component that underlies these %'s?	They are percentages of premium.								
95.	Rate Book	Does the Non-Medical Expense Load for Maternity Kick Payments differ from that of other services?	No. It is the same as traditional rating groups.								
96.	Rate Book	Will the MCOs be responsible for any retroactive eligibility periods in a member's coverage? If yes, how will MCOs be paid for these months, and how will the additional higher costs associated with retroactive eligibility periods be accounted for in the development of capitation rates?	The HealthChoices program does not currently practice retroactive MCO eligibility.								
97.	Rate Book	Please detail any costs included in the data book that are outside the managed care contract.	Any such amounts would be negligible.								

No.	RFP or Agreement Section	Question	Response
98.	Rate Book	Are there other payments/settlements (fixed or variable dollar) made outside of the claims system that will be the responsibility of the plans? If so, will these be built into the rates? Are any of them fixed dollar pass-through amounts or are they all variable based on utilization?	Offerors are invited to review the DRAFT Agreement (Appendix A to the RFP). This will be discussed with selected offerors.
99.	Rate Book	Are the pharmacy costs in the data book reflected before or after rebates?	They are gross of federal rebates received by the Commonwealth, and net of rebates received by MCOs.
100.	Rate Book	What is the current Generic Dispense Rate? (days supply basis is preferred over script basis)	The percentage of Generic (Legend, Specialty & TPL), OTC and non drug scripts as a percentage of total scripts across the HealthChoices program for Jan-June 2015 was currently 83%.
101.	Rate Book	Are MCO specific experience reports (including membership and loss ratio detail) available for years prior to CY 2016?	DHS is not providing this information.
102.	Rate Book	Are the NH Risk Sharing , HCRP and Specialty Drug Risk Sharing Programs all revenue neutral to state?	See response to question No. 84.
103.	Rate Book	Have any adjustments been made to either the base data OR within the rating process that “re-price” claims back to some predetermined % of the PA Medicaid Fee Schedule? If yes, what % has been targeted? If no, has the state evaluated the reimbursement levels that underlie the base data?	See response to question No. 85.

No.	RFP or Agreement Section	Question	Response
104.	Rate Book	What are the dispensing fees and ingredient cost discounts on pharmacy costs included in the databook?	The data book summarizes cost data from all MCOs in a zone, so this will vary.
105.	Rate Book	Please provide the prescription drug formulary that corresponds to the data book time period.	Each MCO develops its own formulary.
106.	Rate Book	What flexibility does the MCO have in developing the formulary? If none, is this recognized in the rate setting?	Please refer to the Draft HealthChoices Agreement (Appendix A of the RFP), Exhibit BBB-3. Formularies and Preferred Drug Lists (PDLs). [Exhibit BBB begins on pdf page 436 of the Appendix A].
107.	Rate Book	Are specialty drugs (i.e., J-Codes) the responsibility of the MCO? If so, what category of service are the costs grouped into?	Yes. Pharmacy.
108.	Rate Book	Please identify any significant changes in eligibility categories where members may have shifted from one category to another from year to year.	State-Only General Assistance was eliminated effective December 31, 2014. Some of the State-Only GA individuals were briefly enrolled in Healthy PA. With Medicaid Expansion, they were put into the Newly Eligible category and enrolled into HealthChoices as MG/91 or MG/92.
109.	Rate Book	Are there any services provided to these members through other departments or programs that have been cut this year or expect to be cut in the near future causing the services to be pushed into this program? If so, how will the base experience data be adjusted to take into account these changes in services since the base period?	DHS is not currently aware of any such services.
110.	Rate Book	Please provide claim lag triangles by	DHS does not possess this information.

No.	RFP or Agreement Section	Question	Response
		rate cell and region for utilization and expenditures and the experience period paid-through date.	
111.	Rate Book	Please explicitly list out, by rate cell, services the State will continue to pay for on a FFS basis that were excluded from the data book.	DHS does not understand the question. All financial data necessary for Offerors is posted with the RFP and any Addendums to the RFP.
112.	Rate Book	Please provide the dollar amount of any beneficiary copayments and cost sharing, third party liability, or other adjustments that were removed from the claims experience included in the databook.	The data book summarizes costs reported by MCOs. These adjustments were not applied to reported data.
113.	Rate Book	Have there been any significant changes to fee schedules from the experience period to the rating period? Please provide an itemization of each of the fee schedule changes with the date it was implemented. Also, please indicate which fee schedule adjustments are applicable to each year of the data.	<p>The fees are based on 2013 data. Please see these links for the Medical Assistance Bulletin for updates to the Fee Schedule:</p> <ul style="list-style-type: none"> • 99-13-07: http://www.dhs.state.pa.us/publications/bulletinsearch/bulletins_elected/index.htm?bn=99-13-07&o=N&po=OMAP&id=06/24/2013 • 99-14-04: http://www.dhs.state.pa.us/publications/bulletinsearch/bulletins_elected/index.htm?bn=99-14-04&o=N&po=OMAP&id=06/13/2014 • 99-15-06: http://www.dhs.state.pa.us/publications/bulletinsearch/bulletins_elected/index.htm?bn=99-15-06&o=N&po=OMAP&id=08/31/2015 <p>Please note an itemization of each of the fee schedule changes with the date implemented was not available.</p>
114.	Rate Book	Are there mandated reimbursement rates for any groups/categories of providers? If so, please provide the	Offerors should review the DRAFT Agreement (Appendix A of the RFP) in Section VII.B.#2. <u>Maternity Care Payment</u> language regarding

No.	RFP or Agreement Section	Question	Response
		mandated reimbursement rates.	<p>delivery fees.</p> <p>Offerors should also review DRAFT Agreement Section VII.E.#5 <u>Payments to FQHCs and Rural Health Centers (RHCs)</u>.</p> <p>For Hospice, PH-MCOs are to pay in accordance with CMS instructions for Medicaid programs using the wage index methodology. Please see this link for more information: http://www.gpo.gov/fdsys/pkg/FR-2015-08-06/pdf/2015-19033.pdf.</p>
115.	Rate Book	Will the actuarially sound rate ranges be submitted and/or approved by CMS?	DHS will submit the actuarially sound rate ranges to CMS for review and approval.
116.	Rate Book	Please provide the actuarial rate certification, rate development memorandum, and MCO capitation rates for all Medicaid rates effective during the last two years.	DHS is not providing this information but has provided average 2015 rates.
117.	HealthChoice s Agreement Section VII: Financial Requirements, Pg. 114 Section (1)(b)	The reinsurance threshold requirement of \$100,000 appears low. Section 1 describes exclusion from reinsurance requirements if the PH-MCO is eligible for inclusion in the High Cost Risk Pool forever HealthChoices Zone of operation or has, at a minimum, a combined membership of 60,000 members across all Pennsylvania lines of business. However, items (i) through	<p>A new MCO in the state of PA would be subject to the reinsurance requirement since the two exclusionary conditions would not be met upon the start of a contract with DHS.</p> <p>The amount of the threshold would be \$200,000 unless any one of the conditions occur:</p> <p>MCO operational less than three years.</p> <p>Equity is less than 7% of past 4 quarters revenues</p> <p>Net profit over the past three years is less than zero.</p>

No.	RFP or Agreement Section	Question	Response
		(iii) describe requirements of reinsurance if any of those criteria are met. Item (i) requires reinsurance if the PH-MCO has been operational for less than three (3) years. Please clarify if this item would this apply to any new MCO in the state of Pennsylvania and how sub-section (b) relates to item (1).	
118.	HealthChoice s Agreement Section VII: Financial Requirement s, Pg. 120 & 121 Section (B)(1)(a)(v)&(vi)	Please provide clarification between section (v) and (vi) describing Capitation Payments and what distinguishes these two sections.	Paragraph v. provides for early payment of capitation if the DHS chooses.
119.	HealthChoice s Agreement Section VII: Financial Requirement s, Pg. 136 Section (F)(3)	Please provide clarification of the MCO responsibility and involvement in the HIPPP Program.	Health Choices MCOs have no responsibilities in relation Medical Assistance consumers that participate in the HIPPP.
120.	HealthChoice	Appendix 3f is currently missing, but	DHS will provide a proposed Appendix 3f to selected offerors in

No.	RFP or Agreement Section	Question	Response
	s Agreement Appendix 3a, Pg. 3b-1	is mentioned in the text as a source for rates. When will Appendix 3f, including rates, be released?	January.
121.	HealthChoice s Agreement Appendix 3a, Pg. 3b-3 Section G	Please provide clarification regarding the delay in the Capitation Payments for April Program Months for those 25 counties included in HealthChoices prior to July 2012.	This delay was approved in the 2014-15 Commonwealth Budget and is expected to continue. The Agreement reflects this action.
122.	HealthChoice s Agreement Appendix 3c, Section IV	For members who will be included in the Home Nursing Risk Sharing, please provide clarification if these members will have a premium component that would fall within this group other than the home nursing risk share component?	Rating groups having recipients under age 21 are assessed a Home Nursing Risk Share premium.
123.	Part II, Proposal Requirements, II-6: Financial Condition, Section B	If the Offeror has not conducted business in the State and the entity which owns at least 5% is not an Insurance entity required to file quarterly and annual financial statements with the insurance department, does submitting our reasoning for not having certain items listed under section B suffice?	DHS would still need the financial statements for both entities and the questions where applicable answered by both.

No.	RFP or Agreement Section	Question	Response
124.	HealthChoice s Agreement Appendix 3a ACA Health Insurance Providers Fee	Please clarify that the State will pay the health insurer fee and tax gross up related to the health insurer fee on the HealthChoices Pennsylvania Premiums.	See response to question No. 77.
125.	General Question: Provider Network	Will DHS communicate provider rate expectation to hospital, physicians and other Medicaid providers required to meet network adequacy?	No.
126.	Appendix F	Does Appendix F include CHIP lines of business?	No.
127.	Appendix A, Page 132, Restitution of Overpayments	In the past, the MCOs were able to keep overpayments if uncovered by MCO or their 3rd party vendor. Will DHS provide more detail on this topic? Some MCOs have very aggressive recovery units.	At this time, DHS expects the language surrounding recoveries in the DRAFT Agreement (Appendix A of the RFP) at Section VII.F. <u>Third Party Liability</u> to remain consistent.
128.	RFP 06-15 HealthChoice s Physical Health Final, Appendix A Draft Agreement,	Please confirm that the medical capitation payment in year one of 7.5% is in aggregate, for all Zones, statewide.	Yes.

No.	RFP or Agreement Section	Question	Response
	Section VII.E.6, Value Based Purchasing, page 129.		
129.	RFP 06-15 HealthChoice s Physical Health Final, Appendix A Draft Agreement, VII.A.2, Equity Requirement s and Solvency Protection, page 115.	We understand that the level for 2017 equity requirements has been increased. In lieu of the solvency requirement, would the Commonwealth consider adopting the Pennsylvania Department of Insurance guidelines for Risk Based Capital and Solvency Requirements?	No, RBC is an annual test. DHS wants a requirement that applies quarterly.
130.	RFP 06-15 HealthChoice s Physical Health Final, Appendix A Draft Agreement, Section	Appendix A page 129, states "The PH-MCO must achieve the following percentages of VBP:...7.5/15/30% of the medical portion of the capitation and maternity care revenue must be expended through value based purchasing strategies." Does the expenditure represent VBP	The expenditure represents the amount spent on incentive payments or other value based purchasing arrangements. It is not the total amount of claims paid. For the example in the question, the numerator would be \$1 million dollars.

No.	RFP or Agreement Section	Question	Response
	VII.E.6, Value Based Purchasing, page 129.	incentive payment or the total amount of paid claims under the VBP umbrella? For example, if Smith Family Practice has \$10 million dollars of paid claims plus \$1 million dollars of incentive payment — is the expenditure (numerator) the \$1M or the \$10M?	
131.	RFP 06-15 HealthChoice's Physical Health Final, Part II-6 Financial Condition, page 29.	Please clarify whether the information requested in Section II-6.B. applies only to the ultimate owners of the Offeror and not to the intermediate entities between the ultimate owners and the Offeror.	The information applies to the offeror and the entity which owns 5% of the Offeror.
132.	Part I General Information, Section I-5 ("Type of Agreement")	The RFP notes that there is no requirement for a cost proposal and that "the Department's actuary will provide a set of actuarially sound rate ranges" a using 2013 cost rate base. Do these/will these rates take into consideration the proposed rule published by the Centers for Medicare and Medicaid Services (CMS) (80 Fed. Reg. 3109, June 1, 2015) to establish an 85% Medical	DHS is aware of the proposed rules, but doesn't see the impact of the proposed and not finalized MLR requirement on our rate development at this time.

No.	RFP or Agreement Section	Question	Response
		Loss Ratio (MLR)?	
133.	Part I General Information, Section I-5 (“Type of Agreement”)	Similarly related to the same section of the RFP above, in their actuarial rate ranges, will DHS include the “provider taxes” imposed by Section 9010 of the Patient Protection and Affordable Care Act (ACA)?	See response to question No. 77.
Quality Initiatives / Incentives			
134.	Appendix A, Exhibit B (3) Provider Pay for Performance Program and Community Based Care Management Program. •Provider P4P Program Requirements (Page 225) •Community Based Care Management	Is the Bidder required to submit the CBCM program requirements by October 31, 2015? Please clarify the dates.	Offerors have no responsibility for Appendix A requirements, which is a DRAFT Agreement and as such provides examples to inform offerors of the requirements in the Program moving forward. Successful offerors will be responsible for compliance with the final Agreement that is signed for the Program year beginning 2017.

No.	RFP or Agreement Section	Question	Response
	(CBCM) Program Requirements (Page 227) H. The PH-MCO is required to develop and submit a proposal to the Department prior to implementing its CBCM Program.		
135.	II-5 Work Statement Questionnaire	Please define the term "community-based cooperative care teams" mentioned in number six of the Provider Network subsection in the Work Statement Questionnaire.	Community-based cooperative care teams' activity can involve care coordination by licensed and non-licensed team members. Examples of licensed providers include but are not limited to: physicians, dentists, dental hygienists, public health dental hygienists, physician's assistants, Certified Registered Nurse Practitioners (CRNPs), nurse midwives, RNs, LPNs, MSWs, dieticians, psychologists, and pharmacists. Examples of non-licensed team members include but are not limited to: medical assistants/technicians, community health workers, doulas, paramedics/EMTs, faith-based ministries, and peer specialists. This list of examples is not fully inclusive.

No.	RFP or Agreement Section	Question	Response
136.	Part II, Proposal Requirements, Section II-5 Work Statement Questionnaire, Provider Network Composition and Network Management , 6. Describe current strategies to increase community-based cooperative care teams as part of your overall network strategy as well as those strategies to be used if	Would the Department provide a definition of community-based cooperative care teams along with examples?	See response to question No. 135.

No.	RFP or Agreement Section	Question	Response
	selected for an award, page 28.		
137.	RFP 06-15 HealthChoice's Physical Health Final, Appendix A Draft Agreement, Section VII.E.6, Value Based Purchasing, page 129.	<p>Please clarify if the percentage of value-based purchasing strategies by 2019 refers to the percentage of medical costs spent and/or the percentage of provider capitation in value-based contracts. The draft contract states : The PH-MCO must achieve the following percentages of VBP:</p> <ul style="list-style-type: none"> - Calendar year 2017 – 7.5% of the medical portion of the capitation and maternity care revenue must be expended through value based purchasing strategies - Calendar year 2018 – 15% of the medical portion of the capitation and maternity care revenue rate must be expended through value based purchasing strategies - Calendar year 2019 – 30% of the medical portion of the capitation and maternity care revenue rate must be expended through value 	The percentage will be calculated by dividing the total dollar amount spent in value based purchasing arrangements divided by the medical portion of the capitation and maternity revenue paid to a plan.

No.	RFP or Agreement Section	Question	Response
		based purchasing strategies	
138.	Request for Proposal II-5 Work Statement Questionnaire Provider Network Composition and Network Management Question 6. Pg. 28	Please define community-based cooperative care teams.	See response to question No. 135.
139.	RFP 06-15 HealthChoice's Physical Health Final, Appendix A Draft Agreement, Section VII.E.6, Value Based Purchasing, page 129.	For the purpose of Value Based Purchasing requirements, please provide additional clarification with regards to the definition of the "medical portion of capitation."	The medical portion of the capitation and maternity care payment refers to the amount of the capitation payment attributable to medical expenses.
140.	General Question:	FQHCs are a required provider by zone. Will DHS require any other	All the DHS network mandates are communicated in the DRAFT Agreement (Appendix A to the RFP) including but not limited to

No.	RFP or Agreement Section	Question	Response
	Provider Network	provider i.e. a pediatric hospital, or an academic medical center, etc.? Some MCOs purposely exclude certain providers to avoid risk.	Exhibits AAA of the Agreement.
141.	General Question: Provider Network	If DHS permits member incentives to encourage personal responsibility for their health care, will DHS place limits on these incentives?	DHS works with the MCOs regarding member health incentive value and their appropriate use. Limits are applied to member health incentives. This is not necessary for an offeror to propose under this RFP.
142.	Exhibit M(1), Section E, M(1)-5	How does the Department define the following statement as it relates to QI and UM Staff?: “staff with the appropriate education, experience and training”	DHS provides specific elements for required staff positions in Section V.N. <u>Other Administrative Components</u> of the DRAFT Agreement (Appendix A of the RFP). DHS will also provide oversight technical assistance regarding MCO personnel during the Readiness Review period.
143.	Request for Proposal II-5.Work Statement Questionnaire: Care Management Question 6 pg. 23	"In Question 6: Describe how you will provide community-based care management to the perinatal population that is consistent with the Healthy Beginnings Plus Program, including any plan to deploy community based licensed and unlicensed personnel."" Please clarify which components of the Health Beginnings Plus Program are being referred to here. It is the use of and screening qualifying providers? or ensuring the benefits outlined in the	According to the Medical Assistance (MA) – Healthy Beginnings Plus Program, 55 Pa. Code § 1140.41(11)(15)(16) and (20) Participation requirements. 11. The qualified Provider shall provide by its own staff or through a subcontractor, or be able to provide the following services at the same time and in proximity to the obstetrical services: (i.) Nutrition counseling by a nutritionist or a registered dietitian to clients with obstetrical high-risk conditions. See the Manual for provider qualifications. (ii). Genetic risk assessment, information and referral by the obstetrical

No.	RFP or Agreement Section	Question	Response
		HBP program are met including assigning Care Coordinators?"	<p>services provider as described in the Manual.</p> <p>(iii). Outpatient and inpatient obstetrical services to clients with medical or obstetrical high-risk conditions</p> <p>(iv). Psychosocial counseling services by a social worker, a professional who performs these services under the supervision of the social worker, or by an individual who has the experience and competence to perform these services as assured, whose qualifications shall be submitted, by the qualified provider and approved by the Department for clients with psychosocial high-risk conditions, including substance abuse assessment and referral as described in the Manual.</p> <p>(v). Tobacco smoking cessation counseling by the obstetrical provider or care coordinator.</p> <p>15. The qualified provider shall provide, when necessary, the following services either onsite or in the local community provided by the qualified provider's own staff or through a subcontractor that is a provider of these programs as described in the Manual:</p> <p>(i). Prepared childbirth classes</p> <p>(ii). Parenting education program</p> <p>16. The qualified provider shall provide, when necessary, the following community/home-based services and support services provided by the qualified provider's staff or through a subcontractor:</p> <p>(i). Outreach services for enrollment of eligible women, including casefinding/recruitment from other agencies, and follow-up for missed</p>

No.	RFP or Agreement Section	Question	Response
			<p>appointments, home assessment and patient education.</p> <p>(ii). Home health services by nurses and home health aides for pregnant women and newborn infants.</p> <p>(iii). Personal care services as previously approved by the Department</p> <p>20. Because there will be clients who need</p> <p>drug and alcohol treatment services, qualified providers shall either develop a formal documented coordination system or a formal agreement between the local single county authority or licensed providers in the provider's service area responsible for drug and alcohol services, including drug and alcohol inpatient detoxification, drug and alcohol outpatient counseling and, if services exist, for drug and alcohol residential rehabilitation and drug and alcohol partial hospitalization services.</p> <p>The referenced components of the Health Beginnings Plus Program are ensuring the benefits outlined in the HBP program are met including assigning Care Coordinators, not the use of and screening qualifying providers. In addition, see response to question No. 135.</p>
144.	II-5 Work Statement Questionnaire	Please provide a specific definition/example of "community health workers to outreach to membership" that are mentioned in Membership Management section.	See response to question No. 135. In addition, examples of community outreach include activities focusing primarily on reducing preventable admissions, readmissions, non-emergent visits to the emergency department (ED), enhancing behavioral and physical health coordination of services, and increasing access to pediatric dental preventive and restorative services.
145.		Throughout the RFP and appendices, DHS uses the terms	Health Homes (HH): A Health Home is a Medicaid State Plan Option that provides a comprehensive system of care coordination for

No.	RFP or Agreement Section	Question	Response
		<p>Enhanced Medical Home (EMH), Health Homes (HH), and Patient Centered Medical Homes (PCMC). Please provide the definitions for each.</p>	<p>Medicaid individuals with chronic conditions. Health home providers will integrate and coordinate all primary, acute, behavioral health and long term services and supports to treat the “whole-person” across the lifespan. (Medicaid.gov definition)</p> <p>Patient Centered Medical Home (PCMH): The Patient Centered Medical Home is a care delivery model whereby patient treatment is coordinated through a primary care physician to ensure patients receive the necessary care when and where needed, in a manner they can understand. (American College of Physicians definition) It provides team-based care achieved through coordinated care, with a whole person orientation.</p> <p>Enhanced Medical Home (EMH): The Enhanced Medical Home builds upon the PCMH by providing access to primary care providers, as well as targeted care management support for Members at high risk of using acute medical services. Medical care provided to patients includes integrated behavioral health specialists and pharmacists.</p>
Information Systems			
146.	<p>Appendix A, Section V.O.7.a – Management Information Systems Page 91.</p> <p>“The PH-</p>	<p>Please clarify; what is “Reference” in the context of the paragraph listed above.</p>	<p>Reference refers to the component of your MIS that houses your valid diagnosis codes, HCPCS procedure codes, DRGs, ICD procedure codes, modifiers, restrictions, edit codes, etc.</p>

No.	RFP or Agreement Section	Question	Response
	MCO must have at a minimum the following components to its MIS or the capability to link to other systems containing this information: Membership, Provider, Claims processing, Prior Authorization , Reference.”		
147.	RFP, Part II, Work Statement Questionnaire, MANAGEMENT	The question reads: “Describe how you will comply with the data completeness monitoring program requirements, including the submission of a plan.” With respect to the phrase: “... including the submission of a plan,” please	The assumption is correct. You do not need to submit the actual data completeness plan.

No.	RFP or Agreement Section	Question	Response
	INFORMATION SYSTEMS (MIS), Question 16. Pg. 27	confirm that DHS is not requesting that the bidder submit a data completeness plan as part of their response to this RFP question, but rather describe how they will supply DHS with a data completeness plan per Appendix A, Section VIII.B.#1, item c (on page 140 of Appendix A). If we are incorrect in our assumption, and DHS does want the actual data completeness plan as part of the bidder's RFP response to Question 16, please confirm that the plan would be submitted as an attachment outside the 3 page limit?	
148.	Exhibit Z Automatic Assignment Pg. 402	How will the DHS address automatic assignment and/or minimum member thresholds for new entrants into one or more zones?	Automatic assignment in HealthChoices Zones is defined in Appendix A DRAFT Agreement, Exhibit Z. DHS is not currently contemplating changes to automatic assignment processes.
149.	Request for Proposal II-5Work Statement Questionnaire: Coordination of Care pg. 24	In Question 1: Describe the procedures and processes you have in place for coordination of care to ensure a smooth transition for MA consumers who transfer between MCOs and delivery systems as well as those procedures which will be used if selected for award. Please define	"Delivery system" examples can be reviewed at Section V. D. of the HealthChoices DRAFT Agreement (Appendix A of the RFP).

No.	RFP or Agreement Section	Question	Response
		"delivery systems" in this question.	
150.	RFP, Part II, Planned Approach, MIS, Question 7 RFP, p.27	Are any 3rd party verification organizations used by the State to validate encounter files submitted by the plans? If yes, which organizations are utilized, what are their validation methods and what is the frequency?	Yes, DHS utilizes a 3 rd party EDI translator to perform basic HIPAA X12 editing on every incoming encounter file except NCPDPs
Evaluation Criteria			
151.	III-4 Technical Evaluation Criteria	How will proposals that include multiple zones be evaluated/scored? If an MCO can be approved for one zone and not another will the technical response be scored individually by zone or in aggregate?	See response to question No. 15. For all offerors, whether selected for negotiations or not, DHS will separately score the Technical Submittal for each zone.
152.	RFP 06-15 HealthChoice s Physical Health Final, Part III-4 Evaluation Criteria, A. Technical, 1. Work Statement	III-4 states that: "For the Zones that an Offeror includes in its proposal, the Department's evaluation will include but is not limited to review of: • Whether the Offeror has fully and appropriately accounted for the particular and/or unique healthcare resources available to and	See response to questions Nos. 15 and 151. See Part III of the RFP for information on the evaluation of proposals.

No.	RFP or Agreement Section	Question	Response
	Questionnaire/Soundness of Approach, page 35.	<p>healthcare challenges faced by MA consumers in the Zone(s), and;</p> <ul style="list-style-type: none"> • Content that demonstrates how the Offeror's approach has been specifically crafted to address the particular and/or unique demographic, cultural, economic, geographic, or other relevant characteristics of the regions, counties and municipalities comprising the Zone(s)." Will Offerors be scored on a zone by zone basis? If so, how will the state determine competency or value for each zone if Offerors are to submit one response for all Zones? If so, please provide additional scoring details for each Zone/Zones. 	
153.	III-5 Offeror Responsibility	What is the point value for each technical requirement? Is there a special weight to any of the technical requirements? Will each technical requirement receive a separate score for each zone proposed by an Offeror?	See response to question Nos. 15 and 152. RFP Part III contains information on proposal evaluation.
154.	III-4 Technical	Does the Commonwealth plan to	See response to questions Nos. 15, 152 and 153.

No.	RFP or Agreement Section	Question	Response
	Evaluation Criteria	release evaluation methodology for the technical scoring (i.e., how it will assess the financial condition and other portions of the Technical submittal)?	
155.	III-4 Technical Evaluation Criteria	If each zone is scored separately, does the 70% technical score requirement listed in Subsection A refer to 70% for each zone proposed or is it a weighted average of all zones proposed?	Yes, the 70% will be per zone on which a proposal is submitted. See response to question No. 15.
156.	III-4 Evaluation Criteria	Is the Management Summary included in the technical criteria used to evaluate each proposal?	See response to questions Nos. 152 and 153.
Pharmacy			
157.	RFP 06-15 HealthChoice's Physical Health Final, Part II-5 Work Statement Questionnaire, Pharmacy, Question 5,	Please clarify what is meant by "how consistent is [MCO's payment methodology for outpatient drugs] with other third party payers in the Commonwealth?" What is the intent of this question? We do not have access to this type of competitor information.	The intent is for the offeror to ensure efficiency in payment for outpatient drugs while maintaining access to care in all areas of the Commonwealth.

No.	RFP or Agreement Section	Question	Response
	page 25.		
158.	Request for Proposal II-5 Work Statement Questionnaire: Pharmacy Question 8 pg. 26	In Question 8: Describe how you will meet the requirement that all data required by the Department for all outpatient drugs paid for by the MCO are submitted timely, completely and accurately to the Department. Please clarify the definition of "outpatient drugs" in this question.	Reference the DRAFT Agreement (Appendix A of the RFP), Part II Definitions, <u>Covered Outpatient Drug</u> .
159.	RFP, Part II, Pharmacy Question 3	Pharmacy question #3 asks about PDL/formulary development and the P&T Committee membership and function. It additionally asks bidders to "describe other outpatient drug utilization strategies." Since bidder responses to questions 1 and 2 will also describe "other outpatient drug utilization strategies," please clarify how question #3 differs from questions 1 & 2?	Question 1 would include any approaches to control outpatient drug costs. The second bullet of question 3 is specific to utilization management strategies.
160.	RFP, Part II, Pharmacy Question 4 Appendix A, Section V,	Section I, B of the Agreement requires MCOs to "routinely check the HealthChoices intranet" for MC OPS Memos and other clarifying information.	Offerors who need to access information can request access to the OMAP RFP site which is a mirror of our production site. To request access, please send an e-mail to Kelly McCarty at kemccarty@pa.gov . DHS can provide examples of Drug Denial Notice Templates from the

No.	RFP or Agreement Section	Question	Response
	Subsection O.t	<p>Exhibit BBB, 1.h. states "The PH-MCO must agree to adopt the same guidelines to determine medical necessity of selected drugs or classes of drugs as those adopted by the MA FFS Program when designated by the Department by publication of Managed Care Operations Memoranda (MC OPS Memos)."</p> <p>Exhibit BBB, 4.d. states "If the PH-MCO denies the request for prior authorization, the PH-MCO must issue a written denial notice, using the appropriate Outpatient Drug Denial Notice template listed on the Department's HealthChoices Intranet site."</p> <p>Appendix A, Section V, Subsection O.t states "Information about these files is available on the HealthChoices Intranet Site."</p> <p>Question: How can bidders access the HealthChoices Intranet Site – and/or – can DHS make this</p>	HealthChoices Agreements.

No.	RFP or Agreement Section	Question	Response
		information available to bidders who do not have access to the HealthChoices Intranet Site?	
161.	RFP, Part II, Pharmacy Question 6	Please provide bidders access to historical claims data.	DHS has issued the historical data necessary for this RFP under Appendix B. No further data will be issued.
162.	Exhibit BBB, 14.e.ii Pg. BBB 14	<p>Exhibit BBB, 14.e.ii requires MCO compliance “with the PH-BH MCO Pharmacy Data Exchange procedures as specified by the Department.”</p> <p>Section 14.f. Describes requirements to transfer data files.</p> <p>Question: Can DHS suggest where bidders can find additional details on the above Exchange and/or a definition of “Pharmacy Data Exchange,” which appears to be a proper noun but for which there is no formal definition in the RFP.</p>	<p>HealthChoices Pharmacy data exchange is conducted via an electronic pharmacy data file between the PH-MCOs and BH-MCOs.</p> <p>Offerors who need to access information to the Intranet site can request access to the OMAP RFP site which is a mirror of our production site. To request access, please send an e-mail to Kelly McCarty at kemccarty@pa.gov.</p>
Managed Care Operations / Delivery / Standard Terms and Agreement			
163.	Appendix A Draft	Please confirm if and describe how the PH-MCO will receive Behavioral	Depending upon the initiative, DHS may provide encounter and other data through electronic file transfer or other mechanisms which will be

No.	RFP or Agreement Section	Question	Response
	Agreement, 2. PH-MCO and BH-MCO Coordination, Page 56	Health Data from the Department.	communicated to the MCOs through operations and systems memoranda, combined with MCO-specific Technical Assistance.
164.	Appendix A Draft HealthChoice s Agreement, Section V: Program Requirements, a. In-Plan Services, 1. Amount, Duration and Scope, The Department has established benefit packages based on category of assistance, program status code,	Would the Department provide a summary of the benefit packages based on the criteria described above?	<p>The HealthChoices/Medical Assistance Benefit packages can be reviewed in conjunction with the Medical Assistance Fee for Service (MA-FFS) Fee schedule through the link to Medical Assistance Bulletin (MAB) #99-15-05 attached below. The Bulletin contains links to the appropriate documents.</p> <p>http://www.dhs.state.pa.us/cs/groups/webcontent/documents/bulletin_admin/c_172249.pdf</p>

No.	RFP or Agreement Section	Question	Response
	age, and, for some packages, the existence of Medicare coverage or a Deprivation Qualifying Code, page 40.		
165.		Are there any benefits or services to be provided under the 2017 contract that are not provided to members today? If so, what are the services and are the expected costs of these services?	<p>The DRAFT 2017 Agreement is based upon the current Medical Assistance Benefit packages which can be reviewed at the following link to Medical Assistance Bulletin #99-15-05. The DHS will not speculate regarding services that may be added to the Medical Assistance Program in future years. Potential changes to the HealthChoices Program are addressed in RFP Appendix A, DRAFT Agreement 2017, Section VII.B.#3.</p> <p>http://www.dhs.state.pa.us/cs/groups/webcontent/documents/bulletin_admin/c_172249.pdf</p>
166.		Will DHS provide de-identified data (e.g., enrollment, race and age data) for the entire state by zip code and county?	<p>The enrollment reports found at the following link provide enrollment numbers by county and race. The DHS is attempting to compile zip code-based data and will release as an Addendum if available.</p> <p>http://www.dhs.state.pa.us/provider/healthcaremedicalassistance/managedcareinformation/index.htm</p>

No.	RFP or Agreement Section	Question	Response
167.	Part II Criteria for Selection	If the Offeror is denied for one zone, can it still be approved in another zone?	Yes, an offeror may be selected for negotiation in another zone if it meets the requirements of the RFP for that Zone's portion of the proposal.
168.	Part I General Information Section I-25(A) – page 12	Our understanding is that the Commonwealth will treat any such misstatement, omission or misrepresentation as fraudulent concealment only if the Offeror makes such misstatement, omission or misrepresentation with an intent to mislead as set forth in 18 Pa. C.S. § 4904. Is this correct?	Correct.
169.	Part II Proposal Requirements II-7, Objections and Additions to Standard Contract Terms and Conditions – page 31	Please confirm that the terms and conditions which Offerors are permitted to negotiate or suggest additions to are located in the following three documents: (1) an unlettered document titled, "Draft HealthChoices Physical Health Agreement January 1, 2017"; (2) Exhibit D, Standard Terms and Conditions for Services; and (3) an unlettered exhibit titled "Department of Human Services Addendum to Standard Contract	<p>Correct. The three (3) documents cited are the documents that DHS and successful selected offerors may discuss.</p> <p>The document that comprises Exhibit E of the DRAFT HealthChoices Agreement (Appendix A of the RFP) begins on page 255 of the PDF identified as Appendix A on the eMarketplace RFP #06-15 web posting. It lacks an <u>Exhibit E</u> heading but can be identified with the title, <u>Department of Human Services Addendum to the Standard Contract Terms and Conditions</u>.</p> <p>The reference to Exhibit F in Section II-7 is incorrect.</p>

No.	RFP or Agreement Section	Question	Response
		Terms." Please also confirm that the reference to Exhibits E and F in Section II-7, Objections and Additions to Standard Contract Terms and Conditions, are in error. We cannot locate an Exhibit E, and Exhibit F, is titled "Family Planning Services and Procedures."	
170.	Appendix A Draft Agreement Exhibit II, Required Terms for subcontractors II-1-II-3	Exhibit II sets forth required contract terms for administrative subcontracts. Some required subcontractor provisions in the RFP, Appendices and Exhibits are not listed in Exhibit II, including, but not limited to the requirement in Section 22(h) of the Standard Terms and Conditions for Services and paragraph 3 of Appendix M, Lobbying Certification Form. Would the State be amenable to revising Exhibit II to include these and any other required contract terms for administrative subcontractors?	DHS will consider revisions to the DRAFT Agreement as necessary following negotiations with selected Offerors.
171.	Appendix I, Ownership Structure and Related	Please confirm that "filing with Department of Labor" refers to unemployment tax returns filed by Offerors with the Pennsylvania	Correct. Reference is to filings with Pennsylvania Department of Labor and Industry.

No.	RFP or Agreement Section	Question	Response
	Information, Question 14	Department of Labor; and if not, please clarify what filings are being requested.	
172.	Appendix J, Domestic Workforce Utilization Certification	Please confirm that "geographic boundaries of the United States" includes any geographic area owned or governed by the United States, including but not limited to, Guam, Puerto Rico, and the Virgin Islands, even if those geographic areas are not contained within the geographic boundaries of the contiguous 48 states, Alaska, and Hawaii.	Correct. Includes reference to geographic areas owned or governed by the United States.
173.	Part I, General Information: Population Projections, Page 3-4	DHS projects an increase of newly eligible population to be 150,000 to 200,000. How was this determined? Does DHS have any demographic information on this new population?	<p>The projections were based upon various statistical analyses of the potential HealthChoices Expansion population from various Pennsylvania demographic analyses. The population is defined as over 21 years of age and possessing income within Federal Poverty Limit guidelines of below 138%. Discussion of the expansion can be reviewed in the Medical Assistance Bulletin #99-15-05 at the following link,</p> <p>http://www.dhs.state.pa.us/cs/groups/webcontent/documents/bulletin_admin/c_172249.pdf</p> <p>Once this population is fully assimilated into the HealthChoices Program, more demographic information will be available through the</p>

No.	RFP or Agreement Section	Question	Response
			HealthChoices Enrollment reports found at the following link, http://www.dhs.state.pa.us/provider/healthcaremedicalassistance/managedcareinformation/index.htm
174.	Part I, General Information: I-23 Issuing Office Participation, Readiness Review, Page 12	How soon would DHS conduct a readiness review prior to the operational date? This is important as readiness reviews generally set the tone for the business relationship with the MCO.	Readiness Review discussions and processes will begin as soon as possible following the announcement of selected Offerors in January 2016. At this time, the February 2016 period is most likely for the commencement of Readiness discussions.
175.	RFP 06-15 HealthChoice's Physical Health Final, Part II-4 Personnel, page 18.	The RFP indicates that "If an Offeror proposes to engage a subcontractor to perform any of the functions discussed in this section of the RFP, Offerors may cross-reference and need not duplicate the descriptions of such subcontractors requested below in Section II-4.D of this RFP, Subcontracts." Please clarify whether subcontractor descriptions should reside in II-4.D, and then be referenced in other areas of the	The subcontractor descriptions should reside in II-4D and be referenced in other areas of the response.

No.	RFP or Agreement Section	Question	Response
		response—or vice versa.	
176.	RFP 06-15 HealthChoice's Physical Health Final, Appendix I, Ownership Structure and Related Information, Question 14.	Please clarify what amounts are being requested. In addition, please confirm that the Department of Labor referenced is the United States Department of Labor.	See response to question No. 171.
177.	RFP 06-15 HealthChoice's Physical Health Final, Part II-5 Work Statement Questionnaire, Coordination of Care, Question 1, page 24.	Please clarify whether this question pertains to the requirements set forth in Section V.D of the draft Agreement. If so, please clarify whether this question is intended to pertain specifically to coordination of out-of-plan services vs. coordination of care for members transferring between MCOs and delivery systems, as the latter appears to be contemplated in Question 2 of this same section.	Question #1 is referencing situations as illustrated in Section V.D. of the DRAFT Agreement; as well as situations that may involve coordination between the various Medical Assistance Delivery systems such as MA-FFS, MA MCO to MA MCO, and MA Long-term Care, etc. There is a distinction between continuity of care and coordination. In Question #2, the Offeror must address continuity issues as they pertain to MCO and other delivery system transitions.
178.	Part I General Information,	A projection table provided by DHS illustrates that approximately	DHS will initiate a consumer notification and education period 60 days prior to January 1, 2017 informing the HealthChoices population of the

No.	RFP or Agreement Section	Question	Response
	Section I-4 ("Problem Statement")	150,000-200,000 new eligibles are expected to join the HealthChoices program between July and November 2015. With an existing base of close to 1 million beneficiaries, what methodology will DHS use to allocate beneficiaries to contracted managed care organizations beginning in contract year 2017?	MCOs that will be available. The HealthChoices population has the ability to select a new MCO at any time. Any consumers that have not proactively selected an MCO through the DHS Enrollment Assistance Broker will be auto-assigned to an MCO using the methods discussed in Exhibit Z of the DRAFT Agreement (Appendix A of RFP #06-15)
179.	Miscellaneous:	To avoid a chaotic first operational year, will the Commonwealth agree to create a member lock-in during the first year of the program (e.g. 6 months or 12 months) for auto-assigned members only?	DHS is not considering consumer "Lock-in" in the HealthChoices Program at this time. HealthChoices is a mature program that has demonstrated long-term stability of its consumer base MCO selections. MCO churn has not historically been problematic.
180.	RFP, Part II, Work Statement Questionnaire, Provider Network Composition And Network Management, Question 7	Regarding the sentence: "Describe your plans to work with your provider network to electronically collect quality measures." - Does the phrase "quality measures" refer to all 9 measures listed in Appendix A, Exhibit B(3), Item A, under "Quality Performance Program" (page 1 of Exhibit B(3)), or does it refer to all quality measures that an MCO may collect under any	The terms "Quality Measures" can be applied to any measures that may be collected in accordance with the HealthChoices Agreement and its Quality Programs. As such, all of the Exhibits B would be considered illustrative of possible "Quality Measures" to be collected.

No.	RFP or Agreement Section	Question	Response
	Pg.28	program?	
181.	RFP, Part II, Work Statement Questionnaire, Provider Network Composition and Network Management , Question 6. Pg. 28	Please define “community-based cooperative care team”? We are unable to locate a definition in the RFP or other available documents.	See response to question No. 135.
182.	Exhibit BBB. 1.i. page BBB-2	<p>This provision requires MCOs to comply with:</p> <ul style="list-style-type: none"> • Section 2117 of Article XXI of the Insurance Company Law of 1921, as amended, • 40 P.S. 991.2117 regarding continuity of care requirements • 28 PA Code Ch. 9 and • The procedures outlined in MA Bulletin 99-03-13 and MA Bulletin # 99-96-01. <p>In addition, one of the Pharmacy subquestions in #4 is: How are the</p>	<p>DHS does not issue a “policy manual” regarding continuity of care requirements. HealthChoices requirements are defined by the Agreement and the illustrated references contained within. Offerors must make their best attempt to understand the program requirements from the documents available through the RFP and other public information outlets. MA Bulletins can be reviewed through the DHS public website at the following link,</p> <p>http://www.dhs.state.pa.us/publications/bulletinsearch/index.htm</p> <p>Successful Offerors will receive significant technical assistance from DHS during the Readiness Review period.</p>

No.	RFP or Agreement Section	Question	Response
		<p>Continuity of Care requirements for children and adults incorporated into the prior authorization process?</p> <p>In order to level the playing field for new entrants, can DHS direct bidders to a policy manual or other agency documentation of the most current continuity of care requirements and procedures. Such a document would help MCOs ensure compliance and enable us to develop of the most effective policies and procedures to ensure no disruption in care.</p>	
183.	RFP page 4	Does the Department have an optimum number of MCO's for each zone? If so, does it vary by zone? What is the optimum number per zone?	DHS will consider the numbers of MCOs for each zone based upon the ranges communicated in the RFP in Section I-5. The final number will be based upon DHS discretionary analysis of HealthChoices Program needs following RFP evaluations and ranking of successful Offerors.
184.	RFP page 4	Does the Department intent to reduce the overall number of MCO's statewide?	DHS currently has no anticipated MCO selection numbers beyond the ranges communicated in Section I-5 of the RFP.
185.		Will special consideration be given to MCO's that are in more than one zone already?	DHS does NOT give special consideration to any MCOs in the procurement process. All Offerors are viewed as equal in evaluation of their responses.

No.	RFP or Agreement Section	Question	Response
186.		The new HC Agreement and its exhibits do not designate which counties are rural and which are urban, can the Department provide a listing for the counties?	DHS bases its HealthChoices Rural/Urban county designations on The Center for Rural Pennsylvania maps available at the following link, http://www.rural.palegislature.us/demographics_rural_urban_counties.html
187.		What are the specific access and availability standards?	The HealthChoices provider Access and Availability standards are defined in Exhibits AAA(1-3) <u>Provider Network Composition/Service Access</u> of the DRAFT HealthChoices Agreement (Appendix A of the RFP). These Exhibits begin on pdf page 404 of the Appendix A document found on the eMarketplace RFP #06-15 web posting.
188.		What information is the Department expecting to see for the Medicare Electronic Health Record Meaningful Use Program considering the MCO's do not have that specific data available to them?	Both MA and Medicare providers that participate in the MU program are publicly identified via internet links attached below. Offerors can use those provider lists to generate a response. The reason DHS included Medicare is that many of our high volume internal medicine physicians who see complex Medicaid adults decided to pursue the Medicare MU program instead of the Medicaid MU program. https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/DataAndReports.html Scroll about ¾ way down the page to the heading: Recipients of Medicare EHR Incentive Program Payments . Under this heading are several reports that will provide the listings for the providers and hospitals who received Medicare EHR Incentive payments. The reports are downloaded as Excel files that you will be able to sort by state/city/provider name, etc.

No.	RFP or Agreement Section	Question	Response
			<p>For the Medicaid EHR Incentive payments, DHS has an interactive map on the main page of our website at www.pamahealthit.org</p> <p>NOTE: it is best to use Internet Explorer when viewing the map. When you click on the map, it will open up a window with options. If you want to see the provider and/or hospital names who have received Medicaid EHR Incentive payments, choose the tab that says 'Locations' and then select the appropriate options and choose 'Display Locations'</p>