



To:
**Arizona Health Care Cost
Containment System**
701 E. Jefferson Street
Phoenix, AZ

For:
Pinal County Government

Prepared By:
Pinal/Gila Long Term Care
971 N. Jason Lopez Circle,
Bldg. D
Florence, AZ 85132




PINAL • COUNTY

Wide open opportunity

A. GENERAL MATTERS

Subject Requirement:	Reqmt. Page #	Offeror's Page #
Offeror's signature page	(Front Page)	2
Amendment One	N/A	3
Amendment Two	N/A	32
Offeror's Checklist (this attachment)	N/A	41
Completion of all items in Section G of the RFP	Section G	43

	Notice of Request for Proposal		AHCCCS
			Arizona Health Care Cost Containment System
	SOLICITATION NO.: YH12-0001	PAGE 2	701 East Jefferson, MD 5700
	OF 160	Phoenix, Arizona 85034	

OFFER

The undersigned Offeror hereby agrees to provide all services in accordance with the terms and requirements stated herein, including all exhibits, amendments, and best-and-final offers (if any). Signature also acknowledges receipt of all pages indicated in the Table of Contents.

Arizona Transaction (Sales) Privilege Tax License No.:

For clarification of this offer, contact:

Federal Employer Identification No.:

Name: Donna Beedle

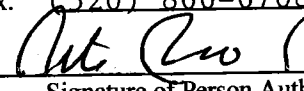
86-6000556

Phone: (520) 866-6798 or (520) 483-0866

E-Mail Address: donna.beedle@pinalcountyz.gov

Fax: (520) 866-6708

P.O. Box 2140, 971 N. Jason Lopez Circle
Company Name


Signature of Person Authorized to Sign Offer 3/16/11

Florence, AZ 85132
Address

Pete Rios

Printed Name

Chairman, Pinal County Board

Title or Supervisors

City State Zip

CERTIFICATION

By signature in the Offer section above, the bidder certifies:

The submission of the offer did not involve collusion or other anti-competitive practices.
The bidder shall not discriminate against any employee or applicant for employment in violation of Federal Executive Order 11246, State Executive Order 99-4 or A.R.S. §§ 41-1461 through 1465.
The bidder has not given, offered to give, nor intends to give at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant in connection with the submitted offer. Failure to provide a valid signature affirming the stipulations required by this clause shall result in rejection of the offer. Signing the offer with a false statement shall void the offer, any resulting contract and may be subject to legal remedies provided by law.

The bidder certifies that the above referenced organization is is not a small business with less than 100 employees or has gross revenues of \$4 million or less.

ACCEPTANCE OF OFFER (to be completed by AHCCCS)


Your offer, including all exhibits, amendments and best-and-final offer (if any), contained herein, is accepted.

The Contractor is now bound to provide all services listed by the attached contract and based upon the solicitation, including all terms, conditions, specifications, amendments, etc., and the Contractor's Offer as accepted by AHCCCS.

This contract shall henceforth be referred to as Contract No. YH12-0001-

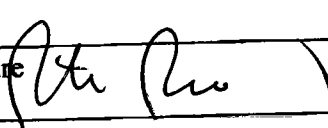
Awarded this _____ day of _____ 2011

Michael Veit, as AHCCCS Contracting Officer and not personally

	SOLICITATION AMENDMENT		Arizona Health Care Cost Containment System (AHCCCS) 701 East Jefferson, MD 5700 Phoenix, Arizona 85034
	Solicitation Number:	<u>RFP YH12-0001</u>	Contract Management Specialist: Jamey Schultz, CMS
	Amendment Number 1 (One)		E-mail: <u>Jamey.Schultz@azahcccs.gov</u>
	Solicitation Due Date:	April 1, 2011 3:00 PM (MST)	

A signed copy of this amendment shall be included with the proposal, which must be received by AHCCCSA no later than the Solicitation due date and time. This solicitation is amended as follows:

1. The attached Answers to Questions are incorporated as part of this solicitation amendment.

Offeror hereby acknowledges receipt and understanding of this Solicitation Amendment.		This Solicitation Amendment is hereby executed this the 24 th day of February, 2011, in Phoenix, Arizona.	
Signature		Date	3/16/11
Typed Name and Title		Michael Veit	
Chairman, Pinal County Board of		Contracts and Purchasing Administrator	
Name of Company		Pinal County Supervisors	

ALTCS RFP YH12-0001 QUESTIONS AND RESPONSES

DATE: February 24, 2011

Question #	Section Name	Paragraph #/Title	Page #	Question	Response
1	Capitation Template – Document F			Please confirm that the case management fee and risk/contingency are separate from the administrative portion of the capitation bid and not included in the 8 percent maximum. Is inclusion of the questions being addressed required as part of the narrative responses?	The case management component and the risk/contingency component are not included in the 8 percent administrative maximum. The number of pages that may be submitted for submission requirement 7 is four pages of narrative description of the claims adjudication process, five pages of flowcharts and up to four pages for the remittance advice.
3	Data Supplement	Utilization Data	fp site	Can we assume that the Nursing home cost, and the assisted living cost is presented in the utilization data net of the share of cost? Can AHCCCS provide clearer direction to bidders on the distribution of the share of cost by placement within a county?	Yes, the Offeror can assume that the Nursing home cost and assisted living cost is presented net of share of cost. It is not necessary to know the distribution of share of cost by placement for rate development or the bid submission. AHCCCS estimates that more than 95% of share of cost is for members residing in nursing facilities.
4	Data Supplement Section C <u>TREND AND RATE SETTING ASSUMPTIONS</u>			Please confirm the paid through date for the encounters that are represented within the databook.	The Databook is based on encounter dates of service (DOS). The Databook includes information through the first December encounter cycle. Any encounters that were approved and adjudicated by the first December encounter cycle with DOS between 10/01/07 – 06/30/10 would be included in the databook.

Question #	Section Name	Paragraph #/Title	Page #	Question	Response
5	Policies and Manuals 419 ALTCS Network Standards	General Requirements		The requirement states "The standard (either an "X" or a number of facilities/providers required in the tables below) will indicate the number of providers by a specific city, zone, facility location or countywide coverage." Will this requirement be adjusted if the specific location does not currently have the required number of facilities in it?	This requirement will not be adjusted. Offerors should address any gaps or network deviations in the Network Development and Management Plan.
6	Reference Materials – Case Management Training	Bidders Library	N/A	In review of the references materials we noted some discrepancies in the document name and the uploaded file. Could you please review the materials under Case Management Training and confirm that the items posted reflect what we should use during the current procurement?	The links have been changed and this issue has been resolved.
7	ALTCS Bidders Library/ Policies and Manuals	Provider Affiliation Transmission User Manual		The Bidders' Library links to a Provider Affiliation Transmission User Manual dated October 1, 2009, which appears to be the manual used by Acute Care health plans as there are no distinguishing criteria (e.g., Definitions, AHCCCS question/contact person) for ALTCS. To what extent, if any, does AHCCCS expect an ALTCS-only plan to comply with the Provider Affiliation Transmission User Manual dated October 1, 2009 for the CYE2012?	The Provider Affiliation Transmission User Manual is intended for use by Acute Care contractors only, not ALTCS contractors. This link will be removed from the Bidders' Library.
8	Data Supplement Section C TREND AND RATE SETTING ASSUMPTIONS	Overview	1	General Trend and Rate Setting Assumptions states that "For any GSA where the historical encounters varied significantly from financials AHCCCS may use a true-up factor to account for possible missing encounters. Please provide additional support to identify the impact of this true-up factor either separately or within the databook information. For example, what time periods and GSA's were impacted	After further review of the data AHCCCS will not be using a true-up factor for the base data.

Question #	Section Name	Paragraph #/Title	Page #	Question	Response
9	I. Instructions to Offerors	Q1	1	by this factor? Were only specific services impacted? What is the magnitude of the impact to the base data?	Yes. An actuarial certification is required for all Offerors.
10	Section A- Data Supplement Instructions and Overview	None	1	Is an actuarial certification required if Offeror submits a rate within the published rate range? When will AHCCCS notify proposers when individuals have been approved to access data and reports on the EFT/SFTP?	On average it is taking two days for notification once all paperwork is submitted. All Offerors that have completed and submitted the appropriate paperwork have been approved and notified as of February 25, 2011.
11	Program Requirements	3/Member Identification Cards	18	Beginning October 1, 2011 the Contractor is responsible for paying the costs of producing AHCCCS member identification cards. The Contractor will receive an invoice the month following the issue date of the identification card. What is the anticipated form and format of this invoice? An example will be helpful. How will the Contractor's capitation rate be adjusted to account for this additional expense? What is the anticipated form of payment that will be acceptable to ALTCSS?	A process is currently in place for the AHCCCS Acute Care Contractors where the contracted vendor receives a file from AHCCCS and invoices each Contractor for identification cards produced and sent out to enrolled members. Contractors will pay the vendor directly, using a form of payment acceptable to the vendor. This is the same process that would be utilized during CYE12. The cost of cards is estimated to be immaterial thus capitation rates will not be adjusted.
12	Program Requirements	3/Member Identification Cards	18	During CYE 2012 AHCCCS will meet with Contractors to develop a process for Contractors to also produce and issue member identification cards. Contractors will have complete responsibility for the production, distribution and cost of member identification cards by no later than October 1, 2012. Please define the testing process regarding the transfer of the data necessary to produce ID cards? Please describe the minimum requirements regarding the material used for ID cards? Will ALTCSS have minimum specifications for the placement of critical telephone numbers and web site addresses? Will the process mentioned above give the Contractor adequate time for design and testing? How will the Contractor's	A workgroup will be formed comprised of Contractors receiving awards for CYE12 and AHCCCS staff to implement this requirement. Policies and procedures as well as specifications for testing and data transfers will be developed by the group. The cost of cards is estimated to be immaterial thus capitation rates will not be adjusted.

Question #	Section Name	Paragraph #/Title	Page #	Question	Response
13	Program Requirements	4/Open/Annual Enrollment - Open Enrollment Subsection	18	<p>capitation rate be adjusted to account for this additional expense (including design and testing)?</p> <p>Should AHCCCS add choice of Contractors to a Geographic Service Area (GSA) other than Maricopa County, all existing members in that GSA will be given the opportunity to choose the Contractor with whom they will be enrolled [42 CFR 438.56(c)(2)(ii)]. Please clarify the intent of this requirement since the maximum number of contracts ALTCS intends to award is limited to "1" in all other GSAs?</p>	<p>The language allows AHCCCS flexibility; however, at this time AHCCCS does not intend to add choice of Contractors to any GSA other than Maricopa County.</p>
14	Program Requirements	3/Enrollment and Disenrollment	18	<p>What is the process Contractors will need to use to report members' acute care health plan choice to AHCCCS?</p>	<p>We believe you are referring to when a member becomes ineligible for ALTCS but remains eligible for the acute care program. This is a very rare occurrence, however, in the event it does occur, the Contractor shall obtain the member's health plan choice and submit that choice to the Communication Center in the Division of Member Services (DMS). Contractors will only be responsible for Member Identification cards for their own assigned members in each GSA.</p>
15	Program Requirements	3/Enrollment and Disenrollment	18	<p>Can AHCCCS confirm that the Contractor is only responsible for Member Identification Cards for the ALTCS members in each contracted GSA?</p>	<p>Contractors will only be responsible for Member Identification cards for their own assigned members in each GSA.</p>
16	Program Requirements	3/Enrollment and Disenrollment	18	<p>Will AHCCCS send selected vendors 5010 formatted files for testing and operations? If not, can AHCCCS provide the date it intends to begin transmitting 5010 file formats?</p>	<p>Yes. All testing with selected vendors (outbound and inbound) will be conducted in applicable HIPAA 5010 file formats. All 5010 formats will be in place for October 1, 2011.</p>
17	Program Requirements	3/Enrollment and Disenrollment	18	<p>Where on the 834 or other file will AHCCCS communicate the member's selected PCP to Contractors?</p>	<p>PCP data is assigned and maintained by the Contractor. At this time AHCCCS does not receive or maintain this information.</p>
18	Program Requirements	4/Open/Annual Enrollment - Annual Enrollment Choice Subsection	19	<p>For counties with more than one Contractor, AHCCCS may require a monthly submission of network information (PCPs, nursing facilities, Assisted Living Facilities etc.) to support initial enrollment, annual enrollment choice and open enrollment. Details will be provided at a later date.</p>	<p>If AHCCCS decides to require this information, details and formatting requirements will be provided with adequate time for design and testing. If AHCCCS deems the expense to be material, capitation may be adjusted.</p>

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19	Program Requirements	5/Enrollment Hierarchy - Auto-Assignment Algorithm	19	<p>Will the process mentioned above give the Contractor adequate time for design and testing? How will the Contractor's capitation rate be adjusted to account for this additional expense (including design and testing)?</p> <p>The algorithm is a mathematical formula used to distribute members to the various Contractors in a manner that is predictable and consistent with AHCCCS goals.</p> <p>So the Offeror may determine the impact of this subsection on its enrollment projections and process for establishing competitive capitation rates please define "AHCCCS goals" as used in this context. Will a timeframe be established and shared with Offerors?</p>	<p>Based on historical data, an estimated 5% of new members in Maricopa County are auto-assigned. In order to ensure that new Contractors reach an enrollment level that allows for efficiencies and improved viability, AHCCCS may auto-assign a higher percentage of new members to the new Contractor for a period of time. Decisions will be made based on the outcome of the awards and member assignment and will be shared with all Contractors prior to October 1, 2011.</p>
20	Program Requirements	5/Enrollment Hierarchy - Auto-Assignment Algorithm	19	<p>AHCCCS may change the algorithm at any time during the term of this contract. AHCCCS is not obligated to adjust the algorithm for any financial impact this may have on a Contractor.</p> <p>Will ALTCS give the Contractor at least 90 days notice prior to any adjustment? It will be helpful if ALTCS provides all impacted Contractors with a timeframe and projected impact the algorithm change will have on the Contractors to allow for personnel and network adjustments. Will ALTCS analyze personnel and network adequacy of the Contractors to make sure there will be adequate supports and network to serve the members? Please also provide an example or rationale as to under what circumstances and when AHCCCS may make changes to this algorithm.</p>	<p>Given that on average approximately 5% of new enrollment is auto-assigned in Maricopa county, AHCCCS does not anticipate that algorithm changes will result in significant personnel or network adjustments. Contractors will be given adequate notice of planned algorithm changes. Any pertinent data will be shared at that time. No example will be given.</p>
21	Program Requirements	5/Enrollment Hierarchy	19	<p>What is the mathematical formula AHCCCS will use to auto-assign members?</p>	<p>AHCCCS will assign a percentage to each Contractor for auto-assignment based on estimated final Contractor enrollment in Maricopa county. AHCCCS may initially favor Contractors new to a GSA in determining the algorithm. The auto-assignment</p>

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22	Program Requirements	5/Enrollment Hierarchy	19	Based on AHCCCS' experience, what is the expected percentage of members who will choose vs. those who will be auto-assigned for each GSA?	percentages will be shared prior to October 1, 2011. The mathematical formula programmed into the system allows assignment to the Contractor that is farthest away from their assigned target percentage.
23	D- Program Requirements	8 - Contract Termination, first paragraph	21	The RFP states: "...AHCCCS reserves the right to extend the term of the contract on a month-to-month basis to assist in any transition of members." Please add language to the effect that rates will remain actuarially sound, assignment algorithm will remain the same, and the program will remain stable.	Information regarding historical auto-assignment and choice is provided in the Data Supplement section of the Bidders' Library. AHCCCS will not add this language.
24	D- Program Requirements	8 - Contract Termination, subsection a	22	The RFP states that Contractor shall be responsible for "Payment of all outstanding obligations for medical care rendered to members, until AHCCCS is satisfied that the Contractor has paid all such obligations." Please revise as follows: "Payment of all outstanding obligations for covered medical care rendered to members, until Contractor reasonably demonstrates that Contractor has paid all such obligations, or until AHCCCS is otherwise satisfied that the Contractor has paid all such obligations."	Change will be considered for possible future amendment.
25	D- Program Requirements	8 - Contract Termination, subsections c, d, e and f	22	Please insert the phrase "which release shall not be unreasonably withheld or delayed" at the end of subsections c, d, e and f.	Change will be considered for possible future amendment.
26	Program Requirements	10/Covered Services	22	Please provide a list of DME codes for reimbursement on provider fee schedules when providers bill with the following modifiers: LL, NR, RA and RB. Please provide the provider reimbursement amounts when the previously mentioned modifiers are indicated.	Current AHCCCS Fee Schedules are available on the AHCCCS Website.
27	Program Requirements	17/ Member Handbook and	41	When there are program changes, notification shall be provided to the affected members at least 30 days	AHCCCS will provide direction in the event notification to members of a program change is

Question #	Section Name	Paragraph #/Title	Page #	Question	Response
28	Program Requirements	17/ Member Handbook and Member Communications	41	<p>before implementation. Under what circumstances does a "program change" require 30 day prior notification? We understand the importance of keeping our member's informed regarding program changes that have an impact on the member. In our experience there are multiple program changes each year that may not impact the member, the member's access to care or member's covered services. It would be helpful if ALTCS could provide direction.</p> <p>The Contractor shall produce and provide the following printed information to each member or family within 12 business days of receipt of notification of the enrollment date [42 CFR 438.10(f)(3)]</p> <p>Can the Contractor reasonably expect that we will also be allowed 12 business days after receipt of enrollment notification to produce the member's ID card as specified in Section D 3, Member Identification Cards?</p>	<p>necessary.</p> <p>A process is currently in place for the AHCCCS Acute Care Contractors where the contracted vendor receives a file from AHCCCS and invoices each Contractor for identification cards produced and sent out to enrolled members. A workgroup will be formed comprised of Contractors receiving awards for CYE12 and AHCCCS staff to implement this requirement. Policies and procedures (which will address timing) as well as specifications for testing and data transfers will be developed by the group.</p>
29	Program Requirements	17/ Member Handbook and Member Communications, Subsection I.	41	<p>The handbook must be submitted to AHCCCS, Division of Health Care Management for approval within four weeks of receiving the annual renewal amendment and upon any changes prior to distribution.</p> <p>In the event that AHCCCS, Division of Health Care Management hasn't provided comment on a Contractor's submitted handbook, can the Contractor then assume that it is approved?</p>	<p>No. Member handbooks must be approved by AHCCCS prior to distribution.</p>
30	Program Requirements	20. Quality Management	43	<p>Participation in community initiatives including applicable activities of the Medicare Quality Improvement Organization (QIO). Please describe any anticipated, expected or planned community initiatives that ALTCS and the QIO may</p>	<p>AHCCCS does not have any information related to any specific community initiatives at this time that the ALTCS Contractor would be required to participate in. AHCCCS can not estimate anticipated personnel needs or costs, without a project being specified.</p>

Question #	Section Name	Paragraph #/Title	Page #	Question	Response
31	Prog. Reqs	D.20	43	implement during the contract period that will require mandatory Contractor participation. Please describe the expected personnel needs or other cost of these anticipated, expected or planned community initiatives. Please describe how much advanced notice the Contractor will receive prior to a mandatory participation. Is the QIO aware of these anticipated, expected or planned community initiatives? States "The Contractor must ensure that the Quality Management/Quality Improvement Unit within the organization is separate and distinct from any other units or departments such as Medical Management or Case Management.? Does this require separate and distinct staff?	Contractors would be made aware of an activity/initiative when AHCCCS is made aware. This requirement was added to a previous ALTCS contract at the request of the QIO and other community agencies. Section D, Paragraph 25 (Staff Requirements and Support Services) states that an individual staff member is limited to occupying a maximum of two of the Key Staff positions. The Contractor must be able to demonstrate, however, how it will maintain a separate and distinct Quality Management/Quality Improvement Unit and the steps that it will take to ensure that the Unit is able to successfully carry out the functions of a Quality Management Program, as outlined in Section D, Paragraph 20(A).
32	Program Requirements	20. Quality Management, Subsection B.1	44	The current AHCCCS established performance measures may be subject to change when these core measures are finalized and implemented. The Contractor must have a process in place for internal monitoring of performance measures rates, using the standard methodology established or adopted by AHCCCS, for each required performance measure. Will the Contractor receive advanced notification of at least 90 days prior to implementation of these changes? Will the Contractor have at least 90 days to implement any changes? Will ALTCS adjust capitation rates if these changes result in additional program or administrative costs?	If the core measures are mandated by the Centers for Medicare and Medicaid Services (CMS), AHCCCS will add the specific requirements to the Contractors contract. As AHCCCS is made aware of performance measure requirements, it will communicate the changes to Contractors in a timely manner and costs will be analyzed to determine if a capitation rate adjustment is necessary. It is anticipated that there would be at least 90 days notice prior to any mandated changes to performance measures.
33	Section D, Program	25. STAFF REQUIREMENTS	48	When should a proposer notify AHCCCS of a possible request for an exception to the contract requirement -	While AHCCCS does not encourage exceptions to Key Staff Position requirements, as part of the

Question #	Section Name	Paragraph #/Title	Page #	Question	Response
34	Requirements, a subsection of A. General	and SUPPORT SERVICES		<p>“An individual staff member is limited to occupying a maximum of two of the Key Staff positions listed below unless prior approval is obtained by AHCCCS, Division of Health Care Management”? As part of the proposal? Upon contract award?</p> <p>The CYE2012 requirement for Case Management Supervisor requires “3 years of management/supervisory experience in the healthcare field”. How does an organization factor in an individual’s promotion from within their organization? Example: Case Manager with experience who has shown leadership skills and would be promoted from within.</p>	<p>proposal, the Offeror should indicate if an individual will be occupying more than two of the Key Staff positions and that the Offeror will be requesting an exception if awarded a contract.</p> <p>In a future amendment for October 1, 2011, AHCCCS will modify Paragraph 25, Staff Requirements and Support Services, subsection Additional Required Staff, bullet y - Case Management Supervisor(s) to read:</p> <p>“To oversee case management staff who shall have the qualifications of a case manager as defined in Section D, Paragraph 16 and a minimum of three years of management/supervisory experience in the health care field or a minimum of three years of case management experience.”</p>
35	Program Requirements	25/Staff Requirements and Support Services	51	<p>The Contractor shall design their provider networks to maximize the availability of community based primary care and specialty care access and that reduces utilization of emergency services, one day hospital admissions, hospital based outpatient surgeries when lower cost surgery centers are available, and hospitalization for preventable medical problems.</p> <p>Please define “community based primary care and specialty care” as used in this section. Please be specific as to “AHCCCS Provider Types”.</p>	<p>This term refers to primary and specialty care providers who, whenever possible, practice in the community in which the member resides.</p> <p>A list of AHCCCS provider types for primary care and specialty care is available in the Bidders’ Library.</p>
36	Program Requirements	28/Network Development	54	<p>The Contractor is expected to design a network that provides a geographically convenient flow of patients among network providers.</p> <p>Please provide a definition of “geographically convenient flow” as used in this section. Especially in consideration of the requirement in this section: The Contractor shall develop and maintain a provider</p>	<p>Contractors are expected to develop a network that affords providers with a reasonable opportunity for sufficient members who may utilize their services.</p> <p>The Contractor is expected to establish and maintain a network that is responsive to the needs of each individual as well as the membership in general. As such, providers must be geographically positioned to</p>

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				Network Development and Management Plan which ensures that the provision of covered services will occur as stated above [42 CFR 438.207(b)]. Would ALTCS consider there to be a difference in "geographically convenient flow" in urban or rural GSAs? Would ALTCS consider there to be a difference in "geographically convenient flow" for specific "zones" within Maricopa and Pima GSAs based on availability of providers and concentration of members? If yes, please define. How would the Offeror demonstrate a "geographically convenient flow" in its Network Development Plan?	ensure that members are able to fully access needed services in a timely manner. This requirement applies to rural and urban areas or zones. It is up to the Offeror to determine how to demonstrate that its network will meet this requirement.
37	Program Requirements	28/Network Development	54	Please define "community norms"	Community norms refer to services and settings generally available to the general public.
38	Program Requirements	28/Network Development	57	What are the numbers of members who are dual eligible versus non-dual eligible?	Information regarding dual and non-dual placement and member months by county is available in the Data Supplement portion of the Bidders' Library. The January 1, 2013 deadline does apply to other non-Maricopa/Pima counties. The RFP / Contract will be amended to include this deadline.
				Does the January 1, 2013 deadline imposed for Maricopa and Pima Counties also apply to all other counties where AHCCCS requires Contractors to be a MA Plan and/or MA SNP or attempt to develop a formal relationship with a MA Plan and/or MA SNP? If the expectation is that a Contractor in a rural county establish a MA/SNP plan or relationship with such earlier than January 1, 2013, is this expected to be in place by October 1, 2011; January 1, 2012; or at the time of bid submission?	
39	Program Requirements	28/Network Development	57	Can AHCCCS elaborate on the goals and objectives, and expected collaboration with Contractors to develop E-prescribing during the contract period?	AHCCCS expects to develop goals and objectives in the future. Contractors will be informed at that time.
40	Program Requirements	28/Network Development	57	In relation to dual eligibles, what are the acceptable qualifications for attempting to develop a formal relationship with a MA Plan and/or MA SNP? What constitutes a formal relationship, e.g., LOI, contract? Can multiple Contractors have a formal relationship	A formal relationship includes a contractual arrangement between the Contractor and the MA/MA SNP to work together and share information for the purpose of coordinating care for the member. Multiple Contractors can have a formal relationship

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41	Program Requirements	31/Provider Registration	59	<p>with the same MA/MA SNP vendor?</p> <p>The National Provider Identifier (NPI) is required on all claim submissions and subsequent encounters (from providers that are eligible for a NPI). Please provide detailed instructions for submitting claims and encounters for providers that are ineligible for obtaining an NPI.</p>	<p>with the same MA/MA SNP vendor.</p> <p>AHCCCS policies and processes define and recognize types of providers who are Atypical (not eligible) for National Provider Identifier purposes. Detailed instructions for the submission of claims and encounters are included in the AHCCCS Fee For Service Provider Manual and the AHCCCS 837 Companion Documents available in the Bidders' Library.</p>
42	Program Requirements	32/Network Summary	59	<p>In addition to the above, for counties with more than one Contractor AHCCCS may require a monthly submission of network information (PCPs, nursing facilities, Assisted Living Facilities etc.) to support initial enrollment; annual enrollment choice and open enrollment. If needed, details will be provided at a later date.</p> <p>Please provide additional information about this requirement. Under what circumstances will AHCCCS need this network information? Will there be specific file formatting requirements? Depending on the specifications the Contractor will need adequate time to program and test to meet these specifications.</p>	<p>The Division of Member Services may require additional information to assist members when they are choosing Contractors. If AHCCCS decides to require this information, details and formatting requirements will be provided with adequate time for design and testing.</p>
43	Program Requirements	31/Provider Registration	59	<p>Will AHCCCS provide a database or other resource to look up provider AHCCCS ID numbers? If so, when can Contractors expect to receive this information?</p>	<p>Contractors receive a weekly provider extract file with identification numbers which details additions, terminations and changes to AHCCCS registered providers.</p>
44	D- Program Requirements	33 - Subcontracts	60	<p>The RFP states: "A merger, reorganization, or change in ownership of an Administrative Services subcontractor of the Contractor shall require a contract amendment and prior approval of AHCCCS." To confirm, is this intended to require AHCCCS approval of assigning a subcontract to a new owner or effecting the amendment, rather than approval of the subcontract merger, reorganization or change in</p>	<p>If a Contractor has an approved subcontract with a third party for Administrative Services, and the entity providing the Administrative Services merges, reorganizes, or changes ownership, then the Contractor is obligated to provide notice to AHCCCS of the change, and AHCCCS reserves the right to withdraw its approval of the subcontract for Administrative Services upon any such change. If the</p>

Question #	Section Name	Paragraph #/Title	Page #	Question	Response
45	Program Requirements	44/Claims Payment/Health Information System	70	<p>ownership itself? (Similar to the requirement on page 75, Section 49, which states: "If there is a change in ownership of the entity with which the Contractor has contracted for management services, AHCCCS must review and provide prior approval of the assignment of the subcontract to the new owner.")</p> <p>In the General Claims Processing Requirements subsection there is a paragraph that reads: "Standardized claims for services must be submitted pre R9-22-719, therefore:</p> <ul style="list-style-type: none"> Roster billing is not permitted for nursing facilities for dates of service on or after October 1, 2011; Contracts shall work with all other providers to eliminate roster billing and submit standardized claims with dates of service on or after October 1, 2012." <p>To make sure the Offeror is clear please define "roster billing". A representative example would be very helpful for the Offeror and a useful communication tool with providers. To be clear, is it the intent of this provision that the nursing home (for October 1, 2011) and other providers (after October 1, 2012) must prepare and submit a valid and accurate claim in the appropriate format? Would AHCCCS consider it to be acceptable if the Offeror/Contractor prepared the claim for the nursing home/provider and then adjudicated the claim to identify under/over billing or fraud? What is the penalty for failure to perform relative to these requirements? Will the Contractor be subject to sanctions in accordance with Section D, Paragraph 80, Sanctions?</p>	<p>approval is withdrawn, the Contractor must resume direct performance of the administrative services. The Contractor may request continued approval of the subcontractor for Administrative Service in advance of any merger, reorganization, or change of ownership by the Administrative Services subcontractor.</p> <p>Any claim that does not meet the standardized claim requirements of R9-22-719 is considered roster billing.</p> <p>Effective October 1, 2011 all nursing facilities must prepare and submit a claim in the standardized format – UB04 or 837 Institutional.</p> <p>Effective October 1, 2012 all other providers must prepare and submit a claim in the appropriate standardized format.</p> <p>It would not be appropriate for the Contractor to prepare the claim for the nursing facility/provider and then adjudicate the claim as this does not meet R9-22-719.</p> <p>Failure to comply with Contract requirements may result in sanctions in accordance with Section D, Paragraph 80, Sanctions.</p>