

<b>SOLICITATION AMENDMENT #1</b>		
<b>YH20-0002 Competitive Contract Expansion</b>	<b>Solicitation Due Date October 4, 2021 3:00 pm Arizona Time</b>	<b>Chief Procurement Officer Meggan LaPorte <a href="mailto:CCE-YH20-0002_Questions@azahcccs.gov">CCE-YH20-0002_Questions@azahcccs.gov</a></b>

A signed copy of this amendment shall be submitted with your solicitation response. This Solicitation Amendment and Answers to Questions will be posted to the CCE Library <https://azahcccs.gov/PlansProviders/HealthPlans/YH20-0002.html>.

- A. The attached Answers to Questions are incorporated as part of this Solicitation amendment.
- B. CCE Title XIX XXI Data Supplement for Capitation Rate Setting; Section L. *CCE Amendment #1 Data* is incorporated as part of this Solicitation amendment.
- C. This Solicitation is also amended as follows:

SECTION	YH20-0002 AMENDMENT
Title XIX/XXI Contract Section D,36	<p><i>Brand Name Drugs:</i> The Contractor’s contract with the PBM shall provide a Guaranteed Brand Name Drug Discount Rate and require the reimbursement of 95 percent of Brand Name Prescription claims, <u>in aggregate</u>, at a minimum, to be the following: [...]</p> <p><i>Generic Drugs:</i> The Contractor’s contract with the PBM shall require the reimbursement of generic drugs to be guaranteed, in aggregate, <u>at a minimum</u>, at AWP less 84 percent for all Days Supplies dispensed. [...]</p> <p><i>Specialty and Biosimilar Drugs:</i> <del>The Contractor’s contract with the PBM shall provide a Guaranteed Discount Rate, at a minimum, of AWP less 18.25 percent for all Specialty and Biosimilar Drugs, and 95 percent of Specialty and Biosimilar Prescription claims shall be reimbursed to pharmacies, the lesser of AWP less 18.25 percent, MAC, the Submitted Ingredient Cost, or the Usual &amp; Customary price plus a Dispensing Fee.</del> <u>The Contractor's contract with the PBM shall provide a Guaranteed Discount Rate, in aggregate, at a minimum, of AWP less 18.25 percent for all Specialty and Biosimilar Drugs. Ninety-five percent of Specialty and Biosimilar Prescription claims, in aggregate, shall be reimbursed to pharmacies at the lesser of AWP less 18.25 percent, MAC, the Submitted Ingredient Cost, or the Usual &amp; Customary price plus a Dispensing Fee.</u> The Dispensing Fee for non-compounded and compounded prescriptions shall not greater than what is listed in the Arizona State Plan. Limited and exclusive distribution, biosimilars, and specialty drugs are included in the guarantee. [...]</p> <p><i>Mail Order Prescriptions Services:</i> The Contractor’s contract with the PBM shall provide a Guaranteed Discount Rate for all Mail Order Pharmacy Prescriptions Claims, <u>in aggregate, at a minimum</u>, of AWP less 24 percent and 95 percent of the Mail Order Prescription Claims shall be reimbursed, at a minimum, the lesser of AWP less 24 percent, the Submitted Ingredient Cost, MAC, or the Usual &amp; Customary price. [...]</p>
Title XIX/XXI Contract Section D,50	<p><b><i>Reconciliation of Costs to Reimbursement:</i></b> AHCCCS will reconcile the Contractor’s total medical cost expenses (prospective and PPC) to <del>total</del> <b>net</b> capitation paid (prospective and PPC), excluding COVID-19 Vaccine expenses, to the Contractor. [...]</p>

**COMPETITIVE CONTRACT EXPANSION SOLICITATION #YH20-0002  
AMENDMENT #1 – QUESTIONS AND RESPONSES**

SECTION	YH20-0002 AMENDMENT
Section G: Non-Title XIX/XX Contract Section D,50	Notwithstanding the <del>42</del> <u>2</u> CFR Part 200 Subpart F regulations, the Contractor shall include the SABG and MHBG as major programs for the purpose of this Contract.” [...]
Section I: Exhibit A	<b>Checklist – Part B Programmatic – Narrative Submission Offeror</b> <b>B8</b> <del>2-page limit</del> <b>3-page limit</b> <b>B12</b> <del>1-page limit</del> <b>2-page limit</b> <b>D. EXHIBIT A WILL BE REPOSTED TO THE CCE LIBRARY WITH THESE REVISIONS INCLUDED</b>
Section I: Exhibit C	<b>Narrative Submission Requirement B6.</b> For each of the following topics below, describe the single most impactful initiative or effort the Offeror has undertaken (and is still in effect), or will undertake, to provide the best care and to improve outcomes for individuals with an SMI designation. If the Offeror provides more than one initiative per topic below, only the first initiative described will be considered for scoring. a. Contractor care management, b. Provider case management, c. Outreach and education, d. Stakeholder input, e. Justice system/justice-involved individuals, f. Court Ordered Treatment, and g. <del>Dual alignment of Medicare and Medicaid enrollment.</del> <u>Dually aligned (Medicare and Medicaid) members.</u> [1-page limit for each of B6. a through g] <b>E. EXHIBIT C WILL BE REPOSTED TO THE CCE LIBRARY WITH THIS REVISION INCLUDED</b>
Section I: Exhibit C	<b>Narrative Submission Requirement B8.</b> Provide the Offeror’s assessment of current network adequacy and describe the Offeror’s ability to serve members with complex or specialized health care needs to ensure members can be timely and effectively served in the least restrictive setting. Describe how the Offeror will monitor for gaps in the continuum of care, address any identified gaps and implement strategies to resolve network deficiencies. Include any existing relationships and community partnerships the Offeror has, or intends to establish, with providers and stakeholders to enhance collaboration and coordination of care, routinely assess the continuum of care, and strengthen the network to meet the unique needs of individuals served under this Competitive Contract Expansion. <del>[2-page limit]</del> <u>[3-page limit]</u> <b>F. EXHIBIT C WILL BE REPOSTED TO THE CCE LIBRARY WITH THIS REVISION INCLUDED</b>
Section I: Exhibit C	<b>Narrative Submission Requirement B12.</b> The wellbeing of many Arizona residents has been significantly affected by the COVID-19 public health emergency for the last 18 months, contributing greatly to the need for increased behavioral health services. Describe the Offeror’s role and strategies in supporting the State’s recovery from the pandemic as it relates to the needs of individuals served under this Competitive Contract Expansion. <del>[1-page limit]</del> <u>[2-page limit]</u> <b>G. EXHIBIT C WILL BE REPOSTED TO THE CCE LIBRARY WITH THIS REVISION INCLUDED</b>

<b>OFFEROR HEREBY ACKNOWLEDGES RECEIPT AND UNDERSTANDING OF THIS SOLICITATION AMENDMENT.</b>	<b>THIS SOLICITATION AMENDMENT IS HEREBY EXECUTED ON THIS DAY, IN PHOENIX, AZ.</b>
SIGNATURE OF AUTHORIZED INDIVIDUAL:	SIGNATURE: <b>SIGNATURE ON FILE</b>
TYPED NAME:	TYPED NAME: Meggan Laporte, CPPO, MSW
TITLE:	TITLE: Chief Procurement Officer
DATE:	DATE: August 26, 2021

**COMPETITIVE CONTRACT EXPANSION SOLICITATION #YH20-0002  
AMENDMENT #1 – QUESTIONS AND RESPONSES**

**BANNER RESEARCH**

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	OFFEROR'S NAME	DATE SUBMITTED	CCE SECTION	PARAGRAPH NO.	PAGE NO.	OFFEROR'S QUESTION	AHCCCS RESPONSE
1	Sponsored Projects Banner Research ADRC Administrative Director	09/09/21	N/A	N/A	N/A	Hello, is this award program subject to Federal Uniform Guidance (formerly called the A-133 audit) rules and regulations? <a href="https://www.azahcccs.gov/PlansProviders/HealthPlans/YH20-0002.html">https://www.azahcccs.gov/PlansProviders/HealthPlans/YH20-0002.html</a>	<b>The SABG, MHBG and Federal Discretionary Grants are subject to the Federal Uniform Guidance rules and regulations (2 CFR Part 200). In addition, AHCCCS requires SABG and MHBG to be treated as a major program for single audit purposes. Refer to the Non-Title XIX/XXI Contract, Section D, Paragraph 50. The Non-Title XIX/XXI Contract Section D, Paragraph 50 is revised as follows:</b>  <b>Notwithstanding the <del>42</del> 2 CFR Part 200 Subpart F regulations, the Contractor shall include the SABG and MHBG as major programs for the purpose of this Contract.</b>

**COMPETITIVE CONTRACT EXPANSION SOLICITATION #YH20-0002  
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**MERCY CARE**

<b>COMPETITIVE CONTRACT EXPANSION #YH20-0002 QUESTIONS AND RESPONSES TEMPLATE</b>							
	<b>OFFEROR'S NAME</b>	<b>DATE SUBMITTED</b>	<b>CCE SECTION</b>	<b>PARAGRAPH NO.</b>	<b>PAGE NO.</b>	<b>OFFEROR'S QUESTION</b>	<b>AHCCCS RESPONSE</b>
<b>1</b>	Mercy Care	8/11/2021	Section H: Instructions to Offerors	20. Submission Requirements	Page 17 of 17	There is a label for the Administrative Cost Bid Submission Workgroup on the CCE Library, but it is not an active, downloadable link. When will AHCCCS provide the required Excel workbook?	<b>The CCE Library has been updated to indicate that this information is available on the SFTP. Refer to Section I, Exhibit F for SFTP Instructions.</b>
<b>2</b>	Mercy Care	8/11/2021	Section I: Exhibits, Exhibit C: Narrative Submission Requirements	B9.	Page 3 of 4	<p>As a part of the 988 implementation, AHCCCS recently released a Crisis Line survey to obtain the experiences of individuals who have utilized the Crisis Line. The Crisis Line survey runs through August 31, 2021. AHCCCS has also arranged various stakeholder feedback meetings during the month of September which includes the RBHAs. The Crisis System is also the topic of Narrative Submission “B9” of the ACC-RBHA CCE proposal – due October 4. Certain activities related to the Crisis System survey present an actual or potential conflict for certain respondents during an active ACC-RBHA CCE procurement period, insofar as that procurement explicitly requires narrative regarding crisis services, which is information that may be inquired about in the public Crisis Line meetings.</p> <p>1. Please confirm that the information obtained through the Crisis Line survey and/or stakeholder meetings will not be</p>	<p><b>1. AHCCCS is only scoring the information included in the Offeror’s CCE response and not considering any comments or feedback made during, or in relation to, the Crisis Line Survey/and or Crisis stakeholder meetings in its scoring unless the comment and/or feedback is included in the Offeror’s CCE response.</b></p> <p><b>2. The CCE Offerors are highly encouraged to consider information they wish to relay to AHCCCS while in the Crisis meetings. Sharing comments is</b></p>

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					<p>utilized or considered in connection with scoring CCE bidders’ narrative responses.</p> <p>2. Additionally, please confirm what measures AHCCCS will take to avoid potential issues that holding public Crisis Line meetings present during the open CCE proposal period, specifically as it relates to the potential for the Crisis Line meetings to request or require disclosure of competitively sensitive information.</p> <p>3. May Participating Stakeholders refrain from commenting in the Crisis Line meetings due to this CCE solicitation?</p>	<p><b>voluntary; Offerors are not required to give feedback during the meetings and can instead provide this information directly to LeCroy &amp; Milligan facilitators, outside of the meetings.</b></p> <p><b>3. See response above.</b></p>
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**COMPETITIVE CONTRACT EXPANSION SOLICITATION #YH20-0002  
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**MOLINA COMPLETE CARE**

<b>COMPETITIVE CONTRACT EXPANSION #YH20-0002 QUESTIONS AND RESPONSES TEMPLATE</b>							
	<b>OFFEROR'S NAME</b>	<b>DATE SUBMITTED</b>	<b>CCE SECTION</b>	<b>PARAGRAPH NO.</b>	<b>PAGE NO.</b>	<b>OFFEROR'S QUESTION</b>	<b>AHCCCS RESPONSE</b>
<b>1</b>	Molina Complete Care	8/11/2021	Section H.19. Contents of Offeror's Proposal	2	15	The State requests that "all proposals be in Calibri 11-point font or larger..." Will the state allow a smaller, readable font size for graphics, callouts, and tables?	<b>Yes, the font size can be smaller for graphics, callouts, and tables. To be considered, the graphics, callouts, and/or tables cannot occupy more than half of a page.</b>
<b>2</b>	Molina Complete Care	8/11/2021		n/a	n/a	Please provide the current dual eligible in the Title XIX/XXI SMI membership counts for Gila and Pinal Counties?	<b>AHCCCS has provided information in relation to this question on the SFTP. Refer to the Title XIX XXI Data Supplement Folder – Section L.</b>

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3	Molina Complete Care	8/11/2021	Section D Program Requirements Section D15	Item 6	115	Claims: Please provide two years of historical annual of claim adjudication volumes, separately for SMI vs. Crisis.	<b>The information AHCCCS has available does not include separate historical data by SMI and Crisis; data would also include populations no longer served by the RBHA (CMDP and DDD) which is not separately identified in the reporting. Service detail files for Crisis and SMI was made available in the Title XIX/XXI Data Supplemental Files on the SFTP.</b>
4	Molina Complete Care	8/11/2021	Section D Program Requirements Section D15	Item 6	116	Court Coordinator: Please provide two years of annual member counts for COE and COT, individually, separately for SMI vs. Crisis by county.	<b>AHCCCS has provided information in relation to this question on the SFTP. Refer to the Title XIX XXI Data Supplement Folder – Section L.</b>

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5	Molina Complete Care	8/11/2021	Section D Program Requirements Section D15	Item 6	116	Credentialing Coordinator: Please provide two years of annual credentialing counts, separately for SMI vs. Crisis.	<b>AHCCCS does not have the detailed information requested. The Credentialing Report received by AHCCCS includes the total count of providers credentialed but rolled up for all lines of business for all populations served.</b>
6	Molina Complete Care	8/11/2021	Section D Program Requirements Section D15	Item 6	117	Dispute and Appeals Manager: Please provide two years of annual grievance counts and annual appeals counts, separately for SMI vs. Crisis.	<b>AHCCCS has provided information in relation to this question on the SFTP. Refer to the Title XIX XXI Data Supplement Folder – Section L.</b>
7	Molina Complete Care	8/11/2021	Section D Program Requirements Section D15	Item 6	117	Encounters: Please provide two years of encounter volume by form type if possible, separately for SMI vs. Crisis.	<b>AHCCCS has provided service detail files for Crisis and SMI in the Title XIX/XXI Data Supplemental Files on the SFTP.</b>



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8	Molina Complete Care	8/11/2021	Section D Program Requirements Section D15	Item 6	118	Medical Management: Please provide two years of annual authorization counts, by level of care for Prior Authorizations, Concurrent Authorizations, and Retroactive Authorizations.	<b>The information AHCCCS has available includes total authorization count but does not include separate historical data by level of care or type of authorization and would also include populations no longer served by the RBHA (CMDP and DDD) which is not separately identified in the reporting.</b>
9	Molina Complete Care	8/11/2021	Section D Program Requirements Section D15	Item 6	119	Member Services: Please provide two years of annual contact center call volume and average handle times.	<b>No additional data will be provided.</b>
10	Molina Complete Care	8/11/2021	Section D Program Requirements Section D15	Item 6	119	Transplant: Please provide two years annual transplant case counts.	<b>AHCCCS has provided information in relation to this question on the SFTP. Refer to the Title XIX XXI Data Supplement Folder – Section L.</b>

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11	Molina Complete Care	8/11/2021	Section D Program Requirements Section D9	6	78	Please provide two years annual member counts, and total of non-capped days, for members with IMD days exceeding 15 days in a month.	<b>AHCCCS has provided information in relation to this question on the SFTP. Refer to the Title XIX XXI Data Supplement Folder – Section L.</b>
12	Molina Complete Care	8/11/2021	Section D Program Requirements Section D53	2	213	Reinsurance: Please provide two years annual catastrophic case counts.	<b>AHCCCS has provided information in relation to this question on the SFTP. Refer to the Title XIX XXI Data Supplement Folder – Section L.</b>

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13	Molina Complete Care	8/11/2021	Section D Program Requirements Section D.50	4	203	Delivery Supplement: This section notes that there will be a supplemental payment for an enrolled woman who delivers during a prospective enrollment period. Please advise what the current contract period delivery supplemental payment amount is.	<p><b>The current contract period delivery supplemental payment amount can be found in the link below.</b>  <a href="https://www.azahcccs.gov/PlansProviders/Downloads/CapitationRates/acc/ACCRatesEffectiveOctober012020.pdf">https://www.azahcccs.gov/PlansProviders/Downloads/CapitationRates/acc/ACCRatesEffectiveOctober012020.pdf</a></p> <p><b>Note: Supplemental payments do not apply to women who deliver in a prior period coverage time period, integrated SMI members, non-integrated SMI members, or State Only Transplant members. Refer to ACOM Policy 310.</b></p>
14	Molina Complete Care	8/11/2021	Section D Program Requirements Section D.50	4	204	Please provide a list of the quality measures that were subject to the withhold arrangement in the past two years, by year and by RBHA.	<p><b>Refer to ACOM Policy 306, Attachment A. Additionally, the RBHAs were not historically subject to the withhold arrangement.</b></p>

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	OFFEROR'S NAME	DATE SUBMITTED	CCE SECTION	PARAGRAPH NO.	PAGE NO.	OFFEROR'S QUESTION	AHCCCS RESPONSE
15	Molina Complete Care	8/11/2021	Section G Non-Title XIX/XXI ACC-RBHA Contract Section G.9	3	17	Please provide an average count of members with Tuberculosis Services in the last two years.	<b>No additional data will be provided.</b>
16	Molina Complete Care	8/11/2021	Section G Non-Title XIX/XXI ACC-RBHA Contract Section G.9	5	17	Please provide an average count of members with HIV in the last two years.	<b>AHCCCS has provided information in relation to this question on the SFTP. Refer to the Title XIX XXI Data Supplement Folder – Section L.</b>
17	Molina Complete Care	8/11/2021	Section G Non-Title XIX/XXI ACC-RBHA Contract Section G.9	1	21	Court Coordinator: Please provide two years of annual member counts for COE and COT, individually by county.	<b>Refer to #4. AHCCCS has provided information in relation to this question on the SFTP. Refer to the Title XIX XXI Data Supplement Folder – Section L.</b>

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	OFFEROR'S NAME	DATE SUBMITTED	CCE SECTION	PARAGRAPH NO.	PAGE NO.	OFFEROR'S QUESTION	AHCCCS RESPONSE
18	Molina Complete Care	8/11/2021	Section G Non-Title XIX/XXI ACC-RBHA Contract Section G.9	3	22	Please provide annual count of pharmacy claims for last two years by county.	<b>No additional data will be provided.</b>
19	Molina Complete Care	8/11/2021	Section D Program Requirements Section D9	3	91	Please provide annual count of pharmacy claims for last two years, separately for SMI and Crisis.	<b>The information AHCCCS has available does not include separate historical data by SMI and Crisis and would also include populations no longer served by the RBHA (CMDP and DDD) which is not separately identified in the reporting. AHCCCS has provided service detail files, including Pharmacy data, for Crisis and SMI in the Title XIX/XXI Data Supplemental Files on the SFTP.</b>

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20	Molina Complete Care	8/11/2021	Section D Program Requirements Section D10	8	91	Please provide annual unduplicated members with special health care needs, separately for SMI and Crisis.	<b>AHCCCS no longer obtains this reporting and therefore does not have this information.</b>
21	Molina Complete Care	8/11/2021	Section G Non-Title XIX/XXI ACC-RBHA Contract Section G.17	3	30	What is the average monthly enrollment and churn for the most recent two years?	<b>AHCCCS has provided information in the Non-Title XIX/XXI Data Supplemental Files on the CCE Library refer to file named Non-Title XIX/XXI Enrolled and Served Summary SFY 18 SFY21.</b>
22	Molina Complete Care	8/11/2021	Section G Non-Title XIX/XXI ACC-RBHA Contract Section G.73	3	45	What is the average daily census in the supervisory care homes for the most recent year?	<b>AHCCCS has provided information in relation to this question on the SFTP. Refer to the Title XIX XXI Data Supplement Folder – Section L.</b>

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23	Molina Complete Care	8/11/2021	Section G Non-Title XIX/XXI ACC-RBHA Contract Section G.3	3	12	What is the average monthly disenrollment for the most recent two years?	<b>AHCCCS has provided information in relation to this question on the SFTP. Refer to the Title XIX XXI Data Supplement Folder – Section L.</b>
24	Molina Complete Care	8/11/2021	Section D Program Requirements Section D3	1	56	What is the average monthly enrollment for the period January 2019 through February 2020 and the average from March 2020 to March 2021?	<b>Enrollment Reports are available on the AHCCCS website - <a href="https://azahcccs.gov/Resources/Reports/providerpopreport.html">https://azahcccs.gov/Resources/Reports/providerpopreport.html</a></b>
25	Molina Complete Care	8/11/2021	Section D Program Requirements Section D3	6	56	What is the average disenrollment for the period January 2019 through February 2020 and the average from March 2020 to March 2021?	<b>The information AHCCCS has available does not include separate disenrollment information by SMI.</b>

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26	Molina Complete Care	8/11/2021	Section I B6	g	3	Please clarify what type of initiative AHCCCS is seeking for B6.g.: "g. Dual alignment of Medicare and Medicaid <u>enrollment</u> ." For example, is AHCCCS looking for an <i>enrollment</i> initiative that improved outcomes for dually eligible members?	<p><b>Section I, Exhibit C, Narrative Submission Requirement B6 is revised as shown below:</b></p> <p>For each of the following topics below, describe the single most impactful initiative or effort the Offeror has undertaken (and is still in effect), or will undertake, to provide the best care and to improve outcomes for individuals with an SMI designation. If the Offeror provides more than one initiative per topic below, only the first initiative described will be considered for scoring.</p> <ul style="list-style-type: none"> <li>a. Contractor care management,</li> <li>b. Provider case management,</li> <li>c. Outreach and education,</li> <li>d. Stakeholder input,</li> <li>e. Justice system/justice-involved individuals,</li> </ul>



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							f. Court Ordered Treatment, and g. <del>Dual alignment of Medicare and Medicaid enrollment.</del> <b>Dually aligned (Medicare and Medicaid) members.</b> [1-page limit for each of B6. a through g]

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**AZ COMPLETE HEALTH**

<b>COMPETITIVE CONTRACT EXPANSION #YH20-0002 QUESTIONS AND RESPONSES TEMPLATE</b>							
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<b>1</b>	Arizona Complete Health	8/11/2021	Section D: Program Requirements	9. Scope of Services	74	The ACC-RBHA Contractors are expected to jointly select and oversee a single statewide crisis phone vendor. Will all the Contractors negotiate rates and fees jointly or separately?	<b>The ACC-RBHA shall jointly select and oversee a single statewide crisis phone vendor that will provide consistent operations and reporting across the state in alignment with the CCE and AMPM Policy 590, Behavioral Health Crisis Services and Care Coordination. ACC-RBHAs will jointly negotiate a standard rate of reimbursement with the selected crisis phone vendor.</b>
<b>2</b>	Arizona Complete Health	8/11/2021	Section D: Program Requirements	50. Compensation	199	The first sentence in this paragraph separately identifies PPC capitation and prospective capitation. Please confirm that there is one single capitation rate for both PPC and prospective.	<b>The PPC capitation rate will be the same rate as the prospective capitation rate.</b>

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3	Arizona Complete Health	8/11/2021	Section D: Program Requirements	50. Compensation	201	This paragraph describes using risk adjustment to best match payment to risk. Please confirm that AHCCCS will use separate base data for each GSA and will not utilize risk adjustment for the SMI members.	<b>Model weights are based on statewide data. Risk adjustment takes place at the GSA and risk group level. Since there will be only one Contractor per GSA serving the SMI rate cell, the risk adjustment factor will be set at 1.0 (the same as not risk adjusting).</b>
4	Arizona Complete Health	8/11/2021	Section D: Program Requirements	50. Compensation	202	This paragraph states AHCCCS will make cost-settlement payments to the Contractors for COVID vaccine administration. Please confirm that this includes the ingredient cost should CMS stop covering those expenses.	<b>Refer to ACOM Policy 302. Cost Settlement payments for COVID-19 vaccine applies to CYE 22 only. If the Federal Government discontinues covering the costs of the vaccination during CYE 22, these costs will be included in the COVID-19 vaccine cost settlement.</b>

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5	Arizona Complete Health	8/11/2021	Section D: Program Requirements	50. Compensation	203	<p>The Reconciliation of Costs to Reimbursement section states that total medical cost expenses will be reconciled to total capitation paid excluding COVID-19 Vaccine expenses. Please confirm this should be net capitation paid, not total capitation paid. Please confirm the revenue components included in the calculation.</p>	<p><b>For CYE 22, the tiered reconciliation will exclude COVID-19 Vaccine and Vaccine Administration from all expenses consistent with not including any revenue for COVID-19 vaccines and their administration. Please see ACOM Policy 311. For CYE 23, decisions regarding COVID-19 vaccine administration and the continuation of the cost settlement methodology have not been made. We recognize that the contract language references total capitation paid and ACOM Policy 311 references net capitation. ACOM Policy 311 does not make explicit reference to total capitation, but it is implicit in the net capitation description, since total capitation is equal to "PPC and prospective capitation, risk adjusted if applicable, plus Delivery</b></p>
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							<p><b>Supplemental payments" as shown in ACOM Policy 311, Attachment A.</b></p> <p><b>The CCE contract will be revised to say "net capitation paid" to make this clearer as follows: Model weights are based on statewide data. Risk adjustment takes place at the GSA and risk group level. Since there will be only one Contractor per GSA serving the SMI rate cell, the risk adjustment factor will be set at 1.0 (the same as not risk adjusting).</b></p> <p>AHCCCS will reconcile the Contractor's total medical cost expenses (prospective and PPC) to <del>total</del> net capitation paid (prospective and PPC) to the Contractor.</p>

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6	Arizona Complete Health	8/11/2021	Section D: Program Requirements	50. Compensation	204	For the withhold and incentive arrangements, will the performance be measured for ACC and ACC-RBHA combined, or will the ACC-RBHA be measured separately?	<b>A decision has not been made whether SMI will be included in the ACC withhold/incentive calculation or whether SMI will be measured separately for the withhold/incentive calculation.</b>
7	Arizona Complete Health	8/11/2021	Section D: Program Requirements	50. Compensation	206	This section states that AHCCCS anticipates that most delivery system and provider payment initiatives will involve payments to the Contractor outside of the monthly base capitation payments, made as a separate lump sum payment. Differential Adjustment Payments are currently in the monthly base capitation rates.  Please confirm whether Differential Adjustment Payments will be in or out of the monthly base capitation payments.	<b>Differential Adjustment Payments (DAP) will continue to be included in the monthly base capitation payments.</b>

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8	Arizona Complete Health	8/11/2021	Section D: Program Requirements	53. Reinsurance	212	Reinsurance as specified in this paragraph applies to all members receiving physical health services covered under this Contract. Please confirm that ACC-RBHA Contractors can receive reinsurance recoveries for non-integrated SMI members even though they do not provide physical health services to these members.	<b>ACC-RBHA Contractors cannot receive reinsurance recoveries for non-integrated SMI members. The majority of non-integrated SMI members will no longer be the responsibility of the ACC-RBHA plan, as the American Indian Health Program (AIHP) is integrating services for American Indians and Alaska Natives (AI/AN) members with SMI effective 10/1/22.</b>
9	Arizona Complete Health	8/11/2021	Data Supplement	F Rate Development Information		In the Rate Development Documentation, it states "AHCCCS actuaries have historically used RBHA projected expenditures along with actuarial certifications of the projections from the RBHAs for the first 24 hours of main crisis services..." Does AHCCCS plan to continue with that methodology?	<b>AHCCCS actuaries will be reviewing multiple methodologies, including the continuation of the historical methodology, for developing capitation rates for the first 24 hours of main crisis services.</b>

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10	Arizona Complete Health	8/11/2021	Data Supplement	F Rate Development Information		Should the administrative dollars submitted in the Administrative Cost Bid Submission be total dollars or per member per month?	<b>Administrative dollars submitted in the Administrative Cost Bid should be total dollars. The Administrative Cost Bid Submission template requires that the Bidders include the Projected Member Months used to develop the total dollars. Refer to Section F of the Title XIX XXI Data Supplement for Capitation Rate Setting.</b>



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11	Arizona Complete Health	8/11/2021	Data Supplement	H Enrollment and Member Month Information		What is AHCCCS' assumption regarding the PHE's impact on membership? Does AHCCCS assume the PHE will end and re-determination process will be complete by October 2022? The crisis enrollment projection looks consistent with that line of thinking (October 2022 is projected to be lower than December 2020), but the SMI enrollment projection does not.	<b>For purposes of the enrollment projection as shown in the data released with the CCE, AHCCCS had assumed that the PHE will end with redetermination processes completed by October 2022. Additional federal guidance was received after the release of the CCE which is expected to impact the length of the redetermination process such that it is now expected to extend into the first quarter of CYE 23 before the process is completed. The current projections include the expectation that SMI enrollment will be less impacted by the redetermination process than other risk groups.</b>

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12	Arizona Complete Health	8/11/2021	Data Supplement	H Enrollment and Member Month Information		Please provide the projected monthly enrollment for CYE 23 by GSA.	<b>Projected monthly enrollment for CYE 23 by GSA is not available. Historical enrollment data was provided by county in the Title XIX XXI Data Supplement for Capitation Rate Setting. Aggregating the data into the ACC GSAs is the only available proxy at this time.</b>

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13	Arizona Complete Health	8/11/2021	Data Supplement	H Enrollment and Member Month Information		Please explain why there are no member months for crisis for CYE 18. There are associated costs in the Data Book.	<b>The historical member month information is based on paid member months. Per footnote on Section H - Member Month Summary Report: "There were no crisis-specific rate cells in CYE 18, hence no paid member months. Additionally, the crisis-specific rate cell populations have changed over the years. Starting in CYE 21, the crisis-specific rate cell populations cover all eligible TXIX/TXXI members."</b>

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14	Arizona Complete Health	8/11/2021	Crisis Services	Section D. Crisis Services, #2	75	Currently, the crisis drug list is specific for the standard of care for a behavioral health crisis situation. Will the crisis drug list need to provide access to all FDA approved MAT dosage forms on the AHCCCS drug list, or will providing at least one dosage form (or all oral dosage forms) as determined by the RBHA Pharmacy Directors continue to meet the requirement? For example, can the crisis drug list cover oral naltrexone and exclude Vivitrol? Can the crisis drug list cover oral buprenorphine products, but exclude Sublocade?	<b>AHCCCS does not anticipate any changes to the current process.</b>

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15	Arizona Complete Health	8/11/2021	Section D, Specialty and Biosimilar Drugs last paragraph		185	The solicitation notes that specialty drugs available at retail pharmacies, shall not be reimbursed to a specialty pharmacy for a greater amount than reimbursed under the retail rates. Would limited distribution specialty drugs available through a small number of retail pharmacies like Walgreens Specialty for example, be excluded from this requirement?	<b>No, limited distribution specialty drugs available through a small number of retail pharmacies are not excluded from this requirement. If limited distribution drugs are available at a retail pharmacy, then the requirement that they shall not be reimbursed to a specialty pharmacy for a greater amount than reimbursed under the retail rates applies. Many, if not most, limited distribution drugs are not available at retail pharmacies.</b>

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16	Arizona Complete Health	8/11/2021	Section H	INSTRUCTIONS TO OFFERORS	15	<p>All Proposals shall be in Calibri 11-point font or larger with borders no less than ½". Unless otherwise specified, responses to each submission requirement shall be limited to the page limit specified for each submission requirement and be provided on 8½" x 11" one sided, single spaced, type written pages.</p> <p>May a respondent include graphics or tables that have a smaller font size?</p>	<p><b>Yes, a respondent may include graphics or tables that have a smaller font size than Calibri 11-point font. To be considered, the graphics and/or tables cannot occupy more than half of a page.</b></p>

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17	Arizona Complete Health	8/11/2021	Section H	INSTRUCTIONS TO OFFERORS	15	<p>All Proposals shall be in Calibri 11-point font or larger with borders no less than ½". Unless otherwise specified, responses to each submission requirement shall be limited to the page limit specified for each submission requirement and be provided on 8½" x 11" <b>one sided</b>, single spaced, type written pages. Erasures, interlineations, or other manual modifications in the Proposal are prohibited.</p> <p>Question: Given that this is an electronic submission, is it truly AHCCCS' intent that responses be one-sided? Would AHCCCS prefer that respondents leave a blank page between each response page for questions that allow for a page limit greater than one page? If the answer to that is yes, than please confirm that the blank page between will not count towards the page limit, and is not required to be paginated?</p>	<p><b>It is not preferred that respondents leave a blank page between each response page for questions that allow for a page limit greater than one page. However, if this is done, the blank page will not count towards the page limit and is not required to be paginated.</b></p>

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18	Arizona Complete Health	8/11/2021	SECTION I: EXHIBITS – B8	EXHIBIT C: NARRATIVE SUBMISSION REQUIREMENTS	3	Question B.8., requires the respondent to detail network adequacy and ability to address gaps in the network and describe collaboration. It has a 2-page limit. Given the variances in geography, network make-up and needed collaborations in GSAs, would AHCCCS expand the page limit to allow for one additional page per GSA in which a respondent is bidding? This would mean a respondent submitting a bid for one GSA has 3 pages, respondent submitting for two GSAs has 4 pages, and a respondent submitting in all 3 GSAs has 5 pages in which to respond.	<b>The page limit is revised, CCE Section I: Exhibit C, Narrative Submission Requirement B8, and Section I, Exhibit A, Offeror Checklist are revised to indicate 3 pages.</b>
	Arizona Complete Health	8/11/2021	SECTION I: EXHIBITS – B9	EXHIBIT C: NARRATIVE SUBMISSION REQUIREMENTS	3	Question B.9., regarding Arizona's Crisis System is a multi-part question that may require additional space to provide the necessary detail. Would AHCCCS consider allowing 4-page limit?	<b>The page limit for B9 will not be revised.</b>



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19	Arizona Complete Health	8/11/2021	SECTION I: EXHIBITS – B10	EXHIBIT C: NARRATIVE SUBMISSION REQUIREMENTS	3	Question B.10., regarding American Indian/Alaska Native members unique status within the Medicaid system is a multi-part question that may require additional space to provide the necessary detail. Would AHCCCS consider allowing 3-page limit?	<b>The page limit for B9 will not be revised.</b>
20	Arizona Complete Health	8/11/2021	SECTION I: EXHIBITS – B11		4	Question B.11., regarding use of Medicaid compensable services as well as non-covered services and supports to address social risk factors impacting AHCCCS members is a multi-part question that may require additional space to provide the necessary detail. Would AHCCCS consider allowing 3-page limit?	<b>The page limit for B9 will not be revised.</b>
21	Arizona Complete Health	8/11/2021	SECTION I: EXHIBITS – B12	4		Question B.12. Regarding the role and strategies for supporting the State's recovery from the pandemic is a complex question that may require additional space to provide the necessary detail. Would AHCCCS consider allowing 2-page limit?	<b>The page limit is revised, CCE Section I: Exhibit C, Narrative Submission Requirement B12, and Section I, Exhibit A, Offeror Checklist are revised to indicate 2 pages.</b>

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22	Arizona Complete Health	8/11/2021	Section H	7. Amendments to CCE, Paragraph 2	6 of 17	Sections 7, Amendments to CCE, states "The Offeror shall acknowledge all amendments to the CCE by signing the signature page of each amendment and by submitting to AHCCCS all signed signature pages with the Offeror's Proposal." Will AHCCCS allow electronic signatures for amendment pages and other documents requiring a signature?	<b>Yes, electronic signatures are allowed.</b>