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April 11, 2019

RFP 4690

Addendum #8

1. This is Addendum # 8 to Request for Application (RFA) 4690, Coordinated Care Organizations (CCOs) 2.0.

2. OHA amends the RFA as follows:

a. Section 4.11 "Revised Application" of the RFA is amended as follows, language to be deleted or replaced is ~~struck through~~; new language is **underlined and bold**:

OHA may request a Revised Application from any Applicant if additional information is required **for OHA** to make a final decision **on award or service area**. Applicant may be contacted asking that it submit its Revised Application, which must include any and all **additional information** discussed and all negotiated changes.

b. Section 4.12 "Evaluation Criteria" of the RFA is amended as follows, language to be deleted or replaced is ~~struck through~~; new language is **underlined and bold:**

Applications must be complete at the time of submission. OHA will verify the Applications received meet the Minimum Qualifications identified in Section 3.1 and Application Requirements in Section 3.4. Those Applications meeting these requirements will then be evaluated by Evaluators selected by OHA.

Each Application meeting all Responsiveness requirements will be independently evaluated by persons designated by OHA as Evaluators. Evaluators may change and OHA may have additional or fewer evaluators for optional rounds of evaluation. Evaluators will assign a pass or fail score for each evaluation criterion. SPC or designee may request further clarification to assist the Evaluators in gaining additional understanding of Application. A response to a clarification request must be to clarify or explain portions of the already submitted Application and may not contain new information not ~~included in~~ **necessary to clarify or explain** the original Application **except as specifically requested**.

The items listed below will be scored on an initial pass/fail basis.

- Does the Applicant meet the requirements of Section 3.1 Minimum Qualifications?
- Has the Applicant completed and submitted all Section 3.4 Application Requirements, except those expressly deferred for Readiness Review?

Notwithstanding the labelling of some RFA questions as informational or not labelling a question as either informational or evaluative, OHA may use answers to any RFA questions as part of the RFA evaluation process.

c. Attachment 13, Section G.5.a "Cost and Financial Attestations" of the RFA, is amended as follows, language to be deleted or replaced is ~~struck through~~; new language is **underlined and bold**:

5. Transparency in Pharmacy Benefit Management Contracts

a. Will Applicant select and contract with the Oregon Prescription Drug Program to provide Pharmacy Benefit Management services? If yes, please skip to ~~section 5~~ **section 6.**

☐ Yes ☐ No

If "no" please provide explanation: _____

_____

3. Attachment 7 "DSN Provider Report Protocol_F1_edit" is hereby updated and incorporated into the RFP with this reference. In accordance with the RFA, OHA provides the following questions and answers:

General Questions

Question 1. Will OHA post versions of the Attachments reflecting the modifications that have been made so far in the process on ORPIN and the CCO web site (e.g., there was a question in Attachment 9 that was modified in Addendum 6)?

Answer 1. This will not be done on ORPIN. After the April 22 application deadline, OHA will post revised versions of the RFA documents on the OHA web site, for the benefit of the public.

Question 2. Please confirm that the application and the redacted application will be submitted on the same USB drive. (RFA 3.3.b and 4.7)

Answer 2. All documents must be submitted on one USB.

Question 3. Please confirm person, location and hours to hand deliver the USB drive on or before April 22 for our RFA submission.

Answer 3. 635 Capital Street NE, Room 350, Salem, Oregon. You will be given a receipt when you deliver your Application.

Question 4. Is it true that a proposer's decision to submit a final application for a smaller territory than submitted by the final letter of intent must be approved by OHA?

Answer 4. Yes. To reduce its proposed Service Area, the Applicant must submit a LOI Change Request. OHA may approve, reject, or modify the Change Request.

Question 5. If so, and if a proposer which intends to reduce its territory does not fully address application requirements in the withdrawn territory, can that be considered a material weakness in the application should OHA decline the requested reduction?

Answer 5. The Applicant will be evaluated based on the Service Area in its Application. That Service Area must match the Service Area in its LOI, as modified by any LOI Change Request. OHA may require changes to the proposed Service Area as a condition of receiving a CCO Contract or as a condition of the Notice to Proceed. Applicants should submit Applications only for Service Areas they realistically expect to be able to serve up CCO 2.0's standards. If the Applicant believes it will be unable to serve a county in its original LOI Service Area, the Applicant may submit a LOI Change Request proposing to reduce its Service Area.

Illustrative scenario: Proposer A submitted an LOI for counties 1, 2 and 3. At the time of Application, Proposer submits a Letter of Intent to Apply – Change Request, withdrawing county 3, and it submits a final Application for only counties 1 and 2. Accordingly, it did not address key Application criteria in county 3 (e.g., a provider network). If OHA approves the Change Request withdrawing county 3, OHA will evaluate the Application based on counties 1 and 2. If OHA denies the Change Request withdrawing county 3, OHA will evaluate the Application based on counties 1, 2, and 3.

Main RFA Document

Question 6. On page 36 of 43 in the RFA Document, which is titled "Attachment 2 – Application Checklist," the first item on the list of materials required for submission is the Letter of Intent that was previously submitted. In Addendum 5, answer #18, the response states to follow the application requirements as listed on page 12 of 43, section 3.4. Section 3.4 does not include the Letter of Intent in Application Requirements. Should applicants resubmit Letters of Intent?

Answer 6. Applicants do not need to resubmit the Letter of Intent.

Question 7. Addendum 5; Section 2.c; Community Letters of Support

In the Addendum and during the applicant conference on March 22, the OHA referenced that Community Letters of Support were previously required in the RFA for submission on April 22 in the RFA. In review, there are no references in the RFA or Reference Documents that request these letters, and this appears to be a new requirement associated with Addendum 5. With that, we ask for the following clarifications:

a. Can the Applicant select a core group of key stakeholders to submit letters of support or are letters required for every stakeholder listed in Table 1? We observe this may be nearly 100 letters.

b. Addendum 5 states that the letters must be uploaded. Is the intent of this language to ask applicants to send the letters of support to the SPC or via another method of submission? Applicants have previously been instructed not to submit to ORPIN.

Answer 7.

a. Applicants may select key stakeholders to demonstrate it has engaged with community partners. They are not required to provide a letter for every entity listed in Table 1.

b. The letters of support will not be delivered to the SPC and instead will be delivered to an OHA staff member. Applicants will be informed where to deliver these letters.

Question 8. Addendum 5; Answer to Question #32 If the Applicant is a current CCO, can all of the client references be from current community partners and stakeholders? Alternatively, is the RFA requesting references from both current and former community partners and stakeholders? We are trying to clarify how to reconcile the existing RFA language and the response shared by the OHA in Addendum 5. We are hard pressed to identify "former" community partners and stakeholders.

Answer 8. If references from "former" community partners and stakeholders are not meaningful in Applicant's circumstances, then all references may be current ones.

Question 9. If our Chief Operations Officer is also our Compliance Officer, is another C level executive still require to attend the Program Integrity Conference on May 30? (RFA 4.13.1)

Answer 9. Yes.

Question 10. Will the readiness review include an on-site audit? If so, how far in advance will an on-site audit be scheduled for the Readiness Review? (RFA 5.7.a)

Answer 10. Readiness Review may include an on-site review; scheduling details are not available at this time.

Question 11. Please confirm that the application will only be accepted on a USB and not accepted by email. (RFA 4.7)

Answer 11. Confirmed.

Question 12. p. 12/43-Section 3.4.e: Reference checks: what would OHA consider current and former "client firms for existing CCOs"? Would most recent EQR report(s) and CAPs provide some sort of proxy?

Answer 12. Please see responses in Addendum #5. EQR report(s) and CAPs provide are not a proxy for the reference requirements. For references, please submit one page for each reference that includes contact information, a statement of similar projects performed within the last 5 years that can speak to and verify the quality of the work you delivered to them, and how those projects are related to the Work under the Sample Contract. References from an Affiliate's client firm are acceptable. Where the Applicant is currently a certified CCO, references from community providers or stakeholders are acceptable. Please do not use any part of OHA as a reference.

Question 13. p. 25/43-Section 5.8. c: "Current CCOs, whether or not they are submitting an application for this RFA, must submit member specific information about PCP, BH, and other significant provider relationships to facilitate continuity of care": How and to whom to submit? When? What format? Claims data or assignment data? Please provide more information.

Answer 13. This information will be requested during Readiness Review and will be accompanied by file formatting specifications.

Question 14. P. 21/43-Section 5.4.a: "After selection of Successful Applicants, OHA may enter into Contract negotiations with the Successful Applicants. By submitting an Application, Applicant agrees to comply with the requirements of the RFA, including the terms and conditions of the Contract Template (Appendix B)." Does submitting an application translate to tacit acceptance of the contract as written in sample contract? This is concerning as it's not clear that the sample contract accurately reflects the RFA/new rules (see below).

Answer 14. RFA Attachment 12, Question A.1, asks "Is Applicant willing to enter into a Contract for 2020 in the form of Appendix B?"

Question 15. p. 7/43-Section 2.2b: what companion contracts will the CCO's be required to enter into, when, and with what attendant obligations?

Answer 15. See RFA Section 5.9

Question 16. Section 4.12: can OHA be specific about what they mean by "responsiveness requirements." Please clarify if this is determined by the quality of the response or whether the applicant included a response.

Answer 16. Please see Section 4.10a for a description of Responsiveness requirements.

Question 17. Section 4.15: Please clarify the cadence and timing of the RFA Community Engagement Plan in context of the public meeting requirement, and request for timing of community involvement in development of Application, vs Section A.1.b which is specific to after the contract awards are made.

Answer 17. Applicants are expected to demonstrate how they have engaged with community partners in the development of the Application. The RFA Community Engagement Plan includes specific components related to plans to engage with SDOH-HE partners, assessing community health priorities and proposed projects, and outreach to entities involved in the development of the CHA/CHP. The Public Presentation by Applicant occurs after a Notice of Intent to Award has been made to Successful Applicants.

Question 18. In Addendum #5, OHA amended the RFA to include submission of 'Community Letters of Support' as described in the Applicant's Community Engagement Plan. If an Applicant has a contract with a stakeholder/community partner listed in the RFA Community Engagement Plan, does the Applicant also need to submit a letter of support for that stakeholder?

Answer 18. Yes

Attachment 6

Question 19. Please confirm that the requested "Attachment 6 – General Questionnaire" and the "Attachment 6 – Narratives" on the Application Checklist are one and the same: the applicant's Attachment 6 responses to be submitted. (Attachment 2 – Application Checklist)

Answer 19. Confirmed. Attachment 6 Narratives are the narrative responses to Attachment 6 General Questionnaire.

Question 20. Section D.1 Can OHA be more specific about "any business functions" that are subcontracted or delegated? And would this only apply to Affiliates?

Answer 20. Question D.1.a asks only about subcontracting or delegating to Affiliates. "Any business functions" are any business functions performed under the CCO contract.

Question 21. In Section 3.3 Minimum Submission Requirements b. Application Format and Quantity the RFA states "Applications must use an 8 1/2 " x 11" – page formatting using 12 point font size, unreduced, single spaced, one-inch margins." The multiple Attachments that are required to ensure a complete submission were not provided in an easily editable format. The Attachments provided in the RFA are not formatted with one inch margins. When converting to a usable format for response purposes is it permissible to adhere to/match the existing formatting of the Attachments provided in the RFA or do we need to reformat with one inch margins? If reformatting is required it will impact layout of the Attachment (e.g. Attachments 2, 4, 5 and 13 – 15) Also, can you please clarify what is meant by "unreduced"?

Answer 21. Applicants can use the formatting margins in the RFA and Attachments, except those margins may not be less than .5 inches, top, bottom, left and right. When converting a document in pdf, Applicants have the option to reduce, but do not use this option or any other option that may reduce font size from 12 point.

Question 22. Attachment 6; Section B.1.b; Organization Chart. The organization chart does not appear to be excluded from the page limits. Will the OHA exclude this chart from page limits?

Answer 22. Yes, the chart is included in page limits. See the second bullet in Attachment 6; Section B.2. Please include your org chart in the narrative.

Question 23. Attachment 6 – General Questions, question #1 l. requires resumes for key leadership personnel and Attachment 12 question F requires Biographical Affidavits NAIC Form 11. This seems duplicative. Can you please provide the rationale for asking for the same information in two different formats or clarify if submitting in one format is considered responsive?

Answer 23. Résumés and NAIC biographical affidavits often contain different kinds of information and are not duplicative.

Attachment 7

Question 24. Attachment 7(12)(f)(6): Will OHA agree, in writing, that the proprietary information contained in the responses to these questions about PBM contracts will be used only for purposes of this procurement process, or for ensuring compliance with the CCOs' regulatory obligations; and that it will be protected as trade secret, if appropriate, and will not be shared with OHA's contracted PBM or staff who negotiate terms with OHA's contracted PBM?

Answer 24. The Applicant may seek trade secret characterization of any information by completing Attachment 4 - Disclosure Exemption Certificate.

Question 25. Part of addendum 5 was a 2019 Provider Capacity Report Protocol. On page 2 of that protocol is a link to the 2019 DSN Provider Capacity & Narrative Report. In this Excel report (template), there is no column for "FTE Availability" but there is one on the Excel template OHA sent earlier in the month. Which Excel template do you want used? Also, is this the Narrative template OHA is requiring we use?

Answer 25. The CCO 2.0 DSN Provider Capacity Report Protocol document originally contained a list of allowable file formats for submitting the required information, along with a list of examples ("Spreadsheet file e.g., see OHA Excel Provider Capacity Report template:"). It contained a link to the template that was used for the 2019 contract deliverable. This was not the same template that was released with the RFA. To eliminate confusion, the Protocol document has been updated to remove the link.

Applicants should submit their provider network data as described in the CCO 2.0 DSN Provider Capacity Report Protocol, using the applicable specifications for file format identified in the document.

Applicants do not need to respond separately to the narrative questions that have been migrated to the document, as the responses in Attachment 7 - 4.a.(1)-(6) will suffice.

Question 26. On the DSN Report, do we need to add "retired" providers?

Answer 26. If the provider is under contract to provide services to an Applicant's members, it should be included in the DSN report.

Question 27. Section 6a(8)(a): Assessment within 30 days-is this supported with an OAR? The current rule is 90 days, or 30 days for members in LTSS. Is this the same as the initial health assessment?

Answer 27. The Sample Contract in Appendix B provides (In Exhibit B, Part IV):

Contractor shall conduct an initial health risk screening of each new Member's needs (i) within 30 days of Enrollment or within 10 days when the Member is referred or (ii) within 30 days when the Member is referred or is receiving Medicaid LTC or LTSS, or (iii) as quickly as the Member's health condition requires.

Question 28. OHA please define "pending enrollment" as stated in the 'DSN Provider Report Protocol'.

Answer 28. 'Pending enrollment' refers to a provider who is in the process of being enrolled by OHA as a Medicaid Provider.

Question 29. Addendum 5 and 7; DHS Provider Report Protocol; Section 2.e. Addendum 5 indicates that the name of the protocol is "DHS Provider Report Protocol" (the "Protocol"). Addendum 7 indicates that the name of the protocol is "DSN Provider Capacity Report Protocol." Please confirm that the intent of both updates mean the "DSN Provider Report Protocol." Addendum 7 also indicates that an updated Protocol was included. This is not in OPRIN. Please provide the updated document.

Answer 29. The intent of both updates was 'DSN Provider Capacity Report Protocol'. Please see Answer 23 for more information. The updated protocol is posted on the CCO 2.0 website.

Question 30. Page 2; Minimum Required Data Elements – the provider and service categories are not aligned with current reporting categories. Are these new?

Answer 30. Yes, some required reporting elements are new.

Question 31. Section 1.a(4): What does OHA mean with the declarative statement: "The CCO Governance Structure will reflect the needs of Members with severe and persistent mental illness and Members receiving DHS Medicaid-funded LTC services and supports through representation on the Governing Board or CAC." Is this required under any OAR? This is a new requirement not before described. How will OHA evaluate CCOs compliance with this?

Answer 31. In your response to this question, please describe how and to what extent this will be done.

Question 32. Section 8: Is existing FWA plan a reasonable proxy for this? ½ page limit seems inadequate without ability to attach an existing plan.

Answer 32. The question requests a description of current activities and plans for monitoring and auditing in the future. The 1/2 page limit should be sufficient to describe those activities.

Question 33. Section 3 preamble: How will OHA evaluate models of care 'taking into consideration the information developed in the Community health assessment' for CCOs that are new entrants into any given service area?

Answer 33. The language cited refers to activities performed by the Applicant and not a question or response that is evaluated.

Question 34. Section 6.a(3): can OHA be more specific about what a "tool for Provider use" would contain?

Answer 34. Applicants should provide responses describing how they propose to accomplish the requirements described in the question.

Question 35. Section9a-d: will a CCO's existing TQS suffice for response to this section?

Answer 35. No.

Question 36. Introduction: HIT Roadmap/Readiness Review: Does OHA form (successful) Applicant responses to HIT questionnaire into a "draft roadmap" on behalf of applicant, which is then reviewed/negotiated between applicant and OHA during Readiness Review period? The attachment says CCO must have "approved HIT Roadmap by 12/31/19, but the bullet below says failure to complete an "approved HIT roadmap" delays completion of Readiness Review, which occurs 8/1/2019-9/27/2019.

a. Same question as above for specific references to EHR adoption, HIE, providing data to network

Answer 36. Part 1: The responses themselves are the draft roadmap, and OHA will compile them into a single document for review/negotiation. OHA will work with successful applicants prior to the completion of Readiness Review period to outline the work required to achieve an approved HIT Roadmap – this workplan will be completed by the end of Readiness Review period. The applicant must work with OHA to achieve an OHA-approved roadmap by 12/31/2019 unless an exception is outlined in the workplan and an alternate date is identified.

Part 1(a): The responses to EHR adoption, HIE, and providing data re VBP to the network are part of the responses, which form the draft roadmap.

Question 37. Does ongoing HIT Roadmap monitoring and reporting replace the ISCA?

Answer 37. No – the HIT Roadmap monitoring and reporting does not replace the ISCA. OHA will seek to leverage the ISCA in cases of any overlap so that monitoring/reporting is not duplicative.

Question 38. Section D.1 Can OHA be more specific about "any business functions" that are subcontracted or delegated? And would this only apply to Affiliates? The contract uses the terms ENCC and ICC interchangeably: 410-141-3170

Intensive Care Coordination (ICC) Services (Exceptional Needs Care Coordination (ENCC)) (1) MCEs are responsible for intensive care coordination (ICC) services, otherwise known as Exceptional Needs Care Coordination (ENCC). Even if the MCE uses another term, these rules set forth the elements and requirements for ICC services. Where the term ENCC appears in rule or contract, it shall be given the meaning in this rule.

We have seen in some older literature that ENCCs could be a team as opposed to just one person. We're wondering if a team like Assertive Community Treatment wherein all teams members work regularly and intensively with a person could be considered an ENCC team.

"ACT program participants have access to a trans-disciplinary team of highly trained professionals, including: a psychiatrist, counselor/social worker, substance abuse specialist, independent living specialist, rehabilitation specialist, employment specialist,

peer support specialist, housing specialist, and staff responsible for care coordination and case management."

Can an Intensive Care Coordinator be a team and not a person if the team is fulfilling the ICC responsibilities?

Also, can a CHOICE Care Coordinator fulfill the ENCC position? it would seem so because "exceptional needs care coordination" is one of the contractual requirements for entities with CHOICE contracts.

Answer 38. ICC can be taken over by a team in the case where member prefers such and is already a part of a specialized program. Examples of this include ACT, EASA, Wraparound, etc.

A CHOICE Care Coordinator may fill the position if CCO delegates such. CCO may delegate the activities of care coordination, however, CCO may not absolve itself from the responsibility and ultimate ownership. CHOICE Care Coordinators will be required to work with person at CCO who is responsible with overseeing care coordination and care coordinators.

Attachment 8

Question 39. I have two questions regarding Attachment 8:

On the Instructions sheet of the RFA data template, one instruction line says multiple "data_template" sheets are provided so applicants can provide at least two "models" to show how they will meet the 20% VBP requirement. On the next instruction line, applicants are directed to use the "data_template" tabs to submit two variations of the information (one using lowest enrollment viability, one using highest). Can these two enrollment variation tabs count as the two "models" or is OHA looking for two or more models with different VBP strategies (hospital VBPs instead of primary care, for example)?

Attachment 8 Section C.1 requests two variations of the information in the RFA FBP Data Template. Must this information be included in the narrative of the Attachment 8 Questionnaire response? If so, does this information count for the page limit?

Answer 39. Yes, the two enrollment variation tabs count as the two "models" for how a CCO will meet the 20% minimum VBP threshold for 2020. There is also a model _descriptions tab that should be filled out in the RFA VPP data template.

Attachment 8 Section C.1 requests two variations of the information in the RFA FBP Data Template only.

Attachment 10

Question 40. Section F2: Is the THW Integration and Utilization Plan a 1 year plan or five year plan? Section F.2.a: what is a "THW Liaison position?"

Answer 40. The integration and utilization plan is a five Year Plan that CCOs will annually report on to demonstrate a continuous improvement processes. A THW liaison position is a position as central contact within a CCO for THW services to ensure the integration and utilization of THWs in the health system, supporting CCO's member's access to THWs and provide an ongoing fidelity to the THW Scope of practice and best practices. The THW Commission has drafted a job description of what a THW liaison position would likely be/do within a CCO as guide to all CCOs. After the CCOs contract is awarded, we will provide the job description as a guide to all CCOs.

Question 41. Section E1b: analyze REAL +D data on whom? Members? Providers? Both?

Answer 41. Both.

Question 42. Attachment 10; Community Engagement Plan Reference Document; RFA-Comm-Engagement-Plan-Required-Components_v1. On page 1 of 7 in the reference document, the Required Components section #3 indicates that tables are required. On page 4 of 7, the request in section #3 indicates that both a narrative and tables are required. Please confirm if narrative and tables are required or only if the tables are required for this element. The instructions appear to conflict.

Answer 42. There are narrative portions within the tables, but only the tables are required for the required component 3 (CHA/CHP Component).

Question 43. Section B.1.a: what is the "definition of SDoH-HE partners" that the RFA is referring to? Is there a document that defines such partners?

Answer 43. Definitions are listed in the reference document SDOH and Health Equity Glossary (https://www.oregon.gov/oha/OHPB/CCODocuments/Reference-Documents/SDOH-and-Health-Equity-Glossary.pdf)

Attachment 11

Question 44. For questions 11.C.2 and 11.C.3 in Attachment 11, please clarify the difference between "the CHP" in C.2 and "the local plan" in C.3. We understand them to be one and the same.

Answer 44. The CHP is the CCO's Community Health Improvement Plan (addressed in Attachment 10 and the Community Engagement Plan) which is different than the LMHA required local plan (in ORS 430.630 the Comprehensive Local Plan that LMHAs must submit every other year to OHA). Question 11.C.2 is asking how the CCO will include the LMHA in the CCO CHP development, while 11.C.3 is asking how the CCO will collaborate with the LMHA on the LMHA's required Local Plan. Again, these are two different plans.

Attachment 12

Question 45. Will all Applicants that are awarded a CCO contract be required to register with DCBS?

Answer 45. No.

Question 46. As rates will be set at the county level (as opposed to the regional level), how much county/service area specific reporting will be needed in the Schedule L reports?

Answer 46. The CCO 2.0 rate methodology is based on a statewide base data, not county level. OHA plans to continue to collect information at the CCO level in reporting, unless additional requests are needed.

Question 47. Will the state develop CCO specific cost adjustment factors to account for potential cost differences due to different hospital mixes utilized by different CCOs within the same service area?

Answer 47. The CCO 2.0 rate methodology is built using service area factors, which would be the same for CCOs that cover the same area. Currently, the only methodological difference in this example would be the health-based risk adjustment between the two CCO. OHA will review the program once CCOs are awarded and review non-medical load, etc.

Question 48. Would OHA considering using a withhold/settle-up process that is revenue neutral for prospective risk adjustments in 2020?

Answer 48. Thank you for the suggestion and OHA will review internally.

Question 49. If OHA and Optumas decide to use the risk corridor method for the first half of 2020, how will OHA and Optumas adjust benefit related revenue for benefit costs not reflected in encounter data, since the risk corridor calculation would only use encounter data expenses?

Answer 49. OHA will discuss with CCOs and finalize more specifics for the risk corridor calculation after CCOs are awarded.

Question 50. Which base data years would potentially be used for rebasing rates in CY 2021?

Answer 50. OHA has not made that decision; however, the intent is to do a rate update CY2021 and not change the base data.

Question 51. Will the Service Area Adjustment factors be updated on an annual basis?

Answer 51. OHA is required by CMS to review the rate adjustments annually during the certification process, which may or may not result in updating service area factors.

Attachment 13

Question 52. Attachment 13(A)(1)(a): OHA declined to answer more than 50 clarifying questions asked by CCO 2.0 applicants with regard to the contract in Appendix B. Does OHA intend to answer any of the more than 50 questions that the agency has thus far declined to answer before requiring CCOs to attest to enter into the contract in Appendix B?

Answer 52. The Applicant must answer RFA Attachment 12, Question A.1. Some questions about the Sample Contract may have been addressed in the revised Sample Contract issued as an addendum on March 29, 2019. In July 2019 OHA expects to invite awardees to a technical assistance meeting on the Contract, in connection with which unanswered questions may be posed again.

Question 53. Attachment 13(B)(1): Will OHA agree, in writing, that the proprietary information contained in unredacted provider contracts will be used only for purposes of this procurement process and will be protected as trade secret if appropriate?

Answer 53. The Applicant may seek trade secret characterization of any information by completing Attachment 4 - Disclosure Exemption Certificate.

Question 54. Attachment 13 – Attestations, question G. #5 a. "Will Applicant select and contract with the Oregon Prescription Drug Program to provide Pharmacy Benefit Management services? If yes, please skip to section 5. If not, please answer parts b-f of this question." Did OHA mean to say skip to section 6?

Answer 54. Correct, it should say skip to section 6. The correction is noted in Section 2, above.

Attachment 14

Question 55. Assurances of Compliance with Medicaid Regulations-to what degree can prior EQR be used as evidence of compliance?

Answer 55. This section asks the Applicant to provide a brief narrative of how the Applicant meets each applicable Assurance. The Applicant must provide supporting materials available to the OHA upon request, but evidence of compliance is not a substitute for the narrative response. If supporting materials are requested, the appropriateness of the material depends on the content of any additional request made by OHA.

Attachment 16

Question 56. Attachment 16; Section 1. The concluding paragraph on page 1 of 3 in this attachment states the following: "OHA will inform Applicants, in connection with RFA awards, which of its service areas are likely to be Choice Areas. In light of that information, Applicants are expected to submit an complete Member Transition Plan (not subject to the page limits of this RFA), gain OHA approval of its Plan, and update the Plan as part of negotiation activities, contracting, and Open Enrollment period processes."

a. Is this language indicating that applicants have to submit an additional plan? We currently interpret the narrative required in response to the questions set forth in Attachment 16 as the Member Transition Plan.

b. Alternatively, is the intent of this language to inform Applicants that during the Readiness Review period, the Applicant will need to submit a revised or updated Member Transition Plan that the OHA will review and approve?

Answer 56. The narrative in Attachment 16 is a description of how Applicant will facilitate member transition generally. If the Applicant is successful, it will be required to submit a more detailed protocol for transition activities, including points of contact, which will then be operationalized.

Appendix B

Question 57. Is the Sample Contract updated to reflect CCO 2.0? For instance:

- Sample Contract still describes a monetary incentive payment rather than a withhold
- Sample contract says health assessment within 90 days but RFA says must assess care coordination needs within 30 days of enrollment (Sample contract now says 30 but not sure that is in OAR?)
- Sample contract says care plan reassessment every 12 months but RFA says semiannual

Answer 57. Please see updated Appendix B, posted 3/29/19.

4. All other terms, provisions, and conditions of this RFA remain unchanged.