NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES
Division of Health Benefits

ROY COOPER • Governor

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Solicitation Addendum

Solicitation Number:	30-190336
Solicitation Description:	Healthy Opportunities Pilots Request for Information (RFI)
Solicitation Opening Date and Time:	March 15, 2019 at 2:00 PM ET
Addendum Number:	1
Addendum Date:	March 4, 2019
Purpose of Addendum:	Department Response to Questions and Revisions to the RFI
Contract Contact:	Deidra C. Jones, Contract Specialist Deidra.jones@dhhs.nc.gov	(919) 527-7236

Instructions:

1. CAREFULLY READ, REVIEW AND RETURN ONE COPY OF THIS ADDENDUM WITH RESPONSE TO RFI BY THE OPENING DATE/TIME LISTED ABOVE

2. REVIEW SECTION I FOR RESPONSES TO QUESTIONS RECEIVED.

3. REVIEW SECTION II FOR REVISIONS TO THE RFI.

Section I: Department's Responses to Questions Received as Provided in Section I.A of the RFI:

Question #	Citation	Vendor Question	The State's Response
1	General	It seems that the RFI was released only in a non-fillable PDF format. How exactly are we supposed to submit information?	Organizations may request a fillable PDF version of the Healthy Opportunities Pilot RFI by emailing Deidra Jones at Deidra.Jones@dhhs.nc.gov. Organizations seeking to submit multiple service description templates can also request a standalone fillable PDF of the service description template and may submit as many services as preferred. If respondents create their own document to respond to the RFI, they should follow the instructions in Section I.B and I.C on pages 2 and 3 of the RFI.

				As noted in the RFI, it is the responsibility of the responding entity to submit its response to this RFI via email to Deidra.Jones@dhhs.nc.gov by March 15, 2019 at 2:00 PM ET. Responses should clearly note the RFI Number 30-190336 in the subject line of the email.
2	General	Is it possible to get a Word Doc. version of the RFI?		The Department will not distribute a Word version of the Healthy Opportunities RFI. However, organizations may request a fillable PDF version of the RFI by emailing Deidra Jones at Deidra.Jones@dhhs.nc.gov. Organizations seeking to submit multiple service description templates can also request a standalone fillable PDF of the service description template and may submit as many services as preferred.
3	Page 2, Section I.C.2	Are respondents expected to insert their responses into the PDF entitled "30-190336_DHB," or should respondents copy the tables and questions into a new document in order to add their responses? If respondents are expected to copy the tables and questions into a new document, what is intended by the instruction "Include all pages of the RFI" on page 2? Does this mean that the introductory and instructional content in the original PDF should be included along with the respondent's additions?		Organizations may request a fillable PDF version of the Healthy Opportunities Pilot RFI by emailing Deidra Jones at Deidra.Jones@dhhs.nc.gov. Organizations seeking to submit multiple service description templates can also request a standalone fillable PDF of the service description template and may submit as many services as preferred. If respondents create their own document to respond to the RFI, they should follow the instructions in Sections I.B and I.C on pages 2 and 3 of the RFI and include the execution page and Sections I-III of the RFI along with responses.
4	Page 6, Section III.C.1.c). v.	The Cost Report Exercise Worksheet provided via the RFI is password protected and read-only. This prevents entry of data into the highlighted fields. Is there a non-protected version available?		When the spreadsheet first opens, there will be a bar at the top of the document that reads, "Protected View," with an option to click "Enable Editing." Once you click "Enable Editing," you will be able to enter data into the cells highlighted in yellow on the four designated data entry tabs. The remainder of the Excel document is locked and password protected to ensure respondents do not change or fill in additional cells beyond those data entry cells.
5	General	When will we find out which prepaid health plan we will be working with if awarded?		All prepaid health plans (PHPs) must contract with a lead pilot entity (LPE) if the LPE is located in a region that the PHP serves. Four PHPs are operating statewide, so LPEs will contract with at least 4 PHPs. One PHP is operating in regions 3 and 5 only, so LPEs located in regions 3 and 5 will be contracting with 5 PHPs. You can find a list of the PHPs and geographic regions in the fact sheet, "NC Medicaid Managed Care Prepaid Health Plan Contract Awards."

6	General	Will each plan use the same criteria for eligibility? Do they have a form, or should we be drafting one?	All Pilots will use the same criteria for eligibility. The Department will develop a standardized tool and guidance for prepaid health plans (PHPs) and care managers to use to assess whether an individual qualifies for Pilot enrollment. To qualify for enrollment in the Pilots, a Medicaid enrollee must be enrolled in a PHP in North Carolina's Medicaid managed care program and meet at least one State-defined physical or behavioral health criteria and at least one State-defined social risk factor.
7	General	Is there an existing list of the "range of process and outcome-based benchmarks "? If no, how much latitude we have two craft this or something already in process somewhere?	Payments to prepaid health plans (PHPs) and Lead Pilot Entities (LPEs) for Pilot services will increasingly be linked to operational ability, enrollees' health outcomes, and health care costs through various value-based payment arrangements over the course of the demonstration. The key process and outcome-based metrics tied to value-based payment arrangements will evolve over the course of the demonstration. Appendix E of the policy paper, "North Carolina's Healthy Opportunities Pilots: A Review of Proposed Design for Interested Stakeholders" provides example metrics that may support value-based payments for LPEs and PHPs. The Department will develop the final list of metrics, supported by stakeholder feedback.
8	General	Is there an existing vision to define "positive impact" on health outcomes and health care cost?	Evaluation of the Pilots is intended to assess the effectiveness of the program in addressing social risk factors, improving health outcomes, supporting appropriate health care utilization, and reducing health care costs. Evaluation of the Pilots' impact on health care utilization will be completed with the understanding that increasing use of recommended health care such as preventive care, prenatal care, and wellness visits is a desirable outcome and that reducing preventable emergency department visits and inpatient hospitalization are also desirable outcomes.
9	General	Is the minimum share of pilot funds for each domain already identified?	No. The Department will establish parameters for the use of Pilot funds in each of the four domains of non-medical need across populations as part of the Lead Pilot Entity procurement process.
10	General	Is there a list of the Tier 3 AMH's?	DHHS and PHPs will have a list of all Tier 3 AMHs by managed care launch.
11	General	If an HSO is under performing, can the LPE terminate the agreement?	If a Lead Pilot Entity (LPE) assesses that a Human Service Organization (HSO) is underperforming, the LPE must provide technical assistance and the opportunity to improve performance. HSOs will be required to undertake corrective actions, as necessary

			and required by the LPE, to ensure continued compliance with Pilot requirements and continued Pilot participation. If performance does not improve sufficiently to meet contracting standards, the LPE may terminate the HSO contract.
12	General	Can the LPE so be an HSO and or a care management entity?	Yes. Care management entities and Human Service Organizations (HSOs) are not precluded from applying to become a Lead Pilot Entity (LPE). In the case of an LPE that also provides Pilot services as an HSO, the LPE will be expected to manage a diverse network of multiple HSOs to ensure adequate access to services for Pilot enrollees. That is, an LPE cannot propose to include only (or primarily) its own organization as its network.
13	General	I am wondering why civil legal assistance is precluded as a social service that is to be funded under the Health Opportunities Pilots. Is this a federal limitation? If this is a federal limitation for the Health Opportunities Pilots, might DHHS consider asking the General Assembly to allocate funding to the non-profit legal aid programs to bolster the effectiveness of the Health Opportunities Pilots?	The Pilot services are in the four core, priority domains (housing, food, transportation and interpersonal violence/toxic stress), and those are the domains for which the Department negotiated and received federal approval from the Centers for Medicare and Medicaid Services. The Department does not have federal authorization to use federal Medicaid funding for non-approved services under the terms of North Carolina's Medicaid 1115 waiver. The Department is considering opportunities to couple philanthropy or private funds with Medicaid funding for other services for which there is an evidence base linking them to improved health outcomes outside of the approved services.
14	General	Can you direct me to the location of this slide deck on the site or send me a copy?	https://www.ncdhhs.gov/about/department-initiatives/healthy-opportunities/healthy-opportunities-pilots
15	General	Can an LTE, a County Health Department, also be an HSO?	Neither county health departments nor Human Service Organizations (HSOs) are precluded from applying to become Lead Pilot Entities (LPEs); however, the geographic area served by a Pilot must consist of at least two contiguous counties. A partnership of organizations may form an LPE to promote cross-county relationships. In this case, the Department expects there to be a single point of accountability for contracting purposes and for all interactions with the Department. HSOs may serve as both the LPE and an HSO. In the case of an LPE that also provides Pilot services as an HSO, the LPE will be expected to manage a diverse network of multiple HSOs to ensure adequate access to services for Pilot enrollees. That is, an LPE

			cannot propose to include only (or primarily) its own organization as its network.
16	Page 9	Page 9 identifies all PHP's will be required to participate: Is there definition defined in their contract beyond the collaboration meeting events prior authorization and financial payment described in the document?	Prepaid health plans (PHPs) are contracted to participate in the Healthy Opportunities Pilots in several ways, including oversight of care management, authorization of member enrollment into the pilot and the delivery of pilot services, management of total pilot funding, and reporting on a range of metrics. Details of these requirements can be found in the Request for Proposal for Medicaid Managed Care Prepaid Health Plans, Addendum 1 – Scope of Services, beginning on page 143. The Department plans to provide additional guidance to PHPs regarding their pilot obligations.
17	Page 12, Appendix C	On the approved evidence-based practices… Where is that listed? Is it all SAMHSA approved or a sublist?	Appendix C of the policy paper, "North Carolina's Healthy Opportunities Pilots: A Review of Proposed Design for Interested Stakeholders" lists all of the federally-approved Pilot services. The Department does not have federal authority to use federal Medicaid funding for non-approved services. The Department will develop a fee schedule, supported by stakeholder feedback, that includes service definitions and pricing for approved Pilot services listed in Appendix C.
18	Page 13	Page 13 identifies pilot service definition, Service rates, and criteria for service access… where these are in writing?	The Department will develop a fee schedule, supported by stakeholder feedback, that includes service definitions and pricing for approved Pilot services listed in Appendix C of the policy paper, "North Carolina's Healthy Opportunities Pilots: A Review of Proposed Design for Interested Stakeholders."
19	Page 14	Page 14 indicates when the HSO starts providing services the LPE will reimburse and then in turn secure payment from the PHP…goes to LPE funding, was this described in deep dive webinar?	When a Human Service Organization (HSO) delivers an authorized Pilot service to a Pilot enrollee, it will invoice the Lead Pilot Entity (LPE). The LPE will reimburse the HSO. LPEs will receive funding from prepaid health plans (PHPs). The funding flow was not further described in either of the two webinars the Department facilitated on February 20, 2019 or February 22, 2019.
20	Page 16	Is the whole person approach with the four areas on page 16 defined in a trainable way or can the LPE build that?	The Department will develop guidelines for care managers who serve Pilot enrollees to ensure they address needs across all four healthy opportunities domains (housing, food, transportation, and interpersonal violence/toxic stress). A Lead Pilot Entity (LPE)'s network of Human Service Organizations (HSOs) must cover all four domains. HSOs that serve Pilot enrollees

			will need to be deemed qualified to participate by the LPE and enter into a contract with the LPE.
21	Page 16	Do you know if the plans have a preference on the care management entities (themselves? Health apartment? AMH? Page 16 references "limited exceptions" can we get the exception criteria?	The Department has specified when prepaid health plans (PHPs), Advanced Medical Homes (AMHs), and Local Health Departments (LHDs) must provide care management. PHPs are responsible for providing care management to Medicaid members whose AMH is designated as Tier 1 or Tier 2. For members whose AMH is designated as Tier 3, the AMH will provide care management. LHDs will provide care management to members in the Care Management for At-Risk Children and Care Management for High-Risk Pregnancy programs. As mentioned, there are limited exceptions to this policy. PHPs can designate care management responsibility to another care management entity or clinically integrated network. Additionally, PHPs are not required to contract with AMH practices if they cannot agree on rates. PHPs may also assess AMH tiers differently than the Department. For example, PHPs are not required to contract with a Department-designated Tier 3 practice as a Tier 3 AMH if the PHP determines that the practice is not capable of performing all the required functions to be considered a Tier 3 AMH. Lastly, LHDs have the right of first refusal to provide care management. However, if one LHD does not have the capacity to provide care management, then a neighboring LHD could provide care management instead.

Section II: Revisions to the RFI:

Section I.C of the RFI is revised and restated in its entirety as follows:

    C. Instructions for Submitting Responses

1. Respondent should email its response to this RFI to the address on Page 1 by the specified due date and time.

   a. **Respondent should include any Cost Report Worksheet excel files in the same email that transmits the Respondent's narrative RFI responses.**

2. When submitting a response, include all pages of the RFI, with the EXECUTION SECTION on Page 1 completed and signed and responses added for questions in Section IV.

3. Alternatively, Respondents may request a fillable PDF version of the Healthy Opportunities Pilot RFI by emailing Deidra Jones at Deidra.Jones@dhhs.nc.gov.

4. Respondents seeking to submit multiple service description templates can also request a standalone fillable PDF of the service description template from Deidra Jones at Deidra.Jones@dhhs.nc.gov and may submit as many services as preferred.

5. The following copies of Respondent's narrative response are required to be provided to the Department in response to this RFI:

   a. One (1) electronic copy of the signed, complete response marked *HOP RFI 30-190336-Name* (**include Respondent name in the file name**).

   b. A Respondent with multiple service description templates, should submit completed responses marked *HOP RFI 30-190336-Name-1* for the 1st service description template, *HOP RFI 30-190336-Name-2* for the 2nd service description template, etc.

   c. One (1) electronic copy of the signed, complete response redacted in accordance with Chapter 132 of the North Carolina General Statutes (NCGS), the Public Records Act, marked *HOP RFI 30-190336- Name-Redacted* (**include Respondent name in the file name**). For the purposes of this RFI, redaction means to edit a document by obscuring or removing information that is considered confidential and proprietary by the Respondent and meets the definition of Confidential Information set forth in NCGS 132-1.2**.** Any information removed by the Respondent should be replaced with the word, "Redacted." If the response does not contain Confidential Information, Respondent should submit a signed statement to that effect marked *HOP RFI 30-190336-Name-Redacted***.**

6. Copies of Respondent's Cost Report Worksheet excel files should be submitted in the native excel format and in accordance with the instructions provided in the Cost Report Worksheet.

7. **The electronic copies of the narrative and cost responses must not be password protected.**