

Addendum #1
RFP #03410-175-16
Accountable Care Organization in DVHA’s Next Generation Model
Update 5-2-2016

Revision 1 - pg. 4

1.1. INTRODUCTION

(Revision to last paragraph of this section only)

DVHA plans to sign an agreement with one or more ACOs to achieve enhanced integration of health care services, with the potential to integrate additional Medicaid-covered services in future program years. For the duration of the program, participating ACOs will be expected to leverage existing resources within the Agency of Human Services and its Departments to support the delivery, coordination, and experience of care for attributed Medicaid members. DVHA reserves the right to modify the Scope of Work at any point to reflect any legislative mandates, and shall maintain the flexibility to align with any ACO standards developed by the Green Mountain Care Board in future.

Revision 2 - pg. 11

2.1 SCORING

For each program proposal, the three sections outlined in this section (Quality of Bidder Experience, Bidder Capacity, and Technical Proposal) must be responded to in your proposal. The bid will be scored on a 1000 point scale. The scoring is weighed 10% for the bidder’s experience, 30% for the bidder’s capacity to perform, and 60% for technical responses.

Proposals will be scored by a guide developed by DVHA.

There are several questions in the technical section that begin with the phrase “If the bidder chooses”, these questions are intended to allow flexibility to the bidder. ~~If the bidder is not intending to perform the function described, then the question may be omitted. However, the bidder must clearly state their intent regarding that function.~~ Notwithstanding the bidder’s intent to perform the function described, the questions must be answered, however, these questions will be scored pass or fail.

Revision 3 - pg. 12-13

CRITERIA FOR SCORING
1 INFORMATION FROM THE BIDDER
<i>(There are no revisions to this section)</i>
2 TECHNICAL PROPOSAL, 60%
A. Responsiveness to Specifications

Addendum #1
RFP #03410-175-16
Accountable Care Organization in DVHA's Next Generation Model
Update 5-2-2016

- Number the pages in this section consecutively starting with page 1 being mindful that this section cannot exceed 300 pages.
- Bidders should begin their response in this section with an Executive Summary/Overview that describes their vision for meeting the Triple Aim of improving the experience of care of DVHA's members, improving the health of DVHA's members, and reducing per member costs among DVHA's members attributed to the ACO.
- The Executive Summary/Overview section provides an opportunity for Bidders to provide their concepts for addressing requirements that may not be specifically addressed in the required responses. Specific areas that may be addressed include: Administrative Requirements, Information Systems, and other areas that the Bidder believes are pertinent to this RFP. The Executive Summary/Overview will be weighted as 1/3 of the available technical proposal score.
- Questions #12, 13, 14, 15, and 18 which begin with the language "If the bidder chooses" will be scored pass-fail.
- Provide written responses to each of the questions listed below. When responding, use the question numbers that appear below. Rewrite the item shown next to each number, then provide your response directly below it.

(There are no revisions to the remainder of this section)

Revision 4 – Attachment A – pg. 3, Section 1.2.5

1.2.5 Primary care practitioners

A primary care practitioner is a physician or non-physician practitioner (NPP) whose principal specialty is included in Attachment B, Table 3 2.

Revision 5 – Attachment A – pg. 3, Section 1.2.6

1.2.6 Participating provider

A participating provider is either a physician or a NPP who is a member of a participating practice or an institutional provider or a supplier that has entered into an agreement with the ACO.

In the case of physician practices and institutional practices, participating providers are identified by a combination of:

Addendum #1
RFP #03410-175-16
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Update 5-2-2016

- a. Taxpayer Identification Number (TIN)¹ and
- b. Medicaid provider identification numbers.

A participating provider who is a primary care or non-primary care specialist with attributed members may not be identified as a participating provider by more than one ACO in the program. A participating provider who is a non-primary care specialist with no attributed members is not required to be exclusive to one participating ACO entity.

Revision 6 – Attachment A – pg. 45, Section 5.2.4

(Revision to last paragraph of this section only)

The Contractor is expected to coordinate with and support unified planning efforts across mental health and substance abuse providers such as, but not limited to all county-based Designated Agencies (DAs), Preferred Providers, Special Service Agencies (SSAs) and Parent-Child Centers (PCCs). If all such providers DAs, SSAs, and PCCs are not included in the provider network, the Contractor shall demonstrate that this does not hinder coordination of care or create an access issue. The Contractor shall, at a minimum, establish referral agreements and liaisons with DAs, Preferred Providers, SSAs, and PCCs.

Revision 7 – Attachment C – pg. 193-194

	Code Description	Type of Service	Provider Type	Provider Specialty	Does DVHA Require Prior Auth	Is Service in Capitation Rate
0359T		1	036	S50	No	Yes <u>No</u>
0360T		1	036	S50	Yes	Yes <u>No</u>
0361T		1	036	S50	Yes	Yes <u>No</u>
0362T		1	036	S50	Yes	Yes <u>No</u>
0363T		1	036	S50	Yes	Yes <u>No</u>
0364T		1	036	S50	Yes	Yes <u>No</u>
0365T		1	036	S50	Yes	Yes <u>No</u>
0366T		1	036	S50	Yes	Yes <u>No</u>

¹ DVHA is currently deriving TIN from a crosswalk produced by DVHA’s fiscal agent that links Medicaid billing identification numbers to TIN since TIN is not captured in the data warehouse.

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RFP #03410-175-16
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0367T		1	036	S50	Yes	Yes <u>No</u>
0368T		1	036	S50	Yes	Yes <u>No</u>
0369T		1	036	S50	Yes	Yes <u>No</u>
0370T		1	036	S50	Yes	Yes <u>No</u>
0373T		1	036	S50	Yes	Yes <u>No</u>
0374T		1	036	S50	Yes	Yes <u>No</u>