



Department of Health and Social Services
 Finance and Management Services
 Grants and Contracts Support Team
 333 Willoughby Ave., Room 760
 Juneau, Alaska 99801

IRFP #190000114
Proof of Concept Analysis

Amendment #1

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Issued By: Susan Jabal, Procurement Specialist V
susan.jabal@alaska.gov

Important Note to Offerors: Only the following items referenced in this amendment are to be changed. All other sections of the IRFP remain the same. A copy of the amendment is available on the Vendor Self Service website.

This amendment serves to provide responses to questions submitted by interested parties.

#	Question	SOA Response
1	The Background Information (Section 2.01) references an "independent health insurance marketplace." Please confirm this is referencing the federally facilitated marketplaces and not another or separate exchange.	Confirmed
2	The Background Information (Section 2.01) states, "Toward this end, the department is seeking contractor support to perform a cost analysis of the impact of moving eligible Medicaid enrollees into the federally facilitated marketplace." However, the Scope of Work (Section 3.01) clarifies that "The paper should also include any suggestions for streamlining and reducing costs within the program to ensure the concept meets federal waiver cost neutrality requirements, and improves the overall cost effectiveness of the program." We assume the proof of concept deliverable will provide some perspectives on cost impacts but a robust cost analysis (e.g. cost neutrality analysis, etc.) is considered outside of scope. Please confirm.	Confirmed

3	<p>The Scope of Work (Section 3.01), as well as Attachment 1, emphasizes that the goal of the department is to connect or move specified Medicaid enrollees into the federally facilitated marketplaces.</p> <p>Please confirm that this is the primary policy goal to be explored by the proof of concept paper.</p>	<p>The primary component of the project is to establish Medicaid recipients in commercially sold individual health plans. In Alaska commercially sold individual health plans are currently only available in the federally facilitated marketplace.</p>
4	<p>Attachment 1 clarifies that the specified populations that will remain in Medicaid include the medically frail; enrollees with incomes below 50% FPL; dual Medicare-Medicaid enrollees; enrollees who are incarcerated or recently released from prison; and aged, blind, and disabled enrollees.</p> <p>Please confirm that the proof of concept paper should assume these populations will remain in Medicaid.</p>	<p>Confirmed</p>
5	<p>The Scope of Work (Section 3.01) section references work requirement components, block grants and “recommendations for items outside of the Medicaid program, such as reference based rates...”</p> <p>Do you expect the paper to address only these components or are other design concepts also within scope of the proof of concept paper?</p>	<p>In order to be accepted, the final paper must adequately address all components included in the IRFP. However other, relevant and related design concepts may also be included as part of the paper.</p> <p>The budget limit identified in the IRFP is fixed; no additional services will be billable.</p>
6	<p>Regarding the “reference-based rates” mentioned the Scope of Work (Section 3.01), please describe further how the Department would characterize “the use of referenced-based rates in the private market”.</p> <p>Would the Department like to evaluate the feasibility of limiting private marketplace reimbursement to a percentage of the Medicare or Medicaid fee schedule?</p>	<p>The term “reference-based rates” refers to a system where prices have already been established by an entity other than the provider.</p> <p>An increasingly common example of this is the use of a percentage of Medicare’s fee schedule as the basis for provider reimbursement.</p> <p>Inclusive as a part of this paper, the department will consider other relevant and related design concepts.</p>
7	<p>The Scope of Work (Section 3.01) requests that the paper include “suggestions for streamlining and reducing costs within the program to ensure the concept meets federal waiver cost neutrality requirements.”</p> <p>Please confirm the desire is to receive a high-level assessment based on common offsets used for cost neutrality and review of major cost drivers in the current Medicaid budget.</p>	<p>Confirmed</p>

8	<p>The IRFP in general only references an 1115 Waiver as a vehicle for implementation.</p> <p>Is the Department or other partner agencies willing to consider other waiver vehicles (e.g. 1332) if it is considered an appropriate vehicle?</p>	<p>Respondents should include reference to all waiver vehicles necessary to support their submission.</p>
9	<p>Appendix D Payment for Services stated that the contract is not to exceed \$0,000.00. We assume this should be \$100,000. Please confirm.</p>	<p>The 'Appendix D' referred to here is a part of Attachment 4: Standard Agreement Template. It is provided so that offerors can see the template Standard Agreement document that will be used to develop the resultant contract. After award and during contract development, the template will be completed as appropriate to the agreement being enacted. The amount will be filled in then.</p>
10	<p>In light of the questions above, would the state consider extending the deadline for receipt of proposals, to allow respondents to incorporate the information provided to the questions?</p>	<p>The deadline for receipt of proposals will not be extended.</p>