

Request for Information 24-002



State of Alaska
Department of Health
Division of Health Care Services

Date Issued: June 11, 2024

MEDICAID ORAL NUTRITION

Introduction:

The State of Alaska Department of Health, Division of Health Care Services is seeking information from durable medical equipment (DME) providers qualified and interested in becoming the Alaska Medicaid program's sole source DME provider for oral enteral nutrition products statewide, or for one or more geographic regions in the state.

Background Information:

The Alaska Department of Health (DOH) serves as the single State agency responsible for the administration of the Medical Assistance (Medicaid) program. The Division of Health Care Services (DHCS) administers the medical, dental, and pharmacy aspects of the Alaska Medicaid program.

Enteral nutrition is a covered medical supply when Medicaid recipients require feeding via an enteral access device to provide sufficient nutrients to maintain weight and strength commensurate with the recipient's overall health status and has a permanent full or partial non-function or disease of the structures that normally permit food to reach the small bowel, or a disease that impairs digestion and/or absorption of an oral diet, directly or indirectly, by the small bowel. Oral nutrition, when a recipient does not have an enteral access device, may be covered when adequate nutrition is not possible by dietary adjustments, liquified or pureed foods, and/or oral supplements.

There were over 1,000 unique individuals identified over the course of FY22 and FY23 who received orally administered enteral nutrition. Examples of authorized oral enteral nutrition formulas include, but are not limited to, KetoCal, Neocate Splash, Renastart, Peptamen Junior, and Kate Farms 1.5 Peptide.

The primary goal of this contracted service is to ensure the medical necessity and provision of orally administered enteral nutrition to recipients with complex medical conditions who are unable to obtain adequate nutrition through dietary adjustments and/or oral supplements.

Response Information:

Interested DME providers are invited to submit narrative responses to the following:

1. Identify DME provider complete company name, address, telephone number and email address for the provider's contact person for its RFI response.
2. Provide information on the DME provider's interest for a statewide or one or more specific regional contracts. DME providers may propose different regions. Currently, the proposed regions are:

- a. **Statewide:** Includes all Alaska communities
 - b. **South Central:** Includes Anchorage, Mat-Su-Borough, Kenai Peninsula, Homer, Seward, Kodiak, Aleutian Islands, Cordova, and other communities in this area.
 - c. **Southeast:** Includes Juneau, Yakutat, St. Paul Island, Douglas, Ketchikan, and other communities in this area.
 - d. **Interior:** Includes Fairbanks, North Pole, Denali, Nenana, Prudhoe Bay, Tanana, and other communities in this area.
 - e. **Western:** Includes Bethel, Nome, Aniak, Kotzebue, Emmonak, and other communities in this area.
3. Provide a general overview of the DME provider's profile including a detailed description of its capabilities and experience related to providing orally administered enteral nutrition services.
 4. Describe how the DME provider will determine criteria to be used to determine a recipient's medical necessity for orally administered enteral products.
 5. Describe the proposed products and corresponding Healthcare Common Procedure Coding System (HCPCS) codes to be made available to Alaska Medicaid recipients.
 6. Explain the scope of services to be provided, including how the DME provider will address shipping and weather delays that could affect the delivery of the nutritional products.
 7. Describe any proposed approach(es) or innovative strategy(ies) developed by the DME provider for administering oral nutrition programs.
 8. Provide the following to the DME provider's approach, as applicable:
 - a. Current or Proposed Alaska-based facility location(s)
 - b. Staffing plan
 - c. Estimated costs
 - d. Implementation and transition timelines

Response Submission Deadline:

Interested vendors must submit their response in writing via email by **2:00 p.m. (Alaska Time) Friday, July 5, 2024**, to the following:

Alison Carpio

Procurement Specialist

Department of Health

Finance and Management Services

Email: doh.procurement.proposals@alaska.gov

Please also copy alison.carpio@alaska.gov on the submission

Important Notice:

This RFI does not extend any rights to prospective vendors or obligate the state to conduct a solicitation or

purchase any goods or services. Nor will the State be financially responsible for any costs associated with the preparation of any response for the requested information. This RFI is issued for the sole purpose of obtaining information as described in this notice. However, the information obtained from this request may be used to prepare a purchase, contract, or solicitation in the future.