



Department of Health and Social Services
Finance and Management Services
Grants and Contracts Support Team
3601 C Street, Suite 578
Anchorage, Alaska 99503

RFP #0614-075
Alaska Medicaid Coordinated Initiative

Amendment #7

Amendment Issue Date: April 15/, 2014

Please alter the following language to match the amendment.

IMPORTANT NOTE TO OFFERORS: Only the following items referenced in this amendment are to be changed. All other sections of the RFP remain the same. A copy of the amendment is available on the State's Online Public Notice website.

- 1. Question:** Section 4.01 (page 25) – this section indicates that “Case Management Program Participation generally lasts for 12 months”. Section 4.02.2 (page 26) indicates that “Participating members will have their care guided through twelve consecutive months.” For the members that will participate in this new program, how many months should we assume an average member will participate in Phase 1? Can AMCCI members continue on the program during Phase 1, Year 2? Can an AMCCI member continue on the program through Phase I and into Phase II?

Answer: Members must participate in Phase I for twelve months. Since the term of Phase I is two years, members participating in the first twelve months will be given the opportunity to continue participating for the twelve remaining months in Phase I or discontinuing participation in the AMCCI. It is undetermined at this time whether a member may continue to participate in Phase II of the AMCCI.

- 2. Question:** When the Vendor makes a denial determination when performing retrospective reviews of outpatient emergency room visits, will DHCS use that denial determination for payment recoupment from the provider?

Answer: During Phase I, year 1, DHCS will not use the denial determination for payment recoupment from the provider. It is undetermined whether or not DHCS will use that information to recover payment from the member in during Phase I, year 2 and/or in Phase II.

- 3. Question:** Explain what is mean by the statement, “the vendor will not be responsible for performing service authorization activities.”

Answer: The vendor will have no deciding factor in whether or not services which require a service authorization (previously known as prior authorization) are approved or denied for the member.

- 4. Question:** Confirm that the AMCCI is a voluntary program, so that members can choose to participate, or not participate.

Answer: Members may choose to participate or not participate in the AMCCI.

- 5. Question:** Explain if members in the AMCCI program are required to select only one primary care provider, one pharmacy, one hospital, and one behavioral health provider as appropriate.

If a member chooses to participate in the AMCCI, they will be required to select only one primary care provider, one pharmacy, one hospital and one behavioral health provider (as appropriate).

Answer: If a member chooses to participate in the AMCCI, they will be required to select only one primary care provider, one pharmacy, one hospital and one behavioral health provider (as appropriate).

During Phase I, year 1, a member's decision to access healthcare services from a provider who was not selected will not have any impact on the vendor, member, or provider. The potential impacts of using a provider not selected during Phase I, year 2 and/or Phase II have not been determined.

6. Question: Explain if the member in the AMCCI program will be required to obtain a referral from the selected primary care provider when accessing medical specialists (e.g., neurologist, endocrinologist, etc.).

Answer: A member should obtain a referral from their selected primary care provider to obtain treatment from other providers.

7. Question: Will the State be providing the Comprehensive Needs Health Assessment?

Answer: No, See RFP section 5.06. Additionally, information and data requirements related to RFP 5.09 (6) were released in amendment #6 on April 14, 2014. The report template, page 10 -11 outline the data required to be submitted to the State from the vendor's Comprehensive Health Needs Assessment.

8. Question: Is the Vendor Report Template replacing or same as the Performance Metrics data?

Answer: The Vendor Report Template includes the data necessary from the vendor to report the performance metrics to the State.

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