State of Oklahoma
Department of Central Services
Central Purchasing

Amendment of Solicitation

Date of Issuance: 11/14/12 **Solicitation No.** 8070000488

Requisition No. 8070000488 **Amendment No.** 1

Hour and date specified for receipt of offers is changed: ☒ No ☐ Yes, to: _____ 3.00 PM CST/CDT

Pursuant to OAC 580:15-4-5(c)(5), this document shall serve as official notice of amendment to the Solicitation identified above. Such notice is being provided to all suppliers to which the original solicitation was sent.

Suppliers submitting bids or quotations shall acknowledge receipt of this solicitation amendment prior to the hour and date specified in the solicitation as follows:

(1) Sign and return a copy of this amendment with the solicitation response being submitted; or,

(2) If the supplier has already submitted a response, this acknowledgement must be signed and returned prior to the solicitation deadline. All amendment acknowledgements submitted separately shall have the solicitation number and bid opening date printed clearly on the front of the envelope.

ISSUED BY and RETURN TO:

U.S. Postal Delivery:
Department of Central Services, Central Purchasing
P.O. Box 528803
Oklahoma City, OK 73152-8803
or
Personal or Common Carrier Delivery:
Department of Central Services, Central Purchasing
Will Rogers Building
2401 N. Lincoln Blvd., Suite 116
Oklahoma City, OK 73105

Beverly Blake
Contracting Officer

(405) - 522 - 7587
Phone Number

Beverly.Blake@okhca.org
E-Mail Address

Description of Amendment:

a. This is to incorporate the following:

Questions Received From Potential Bidders (Numbered 1-16, 3 attached pages)

b. All other terms and conditions remain unchanged.

Supplier Company Name (**PRINT**) Date

Authorized Representative Name (**PRINT**) Title Authorized Representative Signature

QUESTIONS RECEIVED FROM POTENTIAL BIDDERS

1. a. What is the long-term plan for Insure Oklahoma?
   ANSWER: This is unknown at this time.
   b. How does the Governor's announcement about not expanding Medicaid affect Insure Oklahoma?
   ANSWER: There will be no immediate effect. The program is expected to remain in existence until at least January 1, 2014. The long term effect is unknown.
2. Medical Home questions:
   ANSWER: Insure Oklahoma does not operate using the medical home model but has a primary care case management (PCCM) program which utilizes primary care physicians (PCPs). See www.insureoklahoma.org and www.ohca.org > Research > Statistics & Data > Insure Oklahoma Fast Facts for additional information.
   a. How many doctors are enrolled in the Insure Oklahoma medical home option?
      ANSWER: Insure Oklahoma Fast Facts for November 2012 show 1,631 PCPs in the program. These are not all doctors – please see "2.f." below.
   b. Do all Insure Oklahoma members have to select a medical home?
      ANSWER: All members of the Insure Oklahoma Individual Plan are required to select a PCP. Some members may not have a PCP for up to one month during periods of transition.
   c. How much are doctors paid per member per month for participating in the Insure Oklahoma medical home?
      ANSWER: PCPs are paid $3.00 per member per month for care coordination services. Other services provided by PCPs are billed and paid as claims.
   d. What are the current medical home requirements/components for an Insure Oklahoma medical home provider?
      ANSWER: See the Bidder's Library for the SoonerCare General Provider Agreement, Special Provisions for Physician and Addendum 2 to SoonerCare Provider Agreement for Insure Oklahoma/O-EPIC IP Primary Care Providers which together constitute the PCP contract for the Insure Oklahoma-Individual Plan, (IO-IP).
   e. Could the current medical home payment include provider participation in the Information Therapy Program as a medical home requirement?
      ANSWER: This might be possible in the long term, but it's not possible to make such a change during the pilot period because of the lead time required for policy and/or contract changes.
   f. (1) What specialties are eligible to be Insure Oklahoma medical home providers?
      (2) Are nurse practitioners and physician assistants included as medical home providers?
      ANSWER: Physicians must have a specialty of general internist, family practice, or pediatrics to be a PCP. Federally Qualified Health Centers, Rural Health Centers, Indian Health Service and Tribal Clinics, Groups, Physicians with the specialties listed above, Certified Registered Nurse Practitioners (CRNPs) and Physician Assistants (PAs) can all be PCPs. Centers, Clinics and Groups listed above who wish to serve as PCPs must employ an adequate number of physicians with the specialties above, CNRPs and/or PAs to meet the needs of the members assigned to their panel.

g. Can OHCA provide a list with contact information for all medical home providers who have Insure Oklahoma patients?
ANSWER: A list of PCPs for Insure Oklahoma-Individual Plan (IO-IP) is available on the Insure Oklahoma website identified in #2 above. When the contract award has been made, OHCA can provide contact information for all PCPs involved in the IO-IP.

h. What has been the impact of the medical home on the Insure Oklahoma population to date?
ANSWER: Since IO-IP has always operated under the PCCM model, a comparison of the Insure Oklahoma population with and without this model is not possible.

i. Are there any requirements of the member to his/her medical home provider?
ANSWER: See Addendum 2 referred to in "2.d."

3. a. How do we make adjustments to the pilot to ensure its success and what does OHCA require, if anything, in terms of notification?
ANSWER: The Bidder invited to Clarification may discuss this and propose a process.
b. Is the Weekly Risk Report (WRR) to be used for these purposes?
ANSWER: The WWR may be useful for the purpose of identifying appropriate adjustments to the pilot, but the Bidder may also propose alternatives during Clarification.

4. a. One of the objectives for the RFP involves health outcomes. Does OHCA plan on measuring health outcomes?
ANSWER: Yes, our overall evaluation structure (whether internal or external) follows the Centers for Medicaid and Medicare Services' (CMS) triple aim goals: (1) better health care (obtaining the right care at the right time, including understanding what, when and why care is needed as well as appropriate follow through); (2) improved health outcomes; and (3) reduce costs due to fewer ER visits and inpatient hospitalization but utilizing appropriate and timely visits with PCPs. The Bidder invited to Clarification will propose appropriate health outcome measurements.
b. Same question with regards to member adherence to treatment plans.
ANSWER: One example of evaluating treatment adherence would be to determine whether ongoing prescriptions (such as high blood pressure or cholesterol medications) were filled by patients on a regular basis. Also, please see response to "4.a." above. The Bidder invited to Clarification will propose appropriate measurements.

5. If OHCA incurs any other related expenses in operating the pilot (for example with the Insure Oklahoma's plan administrator), are those amounts counted toward the budget of $990,000?
ANSWER: Yes, any additional expenses incurred for this program must be included in the $990,000 annual budget.

6. What are the current healthcare costs per member per year?
ANSWER: $3,568 for IO-IP members.

7. What has been the trend for healthcare costs the past 3 years?
ANSWER: $2,734, $2,748, and $3,568 for state fiscal years 2010, 2011, and 2012, respectively. See also Fast Facts on websites identified in response to Question 2
If costs went up or down, what does OHCA report as the reasons?

ANSWER: A possible explanation is that Oklahomans with more critical medical needs and pre-existing conditions are enrolling as they become aware of the program. See Research and Evaluation information on the Insure Oklahoma website.

8. Does OHCA have access to prescription drug information to include the number of prescriptions filled, costs, or adherence?
   ANSWER: Yes, prescriptions paid through the MMIS system for Insure Oklahoma members will be available to the successful bidder upon award of the contract.
9. a. What is the Insure Oklahoma benefit plan design for members?
   ANSWER: See www.insureoklahoma.org > Tools/Resources > (Individuals) > Insure Oklahoma Rules –or- Member Handbook as well as www.insureoklahoma.org > About Us > Research and Evaluation > Independent Evaluation of the Insure Oklahoma Program, Final Report, December 2008.
   b. Are there Insure Oklahoma plan options?
   ANSWER: No, however, premium amounts differ between members.
10. Does Insure Oklahoma offer members any wellness, prevention or care (disease) management programs?
    ANSWER: Care management assistance is offered for unusual or complex medical conditions. There are no wellness or prevention programs, but covered services include: annual check-ups with PCPs, immunizations, smoking cessation products, mammograms, colonoscopies, and family planning services. Surgical procedures for weight-loss are not covered.
11. Who is the plan administrator for Insure Oklahoma, Hewlett Packard?
    ANSWER: OHCA administers the Insure Oklahoma program. Some services -- such as claims payment, some audit functions, premium collection and invoicing, and some call center and workflow functions -- are subcontracted to vendors including Hewlett Packard and Maximus.
12. Can the out of pocket expense to members be adjusted for the pilot?
    ANSWER: No.
13. For the pilot, the Contractor shall administer all incentive payments. Does this mean that the current plan administrator will not be administering these payments?
    ANSWER: Yes, that is correct. The information therapy contractor must handle all payments.
14. Sec. A.6.1 requires Bidders to comply with access requirements, hardware, and software requirements as shown in the Bidders Library. We do not find this information in the Bidders Library. Can this be made available?
    ANSWER: Yes, see recent additions to Bidder's Library.
15. Human behavioral science is best applied in an evolutionary fashion. Therefore, can the PMPM pricing In future years be based on the success of the interventions in prior years?
    ANSWER: Not in the pricing quote required on Form 10, but this pricing mechanism or other options may be proposed in the Value Added Plan (Form 5).
16. a. Does the Oklahoma Health Care Authority have any experience with patented methods?
    ANSWER: Yes
    b. If so, does OHCA have recommendations concerning the escrow of proprietary software?
    ANSWER: Please refer to Section D.19 of the RFP.