



**AHCCCS COMPLETE CARE RFP YH19-0001
EXTERNAL INQUIRIES
PRE-RELEASE**

The AHCCCS Administration received inquiries from external parties that may pertain to the RFP. The AHCCCS Administration has provided the following responses to these inquiries as they may be relevant for interested parties.

Question Submitted	AHCCCS Response
<p>For the upcoming Integration Solicitation, plans have to be contracted DSNPs. My question for you is do they have to be contracted prior to being selected as an Integration Plan or simply have commitments? Thank you for the clarification to help define our task list leading up to the release of the RFP.</p>	<p>The Contractor will be required to implement D-SNP business on January 1, 2019. This will require that the Offeror submits a non-binding Notice of Intent to Apply (NOIA) as of D-SNP to CMS in November of 2017 and an application in early 2018.</p>
<p>We were doing some general research into the Acute Care Contract and noted the requirement for awarded plans to operate a Medicare Advantage D-SNP in the same counties it is awarded the Medicaid contract. Given the timing of D-SNP application process, and knowing that some providers may hold out for Medicaid contract awards prior to signing D-SNP contracts with potential bidders, can you please confirm the following that would help in D-SNP contracting discussions with providers:</p> <p>Given ACOM Policy 107 that states AHCCCS will not contract with any D-SNPs operating in counties in which they do not also have an Acute Care Contract, and given that some providers may be hesitant to sign a contract with a potential bidder until after awarded the Medicaid business, will AHCCCS execute a contract for DSNP contingent upon award of a Medicaid contract in the same service area?</p>	<p>The team is working on this and will be adding this information to a "Major Decisions" document in the coming months.</p>
<p>Do you have something or is there anything on AHCCCS website showing the current statewide CRS enrollment by LOB-Acute,</p>	<p>Enrollment numbers can be found on the AHCCCS website at the below link, under Acute Enrollment: https://www.azahcccs.gov/Resources/Reports/provi</p>



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ALTCS, DD/ALTCS?	derpopreport.html . See additional CRS breakout enrollment below the chart. The DDD/ALTCS CRS population is included in the CRS-Partial BH group (along with CMDP). The Acute CRS enrollment is made up of the CRS-Fully Integrated and CRS-Partial Acute. There is no CRS enrollment for ALTCS/EPD as members with CRS conditions are not tracked by AHCCCS.
<p>Currently [Health Plan name redacted] receives three separate enrollment files daily – Acute, ALTCS & DD. [Health Plan name redacted] receives four separate files daily – Integrated, Non-Title, GMHSA and GMHSA Duals Crisis.</p> <ul style="list-style-type: none"> • Will separate files continue to be received for each program? • With the enrollment files, will separate designations provided to identify members within CRS, CMDP, SMI, etc.? <p>If two affiliated plans become one legal entity, we are attempting to understand how a provider would identify who to submit their claims to for payment.</p> <ul style="list-style-type: none"> • Will AHCCCS be providing distinct Health Plan IDs to identify the [Health Plan name redacted] RBHA components – Integrated SMI and Non-Title and another for the Integrated Acute, ALTCS and DD populations? 	<p>Final decisions as to the structure of MCO/Health Plan IDs and the composition of 834 enrollment files for contractors under AHCCCS Complete Care are in progress. There are no impacts anticipated to current ALTCS or DD 834 enrollment exchanges.</p> <p>All current designations will continue as currently outlined including CRS and SMI. Please note that CMDP is not currently designed on the 834 enrollment files for contractors other than CMDP.</p> <p>Although, as noted, final decisions as to the composition of 834 enrollment files for contractors under AHCCCS Complete Care are in progress, the necessity for providers to clearly identify specific coverage groups is understood.</p> <p>Final decisions as to the structure of MCO/Health Plan IDs and the composition of 834 enrollment files for contractors under AHCCCS Complete Care are in progress.</p>
I am wondering whether an entity seeking Medicaid managed care organization contract	AHCCCS does not require a company license. Per Arizona Statute:



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<p>in Arizona must be licensed by the Arizona Department of Insurance (e.g., as a health care service organization).</p>	<p>36-2903. Arizona health care cost containment system; administrator; powers and duties of director and administrator; exemption from attorney general representation; definition</p> <p>A. The Arizona health care cost containment system is established consisting of contracts with contractors for the provision of hospitalization and medical care coverage to members. Except as specifically required by federal law and by section 36-2909, the system is only responsible for providing care on or after the date that the person has been determined eligible for the system, and is only responsible for reimbursing the cost of care rendered on or after the date that the person was determined eligible for the system.</p> <p>B. An agreement may be entered into with an independent contractor, subject to title 41, chapter 23, to serve as the statewide administrator of the system. The administrator has full operational responsibility, subject to supervision by the director, for the system, which may include any or all of the following:</p> <ol style="list-style-type: none"> 1. Development of county-by-county implementation and operation plans for the system that include reasonable access to hospitalization and medical care services for members. 2. Contract administration and oversight of contractors, including certification instead of licensure for title XVIII and title XIX purposes. <p>The statutory definition of “contractor” under ARS 36-2901(3) is "a person or entity that has a prepaid capitated contract with the administration pursuant to section 36-2904 to provide health care to members under this article either directly or through subcontracts with providers.”</p> <p>It should also be noted that at this time, AHCCCS requires managed care contractors to be Medicare Dual Special Needs Plans to serve dual eligible</p>



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	members in the GSA's awarded, which may require licensure. AHCCCS can certify these plans when only serving dual eligible members, but the plan would need to meet all other Federal requirements to operate a Medicare Dual Special Needs Plan (D-SNP).