

Questions and Answers for Addendum 2:

BMS Request for Application (RFA) Mountain Health Trust (MHT)

11/9/2023

<i>Question #</i>	<i>Section:</i>	<i>Question:</i>	<i>Answer:</i>
1	I. Introduction; C. MCO Payment	In #6. The Applicant must accept the rates established by the Agency on a per member per month (PMPM) basis for the MHT program. When will these rates be provided and in what form? Will we have the opportunity to review and comment?	Draft rates will be made available 90 days prior to implementation. Approved applicants will be invited to the Mountain Health Trust (MHT) rate setting meetings conducted early in 2024.
2	Item #7 from the Mandatory Requirement Description related to NCQA Accreditation	In the sample contract, it appears there is a process for the required NCQA accreditation for new plans, but the RFA seems to simply have a requirement. As a new plan that does not currently have a program in place yet: 1) Can the Applicant submit proof of notice that we intend to attain accreditation? (Or do we word it), can the new plan attest to the intention to obtain credentialing and supply a plan for that achievement? 2) Can the Applicant submit evidence from other Medicaid business as evidence of future plans to be NCQA accredited? Would one of these or both together be acceptable?	Please see the Change Log for amended Request for Application (RFA) language.
3	IV. Application Requirements; B. Organization	In Table 5. Applicant Organization: " Number of Years Applicant Has Provided the Services Required in this RFA": 1) Please clarify does this question refer to Medicaid/CHIP services in West Virginia OR Medicaid/CHIP services generally?	The reference is to Medicaid/CHIP services generally (not solely in West Virginia).
4	C. Financial Stability	In health insurance, other ratings services are deemed more relevant and are industry standard. In lieu of Dun & Bradstreet (D&B) ratings, will BMS accept ratings / reports from other reputable industry standard insurance-specific third parties (e.g., AM Best) in its place?	Yes, the Agency will accept other industry standard ratings.

5	C. Financial Stability	<p>Clarification requested – Inclusion of “Financial Stability” (Pg. 19, Section C. of RFA) content in “Application Requirements” response order Per Section IV. “Application Requirements” (Pg.15 of RFA), the following instructions have been provided- “The response should be provided in the order listed below. Additional detail for order and applicable page limits is provided in Attachment D, Checklist of Required Documentation.</p> <ol style="list-style-type: none"> 1. Transmittal Letter and Attachment C, Addendum Acknowledgment Form 2. Table of Contents with hyperlinks to each Application section 3. Mandatory Requirements 4. Organization 5. Location of Operations 6. Staffing Approach 7. Subcontractual Relationships and Delegation 8. Scope of Services <p>Any material deviation from the format outlined may result in a rejection of the non-conforming Application.”</p> <p>Currently, Section C. “Financial Liability” is not included in the above outline listed, but is listed in Attachment D, Checklist of Required Documentation. Please confirm whether the Financial Stability section should be included in the above format outlined. If yes, please confirm whether this will follow the order in Attachment D (ex. between “Organization” and “Location of Operations” content.</p>	Please see the Change Log for amended RFA language.
6	6. Health Care Management (Model MHT Service Provider Agreement, Article III, Section 5)	<p>In describing the initiatives that applicant will implement to promote the use telehealth for providers and enrollees 'The state contract outlines the process for telehealth providers and states that telehealth providers must have locations within 30 miles of the WV border.</p> <ol style="list-style-type: none"> 1) Will BMS accept telehealth providers that do not have a WV location OR 2) Will BMS accept telehealth providers that are not located within 30 miles of the WV border but are registered with WV BMS as a provider (i.e. has a WV BMS ID)? 	<ol style="list-style-type: none"> 1. Yes 2. Yes <p>This requirement has been removed from the SFY23 MHT Mid-Year contract.</p>

7	Quality Assessment and Performance Improvement Program (Model MHT Service Provider Agreement, Article III, Section 6) 7B	The application requests the following: Provide a summary of strategies the Applicant will implement to simplify administrative procedures per the National Committee for Quality Assurance (NCQA) Health Equity Accreditation or Health Equity Accreditation Plus programs. Will you clarify what BMS mean by "simplify administrative procedures per the NCQA Health Equity Accreditation or Health Equity Accreditation plus?"		Please see the Change Log for amended RFA language. The Agency will instead add a requirement to the MHT Service Provider Agreement for State Fiscal Year (SFY)25 to require managed care organizations (MCOs) to receive this National Committee for Quality Assurance (NCQA) accreditation.
8	Attachment F: Geographic Mapping Reports (Mandatory Requirement)	Item #11 from the Mandatory Requirement Description, Related to Network Standards (Alluding to Attachment F, Geographic Mapping Reports): In the attachment, it says to "provide Individual maps for each county & provider type and subtype found within Appendix I". Would you like each map to be broken down by county/contiguous counties w/the county name, and provider types that have a contract or LOI with us?		Yes, provide maps by county/contiguous counties w/the county name, and provider types that have a contract or letter of intent (LOI). Contracts and LOIs should be in different colors. Note that updated geographic mapping reports to include only contracted Medicaid providers will be required for readiness reviews.
9	Attachment F: Geographic Mapping Reports	To provide the accurate reports on network adequacy with providers that are enrolled in WV Medicaid, we will need the WVPROV12 file. Can you provide the file to complete?		The Agency will provide the WVPROV12 file to MCOs after approval of their applications. Please see the Change Log for amended RFA language.
10	Attachment H: Provider Network Standards	What is the expectation of the requirement? 'For attachment H, Table 13., Provider-to-Enrollee Ratios - Without membership, we wouldn't be able to indicate whether or not we're going to meet the 1 provider per X number of enrollees per county. The denominator in the equation is 0 since we have no enrollees at this point in time.		Please see the Change Log for amended RFA language. The Agency will assess this requirement six (6) months post implementation.

11	Attachment E: Application Medicaid and CHIP Experience	Attachment E, Applicant Medicaid and CHIP Experience is used as part of question 4, page 12 under Mandatory Requirements. Then again in Section F. Subcontractual Relationship and Delegation. Should these two Attachment E's be combined into one complete attachment or placed with the narrative if applicable and denoted as an attachment if too large for subcontractors?	<p>There is only one Attachment E, but as indicated in the instructions, the table is meant to be used for Applicants in responses to the Mandatory Requirements and for subcontractors in response to Question F.2.</p> <p>Table 10 indicates where the tables should be included in the application. Additionally, as stated in the instructions in Attachment E:</p> <ol style="list-style-type: none"> 1. The Applicant must include the table in its Application as part of its attestation to continuous experience for the last five (5) full calendar years (2018-2022) operating in implemented and funded services contract(s) for capitated risk-based Medicaid and CHIP managed care programs with Medicaid agencies with an aggregate average membership of at least fifty thousand (50,000) members per month. 2. The Applicant should also complete the below table for each subcontractor in response to Question 2 in Section IV.F. Subcontractual Relationships and Delegation.
12	IV. Application Requirements; B. Organization	Under the Organization section of the Application Requirements, multiple questions state the Applicant or d/b/a entity, and/or its parent company, or affiliate. Are we to assume on the other questions in the section that the questions are for the Applicant and/or affiliate? An example would be question 4 on page 17.	This language is specific to the questions where identified.
13	IV. Application Requirements; B. Organization	# 3 Provide a summary of existing or previous contracts the Applicant or d/b/a entity, and/or its parent company have held with the West Virginia DHHR in the past ten (10) calendar years (2013-2022). Is this specifically related to subcontractor's contracts?	No. As stated, this question is specific to contracts held by the "Applicant or d/b/a entity, and/or its parent company."
14	IV. Application Requirements; B. Organization	Under Organization, Section 6, does "Subcontractor" mean an individual, agency, or organization to which the Applicant has "delegated some of its management functions or responsibilities of providing medical care to its patients," i.e. dental and vision benefit managers? If not, could you provide the definition of subcontractor in relation to this requirement? May we please have the definition of subcontractor and what information in the terms of subcontractors do we need to directly provide?	Subcontractor is defined in the MHT Service Provider Agreement as: party contracting with the MCO to perform any services related to the requirements of this Contract. Subcontractors may include, without limitation, affiliates, subsidiaries, and affiliated and unaffiliated third parties.
15	IV. Application Requirements; B. Organization	Do we need to submit our "subcontractors" contracts?	No. Subcontracts must be submitted prior to or during Readiness Reviews at a date determined by the Agency.

16	G. Response to Scope of Services (and other mentioned w/in the RFA)	If sub-questions are copied within the responses for the Scope of Services subsections, (example, Covered Services, sub-question a. Provide the Applicant staffing, technology and operations to provide Medicaid and WVCHIP covered services), should this content be counted in the respective page counts for each section or would this content be considered template content and excluded from page counts?		The template content would be excluded from page count.
17	7ABC; Attachment D: Checklist of Required Documents	The requested policies and/or processes will be submitted as attachments and are often multiple pages. Does each policy and or process (contents) count towards the requested page limit?		No the requested policies and/or processes do not count toward the page limit. However, the Applicant should indicate where within the attachments the relevant information can be found (e.g., Section X, pages X-X).
18	B. Background and Overview	We are committed to providing the Community-based Mobile Crisis Intervention Services but are unable to provide a detailed plan or approach without understanding the full requirements of the program. Can we have the full details and requirements to begin development?		If the Applicant is referencing question G.12.f, this question refers to initiatives for the Children's Mobile Crisis Response services. The policy for Community-based Mobile Crisis Intervention Services will be released for public comment. The policy will be made available to MCOs when approved.
19	Formatting	What are the font size requirements for body of text, graphics and tables?		The Agency has no designated font size requirements.
20	Formatting	What are the line spacing requirements (ex. single space, double space) and margin requirements?		The Agency has no designated line spacing requirements.
21	Companion Guides	Will the Agency provide the MMIS Companion Guides?		The RFA includes the following link to the Medicaid Management Information System (MMIS) homepage: https://www.wvmmis.com/default.aspx . The Companion Guides and many other resource documents are available in the Reference Material tab from this homepage. Additionally, the Agency posted a direct link to the Companion Guides in the RFA Resource Library.