



UnitedHealthcare®

Community Plan

July 27, 2012

9200 Worthington Road
3rd Floor
Westerville, OH 43082

Lewis C. George, Esq.
Chief Legal Counsel
Office of Legal & Acquisition Services
The Ohio Department of Job & Family Services
30 East Broad Street, 31st Floor
Columbus, OH 43215

RE: Clarification Response to Protests Filed by CareSource and WellCare for the Integrated Care Delivery System (ICDS) RFA #R1213078038

Dear Mr. George:

UnitedHealthcare Community Plan of Ohio, Inc. (UHCCP) has reviewed the Protests submitted in response to the scoring of the above-referenced RFA issued by the Ohio Department of Job and Family Services (ODJFS). After reviewing these documents, we feel compelled to address issues raised in two of the Protests, which make unfounded assertions to reach the conclusion that UHCCP should have received a lower RFA score. Specifically, the Protests submitted by CareSource and WellCare doubt the validity of certain responses contained in UHCCP's RFA submission. Further, CareSource alleges to have detected an ODJFS error in scoring our application. We write this letter to provide you with the additional details to assist in your determination of the veracity of these allegations against UHCCP's ICDS RFA application.

CareSource

On page 11 of their Protest, CareSource accuses ODJFS of making the following error in scoring UHCCP's RFA application:

7. Appendix C, Initiative 2
UnitedHealthcare

On page 4 of 8 on the scoring sheet for UnitedHealthcare's response to Appendix C, Initiative 2, the second question in 2.d. was scored as a "no." This question read: "Did the results for each quality indicator show improvement that was statistically significant?" However, the summary page (page 8 of 8) indicates that UnitedHealthcare met both questions for a total of 400 points. This appears to be a simple transcription error. The points awarded to UnitedHealthcare for this section of Initiative 2 should be rescinded.

A cursory review of the scoring sheets in question (attached as Exhibit I) clearly shows that it is CareSource, rather than ODJFS, who has made the scoring error in Appendix C., Initiative 2 of our application. On page 30 of the ODJFS scoring sheets of UHCCP, ODJFS staff unmistakably subtracted 400 points from UHCCP's score because the first quality initiative as reported did not have statistically significant results. Consequently, ODJFS properly scored this question and CareSource's contention is without merit.

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Additionally, on Page 9 of its Protest, CareSource makes the following inaccurate allegation regarding UHCCP's reporting of Institutional LTC experience:

UnitedHealthcare claimed long term care institutional experience in its Ohio Medicaid line of business for all reported years. As stated above, institutional long term care is not an Ohio Medicaid managed care benefit (See Ex. A). The points awarded to UnitedHealthcare for this experience should therefore be rescinded.

ODJFS sets forth the following instructions in the preamble to Appendix B:

An Applicant must report experience and compliance as required in this Appendix. This may include the experience/compliance of the Applicant and/or any entity within its corporate family and/or a partner as defined in Section III.A of this RFA.

Furthermore, on page 11 of the RFA, ODJFS defines "Applicant" and "Corporate Family" as:

Applicant: *A health plan that submits an application in response to this RFA. The Applicant must use its name as it appears on the license issued, or the licensure application currently under review by the Ohio Department of Insurance (ODI).*

Corporate Family: *The parent company for whom the Applicant is a subsidiary and any subsidiary of either the parent company or Applicant. All such entities must be shown on the Table of Organization that the Applicant is required to submit as part of Appendix A of the application.*

UHCCP followed the above instructions applying definitions provided by ODJFS and accurately responded to the RFA questions. CareSource's conclusion that UHCCP lacks such long term care experience is inaccurate and misguided. UHCCP answered correctly that we have appropriate experience within our corporate family in providing Institutional Long Term Care services in both the Medicare and Medicaid programs in the State of Ohio. We do, in fact, provide long term care services as part of our Medicaid benefits. UHCCP offers long term care services as part of our rehabilitative and sub-acute care strategy to reduce the length of inpatient stays. In addition, we are required to cover long term care services for up to 60 days of our Medicaid members' an LTC stays.

In addition, within our corporate family, UHCCP's sister company, Evercare, operates an institutional special needs plan (I-SNP) in Ohio for Medicare enrollees residing in Long Term Care facilities. The plan has been in operation since 2000 and currently serves more than 3,400 members. Of these more than 3,400 members, between 90%-95% of them are MMEs. There is no doubt that this experience comports with the service delivery expertise ODJFS is seeking to evaluate from Applicants in this section of the RFA. Therefore, we again request that ODJFS dismiss this allegation in its entirety.

WellCare

UHCCP also contests WellCare's protest. On Pages 17-18, WellCare incorrectly contends that UHCCP erroneously reported its Behavioral Health and Institutional Long Term Care experience based on the following response:

Under Appendix B, Part 1, Item 4, ODJFS requests that applicants check all applicable boxes for experience with relevant lines of business. WellCare responded accurately to Item 4 in relation to its lack of qualifying Medicaid experience for the Behavioral Health and LTC Institutional lines of business. Numerous other applicants [including UHCCP], however, submitted the same non-qualifying Ohio-based Medicaid experience for the same lines of business and were erroneously awarded points by the Selection Team. This is an error that must be corrected.

. . .

All of these applicants [including UHCCP] submitted non-qualifying Medicaid experience and were erroneously awarded points by the Selection Team. ODJFS must correct these scoring errors by making scoring reductions where appropriate.

While we appreciate WellCare's efforts to ensure fair and impartial scoring of applications for this RFA, WellCare makes the same incorrect conclusion as CareSource. As noted previously on page 2 of this letter, UHCCP takes its responsibilities in providing LTC services to our members very seriously, irrespective of the length of time we are held responsible for these services under our provider agreement with ODJFS. That is, we go beyond the minimum requirements established by ODJFS. Additionally, UHCCP has correctly and appropriately answered in the affirmative to this service for Ohio because of the extensive experience of our sister company, Evercare, in providing Institutional LTC in Ohio through our ISNP plan. Again, this experience in providing ISNP services to 3,000+ Medicare-Medicaid enrollees in Ohio makes us a leader in this field of integrated care.

WellCare's second allegation regarding the provision of behavioral health services in Ohio, is based on inaccurate assumptions about UHCCP. The instructions contained in Appendix B of the RFA define "Behavioral Health" as "Providing access to (emphasis added) mental health and substance abuse services including, but not limited to...". This definition expressly references Appendix E of Attachment 1 of the RFA for further clarification, which provides specific examples of the behavioral health services included in this definition.

UHCCP's response to Appendix B Part 1, Item 4 correctly reflects our experience for all services and lines of business. Providing "access to" something --in this case a clinical service-- is much different than providing a healthcare benefit, which is the crux of Wellcare's argument. UHCCP

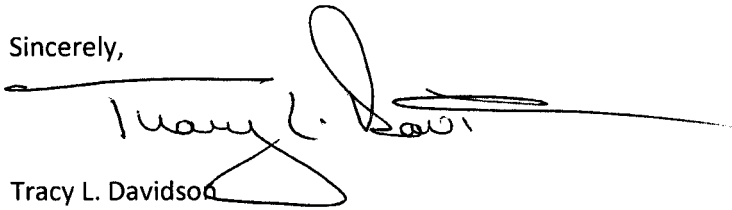
listed Ohio Medicaid behavioral health experience affirmatively in Appendix B, because of the historical requirement that if a plan member cannot or will not access the services of the community behavioral health system, UHCCP provides access to medically necessary behavioral health services through independent behavioral health providers.

We realize that partial hospitalization and intensive outpatient therapy has been specifically excluded as a Medicaid health plan benefit. However, our members have experienced the impact of community behavioral health service providers having their budgets reduced significantly in the last two Ohio biennial budgets, leading to service shortages as local communities have been forced to use more of their local dollars to supply Medicaid matching funds. This has required many of our members to go elsewhere for needed behavioral healthcare. UHCCP has stepped into this void to provide access to these services when they are clinically appropriate and needed for the health and well-being of our members. Through our sister company, Optum Behavioral Health, we provide access to the services listed in Appendix E of the ICDS proposal for our Medicare, Medicaid and commercial members. More specifically, from CY 2009-2011, we covered 36 stays for intensive outpatient therapy and we provided assistance to providers in their requests for partial hospitalization of our members by connecting them with the county board or with CMHC that do have PHP services and then assisting members with health plan transportation benefits to go to a PHP facility.

We request that ODJFS exercise its discretion and dismiss this second allegation in its entirety and leave UHCCP's, existing RFA scores in Appendix B intact because of our health plan's actual experience in ensuring the availability and delivery of behavioral health services for its Medicaid members in Ohio.

Thank you very much for the opportunity to present for your consideration this information as you review the protests submitted by CareSource and WellCare. Should you have further questions or require additional information, please do not hesitate to contact me at 614-410-7474.

Sincerely,

A handwritten signature in black ink, appearing to read "Tracy L. Davidson", with a long horizontal line extending to the right.

Tracy L. Davidson
President

Exhibit I

Utta

4.c.

1. Did the Applicant define the intervention for the quality improvement initiative?

Yes No

2. Did the Applicant discuss how the intervention was expected to change behavior at either an institutional, provider and/or enrollee level?

Yes No

The Applicant will receive 400 points if the answer to both questions is Yes. The Applicant will receive 0 points if the answer to either question is No.

4.d.

1. Did the Applicant present pre- and post-results for the quality indicators listed in 1.b.?

Yes No

2. Did the results for each quality indicator show improvement that was statistically significant?

Yes No

The Applicant will receive 400 points if the answer to both questions is Yes. The Applicant will receive 0 points if the answer to either question is No.

4.e. Did the Applicant report that the results of the quality improvement initiative were independently validated?

Yes No

The Applicant will receive 400 points if the answer is Yes. The Applicant will receive 0 points in the answer is No.

Five Components of the Three Reported Quality Improvement Initiatives	Score
1.a.	400
1.b.	400
1.c.	400
1.d.	0
1.e.	400

QI#2

1,600

UHC

QI# 3

Total for First Quality Improvement Initiative	1,600
2.a.	400
2.b.	400
2.c.	400
2.d.	400
2.e.	400
Total for Second Quality Improvement Initiative	2,000
3.a.	400
3.b.	400
3.c.	400
3.d.	400
3.e.	400
Total for Third Quality Improvement Initiative	2,000

QI# 4