

Request for Information # R-1213-07-8024

Creation of an Integrated Healthcare Delivery System for Medicare & Medicaid eligible beneficiaries

Section I – General Information

The Ohio Department of Job and Family Services (ODJFS) releases this Request for Information (RFI) for the purpose of seeking input from those most affected by and interested in the provision of care to the Medicare and Medicaid Eligible population (MMEs). Specifically, we are looking for comments and suggestions which represent your thoughts on the alternatives and objectives of the project as listed in Section II of the RFI. If there are alternatives which fall outside of the parameters listed, but, in your opinion, achieve the stated goals of the project, we would be interested in those as well. The depth of knowledge and experience present in the collective stakeholder community provides an excellent opportunity to gather relevant and valuable information to help inform the development process connected with this project. This RFI is only the first significant effort to reach out to and draw on that expertise.

Respondents should note that no contract will be awarded pursuant to this RFI and that responding to, or not responding to, this RFI will neither increase nor decrease any respondent's chance of being awarded a contract from a subsequent solicitation by the State of Ohio. Please be advised as well that the contents of your response will be considered public information and will be made available upon request by interested parties.

Interested Parties may ask clarifying questions regarding this RFI. To ask a question, Interested Parties must use the following Internet process:

- 1. Access the ODJFS Web Page at <http://jfs.ohio.gov/>*
- 2. Select "About Us" on the front page;*
- 3. Select "Doing Business with ODJFS;"*
- 4. Select "Requests for Proposals, Letterhead Solicitations, and Other Invitations;"*
- 5. Select RFI Number [JFSR1213078024](#);*
- 6. Click the "Submit an Inquiry" Button to ask a question about the RFI; and,*
- 7. Follow the instructions to send an e-mail question.*

Questions about this RFI must reference the relevant part of this RFI, the heading for the provision under question, and the page number of the RFI where the provision can be found. The Interested Party must also include the name of a representative of the Interested Party, the company name and business phone number. ODJFS may, at its option, disregard any questions which do not appropriately reference an RFI provision or location, or which do not include identification for the originator of the question. ODJFS will not respond to any questions submitted after 10:00 a.m. on the date the Q&A period closes.

The answers provided by ODJFS may be accessed by following the instructions above, once the Q&A period closes and ODJFS posts the Q&A Document.

ODJFS responses to all questions asked via the Internet will be posted on the Internet website dedicated to this RFI, for reference by all Interested Parties. Interested Parties questions shall only be answered inside this forum. Clarifying questions asked and ODJFS responses to them comprise the “ODJFS Q&A Document” for this RFI. ODJFS reserves the right to determine when to post (i.e., as received or after the closing of the Q&A period) official answers to vendor questions.

Vendor proposals in response to this RFI are to take into account any information communicated by ODJFS in the Final Q&A Document for the RFI. It is the responsibility of all Interested Parties to check this site for responses to questions, as well as for any amendments or other pertinent information regarding this RFI.

Anticipated Timetable

DATE	EVENT/ACTIVITY
<i>Friday September 16, 2011</i>	<i>ODJFS releases the RFI to the Vendor Community on the internet: Q&A period opens -RFI becomes active -Interested Parties may submit inquiries.</i>
<i>Wednesday September 28, 2011</i>	<i>Q&A period closes; 8 a.m. (for inquiries for RFI clarification) -No further inquiries will be accepted -ODJFS will provide answers to the inquiries as they come in that will make up the Final Q&A Document</i>
<i>Friday September 30, 2011</i>	<i>ODJFS posts “Q&A Document”</i>
<i>Friday October 14, 2011</i>	<i>Deadline for Interested Parties to submit responses to ODJFS (3 p.m.)</i>
<i>TBD</i>	<i>Interested Party interviews (at ODJFS discretion)</i>

Section II – Background

Background

In February of 2011, Ohio submitted a grant proposal to the Centers for Medicare and Medicaid Services seeking funding for a demonstration project to integrate care for individuals eligible to receive services from both Medicare and Medicaid, dual eligibles, now referred to as MMEs, Medicare/Medicaid Eligibles. That proposal was not among those chosen to be funded. However, Ohio has decided to proceed with the development of an integrated care delivery system which would have the same goals and fit within the same parameters delineated in the grant proposal. A copy of that grant proposal is available on the Office of Health Transformation’s (OHT) website, www.healthtransformation.ohio.gov.

Ohio's goal is to provide the most integrated and coordinated delivery system possible. We are convinced that the creation of an integrated care delivery system will result in a health care delivery system that meets and exceeds the expectations of the population/s to be served. This goal will be accomplished by:

- *Providing one point of contact for beneficiaries;*
- *Improving individual care coordination via a person-centered, team oriented delivery system that holistically addresses an individual's needs in a setting they choose;*
- *Providing a delivery system that is easy to navigate for both individual and provider;*
- *Reducing the overall cost of care, benefiting beneficiary, Medicare and Medicaid and;*
- *Providing a seamless transition between settings and programs as needs change.*

This project will include all beneficiaries eligible to or presently receiving services from both Medicare and Medicaid including:

- *Dually eligible beneficiaries residing in nursing homes;*
- *Dually eligible beneficiaries receiving services via a home and community based waiver;*
- *Dually eligible beneficiaries with severe and persistent mental illness;*
- *Certain disabled children being served via Ohio's fee for service program;*
- *Other dually eligible beneficiaries.*

With the passage of HB# 153, Ohio's budget authorization for FY12/13, populations previously excluded from receiving services in an integrated care delivery model are now eligible to be served, as determined to be appropriate, in such a delivery system. This integration also encompasses the conversion of five existing waivers into one waiver. We will utilize Medicare data, obtained from CMS but analyzed locally, to identify a more complete universe of dually eligible beneficiaries.

Integrated care delivery systems generally include but are not limited to the following models:

- *Managed Care Plans including Special Needs Plans;*
- *Accountable Care Organizations, including Pediatric Accountable Care Organizations;*
- *Health Homes;*
- *Primary Care Case Management;*
- *Other models or options.*

Any of the above models offer the integration and coordination of health care services that are desired in a delivery system. While some of the models are or can be comprehensive in the scope of services they provide, others serve specialized populations or focus on specific sectors of the delivery system. Within the primary or comprehensive model we anticipate utilizing, there is an expectation or realization that other models will or may be utilized to reach specific populations or specific geographical locations in Ohio. No matter the model chosen, the expectations remain the same as delineated above.

A project such as this will require additional work connected to waiver design and development of the ICDS. A significant amount of that work will include:

- ***Determining system and claims issues that must be addressed prior to or as part of implementation;***
- ***Identifying necessary modifications to existing rate setting methodologies, focusing on the incorporation of outcome driven parameters which provide quality incentives for achieving those outcomes;***
- ***Determining the need for new rate methodologies resulting from or driven by the creation of an integrated care delivery system;***
- ***Establishing a framework and specific methodology for evaluating the performance of the ICDS provider(s).***

While a significant rate setting and claims capacity presently exists within the non-MITS environment and will carry-over to, as well as be enhanced by MITS, modifications will be necessitated by the addition of new beneficiaries and by the nature of the services required by or provided to some of those new beneficiaries. In addition, greater emphasis on care coordination, outcome driven quality measures, the blending of funding streams, including the creation of a single rate, and a shared savings initiative between Medicare and Medicaid, will necessitate specific changes to existing processes as well as the creation of new processes.

The development of a performance based, outcome driven process for evaluating the overall effectiveness of providers operating within the ICDS is a critical component of this effort. Starting with currently utilized evaluation methodologies and incorporating state-of-the-art, nationally recognized standards that appropriately and accurately measure performance and outcomes, will assure that any ICDS implemented by the State of Ohio exceeds expectations and achieves its stated goals.

A project such as this will require significant stakeholder outreach and involvement. Stakeholders can be defined as internal and external for the purpose of delineation, but for all practical purposes, there is very little real difference. Ultimately, they all have a vested interest in the outcome or product that emerges from this project. To that end, some of our internal stakeholders include: OHT, ODH, AGING, MH, and ADAS. (Beneficiaries represented by DODD are not part of this project.) Some of our external stakeholders include: beneficiaries, various health care associations, AARP, AAA's, legal rights, managed care organizations, various practitioners, the administration and legislature.

Section III - Content of Response

Generally:

- ***We are asking that interested parties limit their responses to no more than 10 pages in length, including any charts, graphs or other similar items. This will facilitate a more rapid review of the comments and allow for a timely follow-up with specific responders as needed.***

- *Please briefly describe your organization, including the services you provide and the populations to whom you provide those services.*
- *Please indicate why you believe one approach to meeting the needs of the MMEs is better than another.*
- *Describe the model you would develop to deliver the components referenced in Section II, including a general description of your proposed provider network which would include the incorporation of behavioral health and LTSS.*
- *How would your model meet the needs of all dual eligibles. If you would propose serving a smaller segment than the full range of dual eligibles, please describe that approach.*
- *How would your integrated model change provider behavior or service use such that cost savings would be realized while assuring the delivery of high-quality, patient centered care?*
- *How would your model change beneficiary behavior? Would there be improvements in self-management of chronic illness and the ability to live more independently? What would be the impact on services utilization?*
- *Please indicate whether you believe that certain strategic partnerships would work better than others? If so, which ones and why?*
- *What are your expectations of the state in regard to this project?*

We hope that the issuance of this RFI will generate constructive and substantial comment from all of the stakeholders with an interest in the development, design and ultimate implementation of this specific project. We intend to use the comments and suggestions received to inform and guide the next steps in this process, as well as to facilitate and inform further conversations with stakeholders.