



**Department of  
Job and Family Services**

## **REQUEST FOR APPLICATIONS**

***Ohio Integrated Care Delivery System (ICDS)***

**ISSUED BY:**

**Ohio Department of Job and Family Services**

**Office of Ohio Health Plans**

**RFA Number: R1213078038**

**Date Issued: April 24, 2012**

**Application Due Date: May 25, 2012**

**Enrollment Implementation Date: January 1, 2013**

**JOHN KASICH, GOVERNOR**

**MICHAEL B. COLBERT, DIRECTOR, ODJFS**

**JOHN B. MCCARTHY, DIRECTOR, OHIO MEDICAID**

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## **SECTION I - INTRODUCTION**

### ***I. A. Purpose***

Over 182,000 Ohioans are enrolled in both Medicare and Medicaid, but the two programs are designed and managed with little connection to one another. Without a single point of accountability, long-term care services and supports (LTSS), behavioral health services and physical health services are poorly coordinated. The result is diminished quality of care for Medicare-Medicaid enrollees and unnecessarily high costs for taxpayers. These enrollees make up a minority of total Ohio Medicaid enrollment (i.e., 9 percent), but account for almost 30 percent of total Medicaid spending. The proposed Integrated Care Delivery System (ICDS) presents a new approach to meeting the needs of these individuals by using a capitated managed care model.

### ***I. B. Background***

#### ***i. Ohio's Vision for Improved Health Care***

Prior demonstrations of integrated health care systems for Medicare-Medicaid enrollees in other states have demonstrated improved outcomes for consumers, as well as more efficient utilization of Medicare and Medicaid benefits. Ohio's proposed ICDS program is one critical component of a broader effort underway to improve Ohio's overall health system performance. Ohio is proposing, through this Request for Applications (RFA), to develop a fully integrated system of care that comprehensively manages the full continuum of Medicare and Medicaid benefits for Medicare-Medicaid enrollees, including LTSS. The ICDS Program will be implemented in select regions across the State beginning January 2013. Under this RFA, the Ohio Department of Job and Family Services (ODJFS) will competitively select health plans that demonstrate an ability to effectively manage a comprehensive benefit package for Medicare and Medicaid enrollees subject to Centers for Medicare and Medicaid Services (CMS) final approval.

#### ***ii. Center for Medicare and Medicaid Services (CMS) Duals Demonstration***

In July 2011, the CMS Medicare-Medicaid Coordination Office (MMCO) announced a new opportunity for states to participate in demonstration projects to align financing between Medicare and Medicaid to support improvements in the quality and cost of care for Medicare-Medicaid enrollees. CMS is testing two financial alignment models with states across the country – a capitated approach and a managed fee-for-service approach. The capitated model, which Ohio will undertake through the ICDS program, uses health plans for the delivery of medical services, behavioral health services, and LTSS. Under the capitated financial alignment demonstrations, CMS is working with Ohio to combine Medicare and Medicaid authorities to test a new payment and integrated service delivery model. This model will reduce program expenditures under both programs, while enhancing the quality of care furnished to enrollees. ODJFS will select health plans that demonstrate how they will meet a combination of Medicare, Medicaid and integrated requirements.

**Applicants are advised that Ohio's Demonstration Proposal to Integrate Care for Medicare-Medicaid Enrollees submitted to CMS on April 2, 2012 (Attachment 1), is subject to approval and amendment by CMS and is incorporated herein, even to the extent that amendments are inconsistent with the initial proposal document.** Applicants selected for participation in the ICDS program as a result of this RFA will enter into a 3-way agreement with ODJFS' Office of Ohio Health Plans and CMS, to implement the program as agreed upon in a Memorandum of Understanding between ODJFS Ohio Health Plans and CMS. ODJFS may also require a separate Provider Agreement.

### ***I. C. Applicant Library***

Ohio and CMS are making a concerted effort to ensure that the joint Medicare-Medicaid program requirements meet the needs of the target population. Therefore, deviations from current policy will occur. Medicaid managed care program requirements can be found in the Applicant Library. The Applicant Library may be accessed on-line at:

<<http://jfs.ohio.gov/OHP/bmhc/ICDSRFALibrary.stm>>.

In addition, the Applicant Library contains several documents that further describe the ICDS program. The Applicant Library includes, but is not limited to, the following items:

- Ohio's State Demonstration Proposal to Integrate Care for Medicare-Medicaid Enrollees.
- Reference to specific federal and state laws that directly affect Ohio's Medicaid managed care program.
- Map of the proposed ICDS regions.
- Required In-State Position Descriptions.
- Demographic information about the populations that will be served by the ICDS program.
- Explanation of Medicare requirements including important timelines Applicants must meet.
- *CMS Guidance for Organizations Interested in Offering Capitated Financial Alignment Demonstration Plans*, January 25, 2012.
- *CMS – Capitated Financial Alignment Demonstration Medicare Components of Plan Participation*.
- *CMS Additional Guidance on the Medicare Plan Selection Process for Organizations Interested in Offering Capitated Financial Alignment Demonstration Plans in 2013*, March 29, 2012.
- Ohio Medicaid Quality Strategy.
- *Financial Models to Support State Efforts to Integrate Care for Medicare – Medicaid Enrollees*, July 8, 2011 State Medicaid Director's Letter.

Selected Applicants will be expected to operate in accordance with the agreements they sign with CMS and ODJFS and the specifications set forth in Ohio's Demonstration Proposal to Integrate Care for Medicare-Medicaid Enrollees submitted to CMS on April 2, 2012 (Attachment 1).

Additional materials will be made available through the Applicant Library.

*Note: All program requirements and covered services are subject to change at any time, including prior to a selected Applicant signing a 3-way agreement and/or ODJFS Provider Agreement and throughout the operation of the program.*

### ***I. D. Integrated Data Systems***

To effectively provide patient-centered coordinated care, the Applicant must have a robust data system that integrates claims data with information related to patient demographics, care management activities, provider services, and appeals/grievances. The Applicant must also be capable of interfacing with Medicare's system requirements (e.g., HPMS, Part D beneficiary file sharing), and receiving a HIPAA compliant roster from and sending HIPAA compliant encounter data to Ohio's Medicaid Information Technology System (MITS). The Applicant must utilize a decision support system that is capable of producing patient-specific profiles and aggregating population-based reports. This system must support a workflow solution that enables the management of members' health care needs and care coordination. In addition, the Applicant's data systems must be able to interface with providers, health care systems, and member support services to effectively coordinate care and transition members between care settings.

### ***I. E. Staffing Requirements - In State Positions***

Past program experience indicates that there is significant value to having key staff located in Ohio. Having key operational personnel familiar with Ohio communities is essential to working towards Medicaid's goal of improving health outcomes and establishing a single point of care coordination. Therefore, the selected Applicant will be responsible for maintaining a significant local (within the state of Ohio) presence. Positions that must be located within Ohio include the following:

- Administrator/CEO/COO
- Medical Director/CMO
- Contract Compliance Officer
- Provider Services Representatives
- Care Management Director
- Utilization Management Director
- Quality Improvement Director
- Long-Term Care Services and Supports/Home-and Community-Based Services Director (LTCSS/HCBS Director)

- Behavioral Health Director

An individual staff member is limited to occupying only one of the key staff positions listed above unless prior written approval is obtained from ODJFS. A summary of the basic responsibilities of each of these positions is included in the Applicant Library.

In addition to the staff positions identified above, selected Applicants will be required to maintain a member services call center in Ohio.

## SECTION II – PROCUREMENT TIMELINE, APPLICANT INQUIRIES AND LETTER OF INTENT

### *II. A. Procurement Timetable for ICDS Program and Medicare*

The following timetable shows procurement activities for the ICDS program and is subject to revision at the discretion of ODJFS or CMS.

|                           |  |
|---------------------------|--|
| <b>April 24, 2012</b>     | <b>ODJFS Releases RFA / On-line Question &amp; Answer Period Opens*</b>                                    |
| <b>May 1, 2012</b>        | <b>Deadline for Submitting Questions to ODJFS (10:00 a.m. EDT)</b>   |
| <b>May 11, 2012</b>       | <b>ODJFS Issues Final Applicant Questions &amp; Answers</b>  |
| <b>May 14, 2012</b>       | <b>Potential Applicants Submit Letter of Intent to ODJFS by Region (3:00 p.m. EDT)</b>                     |
| <b>May 25, 2012</b>       | <b>Deadline for Application Submissions to ODJFS (3:00 p.m. EDT)</b>                                       |
| <b>June 4, 2012</b>       | <b>Applicants Submit Benefit Packages to CMS</b>   |
| <b>June 18, 2012</b>      | <b>Notification of Scoring Results</b>   |
| <b>July 2, 2012</b>       | <b>Deadline to File Protest (3:00 p.m. EDT) (tenth business day after notification of scoring results)</b> |
| <b>July 24, 2012</b>      | <b>ICDS Selection Meeting (if required)</b>  |
| <b>July 25, 2012</b>      | <b>ODJFS Completes Tentative Selections and Issuance of Selection Notification Letters</b>                 |
| <b>August 1, 2012</b>     | <b>Readiness Review Phase for Selected Applicants (estimated)</b>  |
| <b>September 20, 2012</b> | <b>CMS, ODJFS and Selected Applicant Sign 3-Way Agreement and/or ODJFS Provider Agreement (estimated)</b>  |
| <b>January 1, 2013</b>    | <b>Enrollment Implementation Begins</b>  |

\*In Lieu of Bidders' Conference.

### Medicare Timetable

In addition to the above RFA timetable, Applicants must also adhere to Medicare program (including Part D) timetable deadlines to be eligible for the ICDS program. This includes submitting Part D formularies and proposed plan benefit packages (including all Medicare and Medicaid benefits for demonstration plans) to CMS. The Medicare timetable can be found in the Applicant Library and accessed through the following link:

<<http://jfs.ohio.gov/OHP/bmhc/ICDSRFALibrary.stm>>.

Applicants interested in participating in the ICDS program must have submitted a Notice of Intent to Participate as a Demonstration Plan to CMS by April 2, 2012. CMS created a Capitated Financial Alignment Demonstration Notice of Intent to Apply (NOIA) Web tool. Completion of this tool is required in order for interested Applicants to obtain the necessary system access to meet the key deadlines articulated in the Medicare timetable. Any organization that is interested in the ICDS program must participate in this non-binding process and begin to prepare for the submission, either by itself or in partnership with a Pharmacy Benefit Manager (PBM) of critical Part D requirements, including a formulary, Medication Therapy Management Program (MTMP), a pharmacy network, and a Part D package. If an interested Applicant did not submit a NOIA to CMS by April 2, 2012, it will not be eligible to offer demonstration plans in 2013.

CMS' NOIA process is separate from the process used for non-demonstration MA and Prescription Drug Plan (PDP) contracts. Applicants that are currently offering non-demonstration MA or PDP products still need to submit a Capitated Financial Alignment Demonstration NOIA. The NOIA process can be reviewed in CMS' January 25, 2012 Guidance for Organizations Interested in Offering Capitated Financial Alignment Demonstration Plans (see Applicant Library). CMS will accept only NOIAs submitted electronically through its online Web tool.

### ***II. B. Applicant Inquiries – Question & Answer Process***

Potential Applicants may ask clarifying questions regarding this RFA on the Internet during the Question & Answer Period as identified in the Procurement Timetable. Applicants must use the following process:

1. Access the ODJFS Web Page at <http://jfs.ohio.gov//>;
2. Select the link at the bottom of the page "Doing Business with JFS;"
3. Select "RFP's" link on the left column;
4. Select RFA Number [JFSR1213078038](#) link as listed under "Current ODJFS RFPs, RLBs, etc.;"
5. Follow instructions on webpage for submitting questions.

Inquiries about this RFA must include: (1) the relevant part of this RFA, (2) the heading for the provision under question, and (3) the page number of the RFA where the provision can be

found. The potential Applicant must also include: (1) the name of the representative for the potential Applicant, (2) the potential Applicant company name and (3) a business phone number for the representative.

ODJFS will not respond to any questions submitted after **10:00 a.m. EDT on May 1, 2012**. ODJFS is under no obligation to acknowledge questions submitted through the Question & Answer process if those questions are not clarifying questions pertaining to this RFA or not in accordance with these instructions. ODJFS may, at its discretion, disregard any questions which do not appropriately reference an RFA provision or location, or which do not identify the name of the potential Applicant and its representative.

*IMPORTANT: Requests for copies of previous RFAs, past applications, score sheets or Provider Agreements for this or similar past projects are Public Records Requests (PRRs), and are not clarification questions. PRRs should not be submitted through the Question & Answer process described above. The time frames for the ODJFS Question & Answer process for the RFA do not apply to PRRs.*

Requirements of a past RFA or current Provider Agreement may or may not be required by ODJFS under this or any future RFA or provider agreement. If Applicants ask questions about existing or past RFAs or provider agreements using the Question & Answer process, ODJFS will use its discretion in deciding whether to provide answers. Applicants are to base their RFA responses and the details of their proposed operations on the requirements and performance expectations established in this RFA, and NOT on details of any previously released RFA.

ODJFS will work in consultation with CMS in developing responses to submitted questions. Responses to all questions received through the Question & Answer process will be posted on the Internet website dedicated to this RFA for reference by all potential Applicants. Potential Applicants will not receive personalized or individual e-mail responses. Clarifying questions asked by potential Applicants and ODJFS responses to them comprise the "ODJFS Question & Answer Document" for this RFA. If possible, ODJFS will post an interim Question & Answer Document, without identifying the names of the Applicants asking questions, as well as a final version, in which all Applicants that posed questions will be identified. Applicants are to ask questions as early as possible in the Question & Answer period so that interim answers can be posted with sufficient time for the possibility of Applicants' follow-up questions.

Applications for this RFA must take into account any information communicated by ODJFS in the final Question & Answer Document. **It is the responsibility of all potential Applicants to check this site on a regular basis for responses to questions, as well as for any amendments or other pertinent information regarding this RFA.**

Once the ODJFS Question & Answer Document is available, it will be accessible and clearly identified on the website dedicated to this RFA.

*\*Should Applicants experience technical difficulties accessing the ODJFS website where the RFA and its related documents are published, they may contact the ODJFS Office of Legal and Acquisition Services, Contracts and Acquisitions, RFA/RLB Unit, at (614) 728-5693 for guidance.*

## **II. C. Letter of Intent**

Potential Applicants interested in submitting an application must notify ODJFS by submitting a non-binding letter of intent. The letter of intent must be received no later than **May 14, 2012**, at **3:00 p.m. EDT**. The letter must be delivered to:

**Office of Legal & Acquisition Services, Office of Contracts & Acquisitions  
ATTN: RFA/RLB Unit  
Ohio Department of Job & Family Services  
30 E. Broad Street, 31<sup>st</sup> Floor  
Columbus, Ohio 43215-3414**

The letter of intent must include:

1. A statement of interest in submitting an application in response to this RFA.
2. The region(s) for which the Applicant intends to apply in its application.
3. A statement indicating that the Applicant understands that the State of Ohio, ODJFS and CMS have no liability or responsibility for any costs incurred by Applicants in preparing a response to this RFA, including undergoing the readiness review process, and that all such costs are the responsibility of the Applicant.

A list of all Applicants submitting a letter of intent and information regarding the region(s) of interest for each Applicant will be made available on the Internet. This list can be found in the Applicant Library shortly after the submission date.

**If ODJFS does not receive a letter of intent from an Applicant by May 14, 2012 at 3:00 p.m. EDT, then any subsequent application from that Applicant for this RFA will not be considered.**

## SECTION III - APPLICATION, SCORING, SELECTION and READINESS REVIEW

### *III. A. Definitions*

Throughout this RFA, the terms listed below are defined as follows:

**Aged Blind or Disabled (ABD) Medicaid Beneficiary:** A person determined eligible for the Medicaid program by meeting certain residency, citizenship, income and asset requirements and meeting one of the following criteria: aged 65 or older, blind as defined in 42 USC 1382c, or has a disability as determined by the Social Security Administration.

**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).

**Applicant Library:** Located on the ODJFS Medicaid managed care website that contains hyperlinks to referenced material useful to the Applicant in completion of this RFA. The website address is: <<http://ifs.ohio.gov/OHP/bmhc/ICDSRFALibrary.stm>>. These materials include the ICDS proposal, service area, CMS capitated financial alignment demonstration guidance, Medicaid managed care background and selected Ohio Administrative Code sections.

**Care management:** Care management is a collaborative process that assesses, plans, implements, coordinates, monitors and evaluates the options and services (both Medicare and Medicaid) required to meet an enrollee's health care needs across the continuum of care. It is characterized by advocacy, communication, and resource management to promote quality, cost-effective, positive outcomes.

**Centers for Medicare and Medicaid Services (CMS):** The federal agency responsible for the Medicare and Medicaid programs, and a partner in the ICDS program.

**Commercial:** A line of business that a health plan has that provides managed care services to public employees, private employers or plans that do not fit into other lines of business such as Medicare or Medicaid.

**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.

**Delegated Entity:** An entity that is not part of the Applicant or the Applicant's corporate family, but has a contract with the Applicant or the Applicant's corporate family to perform business functions on their behalf.

**Dual Eligible:** Individuals who are entitled to Medicare Part A and/or Part B and are eligible for full Medicaid benefits. See Ohio's Demonstration Proposal to Integrate Care for Medicare-Medicaid Enrollees pages 5-6.

**Enrollee:** For the purposes of this RFA, an enrollee is an individual who receives full benefits from Medicaid and/or Medicare.

**Health Plan Management System (HPMS):** A system that supports contract management for Medicare health plans and prescription drug plans, as well as data and information exchanges between CMS and health plans. Current and prospective Medicare health plans submit applications, information about provider networks, plan benefit packages, formularies, and other information to CMS via HPMS.

**Home- and Community-Based Service (HCBS) Waivers:** Authorized under 1915(c) of the Social Security Act, HCBS waivers permit a State to furnish an array of HCBS that assist Medicaid beneficiaries to live in the community and avoid institutionalization. Waiver services complement and/or supplement the services that are available through the Medicaid state plan and other federal, state and local public programs, as well as the supports that families and communities provide. (*Source: 1915c Waiver Application*)

**Incident Reporting:** A system of reporting critical events or incidents (e.g., abuse, neglect and exploitation) that bring harm, or create the potential for harm to an individual and must be reported for review and follow-up action by an appropriate authority (e.g., child or adult protective services, or law enforcement).

**Integrated Care Delivery System (ICDS):** Ohio's fully integrated care delivery system that comprehensively manages the full continuum of Medicare and Medicaid benefits for Medicare-Medicaid enrollees, including LTSS under a capitated managed care model.

**Line of Business (LOB):** For this RFA, LOB is Medicaid or Medicare as defined herein.

**Long Term Services and Supports:** A broad range of health and health-related services, personal care, social and supportive services, and individual supports. These services can be provided in institutions, an individual's home, or in community settings. (*Source: Understanding Medicaid Home and Community Services: A Primer*)

**Medicaid:** Joint federal-state program enacted in 1965 as an amendment to the Social Security Act of 1935 (title XIX, 42 U.S.C.A. § 1396), entitling low-income persons to medical care.

**Medicare:** The federal health insurance program created by Title XVIII of the Social Security Act for people age 65 or older, certain younger people with disabilities, and people with End-Stage Renal Disease (ESRD), permanent kidney failure requiring dialysis or a transplant.

**Medicare Advantage (MA):** MA combines Medicare Part A and Medicare Part B into one health plan that provides the same medically-necessary services as original Medicare. Some, but not all MA Plans also offer Prescription Drug Coverage (or Medicare Part A and Medicare Part B and Medicare Part D) at no additional cost and are called MA-PDs.

**Medicare HMO:** Medicare Health Management Organization

**Medicare PPO:** Medicare Preferred Provider Organization

**Medicare SNP:** Medicare Special Needs Plan

**Nursing Facility (NF):** Any long-term care facility (excluding intermediate care facilities for the mentally retarded/developmentally disabled), or part of a facility, currently certified by the Ohio Department of Health as being in compliance with the nursing facility standards and Medicaid conditions of participation.

**Parent Company:** A corporation or other business enterprise that owns controlling interests in one or more subsidiary companies.

**Participant-Directed Care:** A model for individuals who receive long term services and supports that allows the individual greater choice and control along a continuum of hiring, firing, training, supervising or paying independent providers.

**Partner:** An entity with which the Applicant has a contractual partnership as defined under the laws of the State of Ohio.

**PASSPORT (Pre-Admission Screening System Providing Options and Resources Today):** A HCBS waiver administered by the Ohio Department of Aging that provides services and supports to individuals age 60 and older who need hands-on assistance with activities of daily living (ADL), and that allows them to maintain their residence in the community.

**Primary Care Provider (PCP):** An individual physician (M.D. or D.O.), physician group practice, or an advanced practice nurse as defined in Ohio Revised Code (ORC) Section 4723.43, or advanced practice nurse group practice within an acceptable specialty. Acceptable specialty types include family/general practice and internal medicine.

**Provider Agreement:** A formal agreement between ODJFS and the selected Applicant for the provision of services to Medicare and Medicaid enrollees who are enrolled in the ICDS program. This may be required in addition to the 3-way agreement that is signed by ODJFS, CMS and the selected Applicant.

**Selected Applicant:** An Applicant tentatively selected under this RFA. A selected Applicant must successfully complete the readiness review process in order for ODJFS and CMS to enter into a 3-way agreement and/or ODJFS Provider Agreement.

**Special Needs Plan (SNP):** A special type of MA plan that provides more concentrated health care for specific groups of people. It is designed to attract and enroll Medicare beneficiaries who are identified as special needs individuals on examination. According to the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, special needs individuals are classified in three ways: (1) institutionalized beneficiaries (2) dually eligible beneficiaries and (3) beneficiaries with chronic conditions.

**Subsidiary:** A company whose voting stock is more than 50% controlled by another company, usually referred to as the parent company.

### ***III. B. Application Process***

In order to be considered, an Applicant must meet the mandatory application requirements set forth below and submit a complete application by the May 25, 2012 deadline.

#### **1. Mandatory Application Requirements**

Applicants must meet all of the following mandatory requirements in order for ODJFS and CMS to consider the application:

- a. Submission of a non-binding Notice of Intent to Apply (NOIA) for the CMS 2013 Capitated Financial Alignment Demonstration Plan according to the specifications in the January 25, 2012 memo, "Guidance for Organizations Interested in Offering Capitated Financial Alignment Demonstration Plans" by April 2, 2012.
- b. Meet all requirements set forth in the March 29, 2012 CMS memo, "Additional Guidance for Organizations Interested in Offering Capitated Financial Alignment Demonstration Plans".
- c. Applicant currently maintains an approved Medicare Advantage (MA) Plan contract with CMS in at least one state.
- d. Submission of the Letter of Intent detailed in Section II.C "Letter of Intent" by the specified deadline.
- e. Meet the minimum Electronic Data Interchange (EDI) experience requirements set forth in Appendix A.
- f. Submission of a complete application (Appendices A – F) no later than the specified deadline as indicated in Section II.A of this RFA, including a properly executed copy of the Applicant Information & Attestation/Acknowledgement (Appendix A).

- g. Provides Ohio Medicaid managed health care services or the Applicant or its corporate family must currently serve at least 100,000 lives across all lines of business (LOB) and all states.
- h. Submission by only a single health insuring corporation (HIC) that currently has an appropriate Ohio Certificate of Authority or an entity that has applied to ODI for it prior to submission of this application. All Applicants must submit a copy of its current Certificate of Authority from ODI or a copy of the ODI application's signature page as a part this application (See Appendix A).

## 2. Application

Only Applicants that meet the Mandatory Application Requirements will have their application scored by ODJFS. Applicants can receive a maximum of 100,000 points for each region. The following listing provides the maximum points available for each component (Appendices B - F) in the application:

| Appendices of the Application                          | Maximum Points        |
|--|-----------------------|
| A. Applicant Information & Attestation/Acknowledgement | Mandatory Requirement |
| B. Applicant's Contract/Compliance Experience          | 20,000                |
| C. Clinical Performance                                | 25,000                |
| D. Care Coordination                                   | 30,000                |
| E. Provider Relations and Incident Management          | 5,000                 |
| F. Innovative Payment Methods                          | 20,000                |
| <b>TOTAL</b>   | <b>= 100,000</b>      |

## 3. Essay Requirements

Essay answers must comply with the following requirements. Any answer that does not meet the requirements of this section will be excluded from consideration and will be sent back to the Applicant for correction; the correction must be submitted by 5:00 pm on the second business day following the day ODJFS returns the essay for correction. **If an Applicant fails to correct the essay and come into compliance with these requirements within the time limit, the essay will be excluded entirely from consideration and no points will be awarded.**

1. **Paper Size, Line Spacing, and Margins.** Essay answers must be on 8.5 by 11 inch paper. The text must be double-spaced, but quotations more than two lines long may be indented and single-spaced. Headings and footnotes may be single-

spaced. Margins must be at least one inch on all four sides. Page numbers may be placed in the margins, but no text may appear there. Each side of a printed piece of paper will count towards the page limit, i.e. printing on two sides of one piece of paper will count as two pages.

2. **Typeface.** The answer must be set in a plain, Times New Roman Style, 12 point font, although italics or boldface may be used for emphasis.
3. **Length.** The answers may not contain more than an average of 250 words per page.
4. **Headings, footnotes, and quotations** count toward the word limitations.
5. The Applicant must supply a statement accompanying the essay certifying the number of words in the essay and the average number of words per page. The certifying statement does not count towards the page limit or word limit.

**For each question requiring compliance with these requirements, please include the following Certification of Page and Word Limit on a separate sheet:**

The total number of pages: \_\_\_\_\_

The total number of words: \_\_\_\_\_

The average number of words per page: \_\_\_\_\_

Name of person making certification:

\_\_\_\_\_

### **III. C. Submission**

Only one application will be accepted per Applicant. If more than one application is received, ODJFS, at its sole discretion, will choose which application to score. Applications must include all information specified in Appendices A – F.

ODJFS will not consider any additional materials submitted by the Applicant in the evaluation and selection process if these materials were not submitted pursuant to the instructions provided in the RFA. The attestation clause in the form set forth in Appendix A must be signed by an individual authorized by the Applicant to attest to the accuracy of all information submitted with the application.

ODJFS requires application submissions in both paper and electronic format. The application must be prepared and submitted in accordance with instructions found in this Section. The application submission must be comprised of:

**10 paper copies (one signed original and 9 copies) and 9 CD-ROM or DVD-R copies**

The Applicant's total application submission and all required copies must be received by ODJFS no later than **3:00 p.m. EDT on May 25, 2012**. Faxes or e-mailed submissions will not be accepted. **Applications must be addressed to:**

**Office of Contracts & Acquisitions  
Ohio Department of Job and Family Services  
30 East Broad Street, 31<sup>st</sup> Floor  
Columbus, Ohio 43215-3414  
ATTN: RFA/RLB Unit**

The Applicant's original application must contain all the information and documents specified in this RFA. All copies (paper, CD-ROM and DVD-R) of the original application must include copies of all information, documents, spreadsheets, signed documents and pages in the original application.

Each CD-ROM or DVD-R must be labeled with the Applicant's name, the RFA number, and the application submission date or application due date, at minimum. The requested CDs or DVD-Rs will be used by ODJFS for archiving purposes and for fulfillment of public records requests. Failure to include them or to properly label them may, at ODJFS' discretion, result in the rejection of the Applicant from consideration.

All application submissions must be received at the above address, via mail or hand delivery, by the above date and time. Materials received separately from an Applicant's submission will not be added to the proposal nor considered in the review and scoring process. Materials received after the date and time as stated above will not be included in any previous submissions, nor will they be considered. **ODJFS is not responsible for applications incorrectly addressed or for applications delivered to any ODJFS location other than the address specified above.** No confirmation of mailed proposals can be provided.

For hand delivery to ODJFS on the due date, Applicants need to allow sufficient time for downtown parking considerations, as well as for security checks at both the lobby of the Rhodes State Office Tower (address as stated above) and again on the 31<sup>st</sup> Floor. All applications must be received by the due date and time specified by the Office of Contracts & Acquisitions, on the 31<sup>st</sup> Floor of the Rhodes Tower.

Subject to the requirements of state and federal law, information provided in the applications will be held in confidence and not revealed or discussed prior to the tentative selection. All submissions become the property of ODJFS and may be returned only at the discretion of ODJFS. After the selection process is completed, **the content of the submitted applications may be subject to release by ODJFS under Ohio's public records laws.**

**Any trade secret, proprietary, or confidential information (as defined in ORC 1333.61) found anywhere in an application to this RFA shall result in immediate disqualification of that application.** ODJFS shall consider all applications voluntarily submitted in response to an ODJFS RFA to be free of trade secrets and such applications may, in their entirety, become part of public record. **All Applicants must maintain all supporting data and documentation used in completing the application until December 31, 2012.**

Submission of an application indicates acceptance by the Applicant of the conditions contained in this RFA, unless clearly and specifically noted in the 3-way agreement signed by CMS, ODJFS and the selected Applicant and/or the Provider Agreement between ODJFS and the selected Applicant.

### ***III. D. Application Scoring***

With the exception of the Northeast region, it is anticipated that ODJFS will contract with two (2) Applicants that best demonstrate the ability to meet requirements as specified in this RFA, in the CMS guidance for Capitated Financial Alignment models and successfully pass readiness review. Three (3) Applicants may be selected in the Northeast region. Applicants submitting a response will be evaluated based on the information presented in their applications.

All proposals will be reviewed and scored by a Participating Plan Selection Team (PPST) comprised of designated representatives from ODJFS. Applicants should not assume that the review team members are familiar with any current or past work activities with ODJFS and Medicare. Applications which contain assumptions, insufficient detail, are poorly organized, have not been proofread and contain unnecessary use of self-promotional claims will be evaluated accordingly. PPST members will be required to sign disclosure forms to establish that they have no personal or financial interest in the outcome of the application review and Applicant selection process. Scoring of any applications will be done through the consensus of the PPST. The PPST will read, review, discuss and reach consensus on the final technical score for each qualifying application.

Scoring of the Applicants will be based upon the criteria specified in this RFA. Any applications not meeting the requirements established herein will not be scored or may be held pending receipt of required clarifications. The PPST reserves the right to reject any and all applications, in whole or in part, received in response to this request. ODJFS may, at its sole discretion, waive minor errors, omissions, or other defects in applications when those defects do not unreasonably obscure the meaning of the content.

Applicant responses to the RFA will be evaluated using the score sheets in the RFA, provided at the end of the Appendix to which it refers. These separate score sheets taken in total constitute the Application Score Sheet, containing all criteria, and their relative importance within the entire RFA scoring process, on which applications will be evaluated and the tentative applicant selected. There are no other criteria or standards beyond those established in these individual score sheets and the related scoring methodology. Applicants are not to fill in and return those score sheets with their applications. However, ODJFS strongly encourages Applicants to use them to evaluate the quality and responsiveness of their application packets prior to submission.

### ***III. E. Applicant Selection***

**If an Applicant does not pass the Mandatory Application Requirements in Section III.B.1 of this RFA then the Applicant will be excluded from consideration under this RFA.**

**If an Applicant receives a Total Regional Score of less than 50,000 points, then the Applicant will be excluded from consideration for that region under this RFA.**

ODJFS will select plans for each of the seven (7) regions, and will conduct a readiness review of each selected plan. Prior to the execution of the 3-way agreement and/or ODJFS Provider Agreement, ODJFS and CMS must agree that a plan has satisfied all readiness review criteria. If a selected plan is found to not meet the minimum requirements, then the selection shall revert to the next highest scoring Applicant for that region.

It is anticipated that there will be no more than two (2) selections made in each region, except in the Northeast region where there may be three (3) selections. ODJFS reserves the right to utilize the results of this RFA for up to three years from the date of initial selection to enter into a 3-way agreement and/or ODJFS Provider Agreement with another selected Applicant. ODJFS and CMS may enter into a 3-way agreement and a separate ODJFS Provider Agreement with the next highest scoring Applicant that meets minimum qualifications and passes the readiness review process in a timely fashion.

ODJFS will prepare a request for any waivers or variances that may be needed. In addition, if it is determined that additional Medicaid managed care authority is required, ODJFS will secure such authority or obtain 1915(a) contract authority for the plans.

#### **Selection Methodology**

**Step One:** Each Applicant's Total Regional Score for each region will be calculated by summing the scores of Appendix B Part I, Appendix B Part II, as it applies to that region, and Appendices C through F.

**Step Two:** For each ICDS Region, the Applicant Total Regional Scores from Step One will be ranked from the highest scoring Applicant to the lowest scoring Applicant.

**Step Three:** ODJFS will publish a grid identifying the results from Step Two by region (see Attachment 2 for example of grid). **NOTE: This is the point in the process at which Applicants may file a protest. See section III.F.**

**Step Four:** In Step Three, if no Applicant is ranked first or second (or first, second or third in the case of the NE region) in more than three regions, Applicants identified in Step Three will be selected and the process is complete (see Attachment 2, Example 1). If any Applicant has been ranked first, second or third as noted above in more than three regions in this Step Four (see Attachment 2, Example 2), then the process proceeds to Step Five.

**Step Five:** A Total Score that excludes regional considerations shall be calculated by summing the scores of Appendix B Part I, and Appendices C through F.

**Step Six:** The Applicant Total Scores from Step Five will be ranked from the highest scoring Applicant to the lowest scoring Applicant.

**Step Seven:** The Applicant that is identified in Step Three in more than three regions and has the highest Total Score in Step Six shall choose up to three regions in which it was ranked in the top two ranks (or top three ranks in the case of the NE region). This Applicant can choose no more regions.

**Step Eight:** Eliminate the Applicant identified in Step Seven from the regions it did not select. Remaining Applicants will be re-ranked and selected in accordance with Steps Two through Eight until all selections have been made, **except no further protest opportunities are available to Applicants based on the outcome of this process.**

Steps Seven and Eight will occur, if necessary, in a Section Meeting to be held in Columbus, Ohio. (See Attachment 2.)

Applicants may be selected for no more than three regions unless there are not sufficient numbers of qualifying Applicants for each region. In that instance, ODJFS reserves the right in its sole discretion to select an Applicant to a fourth region by rank order. ODJFS reserves the right in its sole discretion to change the number of plans it chooses to select per region. ODJFS also reserves the right, in its sole discretion, to rely on scores from this process as a basis to make additional regional selections if, at any time, an additional selection becomes necessary.

#### Handling Tie Scores between Applicants

If a successful Applicant in a region cannot be determined as a result of tie scores, then ODJFS will use the scores on individual components of the application to break the tie. ODJFS will compare the scores on individual application appendices, in steps, in the following order. The Applicant to score highest on the first Appendix listed below will be chosen. If Applicants tie on the first Appendix listed, their scores on the next Appendix listed will be considered, and so on, until the tie is broken:

1. D. Care Coordination
2. C. Clinical Performance
3. B. Applicant's Contract/Compliance Experience
4. F. Innovative Payment Methods
5. E. Provider Relations and Incident Management

The Applicant to score highest on an Appendix will be chosen. If a tie remains after comparing the scores on the individual appendices as listed above, then the tie will be broken by a random selection method.

It is impractical to identify all possible scenarios or outcomes from the scoring methodology described above. To every extent possible, ODJFS will follow the methodology as described. However, ODJFS reserves the right to vary from this methodology if necessary to complete the selection process.

ODJFS and CMS are under no obligation to issue a 3-way agreement and/or ODJFS Provider Agreement as a result of this solicitation if, in the opinion of ODJFS and CMS, none of the applications are responsive to the objectives and needs of the ICDS program. ODJFS and CMS reserve the right to not select any vendor should ODJFS and CMS decide not to proceed. Changes in this RFA of a material nature will be provided via the agency website. All vendors are responsible for obtaining any such changes without further notice by ODJFS or CMS.

All applications and any other documents submitted to ODJFS in response to the RFA shall become the property of ODJFS. The RFA and, after formal announcement by ODJFS of the results of this RFA project (e.g., notices provided to responding Applicants regarding Applicant selection, notice of project cancellation), any applications submitted in response to the RFA may be deemed to be public records pursuant to ORC Section 149.43. For purposes of this section, "application" shall mean all materials submitted including the application, any attachments, addenda, or appendices submitted by the Applicant.

### ***III. F. Protest***

An Applicant may only protest the calculation of the scoring identified in Step Three of the scoring methodology. Applicants may not file a protest with regard to the language of the demonstration proposal submitted to CMS on April 2, 2012 or standards used as the basis of the scoring. Any protest must comply with the following guidelines:

- A. A protest may be filed by an Applicant objecting to the scoring resulting from this RFA. The protest shall be in writing, contain the following information, and indicate the region(s) in dispute:
  - 1. The name, address, and telephone number of the protestor;
  - 2. The name and number of the RFA being protested;
  - 3. A detailed statement of the legal and factual grounds for the protest, including copies of any relevant documents;
  - 4. A request for a ruling by ODJFS;
  - 5. A statement as to the form of relief requested from ODJFS; and
  - 6. Any other information the protestor believes to be essential to the determination of the factual and legal questions at issue in the written protest.
  
- B. A timely protest shall be considered by ODJFS if it is received by ODJFS' Office of Legal & Acquisition Services no later than 3:00 p.m. EDT of the tenth business

day following the date of issuance of the results from Step Three of the Selection Methodology.

- C. An untimely protest may be considered by ODJFS if ODJFS determines that the protest raises issues significant to the Department's procurement system. An untimely protest is one received by ODJFS' Office of Legal & Acquisition Services after the time period set forth in Item B of this section.
- D. All protests must be filed at the following location:  
  
Chief Legal Counsel  
ODJFS Office of Legal & Acquisition Services  
30 East Broad Street, 31st Floor  
Columbus, Ohio 43215-0423
- E. When a timely protest is filed, the remaining steps in the Selection Methodology shall not proceed until a decision on the protest is issued or the matter is otherwise resolved, unless the Director of ODJFS determines that a delay will severely disadvantage the Department.
- F. ODJFS' Office of Legal & Acquisition Services shall issue written decisions on all timely protests and shall notify any Applicant who filed an untimely protest as to whether or not the protest will be considered.

### ***III. G. Readiness Review Process***

Upon receiving a tentative selection, an Applicant must successfully complete a readiness review in order for ODJFS and CMS to enter into a 3-way agreement and/or ODJFS Provider Agreement with the Applicant. The Applicant must demonstrate to ODJFS' and CMS' satisfaction that it can and will meet all Medicare and Medicaid program requirements including accurate and timely completion of all information system functions, operational readiness to transition new members (e.g., adequate provider panel, call centers, new member materials, pharmacy program, and program integrity), and the ability to provide adequate access to all Medicare and Medicaid-covered medically necessary services. Should the Applicant not be able to demonstrate this to ODJFS' and CMS' satisfaction within 60 days of receiving notice of being tentatively selected, then ODJFS and CMS may offer the 3-way agreement and/or ODJFS Provider Agreement and ODJFS Provider Agreement to the next highest scoring Applicant per the selection criteria. ODJFS and CMS in their sole discretion may allow time in addition to 60 days for completion of readiness review.

Readiness review will begin with a face-to-face meeting in Columbus, Ohio, between the Applicant, ODJFS and CMS, to determine a timeline and to identify all necessary submissions to document readiness. Successful Applicants should expect the face-to-face meeting to occur within the week following release of the tentative selections. In addition, prior to

implementation and the ICDS plan's initial receipt of membership, ODJFS and CMS, or its designee, may conduct a site visit to confirm all necessary components are in place.

ODJFS and CMS expect to begin enrollment in all seven (7) regions beginning January 1, 2013.

*Note: An Applicant selected by ODJFS and CMS to enter into a 3-way agreement and/or ODJFS Provider Agreement must consider all ODJFS and CMS program requirements to be non-negotiable. Failure to agree to meet these requirements will render the ODJFS and CMS selection of the Applicant null and void.*

## **SECTION IV – APPENDICES**

Each individual appendix is comprised of instructions for completing the appendix, the form(s) that must be completed and submitted as part of the application, and the scoring methodology. Applicants are NOT to fill out and submit any scoring documents. The scoring methodology and any scoring sheets are included in the RFA to provide the Applicant with an understanding of the relative importance of the information that is required to be submitted under Section II. Program Requirements, and how applications will be evaluated and selected. Applicants are strongly encouraged to use all scoring information, including scoring sheets, to evaluate their own application packages for completeness, quality, and compliance with instructions and requirements prior to submitting them to ODJFS. Fillable forms are located in the RFA Applicant Library at the following link: <<http://ifs.ohio.gov/OHP/bmhc/ICDSRFALibrary.stm>>

**ATTACHMENT 1 - Ohio's Demonstration Proposal to Integrate Care for Medicare-Medicaid Enrollees**

**ATTACHMENT 2 – Example Selection Grids and Process for ICDS Selection Meeting (If Necessary)**