

Bob Taft
Governor



Barbara Riley
Director

30 East Broad Street § Columbus, Ohio 43215-3414
<http://jfs.ohio.gov>

May 26, 2006

TO: Potential Applicants and Interested Parties

FROM: Barbara E. Riley, *BER*
Director

SUBJECT: AGED, BLIND OR DISABLED (ABD) MEDICAID MANAGED CARE
PROGRAM REQUEST FOR APPLICATIONS

The Ohio Department of Job and Family Services (ODJFS), Office of Ohio Health Plans, is releasing a Request for Applications (RFA) for the purpose of identifying qualified health plans (Applicants) to provide health care services to a portion of the Aged, Blind or Disabled (ABD) population in Ohio Medicaid's Managed Care Program. The highest qualified Applicants will be selected to enter into provider agreements with ODJFS to provide specified services on a regional basis under a full-risk, capitated arrangement. Provider agreements will be entered into only with health insuring corporations (HICs) licensed by the Ohio Department of Insurance. ODJFS is seeking Applicants with: extensive experience in providing all Medicaid-covered services and case managing ABD consumers; flexibility to meet Ohio-specific program requirements; sufficient administrative and information systems capacity to successfully manage a high volume of members enrolled in an expedited timeframe; and demonstrated high levels of clinical performance.

This RFA reflects the commitment of the Ohio House of Representatives, Ohio Senate, and Governor Taft to provide access to Medicaid-covered services for approximately 125,000 ABD consumers on a regional basis through a full-risk managed care system. It is ODJFS' goal to implement this managed care program in a way in which enrolled ABD members receive: prevention and care coordination services within a medical home setting; advice & direction for medical issues via a 24/7 medical advice hotline; help in accessing services with a dedicated call center for members and a provider directory listing primary care physicians, hospitals, & specialists; and case management for consumers with chronic and complex health conditions.

The ABD RFA, including the rate information and Appendices A and B will be available on the internet on May 31, 2006, at the following web site:

www.jfs.ohio.gov/ohp/bmhc/statemhc.stm

Other appendices pertinent to the RFA will also be released on this website shortly after May 31, 2006.

A rate-setting presentation for ABD rates will be held by the ODJFS actuary, Mercer Government Human Services Consulting, Inc., on June 2, 2006 from 1:30 p.m. to 4:00 p.m. EDT at the following venue:

Vern Riffe Center
77 South High Street
31st Floor Rooms B&C
Columbus, Ohio 43215

Attendance at this presentation is mandatory for all potential applicants. It is essential for each potential applicant to ensure the attendance of at least one representative with a financial background. Please limit total attendance to no more than three representatives. Please complete the attached registration form to request attendance for the June 2, 2006 ABD rate presentation. A fax confirmation will be sent to you prior to the meeting.

All potential Applicants are reminded that the Ohio Medicaid Managed Care Program is subject to changes as a result of state and federal statutes and regulations. All provisions of the RFA and attachments are accurate and current to the best of ODJFS' knowledge. Should changes occur, notices and amendments will be posted on the internet at the above web site.

Thank you for your interest in the Ohio Medicaid Managed Care Program and your consideration of this RFA.

c: Christine Oliver, Executive Assistant, Governor's Office
Ann Womer Benjamin, Director, Ohio Department of Insurance

Ohio Department of Job and Family Services (ODJFS)

ABD Request for Applications (RFA)
Rate-Setting Presentation

June 2, 2006

1:30 pm to 4:00 pm

Vern Riffe Center 31st floor, Room South B & C
Columbus, Ohio 43215

Registration Form For Potential Applicants

All Potential Applicants wishing to participate in the Request for Applications (RFA) procurement process for a portion of the Aged, Blind or Disabled (ABD) population must have at least one representative with a financial background at this conference. The Applicant Conference is designed to provide seating for up to **three representatives** for each Potential Applicant.

Complete the registration form below and fax to Dottie Justice at (614) 995-0502 by no later than 12pm EDT on **June 1, 2006**. If you have not received confirmation by 5pm EDT **June 1, 2006** please contact Dottie Justice at (614) 466-4693.

Registration for ***Potential Applicants ONLY*** (Type or Print)

Name/ Address of Health Plan:

Contact Information:

Name _____

Telephone Number () _____

FAX Number () _____

Attendees Name(s):

(1) _____

(2) _____

(3) _____