



Department of
Job and Family Services

Ted Strickland, Governor

Douglas E. Lumpkin, Director

REQUEST FOR APPLICATIONS
Medicaid Managed Care Program
for
The Aged, Blind or Disabled Population
for
The Northeast and Northwest Regions

ISSUED BY:

Ohio Department of Job and Family Services
Office of Ohio Health Plans
Bureau of Managed Health Care

Date Issued: February 2009

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APPENDICES

Managed Care Plan Request For Applications (RFA) for the Aged, Blind or Disabled Population

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 were included in the RFA for the purpose of providing the Applicant with an understanding of the relative importance of the various information that is required to be submitted and how applications will be evaluated and applicants 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.

- A. Applicant Information & Attestation/Acknowledgement
- B. Applicant's Contract/Compliance Experience
- C. Delegation
- D. Performance Improvement and Care Management
- E. Information Technology
- F. Provider Panel

SECTION I - INTRODUCTION: GENERAL PURPOSE AND APPLICANT INFORMATION

I.A. Purpose

The Ohio Department of Job and Family Services (ODJFS) is seeking Applicants (1) to provide all medically-necessary Medicaid-covered services and care management services to Aged, Blind or Disabled (ABD) consumers in the Northeast and Northwest regions; (2) with flexibility to meet Ohio-specific program requirements; (3) with sufficient administrative and information systems capacity to successfully manage a high volume of members enrolled in an expedited timeframe; and (4) with demonstrated high levels of clinical performance.

I.B. Background

ODJFS is the single state agency responsible for the implementation and administration of the Ohio Medical Assistance Programs authorized under Title XIX of the Social Security Act (also referred to as Medicaid) and Title XXI of the Social Security Act (also referred to as the State Children's Health Insurance Program (SCHIP) implemented in Ohio as a Medicaid expansion program. Medicaid is a federal and state funded assistance program that provides health care coverage to certain low-income and medically vulnerable individuals of all ages. The Bureau of Managed Care (BMC) is the bureau within ODJFS that is responsible for the development, administration, and oversight of the Ohio Medicaid managed care program. The mission of BMC is to assure access to, and improve delivery of, high quality, cost effective health care services.

Individuals eligible for Ohio Medicaid can be categorized into two general groupings: Covered Families and Children (CFC) (also referred to as Healthy Start/Healthy Families) and Aged, Blind or Disabled (ABD). While the CFC population is comprised of mostly pregnant women and children, the ABD population is comprised mostly of individuals with disabilities or those who are 65 years or older. There are approximately 1.7 million total Medicaid consumers comprised of approximately 1.3 million CFC recipients (75%), and approximately 440,000 ABD recipients (25%).

Although the ABD population represents about 25% of all Medicaid members, in terms of expenditures the ABD individuals represent over 70% of total Medicaid spending. Conversely, the CFC population represents approximately 75% percent of the Medicaid eligibles, but less than 30% percent of total Medicaid spending.

As a result, one of Ohio Medicaid's main priorities is to enhance systems of care management and coordination for those consumers who are most likely to be frequent and/or high-cost users of services; i.e., the ABD population.

Note: This RFA only covers a portion of the ABD population as defined in Section II.C.

I.C. Delivery Systems and Benefits

The Ohio Medicaid program delivers a comprehensive healthcare benefit package through two distinct delivery systems:

Fee-For-Service:

The fee-for-service (FFS) system is a traditional indemnity health care delivery system in which payment is made to a health care provider after a service is rendered and billed. Providers must be licensed or certified to enter into provider agreements to serve Medicaid consumers. In the FFS delivery system, Medicaid consumers are generally free to seek care from any Medicaid provider.

Full-Risk Managed Care:

Statewide in Ohio, certain portions of the ABD population must receive their health care services through a full-risk managed care delivery system. Under the current program, ODJFS enters into provider agreements with managed care plans (MCPs) that are licensed by the Ohio Department of Insurance and also meet ODJFS requirements. MCPs serving the ABD population are paid prospectively on a per-member per-month capitated basis. These MCPs assume the risk for all medical benefits and must also provide a number of additional services (e.g., member services line and the 24/7 toll-free medical advice line for members).

MCPs provide all services to ABD members as defined in Chapter 5101:3-26-03 of the Ohio Administrative Code, and the ABD provider agreement.

Section II - Program Description and Scope of Services

II.A. Definitions / Applicable Regulations

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

Aged Blind or Disabled (ABD) Medicaid Consumer: A person who has been determined eligible for the Medicaid program (i.e., basic Medicaid requirements) and by meeting one of the following criteria: aged 65 or older, considered legally blind, or has a disability as classified by the Social Security Administration (see Section 5101:3-39 of the Ohio Administrative Code). Some ABD consumers access Medicaid services through the Medicaid fee for service delivery system and others through the Medicaid managed care delivery system. For a complete ABD population profile, Applicants should refer to the Applicant Library. For enrollment exclusions in the managed care delivery system, Applicants should refer to Section II.C of this RFA.

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

Applicant Library: The website containing hyperlinks to referenced material useful to the Applicant in completion of this RFA such as the current ABD Provider Agreement, demographic information and selected sections of the Ohio Administrative Code is www.jfs.ohio.gov/ohp/bmhc/rfa1.stm.

Care management: Care management is a collaborative process that assesses, plans, implements, coordinates, monitors and evaluates the options and services required to meet a member'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. For a complete listing of Care Management Program Requirements, the Applicant should refer to the ABD Provider Agreement, Appendix G.

Commercial: Plans that provide managed care services to public employees, private employers or plans that do not fit into any other line of business.

Consumer: A person who has been determined eligible for Ohio Medicaid.

Corporate Family: Limited to the Applicant, 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 each Applicant is required to submit as part of Appendix A of the application.

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

Line of Business (LOB): For purposes of responding to this RFA, LOB is Medicaid, Medicare Part C only, and Commercial as defined herein.

Managed Care Plan (MCP): Otherwise known as plan, means a Health Insuring Corporation (HIC) licensed by the ODI that enters into a provider agreement with ODJFS in the managed care program pursuant to rule 5101:3-26-04 of the Ohio Administrative Code.

Member: A Medicaid consumer who is enrolled in an MCP.

Non-ABD Medicaid: Categories of Medicaid programs for eligible populations excluding those who are determined to meet the definition of aged, blind, or disabled. Examples of non-ABD Medicaid include Healthy Start and Healthy Families Medicaid.

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

Primary Care Provider (PCP): An individual physician (M.D. or D.O.) certain physician group practices, or an advanced practice nurse as defined in section 4723.43 of the Revised Code, or advanced practice nurse group practice within an acceptable specialty, contracting with an MCP to provide services as specified in paragraph (B) of rule 5101:3-26-03.1 of the Ohio Administrative Code.

Acceptable specialty types include family/general practice, internal medicine, and obstetrics/gynecology (OB/GYNs).

Provider Agreement: A formal agreement between ODJFS and an MCP for the provision of medically necessary services to Medicaid consumers who are enrolled in the MCP. (Note: ODJFS anticipates several amendments to the Provider Agreement effective July 1, 2009.) MCPs must execute the current version of the provider agreement as it exists at the time of execution. ODJFS will post a summary of the proposed amendments before the submission date of the applications in the Applicant Library.

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

II.B. Program Description and Objectives for Ohio ABD Medicaid

Program Description

The Ohio Medicaid managed care program operates under the authority of Ohio law in accordance with a State Plan Amendment approved by the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services. Ohio has divided the state into eight (8) regions: East Central, Central, Northeast, Northeast Central, Northwest, Southeast, Southwest, and West Central (see Regional Map in the Applicant Library). Except as provided in II. C., the ABD population must receive their health care services through the full-risk managed care program as long as there are two MCPs available in a region. Presently, ABD consumers who reside in the Northeast and Northwest regions are being served by only one MCP and therefore these consumers have the option of enrolling in either the remaining ABD MCP or fee-for-service. The purpose of this RFA is to select one additional MCP to serve each of these areas. Once consumers have the option of at least two managed care plans, they will be required to receive services through an MCP.

As of January 2009, the Northeast region had a managed care eligible ABD population of approximately 25,100 with 4,800 enrolled in the remaining MCP. The Northwest region had a managed care eligible ABD population of approximately 12,400 with 2,500 enrolled in the remaining MCP. Each MCP is paid a monthly premium payment for each Medicaid member. The health plan is at full financial risk for administering and

providing services as defined in the Benefit Package (see Appendix G of the ABD Provider Agreement and rule 5101.3-26-03 of the Ohio Administrative Code).

MCP Member Selection (Enrollment) Process

ODJFS employs an independent contractor to provide Medicaid managed care selection (enrollment) services to Medicaid eligibles statewide. Approximately 95 percent of consumer-initiated selection activities occur via the Managed Care Enrollment Center (MCEC) statewide toll-free phone system, though enrollment opportunities are also available by mail, (limited) face-to-face opportunities, and on-line.

ODJFS notifies eligible consumers by mail about managed care membership. The notice explains consumers' obligation to select an MCP, options on how to enroll, membership rights and responsibilities, and that they must contact the MCEC by a specific date to voluntarily enroll or they will be assigned to an MCP. A reminder notice is mailed after the initial notice if a consumer fails to choose an MCP. The reminder notice, mailed to consumers by the MCEC, identifies the MCP to which the consumer will be assigned if an MCP is not selected by a date specified in the notice.

Consumers who contact the MCEC can have their managed care questions answered and choose a health plan and an MCP-contracted PCP. When consumers voluntarily select a health plan, the MCEC will record consumer-reported information about special health care needs, scheduled surgeries/treatments, etc., and forward this information to the enrolling MCP in an electronic format called the consumer contact record or CCR. The CCR provides MCPs with information about their prospective members in advance of receiving official membership notification via the HIPAA 834 monthly member roster. This information assists MCPs in quickly meeting the medical needs of the consumers and assuring continuity of care.

Assignment to an MCP

Consumers who fail to choose an MCP after receiving the initial notice and a reminder, are auto-assigned using previous Medicaid managed care membership history or

Medicaid fee-for-service utilization history, whenever possible. When consumers fail to contact the MCEC to voluntarily select a health plan, there is no consumer reported information and, therefore, the CCR does not include consumer reported information. ODJFS provides the MCEC with a monthly assignment utilization file which identifies the MCP to which members are to be assigned using the above information. In the case of those members who have neither MCP nor FFS historical relationships that match to a participating MCP's provider panel, members are automatically assigned to an MCP. The method for auto-assignment is at the sole discretion of ODJFS (see Appendix D of the ABD Provider Agreement for the current auto assignment method). These methods may change or be modified on a regional basis at the discretion of ODJFS.

MCP Accountability System

ODJFS has a statewide comprehensive strategy for assessing and improving the quality of health care services offered by MCPs. Expectations for performance, as measured by both process and outcomes, are established and MCPs are held accountable to minimum standard levels of performance in key program areas. These performance measures are located in the ABD Provider Agreement in the Applicant Library. MCP administrative functions and the quality of care received by ABD members will be evaluated using a broad set of administrative and performance measures. MCPs with performance levels below the minimum performance standards are subject to a progressive series of penalties, such as implementing corrective actions or monetary sanctions (see the ABD Provider Agreement in the Applicant Library).

Pay for Performance (P4P) Program

In addition to corrective measures, the Ohio Medicaid managed care program offers incentives for MCPs to improve performance in specific areas important to the MCP members. Incentives include an at-risk amount of one percent (1%) of the monthly premium payments and possible additional monetary rewards. To qualify for consideration of any incentives, MCPs must meet minimum performance or incentive standards for a broad set of qualifying measures. For qualifying MCPs, higher performance standards for selected measures must be reached to be awarded a portion of

the at-risk amount or additional incentives. Selected performance measures are used for the Pay-for-Performance Program (see Appendix O, Pay-For-Performance (P4P) of the ABD Provider Agreement in the Applicant Library).

II.C. Population and Service Regions

Covered Population

As described in division (B)(2) of Section 5111.16 of the Ohio Revised Code, ABD Medicaid consumers must be enrolled in the statewide full-risk managed care program except for the following:¹

- i. Children under twenty-one years of age;
- ii. Individuals who are dually eligible under both the Medicaid and Medicare programs;
- iii. Institutionalized individuals;
- iv. Individuals eligible for Medicaid by spending down their income or resources to a level that meets the Medicaid program's financial eligibility requirements; or
- v. Individuals receiving Medicaid services through a Medicaid Waiver component, as defined in section 5111.85 of the Ohio Revised Code.

See the Applicant Library for additional details regarding the Medicaid populations that are eligible for managed care enrollment.

Regions

Based upon utilization patterns, ODJFS divided the state into eight (8) regions: Central, East Central, Northeast Central, Northeast, Northwest, Southeast, Southwest, and West Central. Each region contains multiple counties as depicted in the regional map available in the Applicant Library. Through this RFA, ODJFS is seeking another MCP to provide services in the Northeast and Northwest regions. The Northeast region consists of the following counties: Ashtabula, Cuyahoga, Erie, Geauga, Huron, Lake, Lorain, and Medina. The Northwest region consists of the following counties; Allen, Auglaize,

¹ Indians who are members of Federally recognized tribes, except as permitted under 42 CFR 438.50(d) (21) have the option to enroll.

Defiance, Fulton, Hancock, Hardin, Henry, Lucas, Mercer, Ottawa, Paulding, Putnam, Sandusky, Seneca, Van Wert, Williams, Wood and Wyandot.

II.D. Program Requirements

The information contained in this RFA is not an exclusive listing of the program requirements. Program requirements are contained within the ABD MCP provider agreement and rule 5101:3-26 of the Ohio Administrative Code. All program requirements in effect can be found in the Applicant Library.

SECTION III – PROCUREMENT TIMELINE and APPLICANT INQUIRIES

III.A. Procurement Timetable

02/2009	ODJFS Releases RFA / Question & Answer Period Opens
02/27/09	Deadline for Submitting Questions to ODJFS (10 a.m. EST)
03/9/09	ODJFS Issues Final Applicant Questions & Answers
03/20/09	Potential Applicants Notify ODJFS of Intent to Submit Application by Region (3 p.m. EST)
04/06/09	Deadline for Application Submissions to ODJFS (3 p.m. EST)
05/04/09	ODJFS Issues Selection Notification Letters (estimated) Deadline to File Protest to Selections (8 days after issuance of selection notification letters)
05/05/09 - 06/19/09	Readiness Review Phase for Selected Applicants
07/01/09	Provider Agreement Signed (estimated)
09/01/09	Initial Program Implementation (estimated)

III.B. Applicant Inquiries

Potential Applicants may ask clarifying questions regarding this RFA via the Internet during the Q&A Period as outlined in III A. "Procurement Timetable." To ask a question, potential Applicants must use the following Internet process:

- * **Access the ODJFS Web Page at <http://jfs.ohio.gov/>**
- * **Select "About JFS" on the front page**
- * **Select "Doing Business with ODJFS"**
- * **Select "Requests for Proposals (RFP), Letterhead Solicitations, and Other Invitations"**
- * **RFA Number 89-07-8016**
- * **Select "Ask a Question about this RFA" function**
- * **Follow the instructions to send an e-mail question.**

Questions about this RFA must reference the relevant part of this RFA, the heading for the provision under question, and the page number of the RFA where the provision can be found. The potential Applicant must also include the name of a representative of the potential Applicant, the company name and business phone number. ODJFS may, at its option, disregard any questions which do not appropriately reference an RFA provision or location, or which do not include an identification for the originator of the question. ODJFS will not respond to any questions submitted after **10:00 a.m. EST** on February 27, 2009.

ODJFS' responses to all questions asked via the Internet 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 and ODJFS responses to them comprise the "ODJFS Q&A Document" for this RFA. If possible, ODJFS will post an interim Q&A Document, without identifying the Applicants asking questions, as well as the final version (in which all Applicants that posed questions will be identified). Applicants are to ask questions as

early as possible in the Q&A period so that interim answers can be posted with sufficient time for the possibility of Applicants' follow-up questions.

Applicant proposals in response to this RFA are to take into account any information communicated by ODJFS in the final Q&A Document for the RFA. **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.**

Accessibility to the ODJFS Q&A Document will be clearly identified on the website dedicated to this RFA, once that document is made available.

IMPORTANT: Requests from potential Applicants for copies of previous RFAs, past Applicant proposals, score sheets or provider agreements for this or similar past projects, are Public Records Requests (PRRs), and are not clarification questions regarding the present RFA. The posted time frames for ODJFS responses to Internet questions for RFA clarification do not apply to PRRs.

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. Requirements under 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 Internet Q&A process, ODJFS will use its discretion in deciding whether to provide answers.

There is an established time period for the Applicant Q&A process (see Section III.A., Procurement Timetable). ODJFS will only answer those questions submitted within the stated timeframe for submission of Applicant questions, and which pertain to issues of RFA clarity, and which are not requests for public information. ODJFS is under no

obligation to acknowledge questions submitted through the Q&A process if those questions are not in accordance with these instructions.

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

SECTION IV - APPLICATION, LETTER OF INTENT, APPLICATION SCORING, SELECTION and READINESS REVIEW

IV.A. 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 deadline.

1. Mandatory Application Requirements.

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

- a. Submission of the Letter of Intent detailed in Section IV.B “Letter of Intent” by the specified deadline;
- b. Submission of a complete application (Appendices A – F) no later than the designated deadline as indicated in Section III.A of this RFA; and
- c. If the Applicant does not currently provide Ohio Medicaid managed health care services then the Applicant or its corporate family must currently service at least 50,000 lives. ODJFS will be reviewing the information submitted in Appendix B to verify that this mandatory requirement has been met.

2. Application

Applicants that meet the Mandatory Application Requirements will have their application scored by ODJFS. Applicants can receive a maximum of 10,000 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	3,000
C. Delegation	1,000
D. Performance Improvement and Care Management	3,000
E. Information Technology	1,000
F. Provider Panel	2,000
TOTAL	10,000

IV.B. Letter of Intent

Potential Applicants with an interest 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 March 20, 2009, at 3:00 p.m. EST. The letter must be delivered to:

**Office of Contracts & Acquisitions
ATTN: RFA/RLB Unit
Ohio Department of Job & Family Services
30 E. Broad Street, 31st Fl.
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 or regions for which the Applicant intends to submit an application(s); and
3. A statement indicating that the Applicant understands that the state of Ohio and ODJFS 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 regions 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 the letter of intent by March 20, 2009 at 3:00 p.m. EST, then any application of the Applicant will not be considered.

Updates to the Applicant Library and the reports listed may be made periodically. For announcements potential Applicants are advised to check on a regular basis.

IV.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. However, if the Applicant is applying for only one region, they would complete the portion of Appendix F related to the region in which the Applicant is applying.² If an Applicant is applying for only one region then only that portion of Appendix F that is relevant to the selected region will be reviewed and scored.

ODJFS will not consider any additional materials submitted by the Applicant in the evaluation and selection process if these materials were not required to be 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. **Once selected for readiness review, ODJFS will not enter into a provider agreement prior to an Applicant successfully completing readiness review in a timely manner. The Applicant must demonstrate to ODJFS' satisfaction that it can and will meet all program requirements. Should the Applicant not be able to demonstrate this to ODJFS' satisfaction within 45 days of receiving notice of being chosen then ODJFS may offer the provider agreement to the next highest scoring Applicant who meets the minimum qualifications. ODJFS in its sole discretion may allow time in addition to the 45 days.**

² Appendix F contains various worksheets that are specific to each of the two regions. Applicants applying for only one region need only complete that portion of Appendix F relevant to the selected region. See Appendix F for more information.

Application Submission Information:

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:

8 paper copies (**one signed original** and **7** copies) and **8** CD-ROM copies.

The Applicants total application submission and all required copies must be received by ODJFS no later than 3:00 p.m. EST on **April 6, 2009**. 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, 31st Floor
Columbus, Ohio 43215-3414
ATTN: RFA/RLB Unit**

The Applicants original application must contain all the information and documents specified in this RFA. All copies (both paper and CD-ROM) of the original application must include copies of ALL information, documents, spreadsheets and pages in the original application.

CD-ROMs 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 will be used by ODJFS for archiving purposes and for fulfillment of Public Records Requests, and failure to include them or to properly label them may, at ODJFS discretion, result in the rejection of the Applicant from any consideration.

All application submissions must be received, complete, and 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 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 31st Floor. All applications must be received by the due date by the Office of Contracts & Acquisitions, on the 31st Floor of the Rhodes Tower. **ODJFS is not responsible for any applications delivered to any address other than the address provided above.**

Submission of an application indicates acceptance by the Applicant of the conditions contained in this RFA, unless clearly and specifically noted in the application submitted and confirmed in the provider agreement between ODJFS and the Applicant selected.

IV.D. Application Scoring and Applicant Selection

ODJFS will contract with an Applicant that best demonstrates the ability to meet requirements as specified in this RFA. Applicants submitting a response will be evaluated based on the capacity and experience presented in their applications. All proposals will be reviewed and scored by an Application Review Team (ART), comprised of staff from the ODJFS Office of Ohio Health Plans, other ODJFS offices, or from other state agencies whose staff have appropriate expertise for evaluation of responses to this RFA. Applicants should not assume that the review team members are familiar with any current or past work activities with ODJFS. Applications containing assumptions, lack of sufficient detail, poor organization, lack of proofreading and unnecessary use of self-promotional claims will be evaluated accordingly. ART 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 ART.

The ART will read, review, discuss and reach consensus on the final technical score for each qualifying technical application.

Selection of the Applicant 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 ART 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 Applicant's 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, each 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 successful 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.

On a regional basis, an Applicant must pass the Mandatory Application Requirements Review and score a minimum of 6,000 points in order to be considered for selection. If an Applicant does not pass the Mandatory Application Requirements in Section IV.A. and score a minimum of 6,000 points for a region, then the Applicant will not be selected for that region. For each region, the applications that pass the Mandatory Application Requirements Review and score at least 6,000 points in the evaluation will be ranked according to the number of points received. The Applicant with the highest ranking in each region will be selected to enter into the readiness review process. It is anticipated that there will be no more than one (1) selection made in each region. ODJFS reserves the right to utilize the results of this RFA for up to two years from date of initial selection to enter into a provider agreement with another selected

MCP to assure consumers have at least two MCP options in a region. ODJFS may enter into a provider agreement with the next highest scoring MCP that meets minimum qualifications and passes the readiness review process timely.

If the top Applicant in a region cannot be determined as a result of a tie, 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 the following order:

1. D. Performance Improvement and Care Management
2. B. Applicant's Contract/Compliance Experience
3. F. Provider Panel
4. C. Delegation
5. E. Information Technology

The first Applicant to score higher 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.

Disqualifiers for Applicant Errors

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, etc.), any applications submitted in response to the RFA are deemed to be public records pursuant to O.R.C. 149.43. For purposes of this section, "application" shall mean all materials submitted including the technical application, any attachments, addenda, or appendices submitted by the Applicant.

Any trade secret, proprietary, or confidential information (as defined in ORC 1333.61) found anywhere in an Applicants Application shall result in immediate disqualification of that Applicant's application. ODJFS shall consider all applications

voluntarily submitted in response to an ODJFS RFA to be free of trade secrets and such applications shall, in their entirety, be made a part of the public record.

Any sensitive personal information regarding the Applicant or sub-contract staff (e.g., social security numbers, addresses, salary) must be omitted from the application, or rendered fully unreadable prior to submission, or ODJFS may at its option disqualify the Applicant from any consideration.

IV.E. Protest

Any potential or actual Applicant objecting to the award of a provider agreement resulting from the issuance of this RFA may file a protest of the award of the agreement or any other matter relating to the process of soliciting the proposals. Such a protest must comply with the following guidelines:

- A. A protest may be filed by a prospective or actual bidder objecting to the award of a provider agreement resulting from this RFA. The protest shall be in writing and shall contain the following information:
 - 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 Services within the following periods:

1. A protest based on alleged improprieties in the issuance of the RFA or any other event preceding the closing date for receipt of proposals which are apparent or should be apparent prior to the closing date for receipt of proposals shall be filed no later than 3:00 p.m. the closing date for receipt of proposals, as specified in Section III.A., Procurement Time Table, of this RFA.
 2. If the protest relates to the announced intent to award a provider agreement, the protest shall be filed no later than 3:00 p.m. of the *eighth (8th) calendar day* after the issuance of the Letter of Intent to Award the provider agreement. The date on these ODJFS letters to responding Applicants is the date used to determine whether a protest regarding the intent to award is submitted before the end of the protest period.
- 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 Services after the time periods set forth in Item B of this subsection.
- D. All protests must be filed at the following location:
- Chief Legal Counsel
ODJFS Office of Legal Services
30 East Broad Street, 31st Floor
Columbus, Ohio 43215-0423
- E. When a timely protest is filed, an execution of a provider agreement 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 ODJFS. However, ODJFS and the selected Applicant will continue the process of conducting a readiness review as detailed in Section IV.F. The Applicant(s) who would have executed the provider agreement shall be notified of the receipt of the protest.

- F. ODJFS' Office of Legal 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.

IV.F. Readiness Review Process

ODJFS will review submitted applications and the selected Applicant(s) will enter readiness reviews on or after May 5, 2009. A comprehensive readiness assessment of selected Applicants will be conducted prior to the offering of a provider agreement to ensure the Applicant is capable and prepared to meet all program requirements. The first step of the readiness review will be a face-to-face meeting in Columbus, Ohio, between the Applicant and ODJFS to determine a potential timeline and identify all necessary submissions to document readiness. Prior to implementation and the MCP's initial receipt of membership, ODJFS, or its designee, may conduct a site visit to confirm all necessary components are in place. ODJFS may require MCP staff to travel to ODJFS at the Applicant's expense during the readiness review to verify readiness.

Selected Applicants must complete readiness review to ensure that they have sufficient information system capacity, can transfer care management data to ODJFS and can meet all ODJFS program requirements. Readiness reviews must be completed before receiving a provider agreement with ODJFS. This process describes steps required to initiate, complete, document and approve readiness review activities (e.g., adequate provider panel, call centers, new member materials, pharmacy program, program integrity). ODJFS will enter into provider agreements and expects to start the enrollment process on a regional basis no later than September 1, 2009. **ODJFS retains the right to phase-in regions based on ODJFS, MCP, or community readiness.**

IV.G. General Information

1. The State of Ohio and ODJFS has no liability or responsibility for any costs incurred by Applicants in preparing a response to this RFA or any costs incurred during the Readiness Review Process. All such costs are the responsibility of the Applicants.

2. Subject to the requirements of state and federal law, information provided in the applications will be held in confidence and not be revealed or discussed prior to the award of a provider agreement. All submissions become the property of ODJFS and may be returned only at the discretion of ODJFS. After the selection process is completed, the entire content of the submitted applications will be available through ODJFS as public information.
3. News releases regarding this RFA shall not be made without prior approval by ODJFS and then only in conjunction with the issuing office.
4. If an Applicant is selected by ODJFS to receive a regional provider agreement they must consider all ODJFS program requirements to be nonnegotiable. Failure to agree to meet these requirements will render the ODJFS selection of the Applicant null and void. All MCPs will have opportunities to provide input on the ODJFS program requirements after receiving their provider agreement.
5. ODJFS is under no obligation to issue a Provider Agreement as a result of this solicitation if, in the opinion of ODJFS and the proposal review team, none of the proposals are responsive to the objectives and needs of ODJFS. ODJFS reserves the right to not select any vendor should ODJFS 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.