ACHN RFP					
Question ID	Date Question Asked	Question	RFP Section Number	RFP Page	Agency/Medicaid Response
1	1/3/2024	In regard to the PCP Selection process, is the PCCM-e only responsible for tracking the recipients that are being case managed in changing doctors?		Page 5	Refer to section II. I.D. 5. a.b. the PCP selection Process. The PCCM-e must have policies and procedures in place to assist the recipient in selecting his/her choice of a PCP, to include changes in PCP selection.
2	1/3/2024	What responsibility does the PCCM-e hve if a recipient wants to change PCP's twice in a year?		Page 5	Refer to section II. I.D. 5. a.b. the PCP selection Process. The PCCM-e must have policies and procedures in place to assist the recipient in selecting his/her choice of a PCP, to include changes in PCP selection.
3	1/3/2024	How will a PCP know not to schedule a recipient if they've already changed PCP's that year?		Page 5	Refer to section II.I.D. 5. a.b. the PCP selection Process. The PCCM-e must have policies and procedures in place to assist the recipient in selecting his/her choice of a PCP, to include changes in PCP selection. The PCCM-e must have a policy in place to address this issue.
4	1/3/2024	Will this new program go back to "Panels" for the PCP?		Page 5	No, PCPs will not have a panel of assigned recipients. However, recipients may be attributed to a PCP Group as outlined in Alabama Administrative Code Rule 560-X-37-.09. Attribution is based on the historical visitation practices (claims data based) of the recipient. The PCP Group that a recipient is attributed to can change over time.
5	1/3/2024	What is the rational of how long to keep a recipient open in General and Medically Complex?	II.1.A	Page 114	The Agency expects each PCCM-e to have a working knowledge of care management principles and apply this knowledge when care managing for all participating recipients. The person-centered care plan developed with the recipient should determine the appropriate activities and timeframes.
6	1/3/2024	What is the specific criteria needed to be in a psychosocial assessment? The Periodic Reassessment Follow-ups? The annual reassessment?		Page 113-114	The Agency will provide guidance on required elements after the contract is awarded.
7	1/3/2024	Will the Agency provide the ACHNs with specific training on SDoH- Social Determinants of Health and Health Disparities, especially as related to the new Maternity Risk Stratification requirements?			The Agency expects each PCCM-e to have a working knowledge of SDoH and Health Disparities principles and apply this knowledge when care managing for participating recipients.
8	1/3/2024	Given the Maternity Risk Stratification of now high, medium, or low statuses; will the Agency provided its definition of 'inappropriate birth spacing and one or more SDoH-Social Determinants of Health? Also, will the claims data provided by the Agency be in more 'real time' given utilization, medication compliance of unstable behavioral diagnoses and claims history thresholds will be factored into the EI's overall risk stratification status post the first 3 months of enrollment?	Section III.6.I.3.i pg 43		The American College of Obstetricians and Gynecologist (ACOG) considers less than 18 months between live births as less than optimal. Refer to the maternity risk stratifaction chart for SDoH criteria. The Agency will provide the PCCM-e with paid claims data at least monthly or at most after each check write. The PCCM-e must develop a plan to monitor and stratify recipients.
9	1/3/2024	Will the Agency provide additional guidance of "Claim History Thresholds"? How is the Agency expecting this to be monitored per Maternity Risk Stratifications? Please provde more clarity of this concept.			The agency will provide guidance on required elements after the contract is awarded.
10	1/3/2024	Will the Agency please elaborate more on the requirement of ALL pregnant recipients must be risk stratified as high risk for the first "three months" or "initial enrollment" of care management? How does this affect EIs who enroll late into care - in their 2nd and sometimes 3rd trimester? How will this requirement align with the now new Maternity Risk Stratification of high, medium or low statues? How does this relate to 1st time pregnancies with no risk factors?			The recipient must be managed as High risk for three (3) months from the date of enrollment into Care management services including enrollments that occur in the 2nd or 3rd trimester.
11	1/3/2024	Will the Agency elaborate on how full Medicaid and Medicare (XIXQ) recipients will be eligible for enrollment into the Maternity Care Coordination program when this is normally an excluded population?		Page 13	Refer to Amendment 2.

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12	1/3/2024	Will the Agency provided a timeline of its expectation of postpartum recipients to receive care management services throughout the 12 month postpartum period? What if care plan goals have been met and there are no additional needs prior to the end of the 12 month postpartum period? Will ACHNS be allowed to close cases where care plan goals have been met prior to the ending of the 12 month postpartum period?			Refer to the Care Management Activity Schedules. The PCCM-e must develop and implement the program based on the recipient's needs which will determine the plan and timespan of care.
13	1/3/2024	Will the Agency provide more clear guidelines of its expectation of how ACHNs are to "follow up with recipients (Family Planning Recipients) to determine compliance or other issues that may have developed since the initial or on-going referrals" when the ACHNs will not provide family planning case management services?			Refer to Appendix F. The vendor must describe their process for assessing and referring recipients to family planning services. The Agency will determine the method of monitoring once the processes are known.
14	1/3/2024	Per care plan evaluations/revisions, will the Agency provide more clarification on its statement "The care plan shall be evaluated and/or revised as applicable"? Are care plans no longer expected to be evaluated every 90 days or only "evaluated for the recipient's progress to the goals and the effectiveness of the established interventions with each encounter?"			The care plan should be evaluated with each encounter and revised as applicable.
15	1/3/2024	Per 'additional assessments required', are ACHNs no longer required to complete SBIRT screening with Maternity EIs? Also given all pregnant EIs will be enrolled as high risk for the first 3 months or at the initial enrollment, will the ACHNs be required to complete a Medication list or Medicaid Reconciliation for all such EIs?			Refer to Section II.2.e.10 The Agency excpects the PCCM-e to coordinate and make appropriate referrals for SBIRT. Refer to Appendix I for Medication List and reconciliation requirements
16	1/3/2024	Will the Agency please elaborate more on its expectation of the development of "crisis plans" for a recipient with behavioral health conditions, as applicable, per care plan? What format of "crisis plan" is the Agency expecting?			The Agency expects the PCCM-e to implement and develop policies that will address the development of plan of action for a recipient with behavioral health conditions who may be in crisis. The format is at the PCCM-e's discretion.
17	1/3/2024	Will the Agency elaborate more on its expectation of the validity of EI care plans - "The Care plan is valid when the recipient/legally responsible person and the person who developed the plan sign and date it? Will there be a care plan template available for uploading?			The recipient signature denotes their agreement to the plan. The signature of the one who developed the plan denotes it was reviewed with the recipient. The Agency will not be providing a template for the care plan.
18	1/3/2024	Per MCTs, will all pregnant EIs who are to stratified as high risk for the first 3 months or at initial enrollment be required to follow the MCT requirements? Will the Agency elaborate more on its expectation of MCT (high) per Maternity - 25% of those who received a Care Plan Review received an initial MCT?			MCT meetings are required during the 4th month of enrollment for all recipients stratified as High. At least 25% of High risk maternity recipients who received a care plan review will also received a MCT.
19	1/3/2024	Per Care Management activities that must be completed, for Maternity, is there only 1, 1st follow-up (high and low) required rather than the current 2 follow ups for high/low?			Refer to Appendix I Care Management Activity Schedule- Maternity
20	1/3/2024	What is the Agency's expectation per Care Management Activities of documenting "Family Planning encounter with 6 months of delivery date and Family Planning referral with 6 months of pregnancy loss" if the ACHN will not be required to provide Family Planning services/case management?			Refer to Appendix F. The vendor must describe their process for assessing and referring recipients to family planning services. The Agency will determine the method of monitoring once the processes are known.
21	1/3/2024	Will the Agency reclarify the Maternity Risk Stratification - per the RFP the risk levels after 3 months are high and low and per the Maternity Risk Stratification Criteria, the risk levels are high, medium and low?			Refer to Amendment 2, Maternity Risk Stratification Document
22	1/3/2024	Will the Agency be providing a list of SBIRT Providers given there are no new requirements for ACHNs to complete SBRIT screenings as a required screening?			The PCCM-e may provide SBIRT screenings or locate local resources to provide screenings.
23	1/3/2024	Will the Agency elaborate on its expectation of Maternity Data and the timeline for this data submittal?			Refer to section III.5.B.

ACHN RFP					
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24	1/3/2024	Are care plan EI signatures only required for high risk EIs-Care Plan Review (with/rec; signature required) incl Med Rec education and additional follow up with rec"?			Recipient signatures are required for the Care Plan Review activity, refer to the applicable Care Management Activity Schedule.
25	1/3/2024	Description Title: Initial Encounter (Screening) Will there be an FTF Activity Type option? This encounter initial contact can occur face to face at the provider/ specialist practice or in the EI's home			Refer to the applicable Care Management Activity Schedules.
26	1/4/2024	In the Maternity Care Management Program, can risk stratification change at any time after the first three months of pregnancy due to a change in circumstances, such as limited resources, access to care, or health complications?	1.E.3	20	Yes
27	1/4/2024	What are the qualifications for a Care Coordinator?			Refer to Amendment 2, Appendix K for personnel qualifications.
28	1/4/2024	Are the ACHNs still required to have a Behavioral Health Nurse, Transitional Care Nurse, and Community Health Workers? If so, what are their qualifications?			Refer to Amendment 2, Appendix K for personnel requirements.
29	1/4/2024	Would there ever be a Maternity recipient that would be no risk?		Page 10	Maybe however, the Agency requires that all maternity recipients are stratified as HIGH for the first three (3) months of enrollment, after the first three (3) months of initial engagement, the PCCM-e will evaluate and reassess for the appropriate risk level based on the Agency established stratification criteria.
30	1/4/2024	Describe the difference between case management and care coordination in how payment will be brought down. What are the rates?		Page 12	Refer to Section II.1.D. 2.a and b. The Agency has not released the Activity payment schedule. The PCCM-e should plan activities according to the Care Management Activity schedule.
31	1/4/2024	Care Coordination services must be appropriately credentialed professional staff. These staff are required to provide case management services. Does this mean that the CC services must be provided by the same staff as CM services?		Page 15	Refer to Amendment 2 :Appendix K for personnel requirements, qualifications, and job duties.
32	1/4/2024	Will this be an Administrative function and no reimbursement be provided for this task?		Page 15	Further information is needed from the Vendor to answer the question.
33	1/4/2024	Why do levels 2, 4, 5, and 6 say "Does not apply"? Please clarify what this chart is attempting to deomonstrate as to how to stratify a Medical Monitoring recipient.		Medical Monitoring Risk Stratification Chart	Refer to Amendment 2: Monitoring Medical Risk Stratification Chart
34	1/4/2024	Will there be two targeted list each month, one for assignment into Care Management Screening and assessment and one for Medical Monitoring?		Page 15	Each month, the Agency will provide a targeted list of recipients for assignment into care management screening and assessment as well as Medical Monitoring Review. The Agency will determine whether to release separate or a combined list.
35	1/4/2024	Are the PCCM-e's just responsible for the Directory of the PCP's they contract with?		Page 18	II.1. D. 8. Recipient Material Requirement- Provider Directory The PCCM-e must develop, maintain and distribute a provider directory to recipients as detailed in the Recipient Materials Requirements - Provider Directory documents located in the Procurement Library. **The Provider Directory must meet the requirements in 42 C.F.R. § 438.10(h).** The Provider Directory should include all relevant information as required for the ACHN applicable contracted provider types within the PCCM-e's region.
36	1/4/2024	The language in the Recipient Materials Requrements Provider Directory Policy describes specialist, hospitals, pharmacies, behavioral health providers, and LTTS providers when applicable. What would make these applicable to the PCCM-e?		Page 18	II.1. D. 8. Recipient Material Requirement- Provider Directory The PCCM-e must develop, maintain and distribute a provider directory to recipients as detailed in the Recipient Materials Requirements - Provider Directory documents located in the Procurement Library. The Provider Directory must meet the requirements in 42 C.F.R. § 438.10(h). The Provider Directory should include all relevant information as required for the ACHN applicable contracted provider types within the PCCM-e's region.
37	1/4/2024	When will the Agency provide the PCP and MCP agreements?			The Agency will release all applicable information after the contract is awarded.
38	1/4/2024	It states the MMM must be "In Person". 2 other places it states in person or virtual. What is the Agencies intention?		Page 35	The Agency has provided two (2) options to complete the activity according to the Regions needs.
39	1/4/2024	Will the Agency provide templates for all the reports?		Page 55	The Agency will provide templates for some reports and approve the PCCM-e templates for those not provided. This information will be released after the contract has been awarded.

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40	1/4/2024	If the PCCM-e is to paid for documented activity witin the month, why have no money amounts been released? How can one determine viability and appropriate staffing model without any payment methodology provided?		Page 63	Refer to the AL PCCM-e Payment Support Document in the Procurement Library.
41	1/4/2024	Vendors must respond to this RFP by utilizing the RFP Cover Sheet to indicate the firm and fixed price for the implementation and updating/operation phase to complete the scope of work, is this correct? Does the PCCM-e bid on the price they can do this work for OR is it a payment for activity?		Page 69	No, Refer to Amendment 2.
42	1/4/2024	There is not transition plan from the end of the curent RFP to the beginning of this one. Will the Agency please describe how that process is to occur?			Refer to Amendment 2
43	1/4/2024	Is the Population Health Data Analyst required to be an internal position? Can the requirements be split between an internal and external position? For example, can a member of the HIMS provider fulfill data query requirements and a NACC member fulfill the development of QIPs based on data analysis?			Yes, this is an internal position. Refer to Amendment 2, Appendix K for personnel requirements, qualifications, and job duties.
44	1/4/2024	On page 31, Section 7.A.2: Can you explain the "quality committees" requirements?		Page 31	The quality committee aids in the development and implementation of the Quality Improvement Program and Plan.
45	1/4/2024	On page 48, Section 2.b: Can you provide the "marketing plan" requirements?		Page 48	PCCM-e must provide marketing materials in accordance with 42 C.F.R. § 438.104 and the information requirements in 42 C.F.R. § 438.10
46	1/4/2024	On page 125, Appendix L, Section 5: Does this mean that a different QIP can be selected and substituted for one of the original topics (Childhood obesity, adverse birth outcomes, SUD). For example, can mental health be a focus of one of the QIPs, instead of SUD?		Page125	No, the PCCM-e must present a QIP for each of the three topics chosen by the Agency. The QIP activity is the PCCM-e's choice.
47	1/4/2024	Initial Assessment Psychosocial: Completion of a Health Risk and Psychosocial must be completed within 21 days of the screening. Per RFP contact requirement schedulethe PCME must have documented at least 3 attempts to contact over a 30-day period. This time over lapse forcing the CC to make all 3 attempts within 21 days as opposed to 30day.			The Psychosocial Assessment is due within 21 days of the initial screening. The PCCM-e should attempt as many contacts as needed to reach the recipient. The 3 attempts within 30 days **refers to** the requirement for closing a case due to no contact.
48	1/4/2024	ACHN RISK-STRATIFICATION ALGORITHM – Medical Monitoring Review (effective 10/1/24) Step 1: Use the following criteria to risk stratify the recipient (Within the most recent 90 days at least two per risk level needed. Step 2: Use objective and subjective data to assign a risk-stratification level for the recipient. Clinical judgement and subjective data must be thoroughly documented in HIMS. Will the PCME be required to contact the EI to gather the required subjective data to determine SDOH			The PCCM-e must develop policies to complete the required activities and document how the subjective data was gathered..
49	1/4/2024	"The Agency will identify recipients in need of screening for possible case management and care coordination and forward on a monthly basis, to the vendor, the identified recipients for prioritization." Can we have more details about this report- how will this report come, when will this report come and what EI details will this report have- current phone numbers? Do we have an estimation on how many EI will be sent monthly?		Page 11.II 1A.2	The Agency will release information after the contracts have been awarded. The reports may be through HIMS or SFTP.

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50	1/4/2024	"The Vendor must evaluate the identified and referred recipients and provide care management services to those in need based on their prioritization." Will the Agency be providing us with prioritization requirements or will we need to develop our own? How will this affect the RFP time requirements for referral screening will these get a higher prioritization since they were referred? page 16.II1D4. "The PCCM-e will receive referrals for care management, which must be screened no later than five (5) business days from the receipt of the referral, from the following,..."		Page 11.II 1A.2	See the Risk stratification documents located in the procurement library. Referrals should be screened within 5 days of receipt.
51	1/4/2024	"Therefore, to better determine the initial and on-going needs of these recipients, all pregnant recipients must be risk stratified as high for the first three (3) months of care management." page 14. II 1D2aii.1 "However, the recipients within the categories below must be stratified as high: 1. Maternity for the first three months of pregnancy or initial enrolment; and" Need clarification if that is the first three months of care no matter what gestation of enrolment. On page 14 it has "or" what determines how the EI is stratified?		Page 13. II 1C2.1 Page 14. II 1D 2aii	All pregnant recipients must be as stratified as High for the first 3 months of care from enrollment into care management.
52	1/4/2024	"full Medicaid and Medicare (XIXQ)" Just clarification are these the SSI Medicaid/ Medicare EI that we manage currently?		Page 13.II1C2a.1	Refer to Amendment 2
53	1/4/2024	."Application assistance can be offered to anyone that is interested in applying for Medicaid. The PCCM-e will have Certified Application Assisters available to assist individuals with completing the Medicaid application process, and follow-up with the person until Medicaid eligibility is determined." Will we now get paid for this service or will the old Maternity EI criteria still apply? What if the EI is not a maternity EI that is wanting help?		Page 15.II 1D2C	This will be a paid encounter. Application assistance can be offered for all populations in accordance with the Care Management Activity Schedule(s).
54	1/4/2024	Table. "Delivery Encounter- 95% of those who participated in a Care Plan Review received a Delivery Encounter. In-home Postpartum Encounter (twenty (20) calendar days post-delivery)-80% of those with a Delivery Encounter received an In-home Postpartum Encounter." Is the Agency talking about the same visit here? The Delivery encounter needs to be completed within 20 days of the delivery either in the hospital or in-home. The in-Home PP encounter has 30-45 days after the delivery encounter, the wording is confusing, need clarification?		Page 22 II 1F5c	No. Refer to Amendment 2
55	1/4/2024	Table. "3rd Postpartum Encounter- 80% of those with an In-home Postpartum Encounter" The third PP encounter, need clarification?		Page 23 II 1F5C	Refer to Appendix I for Postpartum encounters listing.
56	1/4/2024	Table. "Family planning encounter with 6 months of delivery date- 80% of those with a Delivery Encounter had a family planning related encounter within six months of the delivery date " and the "Family planning referral with 6 months of pregnancy loss- 80% of those enrolled within a pregnancy loss (no Delivery Encounter) had a family planning referral within six months of pregnancy loss" need clarification of criteria needed for this visit and will the PP visit count towards this or will it need to be a separate visit?		Page 23 II 1F5C	The PCCM-e must have policies in place to provide a referral for FP services .FP services must be provided within 6 months of the delivery encounter, or loss of pregnancy.

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57	1/4/2024	page 23.II2A1b. "Maternity Care Provider (MCP)" This is a new term for the RFP, is this term referring to the provider group or the individual delivering provider? The PCCM-e has worked on the group level for Maternity providers and not the individual level is this changing?		Page 23. II2A1B	This term replaces Delivering Health Care Provider (DHCP).
58	1/4/2024	page 25.II2A1h.1 "Include a maternal health risk identification strategy;" Will the Agency be providing a new one or will we be keeping the old one?		PAGE 25.II2A1H1	Refer to the Maternity Risk Stratification document.
59	1/4/2024	page 117 Apendix I. Clarification on the Column "Month" is that the month of enrollment or gestional month?		PAGE 117 APPENDIX I	Refers to the month of enrollment.
60	1/4/2024	page 117 ApendixI. "Care Paln Review(with/ rec; signature required in Med Rec education and additional foll-ips with rec" It states this follow up is need to be completed within 15 days and face to face, correct?		PAGE 117 APPENDIX I	Med reconciliation is completed by the Pharmacist. The care manager completes education follow-up with the recipient during the Care Plan Review.
61	1/4/2024	page 117 ApendixI. "2nd Periodic Reassessment Follow up" It states this follow up is need to be completed 7 or 8 month and face to face, correct?		PAGE 117 APPENDIX I	Refer to Amendment 2, Appendix I, Face to Face
62	1/4/2024	page 118 ApendixI. "3rd Periodic Reassessment Follow up" It states this follow up is need to be completed 9 or 10 month and telephonic, if this is based on the gestational age then the EI could be delivered correct?		PAGE118 APPENDIX I	Telephonic and based on month from enrollment.
63	1/4/2024	Page 41 Operational Requirements doesn't list all Federal Holidays. Is this an oversight?		PAGE 41	No, this is not an oversight.
64	1/4/2024	Section D. Care Management Program Components i. states Case management services must be provided by appropriately credentialed and state governing board licensed staff. Examples of appropriately credentialed staff include, but are not limited to, counselors, nurses, social workers and therapists. Can licensed counselors/therapists provide care coordination services?	SECTION D		Refer to Appendix K for personnel requirements.
65	1/4/2024	Page 22 Maternity population - Is the maternity delivery visit target 95% of the 70% of the 40%?		PAGE 22	95% of recipients who received a Care plan review should receive a delivery encounter.
66	1/4/2024	Page 15. II.D.c.ii. The PCCM-e has flexibility in determining how to perform the application assister function. Care managers are not required to be Certified Application Assisters; however, the application assister function must be performed by Agency approved staff who meet the qualification as outlined in Appendix K, Key Staff and other Positions requirements. **We couldn't locate this information in Appendix K or anywhere else in the RFP. Where are these requirments located?**		PAGE 15 II.D.C.II	Refer to Appendix K
67	1/4/2024	Page 15. D.b.ii. Case management services may also be provided by those staff members that meet the minimum educational and experience requirements outlined in the RFP. **Where are these requirements located?**		PAGE 15.D.B.II	Refer to Appendix K
68	1/4/2024	Page 66. VI.d. Corporate Background and Refeernces. Furnish three (3) professional references for the Executive Director position, including contact name, title, organization, address, phone number, and E-mail address. Professional references must be submitted in accordance with Appendix D: Key Personnel Resume Sheet. The state reserves the right to use any information or additional references deemed necessary to establish the ability of the Vendor to perform the conditions of the RFP. You may not use any Alabama Medicaid Agency personnel as a reference. I can't locate the Key Personnel Resume Sheet in appendix D or in any other place.		PAGE 66 .VI.D.	Refer to Amendment 2

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69	1/4/2024	Appendix K -Quality Director Requirements- Will the Agency consider "grandfathering" the Quality Director for the current model if they don't meet all the qualifications?		APPENDIX K	Refer to Appendix K for personnel requirements.
70	1/4/2024	MCT composition. NACC anticpiates that the increase in MCT and requirement of Pharmacist attendance could increase the pharmacy budget by 25% or more. Was this taken into consideration in the payment methodology?			Yes
71	1/8/2024	Page 108. Solutions to Regional Barriers- What is the expected financial impact of those programs to address these iddues will be an important component of your response. Is this referencing the financial impact on the PCCME or the Agency? Would the Agency please provide more detail on what is expected in this response and the definition of financial impact?		PAHE 108	The impact to the Region and/or the Agency.
72	1/9/2024	Would the Agency please consider posting the missing information and clarifying the payment methodololgy before the 29th? This information is cirtical for proficient staff planning to meet all guidelines.			The Agency has not released the Activity payment schedule. The PCCM-e should plan activities according the Care Management Activity Schedule(s). The Agency has provided the annual max payable (Page 63). Also, refer to the AL PCCM-e Payment Support Document in the Procurement Library.
73	1/10/2024	Would like to confirm the collaboration and support letters from existing partnerships are not counted in the page limitations for this part of the RFP.		Page 108 - Appendix F - Partnership with Community Agencies	The 10 page attachment limit refers to the Appendix F responses. The 10 page limit applies to attachments only related to each requirement within each section, in Appendix F.
74	1/10/2024	Please advise where the completed disclosure statement should be included in the submitted proposal.	STAARS Document, 20	5	The Vendor Disclosure Statement needs to be included after the Scope of Work Items and will not be counted in the proposal page limit requirements.
75	1/10/2024	Please advise where the affirmation below 42. Compliance with Ala. Act No. 2023-409 should be included in the submitted proposal.	STAARS Document, 42	8	Refer to STAARS Document Request for Proposal Standard Terms and Conditions Item 42
76	1/10/2024	Please confirm all documents submitted as a result of the requirements in Section VI.b do not count against the 10 page attachment limit in Appendix F.	VI.b	65-66	No, all documents submitted as a result of the requirements in Section VI.b do not count against the 10 page attachment limit in Appendix F.
77	1/10/2024	Will the Agency provide an example of the Financial Disclosure Statement required?	IX.GG	80	Refer to Appendix B Attachment F.
78	1/10/2024	Please confirm that the RFP Cover Sheet is the first page of the RFP and not the STAARS Document included in the Procurement listing.	Appendix A, #3	82	Yes
79	1/10/2024	Appendix A, #9 states, "The Proposal includes a detailed description of the plan to design, implement, monitor, and address special situations related to the 2023-ACHN-01 program outlined in the request for proposal regarding each element listed in the scope of work. However, Appendix F provides a list of scored items that should be included in the proposal. Please clarify if the proposal should provide a response to all Scope of Work requirements, or only those listed in Appendix F.	Appendix A	82	Refer to Appendix F and Section VII.N. The Vendor must utilize Appendix F when providing responses for scored items. Any response for a section II-Scope of Work requirement that is not related to a response for Appendix F must use the format described in Section VII.N.
80	1/10/2024	Should the proposal response include answers to the 5 questions for those requirements in the Corporate Background section?	Appendix F	107	The proposal must include answers to all questions required within the RFP.
81	1/10/2024	Please confirm each row of Appendix F is limited to 2 pages.	Appendix F	107	Yes, each row in Appendix F is limited to 2 pages.
82	1/10/2024	Please confirm the collaboration/support letters required in the Partnership with Community Agencies section do not count against the 10 page attachment limit.	Appendix F	108	The 10 page attachment limit refers to the Appendix F responses. The 10 page limit applies to attachments only related to each requirement within each section, in Appendix F.
83	1/10/2024	Is the definition of the general population an inclusive list? There is no mention of general care management for newborns except in when the mother has not received prenatal care. Will the PCCM-be allowed to enroll healthy newborns into care coordination to educate on well-child visits and other resources?	I.3	Page 12 -C.1	The description of the General population is generalized. The recipient's needs are identified using a compilation of activities to include, but are not limited to, identification of SDoH, and medical history, (e.g., maternal health history, chronic illnesses, adverse pregnancy outcomes, etc.) Upon review and assessment of the data, recipients may be classified as high, medium, low or no risk. The classification status determines the intensity of care management that is needed to address current and preventive healthcare concerns.

ACHN RFP					
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84	1/10/2024	It states the PCCM-e will not provide family planning services but we should refer to family planning services. The RFP also stated the PCCM-e is also expected to follow up with the recipient to determine compliance. How does the Agency plan to monitor this? Could this be done through a care plan?	Appendix F	Page 13 - 4.b.	This question is out of the scope for the RFP. Appendix F states that the vendor must describe their process for assessing and referring recipients to family planning services. The Agency will determine the method of monitoring once the processess are known. Family Planning referrals can also apply to recipients within other ACHN populations.
85	1/10/2024	There seems to be a difference in “Care Management” and “Care Coordination”. Is the staff requirements same for both? On page 15 it states “Services may be provided by staff members that meet the minimum educational and experience requirements outline in the RFP". We did not see these requirements in the RFP. Do you have another document to add to the procurement library?		Page 14 2.a.i and Page 15 2.b.i.	Refer to Appendix K for personnel requirements.
86	1/10/2024	Application Assistance – is there an activity payment for providing this assistance? Does the PCCM-e receive payment if the application is not approved?	D.C.2	Page 15 c.	Yes, there is an activity payment for application assistance when provided in accordance with the requirements outlined in the RFP and Appendices.
87	1/10/2024	From the assignment list, recipients will be assessed for care management services. Will the PCCM-E only provide care management/coordination to recipients on this list? What if the PCCM-e receives a referral from a provider not on the list? Can they provide care coordination and bill for these services?	II.1.A	Page 16 a.	The Agency will identify recipients in need of screening for possible case management and care coordination and forward on a monthly basis, to the vendor, the identified recipients for prioritization. The Vendor will also receive case management and care coordination referrals from physicians, other providers, community agencies, etc. The Vendor must evaluate the identified and referred recipients and provide care management services to those in need based on their prioritization. Refer to the Section II.1.D.4 for more details.
88	1/10/2024	What responsibility does the PCCM-e have if a recipient wants to change PCP's twice in a year? Is this going to change the way recipients are attributed to a provider? If so, what will be the communication to the provider?	II. D. 5. a.b.	Page 16. 5.a. and b.	Refer to section II.1. D. 5. a-b. The PCCM-e must have policies and procedures in place to assist the recipient in selecting his/her choice of a PCP, to include changes in PCP selection. No, recipients may be attributed to a PCP Group as outlined in Alabama Administrative Code Rule 560-X-37-.09. Attribution is based on the historical visitation practices (claims data based) of the recipient. The PCP Group that a recipient is attributed to can change over time.
89	1/10/2024	Network Adequacy – Per the Provider Directory document it states the provider directory must include the above information, when applicable, for each of the following provider types covered under the provider agreement with the PCCM-e: · Physicians, including specialists; · Hospitals; · Pharmacies; · Behavioral health providers; and · LTSS providers, as appropriate. If the PCCM-e only contracts with primary care and maternity providers our directory would only include information about them correct? We would not have the information about the other businesses.		Page 18 - 8	II.1. D. 8. Recipient Material Requirement- Provider Directory The PCCM-e must develop, maintain and distribute a provider directory to recipients as detailed in the Recipient Materials Requirements - Provider Directory documents located in the Procurement Library. The Provider Directory must meet the requirements in 42 C.F.R. § 438.10(h). The Provider Directory should include all relevant information as required for the ACHN applicable contracted provider types within the PCCM-e's region.
90	1/10/2024	Will the Agency be providing templates for the psychosocial assessment, SDoH assessment and other additional assessments? Will the SBIRT assessment be required for maternity patients?		Page 20 - 3	The Agency will not be providing templates. The Agency will provide guidance on required elements after the contract is awarded. Yes, SBIRT assessments will be required for maternity patients. Refer to Section II.2.e
91	1/10/2024	Would the Agency provide more specific information as to the approximate number of screenings and assessments needed per month to meet the care management goals? We need more information to plan for staff and for budgeting. The annual goals and monthly goals are confusing. Could the Agency provide an example.		Pages 21-222 - Care Management Goals	The PCCM-e is expected to create it’s own strategy for engaging, enrolling and screening Medicaid eligible individuals in their region. The PCCM-e should expect to use monthly data and reports provided by the Agency (please refer to the Recipient Assignment Process in the procurement library) to determine which eligible individuals would benefit from or best engage in care management. Therefore, the number of screenings, and then assessments, will vary according to the strategy of the PCCM-e. The care management goals are in place to ensure that the Care Management Activity Schedules (Appendix G-J) are maintained by the PCCM-e.
92	1/10/2024	Transitional Process: When possible, begin the transitional care process with the recipient during the hospitalization to initiate services. Does this allow the PCCM-e to complete the assessment while the EI is hospitalized	II. 5.b.2	Page 29 - 5.B.2.	When possible, begin the transitional care process with the recipient during hospitalization to initiate services, and provide transitional care services to recipients identified as needing care management services while transitioning back to the community. An intitial assessment can be completed. However, an assessment of the recipient's needs after transitioning to the community is also required.

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Question ID	Date Question Asked	Question	RFP Section Number	RFP Page	Agency/Medicaid Response
93	1/10/2024	Coordinate with the Maternity Care Manager to ensure a smooth transition of recipients to non-maternal healthcare prior to the end of the postpartum period. Does this statement mean that a maternity recipient that has delivered be treated as transitional?		Page 30 - 5.B.2.c.	If the transitional staff makes contact with a hospitalized maternity recipient, they must coordinate with the Maternity Care Manager to ensure a smooth transition of recipients to non-maternal healthcare prior to the end of the postpartum period (as applicable).
94	1/10/2024	Governing Board – A. 1. Meets at least once in the second quarter and once in the fourth quarter. Top of page 38 number 8 - "The PCCM-e must meet with their Governing board quarterly." Which statement is correct? Currently the board is required to meet twice a year, as stated on p. 37.		Page 37 - 1.A.1 and Page 38 - 8.	Both are correct. There are two separate requirements. 1.The Governing Board meets at least once in the second quarter, and at least once in the fourth quarter. 2. The PCCM-e meets with the Governing Board each quarter.
95	1/10/2024	FLASH report is due 10 business days following the last day of the preceding month. We do not always have everything posted and finalized on the 10th business day. Can this be changed to the 15th business day for the FLASH report submission to Medicaid? Currently Medicaid allows until the 15th business day following the last day of the preceding month.		Page 39 - 2.8.	Refer to Amendment 2.
96	1/10/2024	Before we can create an appropriate staffing plan we need a payment schedule. Will the Agency be releasing a payment schedule so we can plan for staff and create our budgets?		Page 40 - 3.1.	No. The Agency will not be releasing a payment schedule prior to contract award.
97	1/10/2024	We want to clarify the only provider information needed on our website are only those providers who have signed agreements to participate with the PCCM-e. Is this correct?		Page 49 - E.1.b.	Yes for the website.
98	1/10/2024	Under Pricing it states the model is based on monthly payments and payments would be for the entire month (as opposed to each individual activity)? Will the Agency please elaborate on this? Does this mean we would receive different payment amounts depending on how many visits were completed in that one month? Will the Agency provide examples of different monthly payment scenarios?	Section IV.B.1	Page 63 - B.1	Although, the PCCM-e receives payment once a month, this payment includes reimbursement for all billable activity codes submitted by the PCCM-e for activities rendered during the month in accordance with the applicable Care Management Activity Schedule.
99	1/10/2024	PMPM performance withhold of 10% of the QIP portion of the payment? Can the Agency provide more specific information as to the amount of the PMPM so we have an idea of how much will be withheld?		Page 127 - Performance Withholds	The monthly PMPM payment includes two components: 1. Administrative PMPM 2. Quality Incentive Payment (QIP) PMPM The 10% withhold will be applied to the Quality Incentive PMPM amount. For example, if the QIP PMPM were $0.50 then 10% or $0.05 would be withheld. Refer to Amendment 2, the AL PCCM-e Payment Support Document in the Procurement Library.
100	1/10/2024	This CM schedule shows all maternity patients will need an MCT. Is this correct?		Page 117 - Appendix I - Maternity Population	A MCT is required for all maternity recipents stratified as high risk during month four(4).
101	1/10/2024	Based on the Care Management Population for the general population, it appears that the Agency would like the PCCM-e to focus mostly on recipients with chronic conditions instead of prevention of chronic conditions. Is this a true statement?	Section II	Pages 12 and 13	The Agency expects the Vendor to evaluate the recipients and provide care management services to those in need based on their prioritization and stratification.
102	1/10/2024	If all maternity recipients are stratified as high for the first three months, does that mean a med rec and MCT must be completed?		Page 13 - 2	Refer to Appendix I for details regarding scheduling of the MCT and completion of the medication reconcilliation.
103	1/10/2024	Now that Medically Complex recipients includes SUD and/or other mental illness diagnosis, does that include tobacco, alcohol and ADHD? If yes, will these need to be stratified as high and a MCT completed?		Page 13 - 3	The Medically Complex population includes, but is not limited to, children with medical complexities, those recipients with a SUD and/or other mental illness diagnosis (as listed in the DSM-5) and those recipients with a SCD diagnosis. Please refer to the Medically Complex risk stratification document and Activity schedule for activities rendered and associated timeline to render the activities.
104	1/10/2024	For Family Planning referrals, the PCCM-e is expected to follow up with the recipient to determine compliance or other issues that may have developed since the initial and on-going referrals. Will this be part of a maternity encounter or will there be a separate program?		Page 13 - 4.b	Appendix F states that the vendor must describe their process for assessing and referring recipients to family planning services. The Agency will determine the method of monitoring once the processess are known. Family Planning referrals can also apply to recipients within other ACHN populations.

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Question ID	Date Question Asked	Question	RFP Section Number	RFP Page	Agency/Medicaid Response
105	1/10/2024	Maternity: The population includes all pregnant and postpartum women from the following benefit types: full Medicaid and Medicare (XIXQ). Please verify that maternity will include duel eligible Medicaid/Medicare.	II.1.c.2.a	Page 13 2.a	Refer to Amendment 2.
106	1/10/2024	Examples of appropriately credentialed staff include, but are not limited to, counselors, nurses, social workers and therapists. Does this now mean that counselors and therapists can complete billable services for the PCCM-e? Also, will you please identify which therapist are included? (PT, PTA, OT, COTA, ST etc.)		Page 14 - 2,a,i	Refer to Amendment 2, Appendix K for personnel requirements.
107	1/10/2024	Currently, recipients may choose to use any PCP they like at any time. Now that recipients must choose a PCP and allowed to change within the first 90 days, with cause and yearly, does this mean PCP will go back to having a panel? Will the recipient's services from another PCP not be reimbursed if they see more than 2 PCPs in a year?		Page 16 - 5.a and b	No. Recipients will continue to be attributed and not assigned to a panel. Refer to section II. D. 5. a.b. the PCP selection Process. The PCCM-e must have policies and procedures in place to assist the recipient in selecting his/her choice of a PCP, to include changes in PCP selection.
108	1/10/2024	When will the assessment/reassessment/ SDoH assessment "using the agency approved tool(s) be released?		Page 20 - 3.	The Agency will not be providing templates. The Agency will provide guidance on required elements after the contract is awarded.
109	1/10/2024	One of the goals for Care Management is to have 20% of those recipients with a completed Care Plan Review receive an annual reassessment. Will the agency please explain the reasoning for keeping a recipient in care management for a year when goals may be met already? It seems the more recipients that are touched for care management, the better the outcomes.		Page 21 - Table	The Agency understands that not every recipient will require a year of service. However, there are those who will, and that is the number that will be monitored.
110	1/10/2024	Under Monthly Care Management Goal for Initial Assessment, will the Agency please explain the term, "enrolled"? Is it enrolled into the PCCM-e's HIMS?		Page 21 - Table	Enrolled for care management services
111	1/10/2024	Will the agency please explain the difference of a case manager and a care coordinator?		Page 40 - 3.1	Refer to Section II. 1.D.2.a.ii and b.i
112	1/10/2024	Recipient Materials: Will current ACHNs need to resubmit all prior approved recipient materials if they are awarded the contract?		Page 47 - 4	The awarded PCCM-e(s) must submit documents as required by the Agency.
113	1/10/2024	"The PCCM-e must provide each enrollee the enrollee handbook within forty-five (45) calendar days after receiving notice of the beneficiary's enrollment" What is considered enrollment? Is enrollment the agency enrollment or the PCCM-e's enrollment into their HIMS for documentation purposes?		Page 51 - 2	Enrolled for care management services.
114	1/10/2024	For the 2nd Periodic Reassessment Follow-up, it looks like this is a F2F visit instead of a telephonic encounter according to the Activity column. Will the agency please confirm this as the description does not say either way? (Can it be either?)		Pages 113 - 115 - Activity Schedule	Refer to the information within the Activity Type column in the Care Management Activity Schedule.
115	1/10/2024	For the 3rd Periodic Reassessment Follow-up, it looks like this is a telephonic encounter according to the Activity column. Will the agency please confirm this as the description does not say either way? (can it be either?)		Pages 114 - 116 - Activity Schedule	Refer to the information within the Activity Type column in the Care Management Activity Schedule.
116	1/10/2024	If a recipient has an initial assessment at the beginning of the month, the Care Plan Review may fall in the same month. Will payment be made for both of these F2F encounters?		Page - 115 Activity Schedule	Although, the PCCM-e receives payment once a month, this payment includes reimbursement for all billable activity codes submitted by the PCCM-e for activities rendered during the month in accordance with the applicable Care Management Activity Schedule.
117	1/10/2024	1st Periodic Reassessment Follow-up. Activity column is marked F2F but description column is marked Telephonic Encounter. Please verify which encounter is correct or may it be either?		Page 117 Activity Schedule	Refer to Amendment 2
118	1/10/2024	2nd Periodic Reassessment Follow-up. Activity column is marked as telephonic but description states a "Recipient signature is required". Please verify if F2F or telephonic or may it be either?		117 Activity Schedule	Refer to Amendment 2
119	1/10/2024	Is the Community Care Support Coordination encounter billable if made by a Community Health Worker?		Page 114 - CM Activity Schedule	Yes

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Question ID	Date Question Asked	Question	RFP Section Number	RFP Page	Agency/Medicaid Response
120	1/10/2024	Financial 2.1 "The PCCM-e shall review annually and ensure compliance with the state guidelines for nonprofit organizations receiving state funds." Please specify which guidelines the Agency is referencing. We have researched the Alabama Code and contacted the Alabama Association of Nonprofits and do not find specific state guidelines related to nonprofit organizations receiving state funds.		Page 39	It is the PCCM-e's responsibility to ensure it is in compliance with all applicable laws and/or regulations for nonprofit organizations receiving state funds. Each vendor is encourage to consult legal counsel with any questions regarding the controlling laws in this area.
121	1/10/2024	Most of our responses to the Scope of Work will refer to a policy for that answer. Due to the page limitations we will answer the question but we will not have enough pages to include all policies. Does the Agency expect to see policies for the scope of work questions?		Page 107	No, the Agency does not expect to see policies for the Scope of Work questions.
122	1/10/2024	Q. Conflict of Interest refers to this RFP as an amendment to an original contract. Please confirm that is an error and this RFP is the original contract.		Page 77	Refer to Amendment 2
123	1/10/2024	CC. Records Retention and Storage says the contractor must retain records for "three years from the date of the final payment made by Medicaid to Contractor under the contract." However, Section III. General Requirements (p. 37-40) states in several instances that the record retention requirement is 10 years. Which is correct?		Page 79	All records must be retained a minimum of three years unless a later timeframe is specified by the RFP.
124	1/10/2024	Will there be a month with no services in order to train staff on new requirements/processes/etc. (like there was in October 2019) or will the expectation be to begin enrolling recipients under the new guidelines in October 2024?			No. Vendors who are awarded a contract must be ready to begin performing services on October 1, 2024. The RFP contains all requirements for bidders to understand the services and requirements for training purposes ahead of the program implementation.
125	1/10/2024	Lists the risk stratification options for pregnant recipients as High & Low; The Maternity Risk Stratification criteria lists High, Medium, and Low criteria		Page 25 and Maternity Risk Stratification Criteria (Procurement Library)	Refer to Amendment 2, The Maternity Risk Stratification criteria.
126	1/10/2024	On the Maternity Activity schedule - does the month refer to the month of their pregnancy or their month in care coordination? If month in care coordination, is month measured by calendar month or by every 30/31 days?		Page 117 - CM Activity Schedule	Refers to their month of care coordination.
127	1/10/2024	I would like an example of the activities for a maternity patient - I have an idea but the activity sheet is not clear. To include, what activities can be done in the same day (i.e. assessment and care plan completion. Also, what happens if we cant do the Care Plan Review within 15 days F2F?		Page 117 - CM Activity Schedule	The PCCM-e should use the schedule as a timeline guide and develop and implement processes accordingly.
128	1/10/2024	Maternity Risk-Stratification guidelines - Will the Agency define "inappropriate birth spacing?"		Maternity Risk Stratification form from Procurement Library	The American College of Obstetricians and Gynecologist (ACOG) considers less than 18 months between live births as less than desired.
129	1/10/2024	Will the Agency please provide more information on the requirement of all pregnant recipients must be risk stratified as high risk for the first "three months" or "initial enrollment" of care management?	Appendix I	Page 22 - CM Goals Table for Maternity	All maternity recipients are stratified as HIGH for the first three (3) months of enrollment . After the first three (3) months of initial engagement, the PCCM-e will evaluate and reassess for the appropriate risk level based on the Agency established stratification criteria.
130	1/10/2024	Will we be allowed to close a chart after delivery if all goals are met before the postpartum encounters are completed. Are the postpartum encounters just an opportunity or are they required?		Page 117 - CM Activity Schedule	The postpartum encounters are required as indicated in the Maternity Case Management Activity Schedule.
131	1/10/2024	“The PCCM-e must provide each enrollee the enrollee handbook within forty-five (45) calendar days after receiving notice of the beneficiary's enrollment” What is considered enrollment? Is enrollment with the agency enrollment or the PCCM-e’s enrollment into their HIMS for documentation purposes?		Page 51 - 2	Enrollment with the PCCM-e
132	1/10/2024	Community care support coordination - is this required 4x monthly or just as needed?		Page 188 Activity Schedule	As needed

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Question ID	Date Question Asked	Question	RFP Section Number	RFP Page	Agency/Medicaid Response
133	1/10/2024	Inter periodic follow up encounter - is this required 3x in pregnancy or just as needed?		Page 188 Activity Schedule	As needed
134	1/10/2024	Will current staff be "grandfathered in" if they do not meet these new requirements? Will work experience count in lieu of some of the qualifications?		Page 120	No. Refer to Appendix K for staff requirements
135	1/10/2024	Care Plan Review follow up- “phone call with recipients 30 days after care plan review”- does this mean within 30 days, or after 30 days has elapsed		Page 113	30 days after the Care Plan Review. This gives the recipient 30 days to work toward goals.
136	1/10/2024	If incentives are tied to QIP results how will it be measured and paid? Would the Agency provide an example?		Page 34	Incentives are not tied to QIP results. The PCCM-e will be eligible for an incentive if quality measure targets are met.
137	1/10/2024	Care Management Activity Schedule- Maternity/Postpartum Population - Requesting additional information regarding activity schedule and timeframes for billable activities. Without details of when we would need to bill for these activities we are unable to account for increase in staffing to meet demand.		Page 117 Activity Schedule	The activity, when completed in accordance with the applicable care management actvity schedule, is billable after the service has been completed and documented.
138	1/10/2024	We will need access to the Medicaid Enterprise Security Policy to fully understand the scope of security/privacy controls expected (we have one authored by Brad Bird dated 3/27/19 - is this current version??), there were 3 frameworks mentioned, OMB Circular a-130, NIST 800-53 and FIPS 200		Page 43	Refer to Amendment 2.
139	1/10/2024	We will need clarity on level and version of NIST 800-53		Page 44	Refer to Amendment 2.
140	1/10/2024	What is the plan for recipients as the Agency transfer from the current RFP to the new RFP - for EIs that we have current/open from prior to Oct 1 (i.e. new enrollments early September or so) do we continue those cases out under current RFP schedule and just start new enrollees in October under new RFP guidelines or will we have to do a hard schedule/risk strat restart on ALL transitioning enrolled EIs on Oct 1st to new requirements.			See Appendix F. The vendor should implement a plan for current EIs Vendors who are awarded a contract must be ready to begin performing services on October 1, 2024. The RFP contains all requirements for bidders to understand the services and requirements for training purposes ahead of the program implementation.
141	1/10/2024	In Section II. Scope of Work, it states, "The PCCM-e must address the requirements in each segment." Segment 6, On-going Monitoring, Segment 9. Provider Participation with PCCM-e, and Segment 10. Readiness Assessment are not addressed in any of the requirements in Appendix F. Please provide clarification if the PCCM-e shall provide an attestation to these segments or if additional information is required.	II	11	Segment 6 On- going monitoring (The Agency conducts monitoring) Segment 9 Provider participation (The Vendor completes with the process for selecting PCP) Segment 10- Readiness(The Agency conducts Readiness)
142	1/10/2024	Section II.1.A states, "Case management and care coordination under the ACHN Program shall be provided under a triaged, tiered down approach." Please define "triaged, tiered down approach."	II.1.A	11	The recipients are stratified and managed per the stratification criteria and continually evaluated for risk level changes.
143	1/10/2024	Section II.B.2.a indicates that Medicare/Medicaid dual-eligible population is excluded for care management services. Section II.C.2 indicates the population for maternity care management includes benefit type ".....full Medicaid and Medicare (XIXQ) population." Please confirm XIXQ is excluded from the ACHN program, including maternity.	II.1.C.2.A	13	Refer to Amendment 2.
144	1/10/2024	Will the Agency expound on the expectations for referral to family planning care management services although the PCCM-e will not provide family planning care management? What is the expected timeframe for follow up with the recipient to determine compliance or other issues that may develop if the recipient is no longer in care management services?	II.1.C.4.b	13	Family planning referrals can be offered to all applicable recipients participating in the ACHN program. The care plan developed with the recipient should address timeframes.

ACHN RFP					
Question ID	Date Question Asked	Question	RFP Section Number	RFP Page	Agency/Medicaid Response
145	1/10/2024	Please provide further clarification and staff qualifications for the role of a case manager and care coordinator. Pg. 14 states a case manager services must be provided by an appropriately credentialed and state governing board licenses staff, and examples of encounters and care plan development are included. On page 15 Care Coordinator information states care coordination activities would be provided to recipients stratified as low or moderate risk, and can be completed by appropriately credentialed staff members that meet the minimum education and experience requirements. There is no education or experience requirements outlined in the RFP.	II.1.D.2.A.I II. 1 D.2B.I.II	14-15	Refer to Amendment 2, Appendix K
146	1/10/2024	Please confirm there are no missing pages for Appendix K, as it does not include information referenced in II.1.D.2.b and II.1.D.2.c	II.1.D.2.B II.1.D.2.C	14-15	Refer to Amendment 2, Appendix K
147	1/10/2024	Application Assistance is not included in Appendix I. Please confirm that Application Assistance will be an activity code for maternity.	II.A.1.e.2 Appendix I	24	Application assistance can be provided in accordance with the requirements outlined in the RFP and Appendices.
148	1/10/2024	The RFP states recipients can change PCPs in the first 90 days without cause and a change after 90 days requires a “valid complaint.” Please define valid complaint. If a complaint is not deemed valid, how can the PCCM-E enforce the recipient not changing PCPs?	II.1.D.5.a.i	16	Refer to Appendix F. The vendor must submit a plan that defines 'a valid complaint "and how the PCCM-e will educate the recipient about the vendor's policy for PCP selection.
149	1/10/2024	The RFP states recipients can change PCPs in the first 90 days without cause and change after 90 days requires a valid complaint. Does this mean a recipient cannot go elsewhere for care and then back to their attributed PCP? Such as receive a sick visit with another provider who they are not attributed to?	II.1.D.5.a.i	16	No. Recipients are attributed to PCPs. The PCCM-e must submit a plan to aid the recipient in choosing a PCP.
150	1/10/2024	Please confirm the initial encounters occur after completion of the screening process as indicated in Section II.1.D.4.C.	Appendix G - Appendix I	113-119	Refer to the activity description requirements.
151	1/10/2024	Please confirm the PCP selection process will not require PCP selection referral form, similar to the MCP selection process.	II.1.D.5.a.i. & II.1.D.5.b.i.	16	The PCCM-e must have policies and procedures in place to assist the recipient in selecting his/her choice of a PCP, to include changes in PCP selection. These policies will be reviewed and approved by the Agency. The MCP selection process is separate.
152	1/10/2024	Section II.1.F.4 states, "The PCCM-e is expected to meet the below care management goals for each population. Care management goals are subject to change. The PCCM-e will be notified prior to the effective date if there are changes." Please provide examples of situations under which the care management goals may change.	II.1.F.4	21	It will be at the discretion of the Agency to monitor and adjust goals accordingly.
153	1/10/2024	To assist in estimating the goal for "high risk population management" in the Care Management Goals table for general population on page 21, what is the Agency's estimation of the percentage of assigned general population that is expected to stratify as high risk?	II.1.F.5.a	21	At this time, the Agency estimates between 12% and 15% of the general population will be stratified as high risk based on available data. The population may vary by ACHN region and is affected by Medicaid enrollment changes that may occur prior to October 1, 2024 and throughout the contract performance period. At the discretion of the Agency, emerging enrollment will be evaluated and may updated. Refer to the 'General Risk Stratification Chart' in the procurement library for additional information on what categorizes someone as high risk.
154	1/10/2024	Please clarify "prioritization" in the following statements: 1. Identify recipients for prioritization (page 11) 2. The vendor must evaluate the identified and referred recipients and provider care management services to those in need based off of their prioritization. (page 11) 3. The PCCM-e must evaluate the identified and referred recipients and provide care management services to those in need based on their prioritization and risk stratification. (page 21).	1 & 2…. II.1.A & II.1.F.1	21	Prioritization should be defined by the PCCM-e based on internal processes and Agency issued stratification criteria.

ACHN RFP					
Question ID	**Date Question Asked**	**Question**	**RFP Section Number**	**RFP Page**	**Agency/Medicaid Response**
155	1/10/2024	To assist with developing the Staffing Plan, utilizing the data in Section II.1.F.5, given the annual estimations per population in the RFP, and assuming an even split of population amount all 7 regions, using the following calculation (by population), we estimate approximately 131 MCTs to be conducted per month. General:(((((695,000/7)*.01)/12)**.9)8.5))))) = 30 Maternity: (((((73,000/7)*.4)/12*.6.7)*.25))))) = 37 Medically Complex:(((((130,000/7)*.06)/12)*.85)*.9)*.9))))) = 64 Does this estimate align with the Agency's estimation fot MCTs to be conducted monthly?			The number of MCTs to be conducted monthly is based on the number of recipients stratified as High risk. Refer to Appendix G for the MCT schedule by population (General, Maternity, and Medically Complex). On statewide basis, for all MCT services, the approximate monthly average of MCTs to be conducted is between 1,300 and 1,400. The numbers may vary by ACHN region. Although these estimates have been provided, MCT services are recipient need based.
156	1/10/2024	Since there is no activity code for the "Family Planning encounter with 6 months of delivery date" goal, how will this goal be measured?	II.1.F.5.c	22	A non payable billing code will be available.
157	1/10/2024	Provide examples of quality measures and data we are responsible for submitting	II.7.B.1.a.ii.	32	See Appendix N for the list of quality measures. The Agency will determine targets at a future date and calculate the measures on an annual basis. The PCCM-e is not responsible for submitting data related to the quality measures listed in Appendix N.
158	1/10/2024	Section II.7.E.6 states the performance withholds for Quality Improvement Projects, "shall be 10 percent (10%) of the QIP portion of the payment. What percentage of the total PMPM is the QIP portion of the payment"?	II.7.E.6	34	On a statewide basis, the QIP is approximately 51% of the total Administrative Cost and QIP PMPM. This percentage may vary by ACHN region. Refer to the AL PCCM-e Payment Support Document in the Procurement Library for additional information.
159	1/10/2024	Section II.7.E.6 states the performance withholds for Quality Improvement Projects, "shall be 10 percent (10%) of the QIP portion of the payment. If the QIP portion is not a predetermined percentage, how will the "QIP portion of the payment" be determined?	II.7.E.6	34	Refer to response to Question #158.
160	1/10/2024	Section II.9.A.1 states, ""PCP practices will be required to sign participation agreements..." Please confirm this statement requires all Medicaid contracted PCP groups to sign an agreement with an ACHN, similar to how MCPs are required to participate.	II.9.A.1	35	Yes
161	1/10/2024	Section III.1.A.1 states the Governing Board must "meet at least once in the second quarter, and at least once in the fourth quarter."Section III.1.A.8 states, "The PCCM-e must meet with their Governing Board quarterly to report barriers to service provision, progress on QIP interventions, network, solicit input on partnering opportunities to assist the PCCM-e in driving improved quality outcomes." Please confirm the Governing Board is only to meet at least once in the second quarter, and at least once in the fourth quarter as indicated in Section III.1.A.a.	II.7.E.6	34	The Governing Board meets at least once in the second quarter, and at least once in the fourth quarter.The PCCM-e meets with the Governing Board each quarter.
162	1/10/2024	Are there any material changes anticipated from the quarterly financial report that is currently required within the existing program? If so, will the Agency provide a draft of any anticipated changes and/or an updated draft template of the report?	III.2.7	39	This is out of scope of the RFP. Upon contract award the Agency will provide necessary templates.
163	1/10/2024	Are there any material changes anticipated from the monthly financial flash report that is currently required within the existing program? If so, will the Agency provide a draft of any anticipated changes and/or an updated draft template of the report?	III.2.8	39	This is out of scope of the RFP. Upon contract award, the Agency will provide necessary templates.
164	1/10/2024	Given the timeline for the availability of certain financial items (revenue data, company allocations, tax accruals, monthly closeout of other financial data), it is very difficult to accurately close out months by the 10th business day. Would the Agency consider moving this to the 15th business day?	III.2.8	39	Refer to Amendment 2

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165	1/10/2024	Will the Agency provide a schedule for which the PMPM and Care Management payment amounts for a month will be available (i.e. not necessarily the date the payment would be made, but rather when would the final amounts be quantified for use in an accounting accrual entry)? These amounts are reported on the monthly financial flash report, and we want to ensure the amounts are available for timely inclusion in the report.	III.2.8	39	The Agency has not released a monthly payment schedule.
166	1/10/2024	Are there any material changes anticipated from the annual operating budget report that is currently required within the existing program? If so, will the Agency provide a draft of any anticipated changes and/or an updated draft template of the report?	III.2.2	39	This is out of scope of the RFP. Upon contract award the Agency will provide necessary templates.
167	1/10/2024	In order to develop an appropriate staffing plan, will there be a maximum caseload for each Care Manager? If so, please provide a maximum management load per FTE per program (ex. General, Maternity, Medically Complex, and Medical Monitoring).	III.3.2	39	No. The Agency will not establish a maximum case load for care management staff. It is at the PCCM-e's discretion to determine the appropriate case load maximums to meet the required care management targets. Refer to the AL ACHN PCCM-e Payment Support **in the Procurement Library** for additional details.
168	1/10/2024	Please confirm the remaining State holidays will be added to the holiday list provided in III.5 (ex. Martin Luther King Jr. Day/Robert E. Lee's Birthday, Washington's Birthday, Confederate Memorial Day, Anniversary of Jefferson Davis' Birthday, Juneteenth, Columbus Day, and Veterans Day)	III.5	41	The Holidays are listed in Section III.5
169	1/10/2024	Currently, when a provider signs with one ACHN, it is effective for all ACHNs. Please confirm this process will remain the same.	III.8.E	49	Yes
170	1/10/2024	Please confirm disclosures discussed in this section are not to be submitted with the proposal submission.	III.9	51-54	The disclosures are due if a Vendor is awarded a contract.
171	1/10/2024	"The PCCM-e must obtain federally required disclosures from all Participating Providers and applicants in accordance with 42 CFR Part 455 Subpart B and 42 CFR 1002.3 and as specified by Medicaid including but not limited to obtaining such information through Provider enrollment forms."Please clarify the requirements for provider enrollment, since the PCCM-e is not responsible for provider enrollment.	III.9.7 Fraud and Abuse	53	The language on required disclosures is a federal requirement. The PCCM-e is responsibile for obtaining disclosures only to the extent the vendor performs provider enrollment.
172	1/10/2024	Please detail which of the care management activities listed in Appendix I are the "specific care management milestones that would trigger a payment" as specified in Section IV.B.4.	IV.B.4	63	The Agency has not released the Activity payment schedule. The PCCM-e should plan activities according the Care Management Activity schedule(s).
173	1/10/2024	Please provide expected payment rates for each care management type (general, maternity, medically complex, medical monitoring) addressed in Section IV.B.	IV.B	63	The Agency has not released the Activity payment schedule. The PCCM-e should plan activities according the Care Management Activity Schedule(s). The Agency has provided the annual max payable (Page 63).
174	1/10/2024	Will you please provide a draft schedule of the initially anticipated PMPM rates? It is noted that these rates are subject to review and adjustment on a quarterly basis.	IV.B.5	63-64	The Agency has not released a monthly Activity payment schedule. Refer to the AL ACHN PCCM-e Payment Support - In the Procurement Library for additional information.
175	1/10/2024	Section IV.B.5 of the RFP states, "Each population will have an average target percentage range based on the average population per region as listed below" However, there is no additional population information listed. Please provide the average population per region per care management type (general, maternity, medically complex, medical management).	IV.B.5	64	The PMPM payment will be the same for each enrollee regardless of care management population (ie.regardless of Medical Complexity, Maternity or General). Refer section II.1.F for information on care management targets.The population approximates are also located in this section.The Region specific population has not been released at this time.
176	1/10/2024	VI.d. states, "Professional references must be submitted in accordance with Appendix D: Key Personnel Resume Sheet. However, Appendix D is Managed Care Terminology and Definitions. We are unable to locate the Key Personnel Resume Sheet in any of the appendices. Please provide instruction on the format for the professional reference submission.	VI.d. Professional References	66	Refer to Amendment 2

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177	1/10/2024	Please confirm the firm and fixed price for the implementation and updating/operation phase" to be entered on the RFP Cover Sheet is the max cap listed in Section IV.A for the region proposed.	VII.L	69	Refer to Amendment 2
178	1/10/2024	Section VIII.S states, ""The proposal submitted in response to this RFP to be considered responsive, vendors must provide evidence within a transmittal letter a reference to the section and page number of the proposal that describes how the below requirements will be met." However, there are no requirements listed. Please provide instruction on how this requirement can be met.	VIII.S.	70	Refer to Appendix F
179	1/10/2024	Please provide how the Agency would like the proposal structured. Should we follow the evaluation factor chart listed in VIII.E?	VIII.E.	72	The Vendor's proposal needs to be in the order of the RFP sections.
180	1/10/2024	Does the Agency anticipate any specific situations in which it would be directly reimbursing the PCCM-e for the cost of procuring goods, materials, equipment or services?	IX.EE	80	No.
181	1/10/2024	Will the current provider agreements remain in place for the new ACHN contract period?	PL04_Recipient Materials Requirements-Provider Directory106	106	This question is out of scope as related to this RFP.
182	1/10/2024	Currently, the ACHN receives a provider file from the Agency containing provider information at the group level. Will the Agency begin providing individual provider information in this file?	PL04_Recipient Materials Requirements-Provider Directory	106	This question is out of scope as related to this RFP.
183	1/10/2024	Please provide the specific RFP reference for the requirements for the Solutions to Regional Barriers section.	Appendix F	108	Refer to Section II Scope of Work
184	1/10/2024	Please provide the specific RFP reference for the requirements for the Care Management Staff section.	Appendix F	108	Refer to Section II Scope of Work
185	1/10/2024	Please provide the specific RFP reference for the Partnership with Community Agencies.	Appendix F	108	Refer to Section II Scope of Work
186	1/10/2024	Please confirm that the Key Personnel resumes are not included in the 2 page limit for Appendix F, III:4 or the 10 page limit for additional Attachments.	Appendix F	111	Yes
187	1/10/2024	Appendices G, H, and I are difficult to read. Could the Agency please provide an Excel version of these appendices?	Appendix G, Appendix H, and Appendix I	113-119	The Agency will provide these Appendices upon award.
188	1/10/2024	For the Quality Care Director requirements, should the last bullet under Education/Experience ("Population Health Management Strategies…." and five sub-bullets be under the Primary Responsibilities heading?	Appendix K	123	Refer to Amendment 2, Appendix K
189	1/10/2024	Please confirm that LGSW refers to LMSW as LGSW no longer exists in the Social Work Licensure tiers in Alabama.	Appendix K	123-124	Refer to Amendment 2, Appendix K
190	1/10/2024	For the Quality Care Director, would the Agency consider 2 years work experience in lieu of the Certified Professional in Healthcare Quality (CPHQ), since 2 years experience is what is required to sit for the certification exam?	Appendix K	123	Refer to Amendment 2, Appendix K
191	1/10/2024	Regarding Performance Withhold Standard 1, is there a specific template anticipated for demonstrating the 80% expenditure threshold, or is the Agency currently open to the PCCM-e's selection of a template? If a specific template is anticipated, will the Agency be willing to provide a draft for review?	Appendix L. Performance Withholds	127	The Agency will provide a template at a later date.

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192	1/10/2024	Regarding Performance Withhold Standard 3, will the Agency consider determining if an outcome is appropriately met if circumstances beyond PCCM-e control impact the anticipated outcome proposed (similar to the determination described in Performance Withhold Standard 2)?	Appendix L. Performance Withholds	127	Further information is needed from the vendor to answer the question.
193	1/10/2024	The release of PMPM payment withhold is described as occurring following the completion of the period of determination of return. While this period will vary based upon the specific QIP proposal, does the Agency anticipate a rough schedule of determination? If so, will the Agency provide the rough schedule for determination? This timeline is relevant for the accounting treatment of revenue associated with the withheld funds as well as our annual audit.	Appendix L. Performance Withholds	127	A schedule for the release of the withhold is not yet available. This information will be provided upon contract award.
194	1/10/2024	Please provide an estimation of the monthly withhold by region	Appendix L. Performance Withholds	127	The statewide estimated QIP is $6.5 million dollars, the withhold is approximately $650,000.
195	1/10/2024	Please define the term "inappropriate birth spacing" as a measurable data point (ex: consecutive pregnancies within 3 months post-delivery)	PL09_Procurement Library - General Risk Stratification and Maternity Risk Stratification		The ACOG describes inappropriate birth spacing as less than 18 months between live births
196	1/10/2024	SDoH - does the recipient have to have the ICD-10 Z-code in their claims history? Or can the recipient report SDoH to the Care Manager to meet risk stratification requirements?	PL09, PL10, PL11, PL12_Procurement Library - Risk Stratification Algorithm (all)		Either method is sufficient
197	1/10/2024	How will the Agency provide the claims history thresholds listed in the risk stratification algorithm?	PL09, PL10, PL11, PL12_Procurement Library - Risk Stratification Algorithm (all)		Through HIMS or SFTP
198	1/10/2024	The Medically Complex risk stratification states that high risk is mandatory for the first six months. However, Section II.D.2.a.ii (page 14) states that high risk stratification is mandatory for the first 3 months. Please confirm whether high rish stratification is mandatory for the first 3 months or 6 months.	PL10_ Procurement Library - Medically Complex Risk Stratification		3 months
199	1/10/2024	"One hospital related to" - what is the rest of this statement?	PL10_ Procurement Library - Medically Complex Risk Stratification		chronic conditions. See Amendment 2
200	1/10/2024	Will the Vendor be able to edit the Enrollee Handbook or should it be distributed as-is?	PL16_Procurement Library - Model Enrollee Handbook		The information in the model is mandatory but the PCCM-e may add to the manual and configure it at will subject to Agency approval.