ABD Care Coordination FAQs

1. **What is a Request for Information (RFI)?**
   An RFI is a request by a state agency for potential suppliers to submit information about a specified item, information or service. An RFI is a non-binding procurement practice used to obtain information, comments and feedback from interested parties or suppliers prior to issuing a solicitation. *Click here to access the Central Purchasing Act for a more detailed description*

2. **What is a Request for Proposal (RFP)?**
   An RFP is a request by a state agency for a supplier to submit a priced offer to sell acquisitions to the state. An RFP is a type of solicitation a state agency provides to suppliers requesting submission of proposals for acquisitions. *Click here to access the Central Purchasing Act for a more detailed description*

3. **Why issue an RFI for ABD Care Coordination models?**
   The Oklahoma Legislature and the Oklahoma Health Care Authority (OHCA) are looking for ways to improve the three objectives of ABD care coordination: better quality and outcomes; better access to care and reduced cost. In the past, the agency and the legislature have worked together to accomplish these goals through programs like Insure Oklahoma and the SoonerCare Health Management Program (HMP). This is another effort to move Oklahoma closer to accomplishing those goals. House Bill 1566, passed during the 2015 Oklahoma Legislative session, directed the OHCA to initiate an RFP for a Care Coordination model for the Aged, Blind and/or Disabled populations of Oklahoma. The language of the bill, as well as additional information, can be found here. OHCA decided to issue an RFI prior to the RFP development to ensure stakeholders were able to have input on the process.

4. **What are the objectives of the ABD Care Coordination model?**
   a. Determine the best market-based approach(es) to serve Oklahoma's ABD members;
   b. Improve health outcomes by ensuring members receive the most clinically appropriate evidence-based health care services delivered in a person-centered manner and in the least restrictive environment;
   c. Incorporate requirements for the use of standard, performance-based quality metrics and value-based payment systems;
   d. Improve coordination among providers, thereby reducing unnecessary costs, while maintaining high quality of care;
   e. Strengthen providers' accountability for attainment of improved health outcomes;
   f. Maintain and enhance effective systems of Long-Term Services and Support;
   g. Provide efficient and effective health care cost savings through efficient management and appropriate utilization of services;
   h. Realize administrative and health care cost savings through efficient management and appropriate utilization of services; and,
   i. Ensure provider and member satisfaction with appropriate benefits.

5. **Who makes up the ABD population?**

Descriptions of the ABD population, as well as additional information, can be found on the OHCA Fast Facts page.

6. **What populations will be included in the ABD Care Coordination model?**
   The language of the bill, as well as additional information, can be found here.

7. **Could this model provide cost savings to the state?**
   Yes, savings could be realized.

8. **How will current SoonerCare eligibility guidelines be affected by this new model?**
   The model will not impact SoonerCare eligibility.

9. **Where can I find the RFI?**
   The OHCA posted the RFI on June 22, 2015. It will remain open until August 3, 2015 and is available here.

10. **How can I get involved? What is the plan for stakeholder engagement?**
    The OHCA encourages any interested individual or entity to provide their contact information on the website at www.okhca.org/ABDCareCoordination. Signing up ensures you are included on a distribution list for future meeting notices as well as updated information as it becomes available. A timeline of upcoming activities can be found there, including a list of monthly stakeholder meetings.

11. **Are the stakeholder meetings open to everyone? If so, will there be time made available for public comments?**
    Yes, stakeholder meetings provide transparency to this effort. Opportunity for public comment will be provided at each meeting. Meeting agendas, materials and summaries will be posted to the website.

12. **What will the OHCA's role be once this model is implemented?**
    The OHCA, as the single state Medicaid agency, oversees all programs receiving Medicaid funding. The agency will continue to have oversight over the ABD population after the RFP is awarded and the population transitions to a fully-capitated model. The OHCA values its partnership with many public and private entities and envisions reliance on these partnerships to provide coordinated care to Oklahoma's ABD population.

13. **Will the care coordination models serve the rural areas of Oklahoma?**
    Yes; the language of the bill, as well as additional information, can be found here.

14. **What's the anticipated timeframe for development activities?**
    Please see the month-by-month timeline known to date as published on the website here.

15. **Didn't OHCA develop a care coordination program for Dual Eligibles a few years ago? What happened to SoonerCare Silver?**
    The OHCA received a one-year planning grant from the Centers for Medicare and Medicaid Innovation (CMMI) in 2010. This grant was aimed to improve care coordination among

those individuals who are dually eligible for Medicare and Medicaid programs (i.e., the dual eligible). Many stakeholders were engaged and offered insight into new ways to better serve the dual eligible. As a result of that planning effort, the OHCA initiated an RFP for a risk-and performance-based care coordination model, built on top of the existing fee-for-service payment infrastructure. At the time responses to the RFP were collected, a concurrent effort by the Oklahoma legislature to direct the OHCA to pursue similar care coordination efforts for a broader population was being pursued. In an effort to ensure strategic alignment with state leaders, to ensure efficiencies with models being pursued, and to position the agency to be responsive to the cutting-edge models being implemented in other states, the OHCA decided to suspend award and implementation of the RFP until definitive direction from state leaders was received. Considering the dual eligible are a subset of the ABD population, much, if not all of this previous work will be applicable and help to inform present-day developments. The collection of this past work can be found in the links provided on the website at www.okhca.org/ABDCare Coordination.

16. What care coordination models did the OHCA consider, and which did it select?

There were two primary models recommended by organizations responding to the RFI. Both were given serious consideration by the OHCA. They were:

- Statewide, capitated health plans. Under this model, the OHCA would contract with health plans both to provide care coordination to ABD members and provide Medicaid-covered services. The plans would be paid a monthly, per-member "capitation fee" and would be at financial risk both for care coordination and service delivery costs.
- Managed fee-for-service/Administrative Service Organization (MFFS/ASO). Under this model, the OHCA would contract with one vendor to provide care coordination to ABD members. The vendor would not be responsible for providing services.

The OHCA has decided to move forward with the statewide capitated health plan model, for the reasons discussed below. More information about both primary models, and other RFI responses, can be found in the September stakeholder meeting PowerPoint presentation.

17. What role did stakeholders play in the decision-making process?

Stakeholders were crucial to the process. The OHCA and its consultants met with a wide range of stakeholders throughout Oklahoma in September and October, including members and their relatives, providers (physicians, hospital representatives, Long Term Services and Supports providers and others), case managers, elected officials and representatives of other state agencies. Stakeholders also submitted comments in writing. The information gathered from stakeholders was used in establishing criteria for selecting a model.

18. What criteria did the OHCA use in making a decision?

Stakeholders assisted the OHCA in defining core principles for care coordination. Stakeholders also made 19 specific recommendations for strengthening the care coordination available to ABD members.

The OHCA and its consultant evaluated the two models in terms of how well they would advance stakeholder core principles and recommendations. The OHCA also evaluated the models in terms of their ability to offer meaningful partnership opportunities to regional, community-based providers interested in performing care coordination tasks, their impact on

existing care coordination initiatives and their alignment with State objectives and requirements for care coordination. The full set of criteria can be found in the November stakeholder meeting PowerPoint presentation.

19. Why did the OHCA select the capitated health plan model?

The OHCA determined that the capitated health plan model would most fully address the criteria described above. Specifically, the model has the potential to advance 18 of the 19 stakeholder recommendations (the 19th relates to Medicaid eligibility and is outside the scope of both models). It also advances the State's objectives and requirements, offers partnership opportunities to regional, community-based providers interested in performing care coordination tasks and better aligns with existing care coordination initiatives.

20. Why did the OHCA not select the MFFS/ASO model?

The MFFS/ASO model has the potential to advance 14 of the 19 stakeholder recommendations. However, because the model does not include service delivery, it would not have an impact on recommendations related to streamlining service authorizations, improving access to care or rewarding providers who demonstrate higher quality care. The MFFS/ASO model also places the State at greater financial risk because payments to service providers would remain a State responsibility. Any financial shortfall would potentially have to be closed through a combination of provider rate cuts and/or member benefit reductions.

21. What opportunity will regional, community-based providers have to participate in the new program?

The OHCA intends to use the RFP process to encourage capitated health plans to partner with interested regional, community-based providers for care coordination activities. The OHCA believes these providers will be a valuable resource to health plans, because of the knowledge they have of their communities and their experience serving ABD members today.

22. What will happen to existing care coordination initiatives, such as Health Access Networks and SoonerCare Health Management Program?

There will be no impact on non-ABD members served through existing care coordination initiatives. The RFP process will provide an opportunity for health plans to partner with these organizations for ABD care coordination activities.

23. What will happen to the PACE programs in the State?

The PACE programs will continue to operate and serve ABD members. New ABD members who meet eligibility criteria for PACE will have the opportunity to either enroll in PACE (if the member lives in the designated PACE operating area) or a capitated health plan.

24. What will happen to Native American members and to IHS/tribal providers?

Native American members will have the option to enroll, or not to enroll, in a capitated health plan. Cost-sharing rules for Native American members will remain unchanged.

25. What effect will the new program have on Medicare benefits?

The program will not affect the Medicare benefits of SoonerCare ABD members with Medicare. Members will continue to be free to access their Medicare benefits in the same manner as today.

26. Does OHCA plan to use a traditional RFP approach or the more limited six-page format with strengths, value-added, risks, etc.?

OHCA will utilize a traditional RFP approach following the State of Oklahoma procurement rules.

27. How will the RFP development process occur?

The OHCA will develop a draft RFP over the next several months. The OHCA is obligated by procurement rules to develop the RFP without engaging the public. However, the process will be informed by the recommendations made by stakeholders (both verbal and written), as well as by best practices of other states that have enrolled ABD members in capitated health plans. The draft RFP will be submitted to the federal Centers for Medicare and Medicaid Services (CMS) in the spring of 2016. Once the final RFP is approved, the OHCA will formally release it.

28. What will be the criteria for making awards?

The criteria will be outlined in the RFP, subject to information that can be disclosed under procurement rules. However, the OHCA will evaluate the ability of bidders to meet all RFP requirements, as well as evidence that bidders have successfully performed these tasks for ABD members in Oklahoma or other states.

29. Why has the timeline posted on the website changed?

The timeline posted on the website indicated the anticipated steps needed to select a model of care coordination, issue the RFP and implement a Care Coordination model of care. The dates on the timeline represented the best estimate of the time required for each of the steps. As OHCA staff begins to delve deeper into the process of the RFP and implementation, there will be additional steps that will be identified as well as new information regarding the time involved to perform the steps. This new information will require an adjustment to the timeline. OHCA is committed to moving through this process as efficiently as possible while maintaining the highest level of quality for our ABD members.

30. What will happen after awards are made?

After awards, the OHCA and capitated health plans will move to implement the program on a schedule that allows sufficient time for development of all necessary state and health plan systems, networks and infrastructure. Health plans will be required to pass a readiness review in which they demonstrate that they are prepared to serve ABD members and meet contract terms before enrollment commences.

31. How will enrollment occur?

Members will receive unbiased enrollment counseling prior to selecting a capitated health plan. The counselor will explain the program and member options. Members will be given ample time to review their choices and make an election.

32. What opportunity will stakeholders have to ensure quality of care under the new program?

Stakeholders will continue to be an integral part of ABD care coordination. The OHCA intends to require capitated health plans to establish member majority advisory committees for quality improvement and quality oversight activities. More information will be provided in the RFP.