

Solicitation 8070001240 Questions
 <BIDDER NAME>

Question Number	Section or Subsection Number	Section or Subsection Title	Solicitation Page	Question	Response
1	FORM 8070001240-S-CALL CENTER PERFORMANCE	Form S	1	<p>Within the Call Center Performance document it is requested to provide Average Speed of Answer as well as Average Wait Time. In general, both these terms refer to the same measurement - the average amount of time a caller waits from the time their call is routed to an agent queue after navigating the IVR options.</p> <p>Is there a distinction in how these two metrics are defined and should be calculated for purposes of this RFP?</p>	<p>Average speed of answer is the number of seconds, on average, before a call to the particular skillset is answered. It's the time spent by callers in queue or ringing before being answered divided by the number of calls queued to the skillset that were answered by an agent at this skillset. Expected wait time is an estimate of how long a caller will have to wait to be served by a call center while in queue considering the current and past traffic, handling time, and staffing conditions. Expected wait time is the wait time for the call when it is queued to the skillset at top priority and measures only the time it takes to deliver the call to an agent. It does not include ringing time.</p>
2	Form 8070001240-G – References	Form 8070001240-G – References	1	<p>Form 8070001240-G – References requests that Bidders supply a Reference List. Please clarify if this Reference List is intended to include the information for those References already submitting the survey questionnaires (i.e. 3-5 References as required by RFP Section 2.5.2, Item 9, References, and by 3.1.1b of Form G), or if this Reference List is intended to provide a separate list of ten contacts for projects completed by Bidder or Bidder's organization.</p>	<p>This should be the list of References already submitting the survey.</p>
3	Form 8070001240-G – References, Section 3.1.1 "Preparing the Surveys"	Form 8070001240-G – References, Section 3.1.1 "Preparing the Surveys"	1	<p>Please confirm that 3.1.1.c should state "past and/or current clients" instead of "past clients".</p>	<p>Yes, this should say past and/or current clients</p>
4	Form 8070001240-H	Form 8070001240-H	1	<p>On Form 8070001240-H, the instructions state that the assumed enrollment should equal 33 percent of total SoonerSelect enrollment, using the most recent year of historical enrollment, as presented in the actuarial data book. Should the populations included in the SoonerSelect Specialty Children's Plan be excluded from this enrollment value (i.e. the total SoonerSelect enrollment that should be used is 6,414,819 member months)?</p>	<p>Correct. The member months and claims for TANF/CHIP Child and CUST will be revised for adoption assistance individuals. For reponse consistency, please use the 6,414,819 figure.</p>
5	Form 8070001240-G – References	Form 8070001240-G – References	3	<p>The survey questionnaire in Form 8070001240-G – References instructs the reference that if they do not have sufficient knowledge of past performance in a specific area to leave it blank. When calculating the average Past Performance Information rating for the responding company, if a portion of the responding company's survey is left blank, will the score and therefore the rating be reduced?</p>	<p>No.</p>

Solicitation 8070001240 Questions
 <BIDDER NAME>

6	Form 8070001240-X OMES Hosting Agreement, Section V "Security Incident or Data Breach Notification"	Form 8070001240-X OMES Hosting Agreement, Section V "Security Incident or Data Breach Notification"	4	This agreement requires a two hour notification timeframe for a "Data Breach" as defined below. Can you please clarify under what circumstances we would need to notify within the 2 hour timeframe?	Data Breaches and Security Incidents must be reported within one hour, per Section 1.1.15 of the model contract. The two hour requirement in the OMES hosting agreement applies "unless stipulated otherwise." The one hour requirement is stipulated in the RFP. The Contractor would need to notify the OHCA within one hour of any Data Breach or Security Incident. Breach and Security Incident are both defined in the RFP and in HIPAA.
7	1.1.3	The RFP	4	The RFP states "The Contracts resulting from the RFP for the SoonerSelect Plan and the SoonerSelect Specialty Children's Plan will be for an initial one-year term (through June 30, 2021), with five optional one-year extensions at the discretion of OHCA." Can OHCA please confirm that the initial one-year term should actually be through June 30, 2022?	Award of Contract is effective upon signature through end of State Fiscal Year (SFY) 2021. Additional options to renew are based on SFY (July 1 through June 30 of the following year).
8	RFP Section 1.3	SoonerCare Program Background	5	Patient Centered Medical Home (PCMH): The state indicates that OHCA currently pays a monthly, tiered, care management fee to PCMHs for quality outcomes. Please confirm if the state will: • Continue with the current model that includes three PCMH tiers • Continue to distribute PMPM payments to PCMHs or if the intention of OHCA is that the PMPM is passed through the MCO to PCMHs	Refer to Section 1.12.2.4.1 and 1.12.4.1 of the model contract. These sections set forth expectations for PCMH contracting by MCOs. OHCA will not continue to distribute PMPM payments to PCMHs that are contracted with MCOs and providing services to the managed care populations. MCOs have flexibility to create their own PCMH models that utilize performance based provider payments pursuant to Section 1.14.1.10.
9	Introduction and Solicitation Overview: 1.1.3	The RFP	5	<i>The Contracts resulting from the RFP for the SoonerSelect Plan and the SoonerSelect Specialty Children's Plan will be for an initial one-year term (through June 30, 2021), with five optional one-year extensions at the discretion of OHCA.</i> Please confirm the initial contract term is from contract award through June 30, 2021, with options for one year renewal terms spanning July 1 through June 30 until June 30, 2026.	Award of Contract is effective upon signature through end of State Fiscal Year (SFY) 2021. Additional options to renew are based on SFY (July 1 through June 30 of the following year).
10	Section 1.3	SoonerCare Program Background	5	<i>PCMH Providers are arrayed into three levels, or tiers, depending on the number of standards they agree to meet. OHCA pays monthly care management fees (in addition to regular fee-for-service payments) that increase at the higher tiers.'</i> We respectfully request OHCA please provide a listing of all PCMH providers, their Provider ID, NPI, their current associated PCMH tiers (1, 2, or 3), the current PMPM rate, and the total care management fee received for 2019.	OHCA respectfully declines to provide this information.
11	1.1.3	The RFP	5	What is OHCA's intended basis for re-procurement vs. exercising optional extensions of the five, one-year extensions?	OHCA reserves the right to conduct a re-procurement at any time.
12	Databook Narrative	Databook PDF: Narrative	5	Where do Children receiving Adoption Assistance fall within the 4 population groups in the Data Book?	These member months and claims currently reside in TANF/CHIP Child and will be revised to the CUST population group.

Solicitation 8070001240 Questions
 <BIDDER NAME>

13	1.3	SoonerCare Program Background	5, 6	Can OHCA provide the most recent breakout of the percentage of providers eligible versus enrolled in the following specified programs: Patient Centered Medical Home; Health Access Network; Health Management Program?	OHCA respectfully declines to provide this information.
14	SoonerSelect RFP: Section 1.1.3 Model Contract: 1.1.7	The RFP Contract Term	5 85	When does the initial term run? The date cited in the RFP and Model Contract, June 30, 2021, is before the contract initiation of enrollment date of 10/1/21 that is stated in Section 1.9 (page 13) of the RFP. Please clarify.	Award of Contract is effective upon signature through end of State Fiscal Year (SFY) 2021. Additional options to renew are based on SFY (July 1 through June 30 of the following year).
15	Section 1.3	SoonerCare Program Background	6	<i>Health Access Network (HAN): Non-profit, administrative entities that work with affiliated Providers to coordinate and improve the quality of care provided to Eligibles.</i> We respectfully request OHCA please provide a listing of the providers affiliated with HANs, their NPIs, and the HAN for which the provider is affiliated.	OHCA respectfully declines to provide this information.
16	1.5	SoonerSelect Enrollment	7	The current databook includes all levels of care for behavioral health claims data in one line item as opposed to breaking these services down by level of care (i.e., behavioral health inpatient/acute, behavioral health residential, behavioral health outpatient, etc.). Is it possible to see the Behavioral Health claims data broken down further by level of care?	No further breakdown is available at this time. Virtually all behavioral health data is non-inpatient (primarily outpatient). Please see: http://www.okhca.org/research.aspx?id=87 Behavioral Health Fast Facts
17	RFP Section 1.5	SoonerSelect Enrollment	8	How do the enrollment categories shown in the tables in the RFP relate to the enrollment information provided in the databook? Can a mapping be provided between the "eligibility group" in the RFP Section 1.5 and the "population group" in the databook?	Children - TANF/CHIP Child Deemed Newborn - TANF/CHIP Child Pregnant Women - TANF/CHIP Child AND TANF Parent/Caretaker Former Foster Care - FFC Juvenile Justice Involved - CUST Foster Care - CUST Children Receiving Adoption Assistance - TANF/CHIP Child The member months and claims for TANF/CHIP Child and CUST will be revised for adoption assistance individuals.
18	Section 1.5	SoonerSelect Enrollment	8	We respectfully request OHCA share 12 months of de-identified claims data for each eligibility group to inform offerors' proposals. As part of that data, we request that OHCA include location of services rendered.	No additional data will be made available at this time although the member months and claims for TANF/CHIP Child and CUST will be revised for adoption assistance individuals.
19	Databook Narrative	Databook PDF: Narrative	8	Can you please map the member eligibility groups on page 8 of the RFP to the Data Book population groups provided as part of Amendment 1?	Children - TANF/CHIP Child Deemed Newborn - TANF/CHIP Child Pregnant Women - TANF/CHIP Child AND TANF Parent/Caretaker
20	1.5, 2.1	SoonerSelect Specialty Children's Plan Population	8	In section 2.1 of the RFP, it states that Children Receiving Prevention Services are included in the Specialty Children's Plan population. However, the membership projections table in section 1.5 does not list or provide a projection for this population. Can OHCA please provide a projected membership total for Children Receiving Prevention Services?	Total prevention cases 11/1/2019 - 10/31/2020: 5519. Success rate: 91% complete the prevention case, 9% move into foster care. It's important to know that prevention cases typically last anywhere from 4-9 months and the typical length is 5-6 months.

Solicitation 8070001240 Questions
 <BIDDER NAME>

21	1.8.2	OHCA Sole Point of Contact	9	Please confirm "or any other official in Oklahoma about the RFP or a Bid" excludes legislators, key community stakeholders and non OHCA staff and consultants.	In order to maintain the integrity of the competitive bid process, the State of Oklahoma has adopted certain competitive bid procedures, such as those set forth in the Oklahoma Central Purchasing Agreement (74 O.S. § 85.1 et seq.). In addition, the OHCA has issued internal policies to discourage employee communications with bidders except for certain limited communications with designated staff that will become part of the acquisition file. The language contained in Section 1.8.2 of the RFP should not be read to modify, reduce or expand the prohibitions contained in the Oklahoma Central Purchasing Act, its accompanying regulations, or the OHCA's internal policies.
22	Introduction and Solicitation Overview: 1.8.2	OHCA Sole Point of Contact	9	What is the definition of an "official in Oklahoma" as the phrase is used in this section? Is it exclusively the definition of "state official" found in OAC § 260:115-1-2 and as supplemented by 74 O.S. § 85.2?	As mentioned above, the OHCA is not seeking to modify, reduce or expand the prohibitions contained in the Oklahoma Central Purchasing Act. Therefore, as a general rule, the definitions contained in OAC § 260:115-1-2 and 74 O.S. § 85.2 would be applicable to this RFP.
23	Introduction and Solicitation Overview: 1.8.2	OHCA Sole Point of Contact	9	This section prohibits contact or communication with certain persons, including an "official in Oklahoma," other than the "sole point of contact . . . regarding any questions or issues with the RFP or a Bid . . ." What constitutes impermissible contact or communication between a Bidder and another person, including an official in Oklahoma?	The OHCA cannot give specific examples of impermissible contact or communication between a bidder and another person as that could be considered legal advice. However, as a general rule, the Oklahoma Central Purchasing Act, the OHCA's internal policies and the language of Section 1.8.2 of the RFP are designed to prevent the use of improper contact to unduly influence the OHCA staff to award a contract based on factors other than those that are in the best interest of the State of Oklahoma.
24	1.8.2	OHCA Sole Point of Contact	9	The following language is included in the SoonerCare+ RFP and has raised concerns regarding communications between an Association, I.e., the Oklahoma Association of Health Plans (OAHP), and legislators. OAHP seeks clarification as whether communications are prohibited under the RFP, as well as what the OHCA expectations are, as OAHP is comprised of member health plans that may or may not bid on the RFP.	As a general rule, conversations between OAHP and legislators would not be prohibited by Section 1.8.2 of the RFP since those conversations would not be conducted as part of an attempt to unduly influence the OHCA's contract review and award process. Section 1.8.2 of the RFP was never intended to modify, reduce or expand the prohibitions contained in the Oklahoma Central Purchasing Act and its accompanying regulations.

Solicitation 8070001240 Questions
 <BIDDER NAME>

25	RFP Section 1.8.2	OHCA Sole Point of Contact	9	<p>The RFP states: "OHCA is the issuing agency for this competitive bid RFP. The sole point of contact for the RFP is listed below. All RFP-related inquiries must be directed to this individual. The sole point of contact is the only individual the Bidder should contact, or communicate with, regarding any questions or issues with the RFP or a Bid, and in no instance should a Bidder contact the OHCA Chief Executive Officer, the Oklahoma Health Care Authority Board, or any other official in Oklahoma about the RFP or a Bid. Failure to comply with this requirement may result in the Bid being considered non-responsive or not considered for further evaluation. Failure to abide by this provision may result in a Bidder's disqualification."</p> <p>Please confirm whether Paragraph 1.8.2 would permit Bidders to respond to questions, in general, about the benefits of Medicaid managed care with members of the Oklahoma legislature and executive branch?</p>	<p>As a general rule, responding to questions about the benefits of Medicaid managed care from members of the Oklahoma legislature and executive branch would not be prohibited by Section 1.8.2 of the RFP.</p>
26	RFP Section 1.8.2	OHCA Sole Point of Contact	9	<p>The RFP states: "OHCA is the issuing agency for this competitive bid RFP. The sole point of contact for the RFP is listed below. All RFP-related inquiries must be directed to this individual. The sole point of contact is the only individual the Bidder should contact, or communicate with, regarding any questions or issues with the RFP or a Bid, and in no instance should a Bidder contact the OHCA Chief Executive Officer, the Oklahoma Health Care Authority Board, or any other official in Oklahoma about the RFP or a Bid. Failure to comply with this requirement may result in the Bid being considered non-responsive or not considered for further evaluation. Failure to abide by this provision may result in a Bidder's disqualification."</p> <p>Please confirm whether Paragraph 1.8.2 would permit Bidders to enter into provider contracting discussions with state owned or affiliated providers such as the University of Oklahoma Medical Center?</p>	<p>Section 1.8.2 of the RFP was never intended to prevent a bidder from discussing with other state entities, or state owned or affiliated providers, the possibility of partnering with the bidder to provide some or all of the services required in the RFP.</p>
27	RFP Section 1.8.2	OHCA Sole Point of Contact	9	<p>The RFP states: "OHCA is the issuing agency for this competitive bid RFP. The sole point of contact for the RFP is listed below. All RFP-related inquiries must be directed to this individual. The sole point of contact is the only individual the Bidder should contact, or communicate with, regarding any questions or issues with the RFP or a Bid, and in no instance should a Bidder contact the OHCA Chief Executive Officer, the Oklahoma Health Care Authority Board, or any other official in Oklahoma about the RFP or a Bid. Failure to comply with this requirement may result in the Bid being considered non-responsive or not considered for further evaluation. Failure to abide by this provision may result in a Bidder's disqualification."</p> <p>Please confirm whether Paragraph 1.8.2 would permit Bidder to enter into program discovery conversations with Oklahoma State employees not employed by OHCA such as employees of public health programs at OSU.</p>	<p>Section 1.8.2 of the RFP was never intended to prevent a bidder from discussing a joint bid with other state entities, or state owned or affiliated providers.</p>

Solicitation 8070001240 Questions
 <BIDDER NAME>

28	Introduction and Solicitation Overview: 1.7	Direct Payments to Providers	9	We respectfully request OHCA provide more details on the potential flexibilities they may explore with the transition of the current supplemental payments for physicians and hospitals, such as the Supplemental Hospital Offset Payment Program (SHOPP).	OHCA will provide additional detail once available.
29	1.7	Directed Payments to Providers	9	Please confirm that these payments can be made directly from the MCO to the provider.	Yes.
30	1.7	Directed Payments to Providers	9	Please confirm OHCA will determine the distribution and the distribution methodology of any applicable SHOPP/directed/transitional/supplemental payments allocated to participating providers.	Yes, OHCA will determine both.
31	1.8.2	OHCA Sole Point of Contact	9	Regarding Section 1.8.2 in the SoonerCare+ RFP, does that section prohibit a potential bidder from speaking with an Oklahoma agency about their willingness to partner, provide professional or provide health care services with the bidder, should the bidder be awarded the RFP?	Section 1.8.2 of the RFP was never intended to prevent a bidder from discussing with other state entities, or state owned or affiliated providers, the possibility of partnering with the bidder to provide some or all of the services required in the RFP.
32	RFP Section 1.8.8	Bids Subject to Public Disclosure/Proprietary Information	11	Several statutory sections outlining the Oklahoma Central Purchasing Act, including 74 O.S. § 85.10 as noted in RFP 1.8.8., are being repealed as of November 1, 2020. Please clarify the applicable state statutes or regulations that will govern the proprietary information process.	Pursuant to OAC 260:115-3-9, financial or proprietary information designated as confidential may not be disclosed, in at least some instances. OHCA will continue to confer with OMEs, on a case-by-case basis regarding specific requests for disclosure. Out of an abundance of caution, Bidders should be prepared for the fact that any information disclosed to OHCA may ultimately have to be re-disclosed pursuant to the Oklahoma Open Records Act.
33	1.8.8	Bids Subject to Public Disclosure/ Proprietary Information	11	74 O.S. § 85.10 has been repealed. Please confirm how portions of bids may be treated as confidential after award of the contract or cancellation of the solicitation, given the repeal of 74 O.S. § 85.10.	Pursuant to OAC 260:115-3-9, financial or proprietary information designated as confidential may not be disclosed, in at least some instances. OHCA will continue to confer with OMEs, on a case-by-case basis regarding specific requests for disclosure. Out of an abundance of caution, Bidders should be prepared for the fact that any information disclosed to OHCA may ultimately have to be re-disclosed pursuant to the Oklahoma Open Records Act.
34	SoonerSelect RFP: 1.8.10	Waiver of Objection	12	Is preservation of a protest subject include all questions asked by bidders or limited to only those questions asked by a particular bidder. If preservation is based on all MCOs, will OHCA post the questions it receives, even if not answered, and when will this occur?	Bidders are expected to review all questions and answers. Answers will apply to all bidders. All questions and answers will be available in the bidder's library. Questions that are not answered will also be included in the bidder's library. Responses to questions will be available on November 6, 2020.
35	1.9	Solicitation Timeline	13	Will OHCA confirm that the date listed in the RFP of 12/14/20 is correct for the Actuarial Bidders Conference?	Yes, this is the correct date.
36	RFP Section 1.9	Solicitation Timeline	13	Will prospective bidders be allowed an opportunity to submit additional written questions after receiving the Capitation Rates which are expected to be released on December 7, 2020?	There will be time to ask questions at the Actuarial Bidder's Conference.

Solicitation 8070001240 Questions
 <BIDDER NAME>

37	Introduction and Solicitation Overview: 1.9	Solicitation Timeline	13	We respectfully request OHCA release the capitation payment rates and host the actuarial bidders' conference sooner so as to meaningfully inform offerors' responses to the procurement. Significant portions of Bidders' proposed approach to be described in their proposals are dependent on understanding the budget/parameters of the rates. Additionally, the Item 2 - Transmittal Letter requires "A statement that the Bidder has reviewed and accepts the SoonerSelect Capitation Rates as calculated, the Capitation Rate methodology and methodology for updating the rates" Receiving the capitation rates a week prior to the due date / holding the Actuarial Conference the day before the due date will make it difficult for bidders to attest to this.	OHCA will release capitation payment rates sooner if they are available sooner.
38	1.9	Solicitation Timeline	13	The table in RFP Section 1.9 lists the date for enrollment initiation as 10/1/2021. Section 1.2.6 in Appendix 1 (page 103) states that OHCA shall withhold one percent of the Contractor's Capitation Payments beginning January 1, 2022. The two citations above imply that SoonerSelect full production operations (e.g. member effective dates for coverage) commence on 1/1/2022. Will OHCA confirm or otherwise advise?	No, the plan year (rating period) begins 10/1/2021.
39	1.9 / 2.7.4	Solicitation Timeline / Step Four – Final Negotiations	13 - 80	The Solicitation Timeline states Oral Presentations will be held January 18 - 22, 2021. In Section 2.7.4, Step Four describes a 'Final Negotiations'. To clarify, are the Oral Presentations the same as Final Negotiations? Or are the Oral Presentations part of Step 2 / Step 3 - Proposal Evaluations, with Negotiations as a separate discussion / Step 4?	This was an omission in the RFP. Oral Presentations will be evaluated in a new Step 4 and Final Negotiations will be moved to Step 5 with Award of Contract becoming Step 6. The RFP will be updated accordingly.
40	2.1.1	Submission of Bid	14	Please provide OMES-Form-CP-004 or confirm where the latest version can be downloaded from.	https://omes.ok.gov/services/purchasing/central-purchasing-library
41	SoonerSelect RFP: 2.3.2	Evaluation	17	In stating "Bid past performance may be considered when evaluating a Bid," what is OHCA considering and what value will be placed on same?	The RFP requests information on past performance in a variety of areas including references and forms. Past performance is listed as an evaluation area in Section 2.7.2. The sentence should say "Bidder's past performance may be considered when evaluating a Bid." The RFP will be updated.
42	RFP 2.4.1	Electronic Proposals	17	The last sentence under 2.4.1 Electronic Proposals state "All large file submissions for this solicitations should be requested seven days in advance." On submission day, if there were an unexpected incident there would not be any time to submit another request. To prepare for an unexpected incident, is the bidder permitted to have a primary requestor and back-up(s) submit a large file submission request?	Yes, we will allow back-up submitters.
43	RFP 2.4.1	Electronic Proposals	17	To avoid the risk of a system issue or error during electronic submission by email, would OCHA consider accepting the bidder's submission on a hand delivered flash drive in addition to submission by email?	OHCA will not accept hand delivered or flash drive submissions. If issues arise those will be addressed as applicable.
44	RFP 2.4.1	Electronic Proposals	17	If bidders are submitting both an original and a redacted copy, the total file size can be very large. Does the large file submission system have a total file size limit?	Yes, the total size limit is up to 2 GB.

Solicitation 8070001240 Questions
 <BIDDER NAME>

45	RFP: 2.4.1	Electronic Proposals	17	Section 2.4.1 Electronic Proposals indicates that all large file submissions for this solicitation should be requested 7 days in advance. Can the State please confirm if this is "at least" 7 days in advance, meaning Bidders can request it earlier, or does it need to be exactly 7 days in advance?	The request will not be valid 7 days after date of submission. Bidders are encouraged to submit a test file before submission of documents.
46	RFP: 2.4.1	Electronic Proposals	17	Section 2.4.1 Electronic Proposals indicates that all large file submissions for this solicitation should be requested 7 days in advance. Can the State please confirm if this is "at least" 7 days in advance, meaning Bidders can request it earlier, or does it need to be exactly 7 days in advance?	The request will not be valid 7 days after date of submission. Bidders are encouraged to submit a test file before submission of documents.
47	RFP 2.4	Proposal Structure & Submission Requirements	17	Is there a desired naming convention for the final submission file to the state?	Please include your companies name, Solicitation number and indicate if documents are readacted at minimum.
48	RFP 2.4	Proposal Structure & Submission Requirements	17	Does the submission software have a limit in regards to the final submission file size? If so, can the submission be submitted in multiple parts?	Yes, the total size limit is up to 2 GB. If the submission is larger than 2 GB you will need to request multiple keys for submission.
49	RFP Section 2.4.1	Electronic Proposals	17	Since the RFP submission is electronic only, can bidder's include links in their response to helpful resources or videos that are responsive to the question?	No.
50	2.3	Actuarial Bidders' Conference; Evaluation	17	Please confirm that the capitation rates developed by OHCA/Mercer include separate rates for members identified in the provided Data Book as "Voluntary" and/or "TPL"? If not, please confirm that OHCA will share the assumed composition of rate cells in terms of percentage "Voluntary" and percentage "TPL"?	Yes.
51	2.3	Actuarial Bidders' Conference; Evaluation	17	Please confirm that the Data Book Population Groups "CUST" and "FFC" are the populations covered in the "SoonerSelect Specialty Children's Plan", and that the Data Book Population Groups "TANF/CHIP Child" and "TANF Parent/Caretaker" are the populations covered in the "SoonerSelect Plan"?	Yes. Although per earlier the member months and claims for TANF/CHIP Child and CUST will be revised for adoption assistance individuals.
52	2.3	Actuarial Bidders' Conference; Evaluation	17	Our understanding is that coverage for Oklahoma's Expansion Adult population begins on 7/1/2021, three months prior to the initiation of enrollment with selected MCOs. Given the short period of time between when Expansion Adults are first eligible for Medicaid coverages, and when they will be enrolled with Managed Care Organizations, will OHCA/Mercer consider an adjustment for pent-up demand?	Yes.
53	RFP Section 2: 2.3.1	Bid Public Opening	17	Can OHCA please clarify the information that will be shared with bidders at the Actuarial Bidder's conference scheduled for 12/14/20? Can OHCA please confirm the Actuarial Bidder's Conference is scheduled for 12/14/2020, one day before the proposal due date? If so, would OHCA consider adjusting either the Actuarial Bidder's Conference date or the Proposal Due Date to allow for more time between the two dates?	The meeting will be an overview of the rate-setting methodology. OHCA does not plan to change the date of the bidders conference but will notify all potential bidders of any date changes.
54	2.3	Actuarial Bidder's Conference; Evaluation	17	The RFP indicates OHCA will hold an actuarial Bidder's conference at OHCA offices on December 14, 2020. Given the pandemic and travel limitations, would OHCA consider holding a virtual actuarial Bidder's conference?	The bidder's Conference will be virtual.

Solicitation 8070001240 Questions
 <BIDDER NAME>

55	2.4.1	Electronic Proposals	17	The RFP indicates proposals should be submitted electronically. However several other places in the RFP refer to "hard copy" (2.5.1 Format, and 2.5.2 Question #4). Please confirm the RFP response is electronic only.	RFP responses are electronic only
56	2.4.1	Electronic Proposals	17	The RFP says "All large file submission for this solicitations should be requested seven days in advance." Please confirm all large file submission requests can be made any time up to seven days prior to the RFP submission date.	The request will not be valid 7 days after date of submission. Bidders are encouraged to submit a test file before submission of documents.
57	RFP 2.5.1	Format	18	The last sentence under the second bullet says "The original worksheet files included in Proposal Forms folder do not require page numbers that align with the consolidated hard copy and PDF versions." Please confirm that a hard copy is not expected.	A hard copy is not expected and will not be accepted.
58	RFP: 2.5.1	Format	18	Is it the State's intent to have bidders upload each individual file separately as it is listed in the Form B Bidders Proposal Submission Checklist (197 files) or is the State looking for one consolidated document? If it's the latter, please explain how you want to receive Excel and MS Project attachments since they cannot be compiled into a PDF and maintain their original format.	It's at the bidder discretion how the the documents are submitted
59	RFP: 2.5.1	Format	18	Regarding the following requirement in 2.5.1 Format: "The Proposal and each form and document submitted as part of the Proposal must have the Bidder's legal name and complete address, the solicitation number and the closing date of the RFP." Can the State please clarify the specifics of this requirement? Is it the State's intent that these components appear on every page of the document (i.e. in the header) or at the start of each file?	These elements should be somewhere on each component but need not be on every page.
60	RFP: 2.5.1	Format	18	If the State does prefer a consolidated file, please confirm bidders may use divider pages to distinguish between narrative sections and cover sheets to divide narrative responses from associated forms and attachments. Please also confirm these divider pages and cover sheets will be excluded from page count and consecutive numbering.	It's at the bidder discretion how the documents are submitted
61	RFP: 2.5.1	Format	18	Section 2.5.1 Format states that "wording in any exhibits included or attached to the Proposal narrative must be in 8-point or greater font." Can the State please confirm this includes charts, diagrams, graphics, tables and other similar visuals?	Confirmed
62	RFP: 2.5.1	Format	18	Is it the State's intent to have bidders upload each individual file separately as it is listed in the Form B Bidders Proposal Submission Checklist (197 files) or is the State looking for one consolidated document? If it's the latter, please explain how you want to receive Excel and MS Project attachments since they cannot be compiled into a PDF and maintain their original format.	It's at the bidder discretion how the the documents are submitted

Solicitation 8070001240 Questions
 <BIDDER NAME>

63	RFP: 2.5.1	Format	18	Regarding the following requirement in 2.5.1 Format: "The Proposal and each form and document submitted as part of the Proposal must have the Bidder's legal name and complete address, the solicitation number and the closing date of the RFP." Can the State please clarify the specifics of this requirement? Is it the State's intent that these components appear on every page of the document (i.e. in the header) or at the start of each file?	These elements should be somewhere on each component but need not be on every page.
64	RFP: 2.5.1	Format	18	If the State does prefer a consolidated file, please confirm bidders may use divider pages to distinguish between narrative sections and cover sheets to divide narrative responses from associated forms and attachments. Please also confirm these divider pages and cover sheets will be excluded from page count and consecutive numbering.	It's at the bidder discretion how the the documents are submitted
65	RFP: 2.5.1	Format	18	Section 2.5.1 Format states that "wording in any exhibits included or attached to the Proposal narrative must be in 8-point or greater font." Can the State please confirm this includes charts, diagrams, graphics, tables and other similar visuals?	Yes, the State confirms this includes charts, diagrams, graphics, tables, and other similar visuals
66	RFP 2.5.1	Format	18	Does 1.15pt spacing apply to headers, headers within paragraphs, or bullets?	No
67	2.5.1	Technical Proposal Requirements	18	Please confirm if the requirement for 12-point Calibri or Times New Roman font for responses includes elements besides the standard narrative text, such as text in graphics, footnotes, tables, section headers and footers, etc.	Narrative submission responses must be in 12-point or greater Calibri or Times New Roman font, with a minimum of one-inch margins and 1.15 line spacing. Wording in any exhibits included or attached to Proposal narrative must be in 8-point or greater font.
68	RFP Section 2: 2.5.1	Format	18	"Technical Proposals must conform to the following formatting requirements: ... The original worksheet files included in Proposal Forms folder do not require page numbers that align with the consolidated hard copy and PDF versions." If proposal response is an electronic submission, is a hard copy submission also necessary?	Hard copy submissions will not be accepted
69	2.4.2	Proprietary Information	18	Please specify where the proprietary information as outlined on page 18 of the RFP should be inserted within the proposal submission.	If information is proprietary you should send an original document and a redacted document
70	2.5.1	Technical Proposal Format	18	Please confirm information required in the header and footer of the technical submission may be a smaller font size?	Confirmed
71	2.5.1	Technical Proposal Format	18	Is 1.0 line spacing permissible for the header and footers of the technical proposal submission?	Yes
72	Section 2.5.1	Format	18-19	"Format" states 'Wording in any exhibits included or attached to Proposal narrative must be in 8-point or greater font .' Are tables included as 'exhibits' and eligible to be minimum 8-point?	Yes
73	SoonerSelect RFP: 2.5.2	Technical Proposal Contents	19	In asking Bidders to not utilize tentative language, will OHCA automatically deduct all points associated with a response with tentative language?	No, we will not automatically deduct all points associated with a response with tentative language but will consider this in the evaluation of the response.

Solicitation 8070001240 Questions
 <BIDDER NAME>

74	RFP Section 2.5.1	Technical Proposal Requirements: Format	19	<p>The last bullet of Section 2.5.1 states, "The Proposal and each form and document submitted as part of the Proposal must have the Bidder's legal name and complete address, the solicitation number and the closing date of the RFP."</p> <p>Please confirm that the bidder's complete proposal is considered one document and the Bidder's legal name and complete address, the solicitation number and the closing date of the RFP is not required on every page of the proposal. If confirmed, will each form listed on pages 76-77 submitted within the proposal document require the Bidder's legal name and complete address, the solicitation number and the closing date of the RFP?</p>	These elements should be somewhere on each component but need not be on every page.
75	RFP 2.5.1	Format	19	When restating the requirement should requirement response be numbered according to the item numbers outlined in Section 2.5.2 or the names presented in Form B Submission Checklist?	Item numbers outlined in Section 2.5.2.
76	RFP Item 2	Transmittal Letter	20	"If a bid includes an offer of value-added products and/or services, such offer shall be included in the Proposal Transmittal Letter and include associated pricing and any other information relevant to such value-added offer" To clarify, are bidders required to include their proposed value-added services (Item 35) in the Transmittal Letter and also their proposed In Lieu of Services (Item 34)? Or only the value added services?	Only value added services.
77	SoonerSelect RFP: 2.5.2 Item 5	Privatization Act Mandated Representations and Certifications	21	Is the request of past or present litigation involving the Bidder limited to Oklahoma jurisdictions?	No
78	SoonerSelect RFP: 2.5.2 Item 5	Privatization Act Mandated Representations and Certifications	21	In asking the Bidder to offer available employee positions to qualified OHCA employees, are points allotted to this requirement and how is it evaluated?	No
79	RFP Section 2.5.2 Item 4	OMES- and OHCA-Mandated Representations and Certifications	21	Form 8070001240-D-Bidder Representations and Certifications contains seven spreadsheets that request confidential information (date of birth and social security number). These forms include Form 8070001240-D-B.1 Ownership or Control Interest, Form 8070001240-D-B.2. Ownership or Control Interest – Related Party Identification, Form 8070001240-D-B.3 Subcontractor Ownership or Control Interest, Form 8070001240-D-B.4 Subcontractor Ownership or Control Interest – Related Party Identification, Form 8070001240-D-B.5 Managing Employees, From 8070001240-D-B.9 Criminal Offenses and Suspension/Exclusion or Debarment, and Form 8070001240-D-C.1 Board of Directors. Please confirm the bidder may submit these forms as redacted. Additionally, please advise if the OHCA will accept two Excel files of the forms, one marked confidential and redacted and one marked original.	OHCA will accept two files of the forms, one marked confidential and redacted and one marked original. Our large file transfer process is secure.

Solicitation 8070001240 Questions
 <BIDDER NAME>

80	RFP: 2.5.2, item 5	Privatization Act Mandated Representations and Certifications	21	<p>Question 5: "Privatization Act Mandated Representations and Certifications" requires that the bidder "include a section in the Bidder's Proposal" which addresses information that conflicts with other questions in the RFP. For example: The first bullet requests all litigation for the past ten (10) years whereas Question 10 "Litigation" requests specific types of litigation for five (5) years. The second bullet requests financial stability, however Question 11 "Company Financial Information" already requires financial statements to demonstrate this. The third bullet asks for at least three (3) references, however Question 9 "References" already requests 3-5 references. The fourth bullet seems to encompass much of the information being addressed throughout numerous other questions in the RFP.</p> <p>Can the State confirm that bidders should simply attest that that we have provided information that address the items bulleted in Question 5 in other sections of the bid rather than repeat whole sections? Furthermore, can the State clarify conflicts between the information requested in Question 5 and similar information requested in other parts of the RFP? Additionally, can the State please clarify what is meant by "equipment information" in the fourth bullet?</p>	<p>The Bidder may attest that these items are addressed elsewhere in the proposal and clearly identify where the requested information can be found in the proposal. Minor inconsistencies between these requirements and requirements found elsewhere in the RFP have been corrected. The RFP will be updated accordingly.</p>
81	RFP: 2.5.2, item 5	Privatization Act Mandated Representations and Certifications	21	<p>Question 5: "Privatization Act Mandated Representations and Certifications" requires that the bidder "include a section in the Bidder's Proposal" which addresses information that conflicts with other questions in the RFP. For example: The first bullet requests all litigation for the past ten (10) years whereas Question 10 "Litigation" requests specific types of litigation for five (5) years. The second bullet requests financial stability, however Question 11 "Company Financial Information" already requires financial statements to demonstrate this. The third bullet asks for at least three (3) references, however Question 9 "References" already requests 3-5 references. The fourth bullet seems to encompass much of the information being addressed throughout numerous other questions in the RFP.</p> <p>Can the State confirm that bidders should simply attest that that we have provided information that address the items bulleted in Question 5 in other sections of the bid rather than repeat whole sections? Furthermore, can the State clarify conflicts between the information requested in Question 5 and similar information requested in other parts of the RFP? Additionally, can the State please clarify what is meant by "equipment information" in the fourth bullet?</p>	<p>The Bidder may attest that these items are addressed elsewhere in the proposal and clearly identify where the requested information can be found in the proposal. Minor inconsistencies between these requirements and requirements found elsewhere in the RFP have been corrected. The RFP will be updated accordingly.</p>

Solicitation 8070001240 Questions
 <BIDDER NAME>

82	RFP 2.5.2 Technical Proposal Contents	Technical Proposal Contents	21	Should excel documents be embedded into corresponding narrative sections or converted to pdf and follow the corresponding section?	Excel documents should be converted to pdf and follow the corresponding section.
83	RFP Section 2.5.2	Q5 Privatization Act Mandated Representations and Certifications	21	In an effort to develop comprehensive and meaningful staffing strategy that accounts for OHCA talent entering the workforce as part of the Privatization Act, can OHCA provide MCOs with the following: - a listing of functional areas with approximate numbers of state employees whose positions will be eliminated? - a target percentage that MCOs will be expected to comply with?	While OHCA anticipates some employees to move to the MCO, OHCA is taking great strides to cross train and tap into employee potential for growth in areas internally. OHCA expects to experience attrition, but at this time our efforts are in cross training and developing staff in an opportunity for employee retention.
84	RFP Section 2.5.2	Q5 Privatization Act Mandated Representations and Certifications	21	Question 5: Privatization Act Mandated Representations and Certifications requires Bidders include a section in their proposal that addresses each of the listed items. Please confirm that rather than repeating information, Bidders can meet this requirement by indicating where the items are already addressed in other questions (e.g. litigation in Question 10; references in Question 9) and be eligible for full points for this question.	The Bidder may attest that these items are addressed elsewhere in the proposal and clearly identify where the requested information can be found in the proposal. Minor inconsistencies between these requirements and requirements found elsewhere in the RFP have been corrected. The RFP will be updated accordingly.
85	RFP Section 2.5.2	Q5 Privatization Act Mandated Representations and Certifications	21	2. Question 5: Privatization Act Mandated Representations and Certifications requires Bidders include a section in their proposal that addresses each of the listed items. Please confirm that rather than repeating information, Bidders can meet this requirement by indicating where the items are already addressed in other questions (e.g. litigation in Question 10; references in Question 9) and be eligible for full points for this question.	The Bidder may attest that these items are addressed elsewhere in the proposal and clearly identify where the requested information can be found in the proposal. Minor inconsistencies between these requirements and requirements found elsewhere in the RFP have been corrected. The RFP will be updated accordingly.
86	Solicitation Guidelines: 2.5.2	Technical Proposal Requirements	21	Per Section 2.4.1 - Electronic Proposals, we understand the proposal is to be submitted electronically. However, Section 2.5.2 - Technical Proposal Contents references "hard copy." Could OHCA clarify if hard copy is required and for which components of the proposal?	A hard copy is not required and will not be accepted.

Solicitation 8070001240 Questions
 <BIDDER NAME>

87	RFP Item 5	Privatization Act Mandated Representations and Certifications	21	<p>"Privatization Act Mandated Representations and Certifications Include a section in the Bidder's Proposal which addresses the following items:</p> <ul style="list-style-type: none"> • A description of any past (within the past ten years) or present litigation involving the Bidder. Include the case name, court, case number, and a brief description of the case and any judgments, settlements or decisions. • The financial stability of the Bidder, including its ability to fund its operations during the term of the Contract. • At least three references related to the Bidder's performance of a contract with a governmental entity or agency. • A detailed description of how the Bidder will perform the Contract, including anticipated staffing and equipment information ." <p>These bullets each describe elements covered in other Items of the RFP response (Litigation - Item 10; References - Item 9; Financial Stability - Item 11, 12, and Contract Performance & Staffing - Items 20, 21, 112, 115). Would OHCA please consider removing these bullets from Item 5? Alternatively, should bidders simply reference these response sections for Item 5?</p>	The Bidder may attest that these items are addressed elsewhere in the proposal and clearly identify where the requested information can be found in the proposal. Minor inconsistencies between these requirements and requirements found elsewhere in the RFP have been corrected. The RFP will be updated accordingly.
88	RFP Item 5	Privatization Act Mandated Representations and Certifications	21	<p>"Agrees that the Contract shall provide that the dollar amount agreed upon in the Contract may be reduced if the agency experiences a budget shortfall. "</p> <p>We respectfully request OHCA please revise this statement to read: 'Agrees that the capitation rates for provision of services outlined in the Contract may be adjusted if agency experiences a budget shortfall, but such adjustments shall ensure capitation rates remain actuarially sound and are approved by CMS'</p>	The suggested language represents the intent of OHCA
89	SoonerSelect RFP: 2.5.2 Item 5	Privatization Act Mandated Representations and Certifications	21	Please confirm whether Bidder is limited to the actual entity bidding on this RFP or is also supposed to include parent company, affiliates and subsidiaries, if any?	According to the Oklahoma Central Purchasing Act, a bidder is "an individual or business entity that submits a bid or proposal in response to an invitation to bid or a request for proposal." 74 O.S. § 85.2. See also OAC 260:115-1-2.
90	RFP Section 2: 2.5.2	Technical Proposal Contents; Item 4 - OMES- and OHCA-Mandated Representations and Certifications	21	<p>"Include a hard copy of the Excel file content immediately behind Form 8070001240-D."</p> <p>Does OHCA intend for Bidders to submit a hardcopy given this is an electronic submission?</p>	No
91	RFP Section 2: 2.5.2	Technical Proposal Contents; Item 5 - Privatization Act Mandated Representations and Certifications	21	<p>This item requires Bidders to include, "At least three references related to the Bidder's performance of a contract with a governmental entity or agency".</p> <p>Are these three references the same references required in Item #9 (page 22) or do they need to be different references?</p>	They are the same.

Solicitation 8070001240 Questions
 <BIDDER NAME>

92	2.5.2	Privatization Act Mandated Representations and Certifications	21	Item 5, Privatization Act Mandated Representations and Certifications requests we include a section addressing a description of any past or present litigation within the past ten years. Item 10 Litigation requests the same detail within the past five years. Will OHCA consider a five year lookback and allow this information to be included in Item 10 only?	Minor inconsistencies between these requirements and requirements found elsewhere in the RFP have been corrected. The RFP will be updated accordingly.
93	2.5.2	Privatization Act Mandated Representations and Certifications	21	Item 5, Privatization Act Mandated Representations and Certifications includes a request to provide "A detailed description of how the Bidder will perform the Contract, including anticipated staffing and equipment information." This request appears to be duplicative of information asked throughout the RFP. Will OHCA permit the Bidder to indicate this requirement is provided in detail in our response to the SoonerSelect RFP?	The Bidder may attest that these items are addressed elsewhere in the proposal and clearly identify where the requested information can be found in the proposal. Minor inconsistencies between these requirements and requirements found elsewhere in the RFP have been corrected. The RFP will be updated accordingly.
94	RFP Section 2.5.2 Item 7	Oklahoma Experience	22	Please confirm Department of Defense Tricare Enrollees may be included as Commercial Group Enrollees in Form 8070001240-E.	Yes, Tricare may be included
95	RFP Section 2.5.2 Item 7	Oklahoma Experience	22	Please confirm Medicare Advantage Prescription Drug Plan-only Enrollees may be included as Medicare Advantage Enrollees in Form 8070001240-E.	Confirmed
96	RFP Section 2.5.2	Q7 Oklahoma Experience	22	Can OHCA provide an explanation of the scoring weight that will be given to Item 7, Oklahoma Experience? Please confirm how new entrants that do not have a current Oklahoma presence will be scored in a way that's comparable and fair to those with current a OK footprint, and will not be disadvantaged or receive a score of "0".	Evaluation criteria outlined in Section 2.7.2. allows for Oklahoma experience to be considered alongside other factors including experience in other state Medicaid programs.
97	RFP Section 2.5.2	Q9 References	22	When calculating the resulting score for the Past Performance and References category, will bidders who submit five survey responses instead of the minimum of three potentially receive a higher resulting score?	No
98	RFP Section 2.5.2 Technical Proposal Contents	Q10 Litigation	22	Item 10 of the Technical Proposal requests that Bidders include a statement regarding "any pending or recent (within the past five years) litigation against the Bidder," as well as information regarding potential damages and the risk presented by any pending litigation. Large companies such as the Bidders may be subject to assorted litigation in the day-to-day course of doing business, ranging from claim payment disputes of a minimal value, to more substantial matters where the amount in dispute may be significant. Given the substantial burden that would be imposed by attempting to identify, review, and discuss any pending or recent litigation (particularly in light of Item 10's request that Bidders also address certain entities other than the Bidder itself), as well as the fact that matters concerning a trivial amount that occur in the ordinary course of business do not pose any meaningful risk to Bidders' operations or contractual performance, would the state consider incorporating a materiality threshold for litigation required to be disclosed by Item 10?	No

Solicitation 8070001240 Questions
 <BIDDER NAME>

99	RFP Section 2.5.2 Technical Proposal Contents	Q10 Litigation	22	Item 10 of the Technical Proposal requests that litigation disclosure statements provided by Bidders “also address the Bidder’s parent organization, affiliates, and subsidiaries conducting Medicaid or other State/federal health business.” Please confirm that the phrase “or other State/federal health business” is intended to refer to government programs such as Medicare or CHIP.	This phrase includes government health care programs, like Medicare, Medicaid, and TRICARE, as well as State- and Federal- Exchanges.
100	2.5.2	Privatization Act Mandated Representations and Certifications, References	21-22	Item 5 Privatization Act Mandated Representations and Certifications includes a request to provide “At least three references related to the Bidder’s performance of a contract with a governmental entity or agency. Item 9 References requires the Bidder to submit three to five references. Since this appears to be duplicative, will OHCA permit the Bidder to refer the reviewer to Item 9 references to fulfill the requirement in Item 5 regarding references?	Yes.
101	SoonerSelect RFP: 2.5.2 Item 10	Litigation	22-23	Is the request of past or present breach of contract claims regarding behavioral health services limited to Oklahoma jurisdictions?	No
102	SoonerSelect RFP: 2.5.2 Item 10	Litigation	22-23	Is the request of past or present breach of contract claims by a "contracting party" include governmental entities?	Yes
103	2.5.2	Litigation	22-23	Item 10: To provide the clearest possible alignment to the OHCA's goals for the SoonerSelect programs, please consider limiting requested information to a Bidders Medicaid line of business only. For Bidders who do not have Medicaid lines of business, how will OHCA consistently evaluate Bidders experience?	Evaluation criteria outlined in Section 2.7.2. allows for Oklahoma experience to be considered alongside other factors including experience in other state Medicaid programs.
104	RFP Item 10	Technical Proposal Requirements	23	<p>This section asks bidder to “[d]escribe whether a contracting party found you to be in breach of any of your physical or behavioral health services contracts within the past five years.”</p> <p>1) Can OHCA please confirm that 'contracting party' is limited to state or federal agencies with whom a bidder conducts Medicaid or other State/Federal health business?</p> <p>2) We respectfully request that OHCA please clarify what is meant by “found you to be in breach”. Is OHCA only seeking instances that proceeded to corrective action, sanction or administrative hearing/ litigation?</p> <p>The second bullet states that “Bidder shall specify whether there is any pending or recent (within the past five years) litigation against a health care service Subcontractor.</p> <p>3) We respectfully request that OHCA please confirm that this is limited to major health service subcontractors as defined in Section 1.3.3 “Subcontracting” with whom a bidder intends to conduct SoonerSelect business.</p> <p>This RFP Item also requests a statement of whether there is any pending or recent (within the past five years) litigation against the Bidder... [and t]he Bidder shall specify whether there is any pending or recent (within the past five years) litigation against a health care service Subcontractor.</p> <p>4) We respectfully request that OHCA please confirm that the litigation that must be reported in this section for both Bidders and Subcontractors is specific to their Medicaid business.</p>	1)No; 2) Yes; 3) Yes; 4) No

Solicitation 8070001240 Questions
 <BIDDER NAME>

105	SoonerSelect RFP: Section 2.5.2 Item 10	Litigation	23	Please confirm that responses here pertaining to Subcontractors can be limited to Major Subcontractors as defined on page 347 of the Model Contract.	Confirmed.
106	2.5.2	Technical Proposal Contents	23	Item 10 requires bidders to provide information regarding pending and recent litigation against the entity's health care service Subcontractors. Will OHCA please confirm that this would not apply to entities not currently providing health care services in Oklahoma?	Item 10 applies to entities not currently providing health care services in Oklahoma.
107	RFP Section 2.5.2	Q16 Administrative Requirements: Major Subcontractors	24	Please confirm that a health services major subcontractor encompasses entities where a Health Plan Enrollee service is being delegated (i.e., vision, transportation, pharmacy) and does not encompass subcontractors that may be used to provide ancillary products or services (i.e, DME, lab). Please clarify whether a monetary threshold applies to Health Services major subcontractors.	Major Subcontractor is defined in Appendix 1B.
108	2.5.2	Technical Proposal Contents	24	The RFP states "Also, describe how the Bidder can assist the State with cash flow for start-up costs such as Fee-For-Service claims run out, if the need arises." Can OHCA please elaborate on expectations regarding this request? For example, will these start-up costs and FFS claims run out be reconciled, and if so what is the timeframe for reconciliation? What is the time period for the FFS claims run out?	OHCA is requesting ideas from bidders for offsetting initial costs to the State and assisting with potential cash flow issues. Please use experience in other states to provide response.
109	RFP Section 2.5.2 Item 21	Location of Staff Within Oklahoma	26	The question states: "Identify your existing and proposed office locations within Oklahoma and any other office locations outside of Oklahoma. Describe your basis for selecting these locations, including a service area-level map denoting the locations." Service area is not a defined term in the RFP. Should "service area-level map" be interpreted to mean "state-level map?"	Yes
110	RFP Item 20	Administrative Requirements: Staffing	26	Can OHCA please provide the annual claims volume (avg. number of claims per enrollee) for the covered SoonerSelect populations? Can OHCA also please provide the current customer service call volume per enrollee for the covered SoonerSelect populations? This data will help inform an accurate staffing model.	No additional data is available at this time. Please consult the Data Book which has Member Months and Units available for calculation of potentially relatively equivalent information. As indicated, the Data Book does not include data for the Expansion population."
111	2.5.2	Administrative Requirements: Board of Director	26	Item 19: Please further clarify what OHCA defines as "local" when describing "if the board will be local." Is there an acceptable ratio of in-state vs. non-local board members that would constitute a sufficiently "local" board?	Local is within Oklahoma, this is not a requirement.
112	RFP: 2.5.2, item 23b	Administrative Requirements: Staff Training	27	Form B: Bidder Proposal Submission Checklist includes an item 23b for Staff Training Curriculum, however, question 23 does not make mention of this requirement. Can the State please confirm what they're looking for with the Staff Training Curriculum requirement? Can the State please also confirm if this additional requirement is outside of the 2 page limit for question 23?	OHCA is removing 23b from the administrative requirements. Bidders will not be required to submit Staff Training Curriculum.

Solicitation 8070001240 Questions
 <BIDDER NAME>

113	SoonerSelect RFP: Section 2.5.2 Item 24 Model Contract: 1.3.9	Administrative Requirements: Policies and Procedures Policies and Procedures	27 112	Please confirm that the requirement pertaining to P&P for Subcontractors can be limited to Major Subcontractors as defined on page 347 of the Model Contract.	No.
114	2.5.2	Technical Proposal Contents and Bidder Proposal Submission Checklist	27, Form B_Bidder Proposal Submission Checklist	Item 23b of the Bidder Proposal Submission Checklist is listed as "Staff Training Curriculum," however there is no explicit request in Item 23 of the Technical Proposal Contents (section 2.5.2) for the Bidder to provide a Staff Training Curriculum. Please confirm a Staff Training Curriculum is not required as an attachment for Item 23.	OHCA is removing 23b from the administrative requirements. Bidders will not be required to submit Staff Training Curriculum.
115	Solicitation Guidelines: 2.5.2	Technical Proposal Requirements	28-29	With respect to Section 2.5.2 - Technical Proposal Requirements, Item 29 - Covered Benefits: Behavioral Health Benefits, can OHCA clarify the Federal Financial Participation regulation or regulations with which MCOs should comply?	Reimbursement mechanisms or incentives to co-locate services in a primary care setting in compliance with Federal Financial Participation regulations Federal rules limit payment incentives to no more than 105 percent of the approved capitation rates (42 CFR 438.6(b)).
116	SoonerSelect RFP: 2.5.2 Item 29	Covered Benefits: Behavioral Health Benefits	28-29	With regard to comparing behavioral health experience and proposed approached amongst bidders, how does OHCA intend to normalize scores to ensure fair comparison? Bidders will likely be from different service areas with different member mix, provider engagement, social determinants of health and program requirements. Also, typically there are different health demographics between Medicaid, commercial, and Medicare Advantage members. Lastly, in each service area, there may be different regulatory requirements that impact, either positively or negatively, a bidder's evaluation.	OHCA will evaluate each bidder fairly based on the substance and quality of their responses.
117	Solicitation Guidelines: 2.5.2	Technical Proposal Requirements	28-29	With respect to Section 2.5.2 - Technical Proposal Requirements, Item 29 - Covered Benefits: Behavioral Health Benefits, can OHCA clarify the 42 C.F.R. Part with which it expects MCOs to comply with confidentiality provisions?	42 CFR Part 2
118	SoonerSelect RFP: 2.5.2 Item 29	Covered Benefits: Behavioral Health Benefits	29	This question asks for examples of an "innovative approach" a bidder took elsewhere to address behavioral health, how does OHCA intend to normalize scores to ensure fair comparison? Bidders will likely be from different service areas with different member mix, provider engagement, social determinants of health and program requirements. Also, typically there are different health demographics between Medicaid, commercial, and Medicare Advantage members. Lastly, in each service area, there may be different regulatory requirements that impact, either positively or negatively, a bidder's evaluation.	OHCA will evaluate each bidder fairly based on the substance and quality of their responses.
119	Appendix 1: Model Contract - 2.5.2	Technical Proposal Item #31: Covered Benefits: Pharmacy Program: Claims	30	With respect to Item 31 - Covered Benefits: Pharmacy Program: Claims and the requirements at Model Contract Section 1.6.3.4 - Pharmacy Benefit Management Services, could OHCA confirm that drugs purchased under the 340B program by covered entities are not a covered Medicaid managed care benefit?	For pharmacy POS claims, providers cannot dispense 340B purchased drugs. For covered outpatient drugs administered at outpatient facility or physician office when 340B drugs are dispensed, the MCO will provide full reimbursement for the drugs to the provider and OHCA will bill the provider/covered entity for the rebate due to the State in lieu of invoicing the drug manufacture for the rebate.

Solicitation 8070001240 Questions

<BIDDER NAME>

120	2.5.2	Pharmacy Program - Claims subsection	30	In Item 31 - Claims, the RFP states, "Describe how you will support the dispute resolution process." Please clarify that this question subpart refers only to billing disputes between providers/pharmacies and the Contractor/Subcontractor? If not, please identify other types of disputes covered by this subpart.	This refers to disputes between the State (OHCA) and Drug Manufacturers related to Federal Drug Rebate invoices.
121	2.5.2	Pharmacy Program - proDUR subsection	30	Please clarify whether a Contractor's description of its proDUR program should address physician administered drugs filed as medical claims in addition to retail pharmacy.	No, physician-administered drugs are not subject to proDUR editing
122	2.5.2	Technical Proposal Contents	30	Please clarify whether a 340B specific network/reimbursement methodology is prohibited.	Yes, 340B specific network/reimbursement methodology is prohibited. Specifically, see response to 119.
123	SoonerSelect RFP: 2.5.2 Item 33	Covered Benefits: Social Determinants of Health	32	How will OHCA evaluate the "innovative approach" provided by a bidder? What criteria will be utilized to provide the evaluation?	OHCA will evaluate each bidder fairly based on the substance and quality of their responses.
124	SoonerSelect RFP: 2.5.2 Item 33	Covered Benefits: Social Determinants of Health	32	With regard to comparing SDOH experience and success amongst bidders, how does OHCA intend to normalize scores to ensure fair comparison? Bidders will likely be from different service areas with different member mix, provider engagement, social determinants of health and program requirements. Also, typically there are different health demographics between Medicaid, commercial, and Medicare Advantage members. Lastly, in each service area, there may be different regulatory requirements that impact, either positively or negatively, an applicant's evaluation, especially for SDOH, which is relatively new to market.	OHCA will evaluate each bidder fairly based on the substance and quality of their responses.
125	SoonerSelect RFP: 2.5.2 Item 35	Covered Benefit: Value-added Benefits	32	Question 35 asks the bidder to list the "expected utilization and costs of each benefit," considering this will be an estimate, how will OCHA evaluate and score a bidder's response?	OHCA will evaluate each bidder fairly based on the substance and quality of their responses.
126	SoonerSelect RFP: 2.5.2 Item 34	Covered Benefit: in Lieu of Services	32	Question 32 asks the bidder to list the "expected utilization and costs of each benefit," considering this will be an estimate, how will OCHA evaluate and score a bidder's response?	OHCA will evaluate each bidder fairly based on the substance and quality of their responses.
127	RFP Section 2.5.2	Q33 Covered Benefits: Social Determinants of Health	32	Given the broad nature of Social Determinants of Health, would OHCA consider extending the response page limit for question 33 to 6 pages to allow for a more complete answer?	No
128	RFP Section 2.5.2	Q34 Covered Benefits: In Lieu of Services	32	Please confirm that the estimated monetary values provided for each in lieu of service are not binding. In the event actual experience for a specific benefit comes in differently than what was anticipated in the actuarial estimates, is there a process in place for revised estimates to be submitted?	Confirmed. OHCA recognizes that in lieu of service utilization will be estimated by bidders in their response. Capitation rates will include an adjustment for expected in lieu of service utilization in year one. Encounter data will inform the rate-setting process in subsequent years.
129	RFP Section 2.5.2	Q34 Covered Benefits: In Lieu of Services	32	Can an actuarial certification or narrative be included with Form 8070001240-L-In Lieu of Services to provide additional detail on assumptions and methodology utilized? If so, is there a page limit for this certification?	Yes; no page limit

Solicitation 8070001240 Questions
 <BIDDER NAME>

130	RFP Section 2.5.2	Q35 Covered Benefits: Value-Added Benefits	32	Please confirm the estimated monetary values provided for each value-added benefit are not binding. In the event actual experience for a specific benefit comes in differently than what was anticipated in the actuarial estimates, is there a process in place for revised estimates to be submitted?	Confirmed. The estimated value of proposed value-added benefits are for informational purposes only as value-added benefits are not included in capitation payments paid by the state.
131	RFP Section 2.5.2 Technical Proposal Contents	Q35 Covered Benefits: Value-Added Benefits	32	To effectively communicate the basis for each benefit selection and the benefit to membership, will OHCA consider extending the response page limit for question 35 "Covered Benefits: Value-Added Benefits" to 7 pages?	No
132	RFP Section 2.5.2 Technical Proposal Contents	Q35 Covered Benefits: Value-Added Benefits	32	Can the state please clarify how they intend publicize/educate SoonerCare participants around bidder's Value-Added Benefits post award?	Information on value-added benefits will be included in choice counseling materials.
133	RFP Item 34 and Item 36	In Lieu of Services and Value Added Services	32	Can OHCA please consider removing the requirement for actuarial attestation for the value estimate of the In Lieu of Services and Value Added Services? Bidders do not have the required data/utilization details for the covered SoonerCare population nor for the Medicaid Expansion population for an actuary to appropriately attest to the actuarial value of the proposed benefits.	OHCA will eliminate this requirement.
134	2.5.2	Covered Benefits: In Lieu of Services	32	Item 34: Form 8070001240-L In Lieu of Services states "the Bidder should assume the same enrollment as presented in Form 8070001240-H." In this solicitation, Form 8070001240-H is Identification of Major Subcontractors. Please confirm the same enrollment data in Form H applies for completion of Form L.	Yes, the enrollment data used to complete Form H should be used to complete Form L.
135	2.5.2	Covered Benefits: Value Added Benefits	32	Item 35: Form 8070001240-M Value-Added Benefits states "the Bidder should assume the same enrollment as presented in Form 8070001240-H." Form 8070001240-H is Identification of Major Subcontractors. Please confirm the same enrollment data in Form H applies for completion of Form M.	Yes, the enrollment data used to complete Form H should be used to complete Form M.
136	2.5.2	Technical Proposal Contents, Forms, L, M, BB, CC	32, 66, Forms L, M, BB, CC	Rather than separate forms for each individual In Lieu of Service and Value Added Benefit (Forms L, M, BB, and CC), will the OHCA consider allowing Contractors to submit a consolidated Excel document for each question listing all respective services or benefits, including all data elements in each form?	Separate forms are required.
137	SoonerSelect RFP: 2.5.2 Item 39	Medical Management: Evidence-Based Guidelines	33	With regard to comparing relevant experience and approach amongst bidders, how does OCHA intend to normalize responses to ensure fair comparison? Bidders will likely be from different service areas with different member mix, provider engagement, social determinants of health and program requirements. Also, typically there are different health demographics between Medicaid, commercial, and Medicare Advantage members. Lastly, in each service area, there may be different regulatory requirements that impact, either positively or negatively, a bidder's response.	OHCA will evaluate each bidder fairly based on the substance and quality of their responses.

Solicitation 8070001240 Questions

<BIDDER NAME>

138	SoonerSelect RFP: 2.5.2 Item 40	Medical Management: Prior Authorizations	34	With regard to comparing experience a for performing prior authorizations amongst bidders, how does OCHA intend to normalize responses to ensure fair comparison? Bidders will likely be from different service areas with different member mix, provider engagement, social determinants of health and program requirements. Also, typically there are different health demographics between Medicaid, commercial, and Medicare Advantage members. Lastly, in each service area, there may be different regulatory requirements that impact, either positively or negatively, a bidder's response.	OHCA will evaluate each bidder fairly based on the substance and quality of their responses.
139	SoonerSelect RFP: 2.5.2 Item 41	Medical Management: Hospital Utilization	34	What does OCHA mean by "available data?"	OHCA Fast facts located on the OHCA website, 1115 waiver evaluation and the Data book in the bidder's library.
140	SoonerSelect RFP: 2.5.2 Item 41	Medical Management: Hospital Utilization	34	For BH category, if an episode of care covers both BH and Medical services, is there one category that takes precedence?	Use the primary reason for the hospitalization (usually identified by a Primary Diagnosis on the claim).
141	SoonerSelect RFP: 2.5.2 Item 41	Medical Management: Hospital Utilization	34	For professional services in an acute setting, wanted to clarify if they are bucketed as part of the IP stay or the Physician/Professional category?	The assessment and strategy provided should be based on inpatient facility admission and readmission rates and not upon professional services.
142	SoonerSelect RFP: 2.5.2 Item 41	Medical Management: Hospital Utilization	34	How is Family Planning defined?	Please see: Appendix 1B: Definitions, B.1.2 Oklahoma SoonerSelect Contract Definitions
143	SoonerSelect RFP: 2.5.2 Item 42	Medical Management: Emergency Room Utilization	34-35	What does OCHA mean by "available data?"	Fast facts, 1115 waiver evaluation and the Data book in the bidder's library.
144	SoonerSelect RFP: 2.5.2 Item 42	Medical Management: Emergency Room Utilization	34-35	For BH category, if an episode of care covers both BH and Medical services, is there one category that takes precedence?	Use the primary reason for the hospitalization (usually identified by a Primary Diagnosis on the claim).
145	SoonerSelect RFP: 2.5.2 Item 42	Medical Management: Emergency Room Utilization	34-35	For professional services in an acute setting, wanted to clarify if they are bucketed as part of the IP stay or the Physician/Professional category?	Professional services in an acute stay would be bucketed as a professional service.
146	SoonerSelect RFP: 2.5.2 Item 42	Medical Management: Emergency Room Utilization	34-35	How is Family Planning defined?	Please see: Appendix 1B: Definitions, B.1.2 Oklahoma SoonerSelect Contract Definitions
147	SoonerSelect RFP: 2.5.2 Item 43	Medical Management: High Utilizers	35	With regard to comparing examples of prior initiatives to improve quality of care amongst bidders, how does OCHA intend to normalize responses to ensure fair comparison? Bidders will likely be from different service areas with different member mix, provider engagement, social determinants of health and program requirements. Also, typically there are different health demographics between Medicaid, commercial, and Medicare Advantage members. Lastly, in each service area, there may be different regulatory requirements that impact, either positively or negatively, a bidder's response.	OHCA will evaluate each bidder fairly based on the substance and quality of their responses.
148	RFP Section 2.5.2	Q45 Care Management and Population Health: Risk Stratification Level Framework	35	Will the State include a SHCN identifier on the 834 file to facilitate prompt identification of members for screening and assessment?	No

Solicitation 8070001240 Questions
 <BIDDER NAME>

149	SoonerSelect RFP:: 2.5.2 Item 46	Care Management and Population Health: Health Risk Screening	36	With regard to comparing relevant experience in health risk screenings amongst bidders, how does OCHA intend to normalize responses to ensure fair comparison? Bidders will likely be from different service areas with different member mix, provider engagement, social determinants of health and program requirements. Also, typically there are different health demographics between Medicaid, commercial, and Medicare Advantage members. Lastly, in each service area, there may be different regulatory requirements that impact, either positively or negatively, a bidder's response.	OCHA will evaluate each bidder fairly based on the substance and quality of their responses.
150	2.5.2 Item 47	Care Management and Population Health: comprehensive assessment	37	With regard to comparing relevant experience in comprehensive assessments amongst bidders, how does OCHA intend to normalize responses to ensure fair comparison? Bidders will likely be from different service areas with different member mix, provider engagement, social determinants of health and program requirements. Also, typically there are different health demographics between Medicaid, commercial, and Medicare Advantage members. Lastly, in each service area, there may be different regulatory requirements that impact, either positively or negatively, a bidder's response.	OCHA will evaluate each bidder fairly based on the substance and quality of their responses.
151	2.5.2 Item 48	Care Management and Population Health: care planning	37	With regard to comparing relevant experience in care planning amongst bidders, how does OCHA intend to normalize responses to ensure fair comparison? Bidders will likely be from different service areas with different member mix, provider engagement, social determinants of health and program requirements. Also, typically there are different health demographics between Medicaid, commercial, and Medicare Advantage members. Lastly, in each service area, there may be different regulatory requirements that impact, either positively or negatively, a bidder's response.	OCHA will evaluate each bidder fairly based on the substance and quality of their responses.
152	SoonerSelect RFP: 2.5.2 Item 49	Care Management and Population Health: Care Manager Training	37-38	With regard to comparing amongst bidders relevant experience in care manager training, how does OCHA intend to normalize responses to ensure fair comparison? Bidders will likely be from different service areas with different member mix, provider engagement, social determinants of health and program requirements. Also, typically there are different health demographics between Medicaid, commercial, and Medicare Advantage members. Lastly, in each service area, there may be different regulatory requirements that impact, either positively or negatively, a bidder's response.	OCHA will evaluate each bidder fairly based on the substance and quality of their responses.

Solicitation 8070001240 Questions
 <BIDDER NAME>

153	SoonerSelect RFP: 2.5.2 Item 54	Care Management and Population Health: Monitoring Service Delivery	39	With regard to comparing amongst bidders relevant experience and examples for monitoring and evaluating service delivery, how does OCHA intend to normalize responses to ensure fair comparison? Bidders will likely be from different service areas with different member mix, provider engagement, social determinants of health and program requirements. Also, typically there are different health demographics between Medicaid, commercial, and Medicare Advantage members. Lastly, in each service area, there may be different regulatory requirements that impact, either positively or negatively, a bidder's response.	OHCA will evaluate each bidder fairly based on the substance and quality of their responses.
154	SoonerSelect RFP: 2.5.2 Item 53	Care Management and Population Health: Lock-In Program	38-39	With regard to comparing amongst bidders relevant examples of lock-in programs, how does OCHA intend to normalize responses to ensure fair comparison? Bidders will likely be from different service areas with different member mix, provider engagement, social determinants of health and program requirements. Also, typically there are different health demographics between Medicaid, commercial, and Medicare Advantage members. Lastly, in each service area, there may be different regulatory requirements that impact, either positively or negatively, a bidder's response. What if a bidder was not required to have a lock-in program in its other state(s)?	OHCA will evaluate each bidder fairly based on the substance and quality of their responses.
155	SoonerSelect RFP: 2.5.2 Item 58	Transition of Care	42-43	With regard to comparing amongst bidders their relevant experience in completing transitions of care, how does OCHA intend to normalize responses to ensure fair comparison? Bidders will likely be from different service areas with different member mix, provider engagement, social determinants of health and program requirements. Also, typically there are different health demographics between Medicaid, commercial, and Medicare Advantage members. Lastly, in each service area, there may be different regulatory requirements that impact, either positively or negatively, a bidder's response.	OHCA will evaluate each bidder fairly based on the substance and quality of their responses.
156	SoonerSelect RFP: 2.5.2 Item 59	Transition of Care: Transitions from Inpatient/Residential Settings	43	With regard to comparing amongst bidders their relevant experience in coordinating services to enrollees, how does OCHA intend to normalize responses to ensure fair comparison? Bidders will likely be from different service areas with different member mix, provider engagement, social determinants of health and program requirements. Also, typically there are different health demographics between Medicaid, commercial, and Medicare Advantage members. Lastly, in each service area, there may be different regulatory requirements that impact, either positively or negatively, a bidder's response.	OHCA will evaluate each bidder fairly based on the substance and quality of their responses.

Solicitation 8070001240 Questions
 <BIDDER NAME>

157	SoonerSelect RFP: 2.5.2 Item 62	Quality: Quality Assurance and Performance Improvement (QAPI) Program	44	With regard to comparing amongst bidders their relevant experience in implementing and administering QAPI programs, how does OCHA intend to normalize responses to ensure fair comparison? Bidders will likely be from different service areas with different member mix, provider engagement, social determinants of health and program requirements. Also, typically there are different health demographics between Medicaid, commercial, and Medicare Advantage members. Lastly, in each service area, there may be different regulatory requirements that impact, either positively or negatively, a bidder's response.	OHCA will evaluate each bidder fairly based on the substance and quality of their responses.
158	RFP Section 2.5.2	Q63 Quality Improvement: Health Plan Enrollee Satisfaction	44	Please confirm that a table including two years of data for the CAHPS composite measures would be considered a complete response. Please also indicate if bidders should supply the rate of respondents replying an 8, 9, or 10 on a scale of 1-10 (i.e, top three box) or 9-10 (top two box).	A table with two years of composite measures would be considered complete. Top box scores should represent the most positive survey response option.
159	Solicitation Guidelines: 2.5.2	Technical Proposal Contents	44 - 45	With respect to Item 63 of Section 2.5.2 - Technical Proposal Contents, please advise whether the offeror should provide CAHPS data from an accredited vendor or a narrative response on the member's experience. If the latter, what is the page limit for the narrative response?	Bidders should provide CAHPS data versus a narrative response. A table with two years of composite measures would be considered a complete response.
160	SoonerSelect RFP: 2.5.2 Item 63	Quality Improvement: Health Plan Enrollee Satisfaction	44-45	With regard to comparing amongst bidders their CAHPS data, how does OCHA intend to normalize responses to ensure fair comparison? Bidders will likely be from different service areas with different member mix, provider engagement, social determinants of health and program requirements. Also, typically there are different health demographics between Medicaid, commercial, and Medicare Advantage members. Lastly, in each service area, there may be different regulatory requirements that impact, either positively or negatively, a bidder's response.	OHCA will evaluate each bidder fairly based on the substance and quality of their responses.
161	RFP: 2.5.2, item 66	Quality Improvement: HEDIS Measures	44-45	For HEDIS, are we expected to submit the Excel files with all final HEDIS rates that were submitted to NCQA?	Bidders should submit the "Audit Review Table" tab in the auditor-locked IDSS file.
162	SoonerSelect RFP: 2.5.2 Item 67	Quality Improvement: Addressing Health Disparities	45-46	With regard to comparing amongst bidders their experience in addressing health disparities, how does OCHA intend to normalize responses to ensure fair comparison? Bidders will likely be from different service areas with different member mix, provider engagement, social determinants of health and program requirements. Also, typically there are different health demographics between Medicaid, commercial, and Medicare Advantage members. Lastly, in each service area, there may be different regulatory requirements that impact, either positively or negatively, a bidder's response.	OHCA will evaluate each bidder fairly based on the substance and quality of their responses.

Solicitation 8070001240 Questions
 <BIDDER NAME>

163	SoonerSelect RFP: 2.5.2 Item 64	Quality Improvement: Provider Satisfaction	45	With regard to comparing amongst bidders their provider satisfaction surveys, how does OCHA intend to normalize responses to ensure fair comparison? Bidders will likely be from different service areas with different member mix, provider engagement, social determinants of health and program requirements. Also, typically there are different health demographics between Medicaid, commercial, and Medicare Advantage members. Lastly, in each service area, there may be different regulatory requirements that impact, either positively or negatively, a bidder's response.	OHCA will evaluate each bidder fairly based on the substance and quality of their responses.
164	SoonerSelect RFP: 2.5.2 Item 66	Quality Improvement: HEDIS Measures	45	With regard to reviewing and evaluating 2 years of audited HEDIS reports, how does OCHA intend to normalize responses to ensure fair comparison? Bidders will likely be from different service areas with different member mix, provider engagement, social determinants of health and program requirements. Also, typically there are different health demographics between Medicaid, commercial, and Medicare Advantage members. Lastly, in each service area, there may be different regulatory requirements that impact, either positively or negatively, a bidder's response.	OHCA will evaluate each bidder fairly based on the substance and quality of their responses.
165	RFP Section 2.5.2 Items 63,64, and 65	Quality Improvement: HEDIS Measures	45	In one state, we have both a Medicaid managed care contract and a D-SNP that integrates capitated Medicaid benefits. The D-SNP covers Medicaid wrap benefits, including transportation, dental, hearing, vision, durable medical equipment, and over-the-counter medications. For purposes of Questions 63, 64 & 66, please confirm provider satisfaction and HEDIS results associated with this D-SNP are permissible as a "Medicaid managed care program."	OHCA prefers Bidders select examples from programs which are similar to SoonerSelect in terms of enrolled populations and covered benefits.
166	RFP: 2.5.2, item 63	Quality Improvement: Health Plan Enrollee Satisfaction	45	For CAHPS, are we expected to submit the final PDF submission forms that were submitted to NCQA with the final survey results?	A table with two years of composite measures would be considered a complete response.
167	RFP Section 2.5.2	Q66 Quality Improvement: HEDIS Measures	45	Will OHCA please confirm that submission of the "Audit Review Table" tab in the auditor-locked IDSS file is sufficient to satisfy the HEDIS Measure data request? This tab contains all of the final HEDIS rates for the specific health plan as well as the auditor's designation about whether each measure is reportable.	Confirmed
168	Solicitation Guidelines: 2.5.2	Technical Proposal Requirements	45	With respect to Section 2.5.2 - Technical Proposal Requirements, Item 64, Quality Improvement: Provider Satisfaction, can OHCA clarify the the format of the question response and if the offeror should provide only survey results or survey results and narrative content? If narrative is acceptable, what is the page limit for the response?	The Bidder should provide survey results, specifically the full report associated with the provider satisfaction survey.
169	SoonerSelect RFP: Section 2.5.2 Item 64	Quality Improvement: Provider Satisfaction	45	Please confirm that Bidder is required to select one year of Provider Satisfaction Survey results, after 2015, from up to three Medicaid managed care plans.	Yes, the Bidder should select one year of results from up to three Medicaid managed care plans.

Solicitation 8070001240 Questions
 <BIDDER NAME>

170	2.5.2	Technical Proposal Contents	45	Item 64 indicates the Bidder is to provide Provider satisfaction surveys. As these documents are large documents with hundreds of pages , can OHCA specify the specific components of the provider satisfaction survey they would like the Bidder to submit? For example, top line scores for each survey composite area, overall satisfaction scores or the full report?	Please attach the full report.
171	SoonerSelect RFP: 2.5.2 Item 68	Quality Improvement: Performance Improvement Projects (PIPS)	46	With regard to comparing amongst bidders lessons learned, challenges and successes while conducting PIPs, how does OCHA intend to normalize responses to ensure fair comparison? Bidders will likely be from different service areas with different member mix, provider engagement, social determinants of health and program requirements. Also, typically there are different health demographics between Medicaid, commercial, and Medicare Advantage members. Lastly, in each service area, there may be different regulatory requirements that impact, either positively or negatively, a bidder's response.	OHCA will evaluate each bidder fairly based on the substance and quality of their responses.
172	SoonerSelect RFP: 2.5.2 Item 69	Quality Improvement: Provider Profiling	46	With regard to comparing amongst bidders experience in provider profiling, how does OCHA intend to normalize responses to ensure fair comparison? Bidders will likely be from different service areas with different member mix, provider engagement, social determinants of health and program requirements. Also, typically there are different health demographics between Medicaid, commercial, and Medicare Advantage members. Lastly, in each service area, there may be different regulatory requirements that impact, either positively or negatively, a bidder's response.	OHCA will evaluate each bidder fairly based on the substance and quality of their responses.
173	RFP Section 2.5.2	Q70 Quality Improvement: Maternal and Infant Morbidity and Mortality	46	Given the challenges facing the state with maternal care, impact of health disparities on outcomes, further complicated by COVID in 2020, would the state consider increasing the page limit from 5 pages to 10?	No
174	SoonerSelect RFP: 2.5.2 Item 70	Quality Improvement: Maternal and Infant Morbidity and Mortality	46-47	With regard to comparing amongst bidders experience in decreasing Infant Morbidity and Mortality, how does OCHA intend to normalize responses to ensure fair comparison? Bidders will likely be from different service areas with different member mix, provider engagement, social determinants of health and program requirements. Also, typically there are different health demographics between Medicaid, commercial, and Medicare Advantage members. Lastly, in each service area, there may be different regulatory requirements that impact, either positively or negatively, a bidder's response.	OHCA will evaluate each bidder fairly based on the substance and quality of their responses.
175	Section 2: Solicitation Guidelines 2.5.2	Technical Proposal Contents Item 80	50	In addressing "network management activities," MCOs will likely utilize a tool to track, monitor, and provide robust business intelligence reporting on their provider network. As these tools often include EVV as a core functionality, will MCOs be allowed to utilize their chosen solution to provide network management and EVV, as long as the state specified information is transmitted to the state selected EVV aggregator?	The Plans will need to use the state's EVV vendor.

Solicitation 8070001240 Questions
 <BIDDER NAME>

176	2.5.2	Provider Network Development	51	<p>Item 82 states, "Describe your Provider network development strategy to ensure compliance with access standards outlined in Model Contract Section 1.12.4: "Time and Distance and Appointment Access Standards" at the time of Readiness Review."</p> <p>Would OHCA consider providing more clarity about when readiness review for network adequacy is likely to begin? Per the RFP Readiness Review takes place from February 1, 2021–September 30, 2021.</p>	<p>Network development should begin as soon as the MCO's contract is awarded. Determining network adequacy will begin with desk audit readiness reviews that will be conducted with selected contractors starting in February 2021. The audits will focus on needs identified in proposal evaluations.</p>
177	2.5.2	Provider Network Development	51	<p>For the purpose of time and distance standards, does OHCA consider IHCPs considered to be PCMH Providers?</p>	<p>Yes.</p>
178	SoonerSelect RFP: 2.5.2 Item 92	Provider Payment: Performance-Based Provider Payments	53-54	<p>With regard to comparing amongst bidders experience in performance-based provider payments, how does OCHA intend to normalize responses to ensure fair comparison? Bidders will likely be from different service areas with different member mix, provider engagement, social determinants of health and program requirements. Also, typically there are different health demographics between Medicaid, commercial, and Medicare Advantage members. Lastly, in each service area, there may be different regulatory requirements that impact, either positively or negatively, a bidder's response.</p>	<p>OHCA will evaluate each bidder fairly based on the substance and quality of their responses.</p>
179	SoonerSelect RFP: 2.5.2 Item 97	Health Plan Enrollee Grievances and Appeals	55	<p>With regard to comparing amongst bidders examples of trends identified through grievance data and a bidders approach to same, how does OCHA intend to normalize responses to ensure fair comparison? Bidders will likely be from different service areas with different member mix, provider engagement, social determinants of health and program requirements. Also, typically there are different health demographics between Medicaid, commercial, and Medicare Advantage members. Lastly, in each service area, there may be different regulatory requirements that impact, either positively or negatively, a bidder's response.</p>	<p>OHCA will evaluate each bidder fairly based on the substance and quality of their responses.</p>
180	SoonerSelect RFP: 2.5.2 Item 84	Provider Network Development: Telehealth	51-52	<p>With regard to comparing amongst bidders experience in utilizing telehealth to expand access, how does OCHA intend to normalize responses to ensure fair comparison? Bidders will likely be from different service areas with different member mix, provider engagement, social determinants of health and program requirements. Also, typically there are different health demographics between Medicaid, commercial, and Medicare Advantage members. Lastly, in each service area, there may be different regulatory requirements that impact, either positively or negatively, a bidder's response.</p>	<p>OHCA will evaluate each bidder fairly based on the substance and quality of their responses.</p>

Solicitation 8070001240 Questions
 <BIDDER NAME>

181	Model Contract, Section 1.19.1	General Requirements	56	The Model Contract section 1.19.1 has a requirement to "provide a description and system diagram of the proposed Management Information System (MIS) solution that will support the SoonerSelect program." "System diagram" infers a single diagram. Is it allowable to submit multiple diagrams providing more detail and clarity as to how the various functional area systems integrate? If it is acceptable, will the additional diagrams be excluded from the page count, as well?	Yes. System diagrams are excluded from the page count.
182	2.5.2	Information Technology: General Requirements	56-57	Regarding the sentence in Item 100: Describe your IT infrastructure regarding the MIS MCO platform; explain your IT Roadmap for continued development and improvements in the care management enterprise. We could not find any other use or definition of the term "care management enterprise" in the RFP nor Appendices nor Amendments. We assume "care management enterprise" above is synonymous with the Contractor's care management operations. Are we correct in our assumption? If we are not correct, please clarify.	Yes, you are correct.
183	Solicitation Guidelines: 2.5.2	Technical Proposal Requirements	56 - 57	With respect to Section 2.5.2 - Technical Proposal Requirements, Item 100 - Information Technology: General Requirements, can OHCA provide greater detail on the OHCA Care Management System, including, but not limited to, a description of its architecture and expected interfaces with other systems?	OHCA respectfully declines to provide this information.
184	Solicitation Guidelines: 2.5.2	Technical Proposal Requirements	56 - 57	With respect to Section 2.5.2 - Technical Proposal Requirements, Item 100 - Information Technology: General Requirements, what are the expectations for the timing of data to be shared with OHCA?	This information is found within the contract.
185	2.5.2, Form B_Bidder Proposal Submission Checklist	Technical Proposal Contents and Bidder Proposal Submission Checklist	56, Form B_Bidder Proposal Submission Checklist	Item 100 asks the Bidder to "Provide a narrative and diagram that demonstrates an understanding of all required interfaces." The Bidder's Proposal Submission Checklist does not include this as a submission item. Please confirm the diagram should be included as an attachment and update the Bidder's Proposal Submission Checklist accordingly.	Yes, the diagrams should be included as an attachment. The Proposal Submission Checklist has been updated to require a system diagram, interface diagram and IT Roadmap.
186	2.5.2	Information Technology: General Requirements	56-57	Regarding this sentence in Item 100: Describe your standard (out of the box) reporting as well as your ability to provide ad hoc reporting based on the changing CMS environment. In the context of above statement, we assume that by "CMS environment" OHCA means changing reporting requirements that CMS may implement that affect OHCA (and thus, by extension, the Contractor). Are we correct in our assumption? If we are not correct, please specify.	Yes, you are correct.

Solicitation 8070001240 Questions
 <BIDDER NAME>

187	2.5.2	Information Technology: General Requirements	56-57	<p>Item 100 appears to ask for three diagrams: a system diagram (first bullet), an interface diagram (third bullet), and a roadmap diagram (sixth bullet - and we infer a diagram is required by the sentence: page limit does not include IT Roadmap or MIS Diagram).</p> <p>We would like to ask three questions:</p> <p>1) Are we correct in the above, that 3 diagrams are requested by OHCA for Item 100, and that these diagrams will not count towards the page limit for Item 100? Please clarify if we are not correct.</p> <p>2) Can any of the required diagrams exceed one page (e.g. a 2-page roadmap diagram)?</p> <p>3) Separately, can the Bidder include example screenshots of their system to assist in OHCA's understanding of the Bidder's MIS?</p>	1. confirmed; 2. confirmed; 3. screenshots would not be considered system diagrams so would be subject to the page count limits.
188	Solicitation Guidelines: 2.5.2	Technical Proposal Requirements	57	With respect to Section 2.5.2 - Technical Proposal Requirements, Item 102 - Information Technology: Communications with OHCA, where can copies of OHCA's security standards be found?	This information is found within the contract.
189	Solicitation Guidelines: 2.5.2	Technical Proposal Requirements	58	With respect to Section 2.5.2 - Technical Proposal, Item 58: Information Technology: Health Information Exchange, does OHCA have a standard data sharing agreement that contractors will use to authorize the transfer or sharing of information when a member moves between MCOS? If so, please share this agreement. If not, will contractors be required to negotiate these agreements?	OHCA does not have a current Data Sharing Agreement and Plans will have to negotiate these agreements.
190	Solicitation Guidelines: 2.5.2	Technical Proposal Requirements	58	With respect to Technical Proposal Requirements, Item 104 - Information Technology: Health Information Exchange, we respectfully request OHCA please provide a list of the providers that currently connect, submit and receive data from the Health Information Exchange, along with their NPIs. If OHCA cannot provide a list of providers, please provide the percent of providers by provider type who connect, submit, and receive data from the HIE.	OHCA respectfully declines to provide this information
191	2.5.2	Information Technology: Health Plan Enrollee Encounter Data	58	<p>Regarding the first bullet in Item 103, "Include in your response: A detailed diagram and narrative"</p> <p>1) Does the diagram referred to above count towards the five page limit?</p> <p>2) If answer to (1) is "no" - can the bidder offer more than one diagram focused on particular sub-processes?</p> <p>3) Can the bidder include system screenshots (that would not count towards the page limit for Item 103) to illustrate key concepts of the system for OHCA?</p>	Yes, no, no.

Solicitation 8070001240 Questions
 <BIDDER NAME>

192	2.5.2	Information Technology: Health Plan Enrollee Encounter Data	58	Regarding this sentence in Item 103: If encounters are handled at the national level, describe how you will work with the local Oklahoma office/staff to coordinate submission of the Encounter Data file and/or to resolve any errors detected. We assume that "local Oklahoma office/staff" refers to the Bidder's local Oklahoma office/staff. Are we correct? Please clarify if we are not correct.	Yes.
193	2.5.2	Information Technology: Health Plan Enrollee Encounter Data	58	Regarding the statement in Item 103: Confirm and describe how you will ensure that all claims data, including not only paid claims but denied claims, voided claims, zero dollar paid and claim adjustments will be included in your Encounter Data submissions to both the State MMIS and State HIE. We assume that the encounter records to be supplied by the Contractor to the State MMIS and State HIE must be in the same HIPAA 837 format. Are we correct in that assumption? If we are not correct, please clarify.	Yes.
194	SoonerSelect RFP: 2.5.2 Item 112	Contractor Performance Standards	62	How will OHCA evaluate and score any information included in Form 8070001240-Y "Contractor Performance History?"	The RFP requests information on past performance in a variety of areas including references and forms. Past performance is listed as an evaluation area in Section 2.7.2.
195	SoonerSelect RFP: Section 2.5.2 Item 113	Contract Termination	62	Please defined "not renewed" - as it could include various scenarios (e.g. when an incumbent contractor chooses not to re-bid on a subsequent procurement voluntarily; when a state agency does not utilize a renewal under an existing contract; or when an incumbent contractor re-bids on a subsequent procurement and is not awarded a contract?).	Not renewed should include when the Bidder chooses not to re-bid voluntarily, when a state agency does not utilize a renewal under an existing contract and when an incumbent contractor re-bids and is not awarded.
196	SoonerSelect RFP: 2.5.2 Item 116	Strategic Alignment	62-63	With regard to comparing amongst bidders their ability to move the needle on payment and delivery system reforms, how does OCHA intend to normalize responses to ensure fair comparison? Bidders will likely be from different service areas with different member mix, provider engagement, social determinants of health and program requirements. Also, typically there are different health demographics between Medicaid, commercial, and Medicare Advantage members. Lastly, in each service area, there may be different regulatory requirements that impact, either positively or negatively, a bidder's response.	OHCA will evaluate each bidder fairly based on the substance and quality of their responses.
197	2.5.2	SoonerSelect Specialty Children's Plan	63	The RFP states "reviewers will not have read Bidder's responses to the SoonerSelect questions." Can OHCA please confirm if the review committee will include employees of OK Department of Human Services of OK or the Office of Juvenile Affairs?	An OHCA evaluation team of subject matter experts will review and score the proposals and deliver the results to the OHCA CEO, who will invite top bidders to contract with the state based on their scores. Evaluation team members will remain confidential.

Solicitation 8070001240 Questions
 <BIDDER NAME>

198	SoonerSelect RFP: 2.5.2 Item 118	Managed Care Experience with Similar Populations	63-64	With regard to comparing amongst bidders experience in serving specialty populations, how does OCHA intend to normalize responses to ensure fair comparison? Bidders will likely be from different service areas with different member mix, provider engagement, social determinants of health and program requirements. Also, typically there are different health demographics between Medicaid, commercial, and Medicare Advantage members. Lastly, in each service area, there may be different regulatory requirements that impact, either positively or negatively, a bidder's response.	OHCA will evaluate each bidder fairly based on the substance and quality of their responses.
199	RFP Section 2.5.2	Q119 Administrative Requirements: Key Staff	64	Please confirm that interim/temporary staff can reside outside the state if the individuals meet all other requirements (especially given that COVID makes frequent travel impractical and unsafe), and the bidder demonstrates a strong plan to recruit a permanent, in-state associate?	OHCA will review these on a case by case basis in accordance with CMS readiness review criteria and timelines for implementation.
200	2.5.2	Technical Proposal Contents	65	Item #120 requires a revised Chart from Item #16. However, item #16 does not have a Chart. Item #17 does have a chart that includes staff and teams of the organization. Does OHCA mean Item #17 instead of #16?	The second paragraph of Item #120 should read: Include a revised version of the Chart submitted as part of your response to Item #17 that includes all staff and teams of the organization (that will serve all populations) showing functions, staff types and reporting relationships. Identify functions located within and outside of Oklahoma and functions performed by Subcontractors.
201	RFP Item 120	Administrative Requirements: Organizational Structure and Staffing	65	Can OHCA please provide the current annual claims volume per enrollee for the covered SoonerSelect Specialty Children's populations? Can OHCA also please provide the current customer service call volume per enrollee for the covered SoonerSelect Specialty Children's populations? This data will help inform an accurate staffing model.	Please see the units and units per 1,000 per year figures and calculations contained in the Data Book data, and defined in the Data Book narrative.
202	2.5.2, Item #120	Technical Proposal Contents	65	Please confirm that the revised version of the chart requested is part of the response to Item #17, not Item #16.	The second paragraph of Item #120 should read: Include a revised version of the Chart submitted as part of your response to Item #17 that includes all staff and teams of the organization (that will serve all populations) showing functions, staff types and reporting relationships. Identify functions located within and outside of Oklahoma and functions performed by Subcontractors.
203	2.5.2	Technical Proposal Contents	65	Item 120 instructs bidders to submit "a revised version of the Chart submitted as part of your response to Item #16 that includes all staff and teams of the organization..." Item 16 refers to Major Subcontractors. Should the revised chart required in item 120 be a revised version of the organizational chart required in item 17?	The second paragraph of Item #120 should read: Include a revised version of the Chart submitted as part of your response to Item #17 that includes all staff and teams of the organization (that will serve all populations) showing functions, staff types and reporting relationships. Identify functions located within and outside of Oklahoma and functions performed by Subcontractors.
204	SoonerSelect RFP: 2.5.2 Item 125	Covered Benefits: Value-Added Benefits	66	Question 125 asks the bidder to list the "expected utilization and costs of each benefit," considering this will be an estimate, how will OCHA evaluate and score a bidder's response?	OHCA will evaluate each bidder fairly based on the substance and quality of their responses.

Solicitation 8070001240 Questions
 <BIDDER NAME>

205	SoonerSelect RFP: 2.5.2 Item 124	Covered Benefit: in Lieu of Services	66	Question 124 asks the bidder to list the "expected utilization and costs of each benefit," considering this will be an estimate, how will OCHA evaluate and score a bidder's response?	OHCA will evaluate each bidder fairly based on the substance and quality of their responses.
206	SoonerSelect RFP: 2.5.2 Item 129	Care Management Program	68-69	With regard to comparing amongst bidders examples of outcomes achieved in care management, how does OCHA intend to normalize responses to ensure fair comparison? Bidders will likely be from different service areas with different member mix, provider engagement, social determinants of health and program requirements. Also, typically there are different health demographics between Medicaid, commercial, and Medicare Advantage members. Lastly, in each service area, there may be different regulatory requirements that impact, either positively or negatively, a bidder's response.	OHCA will evaluate each bidder fairly based on the substance and quality of their responses.
207	SoonerSelect RFP: 2.5.2 Item 131	Transition of Care: transitions between levels of care	70	With regard to comparing amongst bidders their experience in coordinating care when transitioning between levels, how does OCHA intend to normalize responses to ensure fair comparison? Bidders will likely be from different service areas with different member mix, provider engagement, social determinants of health and program requirements. Also, typically there are different health demographics between Medicaid, commercial, and Medicare Advantage members. Lastly, in each service area, there may be different regulatory requirements that impact, either positively or negatively, a bidder's response.	OHCA will evaluate each bidder fairly based on the substance and quality of their responses.
208	SoonerSelect RFP: 2.5.2 Item 135	Provider Network Development: Telehealth	71	With regard to comparing amongst bidders experience in utilizing telehealth to expand access, how does OCHA intend to normalize responses to ensure fair comparison? Bidders will likely be from different service areas with different member mix, provider engagement, social determinants of health and program requirements. Also, typically there are different health demographics between Medicaid, commercial, and Medicare Advantage members. Lastly, in each service area, there may be different regulatory requirements that impact, either positively or negatively, a bidder's response.	OHCA will evaluate each bidder fairly based on the substance and quality of their responses.
209	Solicitation Guidelines: 2.5.2	Technical Proposal Requirements	75	With respect to Section 2.5.2 - Technical Proposal Requirements, Item 142 - Quality Improvement, we respectfully request that OHCA share baseline quality performance, utilization, disparities, etc. data with offerors order to inform Solicitation responses.	OHCA respectfully declines to provide this information.
210	SoonerSelect RFP: 2.6	Written Clarification and Oral Presentations	77-78	It does not seem that oral presentations are assigned a "Points Possible." If OHCA schedules oral presentations, how will those presentations be evaluated and will points be awarded, or deducted, as a result of the presentations? If points will be impacted, what Evaluation Area will be impacted?	This was an omission in the RFP. Oral Presentations will be evaluated in a new Step 4 and Final Negotiations will be moved to Step 5 with Award of Contract becoming Step 6. The RFP will be updated accordingly.
211	RFP Section 2.7	Proposal Evaluation	78	How will the proposed benefits, including estimated actuarial values, for In Lieu of Services included on Form 8070001240-L-In Lieu of Services be scored in the proposal evaluation?	OHCA will evaluate each bidder fairly based on the substance and quality of their responses.

Solicitation 8070001240 Questions
 <BIDDER NAME>

212	RFP Section 2.7	Proposal Evaluation	78	How will the proposed benefits, including estimated actuarial values, for Value-Added Benefits included on Form 8070001240-M-Value-Added Benefits be scored in the proposal evaluation?	OHCA will evaluate each bidder fairly based on the substance and quality of their responses.
213	2.7.2	Step Two - Technical Proposal Evaluation	78	Can OHCA provide a crosswalk of which RFP questions fall into the various evaluation and possible point categories? For example, what evaluation categories do questions 114 and 116 fall into?	Detail about the evaluation areas and points are provided in Section 2.7.2
214	2.7.1	Step One - Administrative Review (Pass/Fail)	78	Please clarify which RFP submission guidelines are considered Mandatory Requirements. Please provide references to the corresponding RFP sections that contain Mandatory Requirements.	Mandatory requirements include but are not limited to certification required in Section 1.8.7; timeliness of bid submission; compliance with Proposal Structure and Submission Requirements found in Section 2.4; compliance with Technical Proposal Requirements found in Section 2.5; and compliance with submission of other mandatory information, forms, and attestations found within.
215	2.7.2	Step Two - Technical Proposal Evaluation (1650 points)	78	Please list what RFP questions and any weighting by question OHCA will use to evaluate the Rural Health Strategy evaluation area consisting of 75 points.	Rural health strategy will be evaluated based on the bidder's ability to articulate strategies to improve access to care and meet the needs of health plan enrollees residing in rural Oklahoma throughout their proposal.
216	2.7.2	Evaluation Area - Corporate Information and Experience Improving Outcomes	78	Corporate Information and Experience in Improving Outcomes is assigned 100 possible points. Please provide additional detail on content considered as part of this evaluation area. In addition, please provide points allocated for narratives and forms. As this RFP is to procure Medicaid managed care, we would recommend OHCA consider placing higher weighting to Medicaid experience.	This evaluation area will include items 7, 8, 11-17, 19, 21 & 22
217	2.7.2	EVALUATION	78 - 79	Regarding Proposal Evaluation: Are any of the 1650 possible points awarded to prime vendors for utilizing minority and women enterprise (mwbe) subcontractors?	No
218	SoonerSelect RFP: 2.7.2	Step Two – Technical Proposal Evaluation (1650 points)	78-79	The RFP states that a total of 25 points are available for the "Executive Summary," but does not indicate specifically how those points will be awarded. How will the 25 points for be allocated across the application questions relating to an executive summary? What criteria will be used to guide whether an applicant earns full points for a question in this category, or something less than full points? What criteria or guidance will be used to ensure that scoring in this category is based on objective factors, and not based on subjective preferences? Will OHCA provide bidders with more detail on the point distribution in order to allow applications to better prepare their applications based on OHCA's priorities, as demonstrated by the weighting OHCA gives to certain criteria or questions?	OHCA will evaluate each bidder fairly based on the substance and quality of their responses. Points available for evaluation areas outlined in Section 2.7.2 are weighted according to importance to the state.

Solicitation 8070001240 Questions
 <BIDDER NAME>

219	SoonerSelect RFP: 2.7.2	Step Two – Technical Proposal Evaluation (1650 points)	78-79	<p>The RFP states that a total of 75 points are available for the “Staffing and Organizational Structure,” but does not indicate specifically how those points will be awarded. How will the 75 points for be allocated across the application questions relating to an executive summary? What criteria will be used to guide whether an applicant earns full points for a question in this category, or something less than full points? What criteria or guidance will be used to ensure that scoring in this category is based on objective factors, and not based on subjective preferences? Will OHCA provide bidders with more detail on the point distribution in order to allow applications to better prepare their applications based on OHCA’s priorities, as demonstrated by the weighting OHCA gives to certain criteria or questions?</p>	<p>OHCA will evaluate each bidder fairly based on the substance and quality of their responses. Points available for evaluation areas outlined in Section 2.7.2 are weighted according to importance to the state.</p>
220	SoonerSelect RFP: 2.7.2	Step Two – Technical Proposal Evaluation (1650 points)	78-79	<p>The RFP states that a total of 50 points are available for the “References and Past Performance Information,” but does not indicate specifically how those points will be awarded. How will the 50 points for be allocated across the application questions relating to an executive summary? What criteria will be used to guide whether an applicant earns full points for a question in this category, or something less than full points? What criteria or guidance will be used to ensure that scoring in this category is based on objective factors, and not based on subjective preferences? Will OHCA provide bidders with more detail on the point distribution in order to allow applications to better prepare their applications based on OHCA’s priorities, as demonstrated by the weighting OHCA gives to certain criteria or questions?</p>	<p>OHCA will evaluate each bidder fairly based on the substance and quality of their responses. Points available for evaluation areas outlined in Section 2.7.2 are weighted according to importance to the state.</p>
221	SoonerSelect RFP: 2.7.2	Step Two – Technical Proposal Evaluation (1650 points)	78-79	<p>The RFP states that a total of 100 points are available for the “Corporate Information and Experience in Improving Outcomes,” but does not indicate specifically how those points will be awarded. How will the 100 points for be allocated across the application questions relating to an executive summary? What criteria will be used to guide whether an applicant earns full points for a question in this category, or something less than full points? What criteria or guidance will be used to ensure that scoring in this category is based on objective factors, and not based on subjective preferences? Will OHCA provide bidders with more detail on the point distribution in order to allow applications to better prepare their applications based on OHCA’s priorities, as demonstrated by the weighting OHCA gives to certain criteria or questions?</p>	<p>OHCA will evaluate each bidder fairly based on the substance and quality of their responses. Points available for evaluation areas outlined in Section 2.7.2 are weighted according to importance to the state.</p>

Solicitation 8070001240 Questions
 <BIDDER NAME>

222	SoonerSelect RFP: 2.7.2	Step Two – Technical Proposal Evaluation (1650 points)	78-79	<p>The RFP states that a total of 50 points are available for the “Implementation Plan,” but does not indicate specifically how those points will be awarded. How will the 50 points for be allocated across the application questions relating to an executive summary? What criteria will be used to guide whether an applicant earns full points for a question in this category, or something less than full points? What criteria or guidance will be used to ensure that scoring in this category is based on objective factors, and not based on subjective preferences? Will OHCA provide bidders with more detail on the point distribution in order to allow applications to better prepare their applications based on OHCA’s priorities, as demonstrated by the weighting OHCA gives to certain criteria or questions?</p>	<p>OHCA will evaluate each bidder fairly based on the substance and quality of their responses. Points available for evaluation areas outlined in Section 2.7.2 are weighted according to importance to the state.</p>
223	SoonerSelect RFP: 2.7.2	Step Two – Technical Proposal Evaluation (1650 points)	78-79	<p>The RFP states that a total of 75 points are available for the “provider network,” but does not indicate specifically how those points will be awarded. How will the 75 points for be allocated across the application questions relating to an executive summary? What criteria will be used to guide whether an applicant earns full points for a question in this category, or something less than full points? What criteria or guidance will be used to ensure that scoring in this category is based on objective factors, and not based on subjective preferences? Will OHCA provide bidders with more detail on the point distribution in order to allow applications to better prepare their applications based on OHCA’s priorities, as demonstrated by the weighting OHCA gives to certain criteria or questions?</p>	<p>OHCA will evaluate each bidder fairly based on the substance and quality of their responses. Points available for evaluation areas outlined in Section 2.7.2 are weighted according to importance to the state.</p>
224	SoonerSelect RFP: 2.7.2	Step Two – Technical Proposal Evaluation (1650 points)	78-79	<p>The RFP states that a total of 100 points are available for “covered benefits,” but does not indicate specifically how those points will be awarded. How will the 100 points for be allocated across the application questions relating to an executive summary? What criteria will be used to guide whether an applicant earns full points for a question in this category, or something less than full points? What criteria or guidance will be used to ensure that scoring in this category is based on objective factors, and not based on subjective preferences? Will OHCA provide bidders with more detail on the point distribution in order to allow applications to better prepare their applications based on OHCA’s priorities, as demonstrated by the weighting OHCA gives to certain criteria or questions?</p>	<p>OHCA will evaluate each bidder fairly based on the substance and quality of their responses. Points available for evaluation areas outlined in Section 2.7.2 are weighted according to importance to the state.</p>

Solicitation 8070001240 Questions
 <BIDDER NAME>

225	SoonerSelect RFP: 2.7.2	Step Two – Technical Proposal Evaluation (1650 points)	78-79	<p>The RFP states that a total of 75 points are available for “rural health strategy,” but does not indicate specifically how those points will be awarded. How will the 75 points for be allocated across the application questions relating to an executive summary? What criteria will be used to guide whether an applicant earns full points for a question in this category, or something less than full points? What criteria or guidance will be used to ensure that scoring in this category is based on objective factors, and not based on subjective preferences? Will OHCA provide bidders with more detail on the point distribution in order to allow applications to better prepare their applications based on OHCA’s priorities, as demonstrated by the weighting OHCA gives to certain criteria or questions?</p>	<p>OHCA will evaluate each bidder fairly based on the substance and quality of their responses. Points available for evaluation areas outlined in Section 2.7.2 are weighted according to importance to the state.</p>
226	SoonerSelect RFP: 2.7.2	Step Two – Technical Proposal Evaluation (1650 points)	78-79	<p>The RFP states that a total of 50 points are available for the “American Indian/Alaska Native Health Understanding and Strategy,” but does not indicate specifically how those points will be awarded. How will the 50 points for be allocated across the application questions relating to an executive summary? What criteria will be used to guide whether an applicant earns full points for a question in this category, or something less than full points? What criteria or guidance will be used to ensure that scoring in this category is based on objective factors, and not based on subjective preferences? Will OHCA provide bidders with more detail on the point distribution in order to allow applications to better prepare their applications based on OHCA’s priorities, as demonstrated by the weighting OHCA gives to certain criteria or questions?</p>	<p>OHCA will evaluate each bidder fairly based on the substance and quality of their responses. Points available for evaluation areas outlined in Section 2.7.2 are weighted according to importance to the state.</p>
227	SoonerSelect RFP: 2.7.2	Step Two – Technical Proposal Evaluation (1650 points)	78-79	<p>The RFP states that a total of 150 points are available for the “Care Management and Population Health,” but does not indicate specifically how those points will be awarded. How will the 150 points for be allocated across the application questions relating to an executive summary? What criteria will be used to guide whether an applicant earns full points for a question in this category, or something less than full points? What criteria or guidance will be used to ensure that scoring in this category is based on objective factors, and not based on subjective preferences? Will OHCA provide bidders with more detail on the point distribution in order to allow applications to better prepare their applications based on OHCA’s priorities, as demonstrated by the weighting OHCA gives to certain criteria or questions?</p>	<p>OHCA will evaluate each bidder fairly based on the substance and quality of their responses. Points available for evaluation areas outlined in Section 2.7.2 are weighted according to importance to the state.</p>

Solicitation 8070001240 Questions
 <BIDDER NAME>

228	SoonerSelect RFP: 2.7.2	Step Two – Technical Proposal Evaluation (1650 points)	78-79	The RFP states that a total of 100 points are available for the “Medical Management,” but does not indicate specifically how those points will be awarded. How will the 100 points for be allocated across the application questions relating to an executive summary? What criteria will be used to guide whether an applicant earns full points for a question in this category, or something less than full points? What criteria or guidance will be used to ensure that scoring in this category is based on objective factors, and not based on subjective preferences? Will OHCA provide bidders with more detail on the point distribution in order to allow applications to better prepare their applications based on OHCA’s priorities, as demonstrated by the weighting OHCA gives to certain criteria or questions?	OHCA will evaluate each bidder fairly based on the substance and quality of their responses. Points available for evaluation areas outlined in Section 2.7.2 are weighted according to importance to the state.
229	SoonerSelect RFP: 2.7.2	Step Two – Technical Proposal Evaluation (1650 points)	78-79	The RFP states that a total of 100 points are available for the “Quality Improvement,” but does not indicate specifically how those points will be awarded. How will the 100 points for be allocated across the application questions relating to an executive summary? What criteria will be used to guide whether an applicant earns full points for a question in this category, or something less than full points? What criteria or guidance will be used to ensure that scoring in this category is based on objective factors, and not based on subjective preferences? Will OHCA provide bidders with more detail on the point distribution in order to allow applications to better prepare their applications based on OHCA’s priorities, as demonstrated by the weighting OHCA gives to certain criteria or questions?	OHCA will evaluate each bidder fairly based on the substance and quality of their responses. Points available for evaluation areas outlined in Section 2.7.2 are weighted according to importance to the state.
230	SoonerSelect RFP: 2.7.2	Step Two – Technical Proposal Evaluation (1650 points)	78-79	The RFP states that a total of 75 points are available for “Health Plan Enrollee Services,” but does not indicate specifically how those points will be awarded. How will the 75 points for be allocated across the application questions relating to an executive summary? What criteria will be used to guide whether an applicant earns full points for a question in this category, or something less than full points? What criteria or guidance will be used to ensure that scoring in this category is based on objective factors, and not based on subjective preferences? Will OHCA provide bidders with more detail on the point distribution in order to allow applications to better prepare their applications based on OHCA’s priorities, as demonstrated by the weighting OHCA gives to certain criteria or questions?	OHCA will evaluate each bidder fairly based on the substance and quality of their responses. Points available for evaluation areas outlined in Section 2.7.2 are weighted according to importance to the state.

Solicitation 8070001240 Questions
 <BIDDER NAME>

231	SoonerSelect RFP: 2.7.2	Step Two – Technical Proposal Evaluation (1650 points)	78-79	The RFP states that a total of 75 points are available for “Provider Services,” but does not indicate specifically how those points will be awarded. How will the 75 points for be allocated across the application questions relating to an executive summary? What criteria will be used to guide whether an applicant earns full points for a question in this category, or something less than full points? What criteria or guidance will be used to ensure that scoring in this category is based on objective factors, and not based on subjective preferences? Will OHCA provide bidders with more detail on the point distribution in order to allow applications to better prepare their applications based on OHCA’s priorities, as demonstrated by the weighting OHCA gives to certain criteria or questions?	OHCA will evaluate each bidder fairly based on the substance and quality of their responses. Points available for evaluation areas outlined in Section 2.7.2 are weighted according to importance to the state.
232	SoonerSelect RFP: 2.7.2	Step Two – Technical Proposal Evaluation (1650 points)	78-79	The RFP states that a total of 75 points are available for “Program Integrity,” but does not indicate specifically how those points will be awarded. How will the 75 points for be allocated across the application questions relating to an executive summary? What criteria will be used to guide whether an applicant earns full points for a question in this category, or something less than full points? What criteria or guidance will be used to ensure that scoring in this category is based on objective factors, and not based on subjective preferences? Will OHCA provide bidders with more detail on the point distribution in order to allow applications to better prepare their applications based on OHCA’s priorities, as demonstrated by the weighting OHCA gives to certain criteria or questions?	OHCA will evaluate each bidder fairly based on the substance and quality of their responses. Points available for evaluation areas outlined in Section 2.7.2 are weighted according to importance to the state.
233	SoonerSelect RFP: 2.7.2	Step Two – Technical Proposal Evaluation (1650 points)	78-79	The RFP states that a total of 100 points are available for “Information Technology,” but does not indicate specifically how those points will be awarded. How will the 100 points for be allocated across the application questions relating to an executive summary? What criteria will be used to guide whether an applicant earns full points for a question in this category, or something less than full points? What criteria or guidance will be used to ensure that scoring in this category is based on objective factors, and not based on subjective preferences? Will OHCA provide bidders with more detail on the point distribution in order to allow applications to better prepare their applications based on OHCA’s priorities, as demonstrated by the weighting OHCA gives to certain criteria or questions?	OHCA will evaluate each bidder fairly based on the substance and quality of their responses. Points available for evaluation areas outlined in Section 2.7.2 are weighted according to importance to the state.

Solicitation 8070001240 Questions
 <BIDDER NAME>

234	SoonerSelect RFP: 2.7.2	Step Two – Technical Proposal Evaluation (1650 points)	78-79	The RFP states that a total of 75 points are available for “Financial Standards and Third Party Liability,” but does not indicate specifically how those points will be awarded. How will the 75 points for be allocated across the application questions relating to an executive summary? What criteria will be used to guide whether an applicant earns full points for a question in this category, or something less than full points? What criteria or guidance will be used to ensure that scoring in this category is based on objective factors, and not based on subjective preferences? Will OHCA provide bidders with more detail on the point distribution in order to allow applications to better prepare their applications based on OHCA’s priorities, as demonstrated by the weighting OHCA gives to certain criteria or questions?	OHCA will evaluate each bidder fairly based on the substance and quality of their responses. Points available for evaluation areas outlined in Section 2.7.2 are weighted according to importance to the state.
235	SoonerSelect RFP: 2.7.2	Step Two – Technical Proposal Evaluation (1650 points)	78-79	The RFP states that a total of 50 points are available for “Reporting,” but does not indicate specifically how those points will be awarded. How will the 50 points for be allocated across the application questions relating to an executive summary? What criteria will be used to guide whether an applicant earns full points for a question in this category, or something less than full points? What criteria or guidance will be used to ensure that scoring in this category is based on objective factors, and not based on subjective preferences? Will OHCA provide bidders with more detail on the point distribution in order to allow applications to better prepare their applications based on OHCA’s priorities, as demonstrated by the weighting OHCA gives to certain criteria or questions?	OHCA will evaluate each bidder fairly based on the substance and quality of their responses. Points available for evaluation areas outlined in Section 2.7.2 are weighted according to importance to the state.
236	SoonerSelect RFP: 2.7.2	Step Two – Technical Proposal Evaluation (1650 points)	78-79	The RFP states that a total of 100 points are available for “Behavioral Health Integration,” but does not indicate specifically how those points will be awarded. How will the 100 points for be allocated across the application questions relating to an executive summary? What criteria will be used to guide whether an applicant earns full points for a question in this category, or something less than full points? What criteria or guidance will be used to ensure that scoring in this category is based on objective factors, and not based on subjective preferences? Will OHCA provide bidders with more detail on the point distribution in order to allow applications to better prepare their applications based on OHCA’s priorities, as demonstrated by the weighting OHCA gives to certain criteria or questions?	OHCA will evaluate each bidder fairly based on the substance and quality of their responses. Points available for evaluation areas outlined in Section 2.7.2 are weighted according to importance to the state.

Solicitation 8070001240 Questions
 <BIDDER NAME>

237	SoonerSelect RFP: 2.7.2	Step Two – Technical Proposal Evaluation (1650 points)	78-79	The RFP states that a total of 50 points are available for “Value-based strategy,” but does not indicate specifically how those points will be awarded. How will the 50 points for be allocated across the application questions relating to an executive summary? What criteria will be used to guide whether an applicant earns full points for a question in this category, or something less than full points? What criteria or guidance will be used to ensure that scoring in this category is based on objective factors, and not based on subjective preferences? Will OHCA provide bidders with more detail on the point distribution in order to allow applications to better prepare their applications based on OHCA’s priorities, as demonstrated by the weighting OHCA gives to certain criteria or questions?	OHCA will evaluate each bidder fairly based on the substance and quality of their responses. Points available for evaluation areas outlined in Section 2.7.2 are weighted according to importance to the state.
238	SoonerSelect RFP: 2.7.2	Step Two – Technical Proposal Evaluation (1650 points)	78-79	The RFP states that a total of 75 points are available for “Case Studies,” but does not indicate specifically how those points will be awarded. How will the 75 points for be allocated across the application questions relating to an executive summary? What criteria will be used to guide whether an applicant earns full points for a question in this category, or something less than full points? What criteria or guidance will be used to ensure that scoring in this category is based on objective factors, and not based on subjective preferences? Will OHCA provide bidders with more detail on the point distribution in order to allow applications to better prepare their applications based on OHCA’s priorities, as demonstrated by the weighting OHCA gives to certain criteria or questions?	OHCA will evaluate each bidder fairly based on the substance and quality of their responses. Points available for evaluation areas outlined in Section 2.7.2 are weighted according to importance to the state.
239	SoonerSelect RFP: 2.7.2	Step Two – Technical Proposal Evaluation (1650 points)	78-79	The RFP states that a total of 25 points are available for the “Contractor Performance/Compliance Strategy,” but does not indicate specifically how those points will be awarded. How will the 25 points for be allocated across the application questions relating to an executive summary? What criteria will be used to guide whether an applicant earns full points for a question in this category, or something less than full points? What criteria or guidance will be used to ensure that scoring in this category is based on objective factors, and not based on subjective preferences? Will OHCA provide bidders with more detail on the point distribution in order to allow applications to better prepare their applications based on OHCA’s priorities, as demonstrated by the weighting OHCA gives to certain criteria or questions?	OHCA will evaluate each bidder fairly based on the substance and quality of their responses. Points available for evaluation areas outlined in Section 2.7.2 are weighted according to importance to the state.
240	RFP Section 2.7.2	Technical Proposal Evaluation	78-79	The Evaluation Criteria do not have a defined relationship to the RFP questions. As an example, there are 75 points allocated to Rural Health Strategy, but no RFP questions clearly identified as part of the Evaluation Criterion. Will OHCA clarify how RFP questions correspond to the Evaluation Criteria?	Rural health strategy will be evaluated based on the bidder’s ability to articulate strategies to improve access to care and meet the needs of health plan enrollees residing in rural Oklahoma throughout their proposal.
241	SoonerSelect RFP: 2.7	Proposal Evaluation	78-81	What criteria will OHCA utilize in performing its evaluation? For each criterion, what weight will assigned	The evaluation criteria is outlined in Section 2.7.2 including weighted points.

Solicitation 8070001240 Questions
 <BIDDER NAME>

242	SoonerSelect RFP: 2.7.2	Step Two – Technical Proposal Evaluation (1650 points)	79	In evaluating the proposals it states that the CEO of OHCA "or their designees," who are the designees, their responsibilities, qualifications and responsibilities in the evaluation? In particular, which portion(s) of the RFP will each designee review?	An OHCA evaluation team of subject matter experts will review and score the proposals and deliver the results to the OHCA CEO, who will invite top bidders to contract with the state based on their scores. Evaluation team members will remain confidential.
243	SoonerSelect RFP: 2.7.2	Step Two – Technical Proposal Evaluation (1650 points)	79	Will OHCA please identify the evaluators? Does OHCA intend to train the evaluators regarding the methodology to be used in the evaluation and scoring for the responses to the RFP? Will evaluators be given a set of guidelines and/or scoring rubrics to use in the evaluation and/or scoring of responses to the RFP?	An OHCA evaluation team of subject matter experts will review and score the proposals and deliver the results to the OHCA CEO, who will invite top bidders to contract with the state based on their scores. Evaluation team members will remain confidential. OHCA will train evaluators. Evaluators will be given guidelines for scoring.
244	SoonerSelect RFP: 2.7.2	Step Two – Technical Proposal Evaluation (1650 points)	79	In determining which proposal will best serve Oklahoma, the RFP states that the CEO of OHCA or their designees will exercise "their sole discretion" in awarding the RFP based on the RFP scores. Can OHCA clarify "sole discretion?" The sentence later states that awards will be based on "overall RFP scores," so is there subjectivity in making an award or is it solely based on score?	The award will be consistent with OAC 317:10-1-16(1) which states: The authority to procure needed products and services for the Authority has been delegated to the Authority from the Office of Management and Enterprise Services, Central Purchasing Division. The Authority Board delegates the authority for expenditure of funds to the CEO and other Authority officers and personnel according to the dollar limits and types of products stated in (1), (2) and (3) of this Section. Within this authority, the CEO may delegate in writing to other specific individuals the responsibility for the performance of the procurement duties. (1) Supply and non-professional services acquisition which is within his or her authorized division budget and approved by the CEO or designee. Any single acquisition of this kind over \$5000 up to \$500,000 must be approved by the CEO, Executive Staff or designee. Any single acquisition of this kind over \$500,000 must be approved by the Authority Board. A contract amendment that would increase the total original acquisition cost to an amount that equals or exceeds \$500,000 for a supply or non-professional services contract must be prior approved by the Authority Board. Any amendment to a contract that would result in a 10 percent or greater increase in the total acquisition cost originally approved by the OHCA Board must be submitted to the OHCA Board.
245	2.7.2	Step Two - Technical Proposal Evaluation	79	AC 260:115-7-30 provides that "The State Purchasing Director shall ensure that an evaluation method is clearly identified in any solicitation. The method shall be one of the following: lowest and best; or best value." Please confirm if OHCA will be scoring based on a lowest and best, or best value, methodology.	Since a cost proposal is not requested, the evaluation criteria outlined in Section 2.7.2 will determine best value.

Solicitation 8070001240 Questions

<BIDDER NAME>

246	2.7.2	Step Two - Technical Proposal Evaluation (1650 points)	79	Will the CEO of OHCA use designees to review submitted bids and make recommendations to the CEO to "determine which Proposal(s) offer the best means of serving the interests of the State based on overall RFP scores"? If so, please describe the number and general background/qualifications of those persons who will serve as designees and indicate whether the designees will be identified at the time of contract award.	An OHCA evaluation team of subject matter experts will review and score the proposals and deliver the results to the OHCA CEO, who will invite top bidders to contract with the state based on their scores. Evaluation team members will remain confidential.
247	2.7.2	Step Two - Technical Proposal Evaluation (1650 points)	79	Will something other than the overall RFP score for each bidder be factored in to determine the awardees for this solicitation? If so, please describe the other components that will be considered in addition to the overall RFP scores.	Only the technical proposal scores and oral presentation scores will be used to determine which bidders are invited to contract with the state.
248	2.7.2	Step Two - Technical Proposal Evaluation	79	Please list what RFP questions and any weighting by question OHCA will use to evaluate the Case Studies evaluation area consisting of 75 points.	All case studies throughout the proposal will be evaluated in the case studies evaluation area.
249	2.7.2	Step Two - Technical Proposal Evaluation (1650 points)	79	If a Case Study falls within the Care Management and Population Health section (i.e., questions #55-57), will the points for the case study response contribute to both the Care Management and Population Health evaluation area and the Case Studies evaluation area?	Yes.
250	SoonerSelect RFP: 2.7.3	Step Three – SoonerSelect Specialty Children’s Plan Evaluation (400 points)	79-80	The RFP states that a total of 70 points are available for “technical approach and experience with specialty populations,” but does not indicate specifically how those points will be awarded. How will the 70 points for be allocated across the application questions relating to an executive summary? What criteria will be used to guide whether an applicant earns full points for a question in this category, or something less than full points? What criteria or guidance will be used to ensure that scoring in this category is based on objective factors, and not based on subjective preferences? Will OHCA provide bidders with more detail on the point distribution in order to allow applications to better prepare their applications based on OHCA’s priorities, as demonstrated by the weighting OHCA gives to certain criteria or questions?	OHCA will evaluate each bidder fairly based on the substance and quality of their responses. Points available for evaluation areas outlined in Section 2.7.2 are weighted according to importance to the state.
251	2.7.3	EVALUATION	80	Regarding Proposal Evaluation: Are any of the 400 possible points awarded to prime vendors for utilizing minority and women enterprise (mwbe) subcontractors?	No
252	SoonerSelect RFP: 2.7.3	Step Three – SoonerSelect Specialty Children’s Plan Evaluation (400 points)	80	The RFP states that a total of 30 points are available for “staffing,” but does not indicate specifically how those points will be awarded. How will the 30 points for be allocated across the application questions relating to an executive summary? What criteria will be used to guide whether an applicant earns full points for a question in this category, or something less than full points? What criteria or guidance will be used to ensure that scoring in this category is based on objective factors, and not based on subjective preferences? Will OHCA provide bidders with more detail on the point distribution in order to allow applications to better prepare their applications based on OHCA’s priorities, as demonstrated by the weighting OHCA gives to certain criteria or questions?	OHCA will evaluate each bidder fairly based on the substance and quality of their responses. Points available for evaluation areas outlined in Section 2.7.2 are weighted according to importance to the state.

Solicitation 8070001240 Questions
 <BIDDER NAME>

253	SoonerSelect RFP: 2.7.3	Step Three – SoonerSelect Specialty Children’s Plan Evaluation (400 points)	80	The RFP states that a total of 40 points are available for “covered benefits,” but does not indicate specifically how those points will be awarded. How will the 40 points for be allocated across the application questions relating to an executive summary? What criteria will be used to guide whether an applicant earns full points for a question in this category, or something less than full points? What criteria or guidance will be used to ensure that scoring in this category is based on objective factors, and not based on subjective preferences? Will OHCA provide bidders with more detail on the point distribution in order to allow applications to better prepare their applications based on OHCA’s priorities, as demonstrated by the weighting OHCA gives to certain criteria or questions?	OHCA will evaluate each bidder fairly based on the substance and quality of their responses. Points available for evaluation areas outlined in Section 2.7.2 are weighted according to importance to the state.
254	SoonerSelect RFP: 2.7.3	Step Three – SoonerSelect Specialty Children’s Plan Evaluation (400 points)	80	The RFP states that a total of 30 points are available for “medical management,” but does not indicate specifically how those points will be awarded. How will the 30 points for be allocated across the application questions relating to an executive summary? What criteria will be used to guide whether an applicant earns full points for a question in this category, or something less than full points? What criteria or guidance will be used to ensure that scoring in this category is based on objective factors, and not based on subjective preferences? Will OHCA provide bidders with more detail on the point distribution in order to allow applications to better prepare their applications based on OHCA’s priorities, as demonstrated by the weighting OHCA gives to certain criteria or questions?	OHCA will evaluate each bidder fairly based on the substance and quality of their responses. Points available for evaluation areas outlined in Section 2.7.2 are weighted according to importance to the state.
255	SoonerSelect RFP: 2.7.3	Step Three – SoonerSelect Specialty Children’s Plan Evaluation (400 points)	80	The RFP states that a total of 75 points are available for “care management and transition of care,” but does not indicate specifically how those points will be awarded. How will the 75 points for be allocated across the application questions relating to an executive summary? What criteria will be used to guide whether an applicant earns full points for a question in this category, or something less than full points? What criteria or guidance will be used to ensure that scoring in this category is based on objective factors, and not based on subjective preferences? Will OHCA provide bidders with more detail on the point distribution in order to allow applications to better prepare their applications based on OHCA’s priorities, as demonstrated by the weighting OHCA gives to certain criteria or questions?	OHCA will evaluate each bidder fairly based on the substance and quality of their responses. Points available for evaluation areas outlined in Section 2.7.2 are weighted according to importance to the state.

Solicitation 8070001240 Questions
 <BIDDER NAME>

256	SoonerSelect RFP: 2.7.3	Step Three – SoonerSelect Specialty Children’s Plan Evaluation (400 points)	80	<p>The RFP states that a total of 35 points are available for “health plan enrollee services,” but does not indicate specifically how those points will be awarded. How will the 35 points for be allocated across the application questions relating to an executive summary? What criteria will be used to guide whether an applicant earns full points for a question in this category, or something less than full points? What criteria or guidance will be used to ensure that scoring in this category is based on objective factors, and not based on subjective preferences? Will OHCA provide bidders with more detail on the point distribution in order to allow applications to better prepare their applications based on OHCA’s priorities, as demonstrated by the weighting OHCA gives to certain criteria or questions?</p>	<p>OHCA will evaluate each bidder fairly based on the substance and quality of their responses. Points available for evaluation areas outlined in Section 2.7.2 are weighted according to importance to the state.</p>
257	SoonerSelect RFP: 2.7.3	Step Three – SoonerSelect Specialty Children’s Plan Evaluation (400 points)	80	<p>The RFP states that a total of 30 points are available for “provider network,” but does not indicate specifically how those points will be awarded. How will the 30 points for be allocated across the application questions relating to an executive summary? What criteria will be used to guide whether an applicant earns full points for a question in this category, or something less than full points? What criteria or guidance will be used to ensure that scoring in this category is based on objective factors, and not based on subjective preferences? Will OHCA provide bidders with more detail on the point distribution in order to allow applications to better prepare their applications based on OHCA’s priorities, as demonstrated by the weighting OHCA gives to certain criteria or questions?</p>	<p>OHCA will evaluate each bidder fairly based on the substance and quality of their responses. Points available for evaluation areas outlined in Section 2.7.2 are weighted according to importance to the state.</p>
258	SoonerSelect RFP: 2.7.3	Step Three – SoonerSelect Specialty Children’s Plan Evaluation (400 points)	80	<p>The RFP states that a total of 30 points are available for “case studies,” but does not indicate specifically how those points will be awarded. How will the 30 points for be allocated across the application questions relating to an executive summary? What criteria will be used to guide whether an applicant earns full points for a question in this category, or something less than full points? What criteria or guidance will be used to ensure that scoring in this category is based on objective factors, and not based on subjective preferences? Will OHCA provide bidders with more detail on the point distribution in order to allow applications to better prepare their applications based on OHCA’s priorities, as demonstrated by the weighting OHCA gives to certain criteria or questions?</p>	<p>OHCA will evaluate each bidder fairly based on the substance and quality of their responses. Points available for evaluation areas outlined in Section 2.7.2 are weighted according to importance to the state.</p>

Solicitation 8070001240 Questions
 <BIDDER NAME>

259	SoonerSelect RFP: 2.7.3	Step Three – SoonerSelect Specialty Children’s Plan Evaluation (400 points)	80	The RFP states that a total of 20 points are available for “quality improvement,” but does not indicate specifically how those points will be awarded. How will the 20 points for be allocated across the application questions relating to an executive summary? What criteria will be used to guide whether an applicant earns full points for a question in this category, or something less than full points? What criteria or guidance will be used to ensure that scoring in this category is based on objective factors, and not based on subjective preferences? Will OHCA provide bidders with more detail on the point distribution in order to allow applications to better prepare their applications based on OHCA’s priorities, as demonstrated by the weighting OHCA gives to certain criteria or questions?	OHCA will evaluate each bidder fairly based on the substance and quality of their responses. Points available for evaluation areas outlined in Section 2.7.2 are weighted according to importance to the state.
260	SoonerSelect RFP: 2.7.3	Step Three – SoonerSelect Specialty Children’s Plan Evaluation (400 points)	80	The RFP states that a total of 40 points are available for “inter-agency coordination and data sharing,” but does not indicate specifically how those points will be awarded. How will the 40 points for be allocated across the application questions relating to an executive summary? What criteria will be used to guide whether an applicant earns full points for a question in this category, or something less than full points? What criteria or guidance will be used to ensure that scoring in this category is based on objective factors, and not based on subjective preferences? Will OHCA provide bidders with more detail on the point distribution in order to allow applications to better prepare their applications based on OHCA’s priorities, as demonstrated by the weighting OHCA gives to certain criteria or questions?	OHCA will evaluate each bidder fairly based on the substance and quality of their responses. Points available for evaluation areas outlined in Section 2.7.2 are weighted according to importance to the state.
261	SoonerSelect RFP: 2.7.3	Step Three – SoonerSelect Specialty Children’s Plan Evaluation (400 points)	80	In determining which proposal will best serve Oklahoma, the RFP states that the CEO of OHCA or their designees will exercise "their sole discretion" in awarding the RFP based on the RFP scores. Can OHCA clarify "sole discretion?" The sentence later states that awards will be based on "overall RFP scores," so is there subjectivity in making an award or is it solely based on score?	An OHCA evaluation team of subject matter experts will review and score the proposals and deliver the results to the OHCA CEO, who will invite top bidders to contract with the state based on their scores. Evaluation team members will remain confidential.
262	Model Contract: 1.1.7	Contract Term	85	"In accordance with Article X of the Oklahoma State Constitution, the initial Contract shall begin upon Contract award and terminate on June 30, 2021." This termination date seems to be in error. Can you please confirm the correct date?	This is the correct date
263	1.1.7	Contract Term	85	The Model Contract states "In accordance with Article X of the Oklahoma State Constitution, the initial Contract shall begin upon Contract award and terminate on June 30, 2021." Please confirm that the initial one-year term should actually be through June 30, 2022.	The initial contract period is through June 30, 2021
264	Model Contract: 1.1.18.7	Reinsurance	97	Given OHCA's requirements around reinsurance, please confirm that the development of capitation payment rates will include an adjustment for the expected cost an MCO obtaining reinsurance.	Reinsurance is voluntary. There will be no adjustments in capitation rates.

Solicitation 8070001240 Questions
 <BIDDER NAME>

265	Model Contract Section 1.2.5	Capitation Rate Changes	102	The RFP language states "Material programmatic changes made during the Rating Period that affect Capitation Payment shall result in an adjustment to the rates." Can you please elaborate on the materiality threshold for triggering mid-year rate adjustments?	Program change evaluation will be reviewed on a case-by-case basis for potential capitation rate upward/downward impact.
266	Appendix 1 Model Contract 1.2	Payments to Contractor	102	Is Mercer expecting to provide a rate range or a point estimate?	CMS requires certification to an exact rate per rate cell.
267	Model Contract Section 1.3.2	Accreditation and OHCA Non-Compliance Remedies	103	In the event that go-live is delayed for circumstances beyond OHCA's control, will the agency consider revising the timing of receipt of health plan accreditation to tie to the go-live date rather than the award-date? Maintaining the requirement that health plans be accredited within 18 months of award may result in MCOs seeking accreditation without any operational experience in Oklahoma Medicaid. We respectfully recommend that MCOs be accredited by an Accrediting Entity within 18 months of go-live.	Yes.
268	Model Contract 1.3	Administrative Requirements	103	Will a coordinated care contract addendum be required for providers participating in coordinated care models (HAN, HMP, PCMH)? If the programs are changing, in order to support a seamless experience for the members and providers, what are the expectations of MCOs to support these existing models and the attributed population?	OHCA would like for the members to continue with these coordinated care models, but they are not a requirement.
269	Model Contract: 1.3.3	Subcontracting	103	What responsibilities are permitted to be subcontracted?	OHCA is not dictating what responsibilities may be subcontracted.
270	Model Contract: 1.3.3	Subcontracting	103	What standards will OHCA be reviewing prior to approval?	In reviewing written subcontract agreements, OHCA will review for compliance with 42 CFR 438.230 and the requirements of Section 1.3.3 of the Model Contract.
271	Model Contract: 1.3.3	Subcontracting	103	Can an MCO delegate care, disease and utilization management to a clinically integrated network? If so, what delegation and oversight requirements will be required?	OHCA is not dictating what responsibilities may be subcontracted. The Contractor is responsible for ensuring subcontracts meet the requirements of 42 CFR 438.230 and Section 1.3.3 of the Model Contract and must implement oversight activities sufficient to ensure ongoing compliance with all contract terms.
272	Model Contract: 1.1.3	Subcontracting	103	Will OHCA consider contracting MCOs on a regional basis in the future? Consider modeling after North Carolina that saw the value of contracting with in-state, provider-led entities.	OHCA intends to only contract with MCOs on a statewide service basis at present time. It is possible that OHCA will consider contracting with MCOs on a regional basis at some point in the future, but there are no plans to do so at this time.
273	Model Contract: 1.3.3	Subcontracting	103	Can a MCO delegate certain administrative responsibilities to a clinically integrated network to help facilitate the efficient and effective care of covered SoonerCare participants? If so, what delegation and oversight requirements will be required?	OHCA is not dictating what responsibilities may be subcontracted. The Contractor is responsible for ensuring subcontracts meet the requirements of 42 CFR 438.230 and must implement oversight activities sufficient to ensure ongoing compliance with all contract terms.

Solicitation 8070001240 Questions
 <BIDDER NAME>

274	Model Contract 1.3.3	Subcontracting	103	When will OHCA make determinations and/or approve subcontracting arrangements?	If a successful Bidder proposed a subcontractor during the proposal process, use of the subcontractor is approved. Written subcontractor agreements will be reviewed during the readiness review process.
275	1.3	Administrative Requirements	103	Please identify all elements considered in developing Administrative load that will apply to the management of all services in the Model Contract.	All administrative functions permissible under 42 CFR 438.5(e) will be included in the non-benefit portion of the capitation rates.
276	1.3.3	Subcontracting	103	OHCA defines a major subcontractor as: "Administrative – Entity anticipated being paid \$2,000,000 or more for Health Plan Enrollee- or Provider-facing administrative activities, including but not limited to operation of call centers, claims processing and Health Plan Enrollee/Provider education; Health Service – Entity, not including Participating Providers, that has an executed agreement to deliver or arrange for the delivery of any physical health, behavioral health or pharmacy benefit covered under the Contract in accordance with Section 1.6: "Covered Benefits" of this Model Contract." Since the term of the initial contract is a single year, will OHCA confirm the \$2 million threshold for Major Administrative Subcontractors corresponds to the initial one year period, and applies to a \$2 million threshold annually thereafter?	Yes.
277	Model Contract: 1.3.5	Oklahoma Presence	105	OHCA specifies that "The Contractor may maintain Key Staff such as Care Managers and Health Plan Enrollee Services staff throughout Oklahoma in order to best serve the needs of the Health Plan Enrollees." Will MCOs also be allowed to maintain some provider services and quality management staff across Oklahoma to better engage with providers across the state?	Yes
278	Model Contract: 1.3.5	Oklahoma Presence	105	OHCA specifies that "The Contractor may maintain Key Staff such as Care Managers and Health Plan Enrollee Services staff throughout Oklahoma in order to best serve the needs of the Health Plan Enrollees." Will MCOs also be allowed to maintain some provider services and quality management staff across Oklahoma to better engage with providers across the state?	Yes
279	Model Contract: 1.3.6.2	Key Staff	107	Has the OHCA determined any other staffing requirements or ratios, other than what was identified in the RFP?	No
280	Model Contract: 1.3.6.1	Board of Directors	107	Is there a required minimum number of members for the Board of Directors constituted specifically for this Model Contract?	No
281	Appendix 1: Model Contract - 1.3.6.5	Administrative Requirements: Staffing: Pharmacy Benefit Manager Liaison	110	With respect to Section 1.3.6.5 - Pharmacy Benefit Manager Liaison, please advise if the Liaison can be an employee of the Pharmacy Benefit Manager.	This is acceptable if the employee serves as a direct liaison.

Solicitation 8070001240 Questions
 <BIDDER NAME>

282	Appendix 1 Model Contract 1.3.8	Coordination with Other State Agencies	111	Given the requirements in the RFP to collaborate with other state agencies, please confirm that the agencies listed fall outside of the black out requirements for the RFP?	Yes
283	1.4.4	Eligibles Opting out of SoonerSelect Specialty Children's Plan	113	Former Foster Children and Children Receiving Adoption Assistance have the option to opt-out of enrollment in the Specialty Children's Plan and enroll with a SoonerSelect MCO. How will OHCA adjust rates if actual opt-out selection varies substantially from the rate development assumptions?	Given the goals and focus of the Specialty Children's Plan, this is anticipated to be relatively rare. TANF/CHIP Child and TANF Parents/Caretaker populations are risk adjusted.
284	Model Contract Sections 1.6.1 and 1.6.2, and Appendix 1	Medical and Related Benefits & Behavioral Health Benefits and Appendix 1	121	Based upon review of the enrollee services within the proposed contract it appears there are requirements for prior authorization on what may be determined to be routine behavioral health services. Would OHCA allow MCOs to adjust prior-authorization requirements to allow for ease of access, decrease provider administrative activities, and ultimately to align services with MHPAEA compliance?	Yes. the MCO can be less restrictive with PA's, but not more restrictive than OHCA's current PA processes and criteria.
285	Model Contract Section 1.6.1	Medical and Related Benefits	128	Section 1.6.1 states prescription drug coverage for adults is limited to "up to six prescriptions per month, including up to two brand name drugs without Prior Authorization and up to three brand name drugs with Prior Authorization (within the six prescription limit)". Are we allowed to be more permissive than the State and thus allow members to get more than 6 prescriptions per month? Are we allowed to exceed the 6 prescriptions/month if there is a Medical Necessity need?	Current State Plan limits are 6, the plans could offer value added benefits to allow more.
286	Appendix 1: Model Contract - 1.6.1	Medical and Related Benefits	128	With respect to Section 1.6.1 - Medical and Related Benefits, Service "Prescription drugs; 317:30-5 Part 5," which multi-source code (MSC) defines a brand name drug?	These are defined and provided in the OHCA drug file from First Data Bank.
287	Appendix 1: Model Contract - 1.6.1	Medical and related benefits	130	With respect to Section 1.6.1 - Medical and Related Benefits, are ocularist services covered if medically necessary?	OHCA covers services related to ocular prosthetics for children ages 0-20 when medically necessary.
288	Appendix 1 Model Contract 1.6.2 and 1.6.2.6	Behavioral Health Benefits and Behavioral Health Crisis Services	Pages 131 and 136	Covered Medicaid behavioral health crisis services are not specifically identified in the table of covered behavioral health benefits in section 1.6.2. However, under 1.6.2.6 the Contractor is required to develop and maintain a comprehensive behavioral health crisis response network. Does OHCA expect the Contractor to pay for crisis services with Medicaid funding or is there other funding available under this contract? Which Medicaid covered services are covered by Medicaid and which HCPCS/CPT codes should the Contractor use to pay for Medicaid-covered crisis services? Which provider types are allowed to provide Medicaid-covered crisis services? What activities related to the crisis system will ODMHSAS continue to undertake related to the crisis system?	Crisis services are included under Independently Contracted Licensed Behavioral Health Professionals, Outpatient behavioral health agency services and Independently Contracted Psychologists. For current SoonerCare behavioral health billing codes and fee schedules, see www.okhca.org/behavioral-health
289	Appendix 1: Model Contract - 1.6.3.1	Covered Benefits: Pharmacy Program: Pharmacy Services	137	With respect to Section 1.6.3.1 Pharmacy Services, will MCOs be permitted to develop and apply coverage criteria for any product categories not covered under the Preferred Drug List?	No, criteria will be provided for the PDL and all other products are covered without criteria

Solicitation 8070001240 Questions
 <BIDDER NAME>

290	Appendix 1: Model Contract - 1.6.3.1	Covered Benefits: Pharmacy Program: Pharmacy Services	137	With respect to Section 1.6.3.1 Pharmacy Services, if an MCO would not typically apply criteria for a drug category, will it be able to continue in this manner or will it be required to adopt OHCA developed criteria?	No, criteria will be provided for the PDL and all other products are covered without criteria
291	Appendix 1: Model Contract - 1.6.3.1	Pharmacy Services	137	With respect to Section 1.6.3.1 - Pharmacy Services, will the Preferred Drug List be a comprehensive formulary or will the contractor be allowed to manage any drug classes?	Yes, an MCO can have drug categories with no criteria applied.
292	Appendix 1: Model Contract - 1.6.3.7	Pharmacy Benefit Program	137	With respect to Section 1.6.3.7 - Pharmacy Services, can MCOs develop and apply coverage criteria for any product categories not covered under the Preferred Drug List? If an MCO would not typically apply criteria for a drug category, can it continue in this manner?	PDL will be a comprehensive formulary and the contractor will not be allowed to manage any drug classes
293	Model Contract: 1.6.3.1	Pharmacy Program: Pharmacy Services	137	OHCA indicates that the Contractor will need to administer the State PDL and that if the drug can reasonably be provided by either a pharmacy or administered by a health care practitioner, the Contractor should make the drug available in both settings. To ensure consistency of application across winning bidders, will OHCA be providing an indicator of those drugs that should be made available in both settings on the PDL?	No, MCOs cannot develop and apply coverage criteria for any product categories not covered under the PDL. Yes, an MCO can have drug categories with no criteria applied.
294	1.6.3.1	Pharmacy Services	137	Appendix 1: Model Contract 1.6.3.1 states "The MCOs, including the Contractor, shall not put in place or implement any product coverage criteria outside of what OHCA has developed, including products that are covered without criteria." Please define "product coverage criteria."	The products that would be considered covered on both are those with a drug related HCPCS code and are not indicated as "MEDICAL ONLY" on the drug file.
295	Appendix 1: Model Contract - 1.6.3.2	Physician Administered Drugs	138	With respect to Section 1.6.3.2 - Physician Administered Drugs, will this be managed via a fee schedule that dictates reimbursement, and, if so, when will this be developed?	Payment methodology is in OHCA rules 317:30-5-78
296	Model Contract: 1.6.3.2	Pharmacy Program: Physician Administered Drugs	138	It says OHCA may develop a PDL for physician administered drugs. Can OHCA supply the PDL for physician administered drugs? Or should we assume that the Contractors will develop their own PDL until such time as OHCA produces one?	This is developed and listed in OHCA rules 317:30-5-78 Please see question 353.
297	Appendix 1: Model Contract - 1.6.3.4.4	Rebates and Financial Reports	139	With respect to Section 1.6.3.4.4 - Rebates and Financial Reports, do the requirements apply to the base rebate or to the base AND supplemental rebates?	Yes, OHCA will provide the PDL and will be encompassed in the full pharmacy benefit PDL. The contractor will not develop their own PDL.
298	Model Contract: 1.6.3.4.4	Pharmacy Benefit Management Services: Rebates and Financial Reports	139-140	It says the Contractor or their PBM should have a Medicaid-specific BIN and PCN number. Knowing that pharmacies often do not check the member's ID card until they receive a reject, does OHCA want the Contractors to reject claims submitted with the incorrect PCN or should the Contractors accept the submitted PCN as long as we can find the OHCA Medicaid member in our system?	OHCA expects the Contractor or their PBM to utilize a unique BIN and PCN for claims processed under this contract.
299	Model Contract: 1.6.3.4.4	Pharmacy Benefit Management Services: Rebates and Financial Reports	139-140	It says that the Contractor or their Subcontractor shall ensure that drugs are not subject to 340B drug pricing so OHCA can collect the federal rebates. Should Contractors interpret this to mean that OHCA wants them to reject any claim billed with an NCPDP identifier for a 340B claim, regardless of if that identifier impacts the claim's pricing?	Yes, OHCA does want the Contractor/Subcontractor to deny any claims that have the 340B NCPDP identifier. Additionally, the Contractor must ensure that 340B drugs are not utilized by pharmacies for the Medicaid program.

Solicitation 8070001240 Questions

<BIDDER NAME>

300	Appendix 1: Model Contract - 1.6.3.4.5	Covered Benefits: Pharmacy Program: Pharmacy Benefit Management Services: Drug Utilization Review	140	With respect to Section 1.6.3.4.5 - Drug Utilization Review and in comparison to Section 1.7.6.9 - Outpatient Drug Authorization Decisions, please clarify if the MCO will be developing and maintaining the prospective review program or will the MCO be utilizing the criteria established by the OHCA Drug Utilization Review Board for medication Prior Authorization determinations.	The contractor will be doing both. The contractor will develop and maintain the prospective review program (with OHCA approval) and will be utilizing criteria established by OHCA Drug Utilization Review Board for medication PA determinations
301	1.6.3.4.5	Drug Utilization Review	140	The Model Contract states that "Pharmacies and prescribing Providers shall be contacted about aberrant drug use patterns, and the Contractor or their Subcontractor will report on program outcomes on a quarterly basis." Please clarify whether the requirement is to quarterly report program outcomes to Prescribers and Pharmacies, or to OHCA?	The contractor will contact prescribing providers to remedy issues discovered and report to OHCA quarterly the outcomes of the contractors discoveries and interventions.
302	Model Contract Section 1.6.5	State Plan Personal Care Services	141	Would the state provide current utilization of state plan personal care services for the mandatory and voluntary population covered in this RFP, excluding, of course, the expansion population, for which we know data does not yet exist?	Any Personal Care services attributable to this population would fall into the "All Other" line in the data book. Personal Care Services is a specific line item in the SFY 2019 Annual Report Appendix page 23, found on the website at http://www.okhca.org/
303	Appendix 1: Model Contract - 1.66	Nursing Facility & ICF-IID	142	With respect to Section 1.6.6 - Nursing Facility and ICF-IID Stays, please describe the point in the member's care at which they are disenrolled.	Please see the contract.
304	Appendix 1: Model Contract - 1.6.7.2	NEMT Covered Services	142	With respect to Section 1.6.7 - NEMT Covered Services, please describe how the requirements apply to rural areas or if there are any different requirements for rural areas?	The requirements are the same for rural areas.
305	Model Contract: 1.6.13	School-Based Services	146	Please confirm MCOs may choose to contract with either the school, the ODSE school-based vendor, or both at its sole discretion?	Yes.
306	Appendix 1 Model Contract 1.6.14	SoonerStart	147	Please clarify whether SoonerStart/Early Intervention is included in the RFP population.	Yes.
307	Model Contract: 1.6.13	School-Based Services	147	Please confirm that MCOs may choose whether to credential school-based providers at its sole discretion.	Per Section 1.6.13, Contractor shall honor the current contracting and credentialing process established by OSDE but may require a copy of appropriate credentials and OSDE contracts during applicable audits. Additionally, per Section 1.12.4.7.2, local, regional, and state educational service agencies are considered essential community providers.
308	1.7.2	Medical Management Program Components	153	The Model Contract states "evaluative criteria" to be applied during "Readiness Review, annually and at time specified by OHCA." Are these criteria currently available?	No. The criteria will be available for successful bidders at the time of award.
309	Appendix 1: Model Contract - 1.7.6.1	Services Requiring PA	154	With respect to Section 1.7.6.1 - Services Requiring PA, does the requirement to not impose Prior Authorization on any urgent behavioral health services intend to limit prior authorization on emergent services?	Yes.
310	1.7.6	Authorization Process	154	The Model Contract states "The Contractor shall provide information sufficient for OHCA to comply with its statutory responsibilities under 63 O.S. § 2560-2565, as requested." Please provide the correct citation as there does not appear to be §2560-2565 section under 63 O.S.	The citations are correct. The Nondiscrimination in Health Care Coverage Act became effective on November 1, 2020, and is available on www.oscn.net .

Solicitation 8070001240 Questions
 <BIDDER NAME>

311	Model Contract	Section 1.7.6.3	155	Section 1.7.6.3 requires a decision on standard prior authorization requests within 72 hours of receipt, and expedited within 24 hours, however Section 1.16.2.3.3. requires the Contractor provide notice on standard service authorizations (PA) within 14 days of receipt, and expedited within 72 hours. These appear to conflict with each other. Please confirm what the required timeframes are for standard and expedited prior authorization decisions and notices.	OHCA's intent is that all prior authorization decisions (approvals, denials, or limitations) be made within 72 hours or within 24 hours for expedited reviews, and notifications be made as expeditiously as possible. Federal regulations allow up to 14 days for notification.
312	Appendix 1: Model Contract - 1.7.6.2	Methods of PA Submission	155	With respect to Section 1.7.6.2 - Methods of Prior Authorization (PA) Submission, will the MCO have flexibility to utilize their own PA form for pharmacy requests or will OHCA require a standardized pharmacy PA request form?	The contractor can use their own forms if approved by OHCA and the criteria is an exact match to the OHCA criteria
313	Appendix 1: Model Contract - 1.7.6.2	Methods of PA Submission	155	With respect to Section 1.7.6.2 - Methods of Prior Authorization (PA) Submission, does the requirement that the contractor use the OHCA standardized PA form preclude the contractor from requesting additional medical records be included?	No, Contractor may request additional records if needed for their review.
314	Appendix 1: Model Contract - 1.7.6.2	Methods of PA Submission	155	With respect to Section 1.7.6.2 - Methods of Prior Authorization (PA) Submission, does the requirement that the contractor use the OHCA standardized PA form preclude the contractor from accepting requests that are not via the standardized form?	When Contractors use a PA form, they should utilize the OHCA standardized form.
315	Appendix 1: Model Contract - 1.7.6.3	Timeliness Standards	155	With respect to Section 1.7.6.3 - Timeliness Standards, does the requirement to decide standard Prior Authorization requests within 72 hours of receipt of the request have any corresponding minimum standard for clinical information received?	No.
316	Appendix 1: Model Contract - 1.7.6.3	Timeliness Standards	155	With respect to Section 1.7.6.3 - Timeliness Standards, does a contractor's request for additional clinical information fall under the 14-day extension for completion of the request?	Yes.
317	Appendix 1: Model Contract - 1.7.6.2	Methods of PA Submission	155	With respect to Section 1.7.6.2 - Methods of PA Submission, we respectfully request OHCA share a template PA form.	HCA-12A is available online at www.okhca.org
318	1.7.6.2	Methods of PA Submission	155	The Model Contract cites use of the "OHCA-developed PA Request Form." Please provide a copy of the OHCA-developed Prior Authorization Request Form as cited in Model Contract" 1.7.6.2	HCA-12A is available online at www.okhca.org
319	Appendix 1: Model Contract - 1.7.6.5	Concurrent Review	156	With respect to Section 1.7.6.5 - Concurrent Review, is it OHCA's expectation that concurrent review policies follow NCQA standards? If not, please describe other standards OHCA would like the contractor to follow.	OHCA expects contractors to follow applicable state and federal guidelines, OHCA policy, and NCQA standards.
320	Appendix 1: Model Contract - 1.7.6.7	Authorization Denials and Peer-to-Peer Review	156	With respect to Section 1.7.6.7 - Authorization Denials and Peer-to-Peer Review, is it OHCA's expectation that the peer to peer review process occur prior to the contractor issuing an adverse determination?	The peer to peer review would occur after issuing an adverse determination unless the Contractor establishes a different process approved by OHCA.
321	Appendix 1: Model Contract - 1.7.6.7	Authorization Denials and Peer-to-Peer Review	156	With respect to Section 1.7.6.7 - Authorization Denials and Peer-to-Peer Review, what is OHCA's definition of "appropriate expertise" to deny a Service Authorization request?	Individuals with the proper training, certification and/or licensure to make knowledgeable determinations.

Solicitation 8070001240 Questions
<BIDDER NAME>

322	Model Contract: 1.7.6.9	Authorization Process: Outpatient Drug Authorization Decisions	156-157	It says that PA requests shall not be denied by non-licensed medical personnel. Should Contractors interpret this to mean that all PA denials must be made by an appropriately licensed Medical Director or can they be made by an OK-licensed pharmacist?	Denials can be made by an OK-licensed pharmacist. Not a licensed Pharmacy Technician or support staff.
323	Model Contract Section 1.7.6.9	Outpatient Drug Authorization Decisions	157	Section 1.7.6.9 states "Prior authorization requests shall not be denied by non-licensed medical personnel." Can the State confirm that licensed pharmacists can deny prior authorizations?	Denials can be made by an OK-licensed pharmacist. Not a licensed Pharmacy Technician or support staff.
324	Appendix 1: Model Contract - 1.7.6.9	Outpatient Drug Authorization Decisions	157	With respect to Section 1.7.6.9 - Outpatient Drug Authorization Decisions, are pharmacists allowed to make final coverage determinations per NCQA and CMS guidance?	An OK licensed pharmacist can make drug coverage decisions for outpatient/physician administered drugs
325	Appendix 1: Model Contract - 1.7.6.10	Outpatient Drug Authorization Decisions	157	With respect to Section 1.7.6.9 - Outpatient Drug Authorization Decisions, are controlled substances excluded from 72-Hour emergency fill allowances?	It is at the discretion of the pharmacist and Oklahoma State Board of Pharmacy requirements per the statement in this section (This requirement does not apply if the dispensing pharmacist establishes that dispensing this dosage would jeopardize the health or safety of the Health Plan Enrollee, in which case the pharmacist should contact the prescribing Provider.)
326	Section 1.9.5	Transitions Between MCOs and OHCA	169	We respectfully request OHCA share a breakdown of current Medicaid enrollees who will be SoonerSelect MCO eligibles by zip code.	See the enrollment fast facts.
327	Appendix 1: Model Contract -	Quality: Quality Performance Measures	179 - 184	With respect to Section 1.10.5 - Quality: Quality Performance Measures, The tables for Physical and Behavioral Health Performance Measures include some measures which have been retired by NCQA (i.e., AWC). The current table indicates that CMS Core Set definitions, which leverage NCQA as the Measure Steward, will apply for each measure. Will OHCA provide an updated performance measure list to align with recent NCQA changes?	NCQA has not retired measure AWC. Reporting is required for all listed measures. Future updates of measures will happen as CMS updates core sets or as OHCA adds or removes measures.
328	Solicitation Guidelines: 2.5.2	Technical Proposal Contents	185	With respect to Item 69 of Section 2.5.2 - Technical Proposal Contents, it is requested that Contractors include "The proposed frequency with which profiles will be distributed." However, Section 1.10.8 - Provider Profiling describes that "The Contractor shall conduct PCMH Provider and other Participating Provider profiling activities at least quarterly." Please advise if the Contractor should follow the quarterly frequency or if a new frequency should be proposed?	At a minimum, Provider profiling must occur quarterly. It is at the Contractor's discretion to determine if profiling should occur more frequently.
329	Model Contract: 1.10.7	Addressing Health Disparities	185	Please confirm that the health equity representatives referenced in this section are not key staff, don't require a specific title/job description, and the responsibilities may be included as elements of another job description?	Not considered key staff, do not require a specific title/job description, and the responsibilities may be included as elements of another job description.
330	1.10.7	Addressing Health Disparities	185	As outlined in the Model Contract, health plans are required to collect and meaningfully use health plan enrollee data such as race, ethnicity, language and SDOH data. Please clarify the extent to which this information will be provided in the enrollment file.	Please see the OHCA 834 Companion Guide.
331	Appendix 1: Model Contract - 1.11.6.2	Website Content	199	With respect to Section 1.11.6.2 - Website Content, will OHCA provide a preferred drug list template for publication to members?	No, the information will be listed on the website for anyone to reference.

Solicitation 8070001240 Questions
 <BIDDER NAME>

332	1.11.6.3	Health Plan Enrollee Website Portal	199	<p>Regarding the sentence: The Contractor must provide a Health Plan Enrollee portal on its website with a single sign-on process that can be accessed on a variety of electronic devices, including a computer or mobile device.</p> <p>We normally think of "single sign-on" as the technology that combines several different application login screens into one. However our sense in the above statement is that OHCA is requiring that the Contractor enable Enrollees to login to the Contractor's web portal and other electronic devices with the same Enrollee user credentials (as opposed to different login ID and password for different devices). Are we interpreting OHCA's requirement correctly?</p>	Yes.
333	1.11.15.8	Allowable Marketing Activities	210	Regarding member rewards, does OHCA require managed care organizations restrict how rewards can be spent?	Health Plan Enrollee rewards proposals must be reviewed and approved by OHCA in accordance with Model Contract Section 1.11.3.2: Prior Approval Process. To receive OHCA approval, proposals must meet all federal requirements regarding inducements.
334	1.11.15.8	Allowable Marketing Activities	210	Regarding member rewards, does OHCA impose an annual maximum earning potential for members?	Health Plan Enrollee rewards proposals must be reviewed and approved by OHCA in accordance with Model Contract Section 1.11.3.2: Prior Approval Process. To receive OHCA approval, proposals must meet all federal requirements regarding inducements.
335	Model Contract: 1.12	Provider Network Development	211	By what date will executed provider agreements be required for an MCO?	No later than 90 days from contract award.

Solicitation 8070001240 Questions

<BIDDER NAME>

336	Model Contract Section 1.12.1.5	Provider Network Development and Management Plan	214	<p>The Model Contract states that the Provider Network Development and Management Plan is required at time awardee enters into contract with OHCA and requires adequate network (truncated below):</p> <p><i>"The Provider Network Development and Management Plan shall contain, at a minimum, information on the following:</i></p> <ul style="list-style-type: none"> • <i>Summary of Participating Providers, by provider type and geographical location in the State;</i> • <i>An attestation that the Contractor's network of Participating Providers is sufficient to provide adequate access to all services covered under the Contract for all Health Plan Enrollees, including but not limited to those with LEP or physical or mental disabilities;</i> • <i>Demonstration of monitoring activities to ensure that OHCA-defined network access standards, including time and distance, are met;</i> • <i>Summary of capacity of the Contractor's network of Participating Providers and network adequacy issues by type of Provider, service and county and efforts to address those issues; and</i> • <i>Ongoing activities for Participating Provider development and expansion considerations."</i> <p>However, 1.1.7 Contract Term of the Model Contract indicates that the contract commences upon award – this will require network to be fully contracted by award</p> <ul style="list-style-type: none"> • "1.1.7 Contract Term: In accordance with Article X of the Oklahoma State Constitution, the initial Contract shall begin upon Contract award." 	The Contractor's Provider Network Development and Management Plan is required at time awardee enters into contract. Contractor must show proof of established network within 90 days from award.
337	Model Contract Section 1.12.2.2	Minimum Content Requirements	216	Is there a requirement to have our provider agreements approved prior to use in the market? If so, what are the standard approval times? Are material changes required to be refiled with the state?	Yes. Approval will generally be decided no later than ten (10) business days after submission. Material changes that could substantively add, delete, modify or otherwise change, participating providers rights or obligations under the agreement must be submitted for approval prior to use.
338	Model Contract Section 1.12.2.4.1	PCMH Provider Agreements	220	The Model Contract does not specify if the OHCA definition of PCMH is inclusive of the NCQA PCMH Certification standards to be designated a PCMH. Please confirm if Providers seeking to serve as PCMHs for SoonerSelect must be certified as PCMHs under NCQA standards.	Providers seeking to serve as PCMHs for SoonerSelect do not have to be certified as PCMHs under NCQA standards.
339	1.12.3.1	Credentialing and Recredentialing Timeframes	222	<p>Please confirm that a Contractor can extend the 45 day timeline if it is unable to credential or recredential a provider due to an application not being clean?</p> <p>If yes, would OHCA allow extensions of 15 days in alignment with 2014 Oklahoma Statutes Title 36. Insurance §36-4405.1?</p>	The Contractor may exercise an extension of 15 days, upon OHCA's approval.
340	Model Contract: 1.12.4.1	PCMH Provider Standards	223	In the list of Provider Types included as PCMH Providers, the State does not list OB/GYN providers. Can the State clarify whether OB/GYN is considered as primary care?	OHCA does not recognize OB/GYN as primary care.
341	Model Contract: 1.12.4.1	PCMH Provider Standards	223	In the list of Provider Types included as PCMH Providers, the State does not list OB/GYN providers. Can the State clarify whether OB/GYN is considered as primary care?	OHCA does not recognize OB/GYN as primary care.

Solicitation 8070001240 Questions

<BIDDER NAME>

342	Model Contract Section 1.12.4.1	PCMH Provider Standards	223	<p>PCMHs are defined as PCPs in the Model Contract, however, there is no indication of OHCA's expectations regarding PCMH tier and subsequent member assignment or responsibilities by tier. Please confirm:</p> <ul style="list-style-type: none"> - If OCHA is unilaterally designating all PCP provider types defined as PCMHs and is no longer stratifying PCMHs by tier - If the state intends to continue with the current SoonerCare PCMH model that designates PCMHs by tier, please confirm that MCOs are not required to contract a defined number of PCMHs in each PCMH program tier to meet network adequacy requirements - If MCOs will be required to maintain specific network adequacy by tier, please define the standards that will be applied. 	Refer to Section 1.12.2.4.1 and 1.12.4.1 of the model contract. These sections set forth expectations for PCMH contracting by MCOs. OHCA will not continue to distribute PMPM payments to PCMHs that are contracted with MCOs and providing services to the managed care populations. MCOs have flexibility to create their own PCMH models that utilize performance based provider payments pursuant to Section 1.14.1.10.
343	Model Contract Section 1.12.4.5	Pharmacy Provider Standards	227	<p>Section 1.12.4.5 states "In accordance with OAC 535:15-3-9, any pharmacy located outside the State of Oklahoma providing pharmacy services to Oklahoma residents must be licensed by the Oklahoma State Board of Pharmacy. Additionally, the Pharmacist in Charge must also be licensed by the Oklahoma State Board of Pharmacy." (1) Please confirm this does not apply to specialty or mail order pharmacies. (2) How does the State expect MCOs to handle prescriptions for members that are out of state (e.g., foster care) or on vacation?</p>	This applies to specialty and mail order pharmacies doing business in Oklahoma. For specialty situations, such as described here, the MCO will work directly with OHCA's Provider Enrollment unit to coordinate the enrollment of out-of-state providers.
344	Appendix 1: Model Contract - 1.12.4.5	Pharmacy Provider Standards	227	<p>With respect to Section 1.12.4.5 - Pharmacy Provider Standards, are MCOs allowed to use a preferred Mail Order Pharmacy Network to ensure appropriate cost of care and quality of clinical programs?</p>	No. Mail Order can be offered but cannot be preferred if that would be outside of the guidelines listed (The Contractor may utilize mail-order pharmacies in its Participating Provider network but shall not require or incentivize Health Plan Enrollees to use a mail-order pharmacy, including through different Health Plan Enrollee Cost Sharing. Health Plan Enrollees who elect to use this service must not be charged fees, including postage and handling fees.)
345	Model Contract: 1.12.4.5	Time and Distance and Appointment Access Standards: Pharmacy Provider Standards	227-228	<p>It says that Contractors or their Subcontractors cannot in any manner or material include the name of any pharmacy unless it specifically lists all pharmacies. If we reference where to find a list of all pharmacies on our website in the communication, is that acceptable? As an example, when a provider leaves the network, we often refer the member to the 3 pharmacies closest to their residence so we would list 3, then provide information on how to access a full pharmacy list.</p>	Yes, that is acceptable if the list contains all pharmacies and in some non-bias order like alphabetically or miles from members resident.
346	Model Contract Section 1.13.2.1 and Section 1.11.8	Availability and Behavioral Health Services Hotline	233	<p>Please confirm that the pharmacy call center as outlined in 1.13.2 and behavioral health call center as outlined in 1.11.8 are separate from the Provider and Enrollee services call centers and do not need to be located and operate within 25 miles of the OHCA office, and can operate outside of Oklahoma as long as they meet operational hour and performance measure requirements.</p>	They are the same and should operate within 25 miles of the OHCA office.
347	Appendix 1: Model Contract - 1.13.2.2	Provider Services Call Center	233	<p>With respect to Section 1.13.2.2 - Provider Services Call Center, please define the term "blocked call rate."</p>	Blocked calls are calls that come in but do not reach an agent due to going to voicemail, or no agents logged in to take the call.

Solicitation 8070001240 Questions
 <BIDDER NAME>

348	1.13.3.1	General Website Requirements	234	Please confirm that the "website" represents pre-login content and the "portal" represents post-login, secure content.	Yes.
349	1.14.1.2	Payment to Non-Participating Providers	240	Will OHCA consider good-faith negotiations from MCOs to providers when determining non-participating providers?	Yes, please see Section 1.14.1.2- Payment to Non-Participating Provider. The non-participating provider must be enrolled with OHCA in order to receive reimbursement.
350	Appendix 1 Model Contract	1.14.1 Provider Payment Rates	240	Pursuant to the presentation by the State on PCMHs last month, we assume the State will continue to include PCMH payments in the MCO capitation rates?	Yes
351	Appendix 1: Model Contract - 1.14.1.7	Payments to Pharmacy Providers	241	With respect to Section 1.14.1.7 - Payments to Pharmacy Providers, does the fee for service payment rate apply to pharmacy and medical drugs?	The payment methods differ for pharmacy and medical drug claims but the distinct FFS payment methodology will apply. Payment methodology is in OHCA rules. 317:30-5-78.
352	1.14.1.3	Balance Billing	241	How will OHCA enforce the prohibition on balance billing from non-contracted providers?	Any provider reimbursed for a SoonerCare service must be screened and contracted with OHCA. OHCA Provider agreements have prohibitions on balance billing that providers are well aware of. OHCA also receives notice of balance billing from members.
353	1.14.1.7	Payments to Pharmacy Providers	241	Would the State please share or otherwise identify where we can locate the current Medicaid FFS payment rates and rate methodologies for pharmacies?	Payment methodology is in OHCA rules. 317:30-5-78
354	Model Contract: 1.14.1.7	Provider Payment: Payments to Pharmacy Providers	241-242	We understand that we will need to pay FFS Medicaid rates. Can you please confirm that these are the appropriate rates to be paid? Brands - Lesser of NADAC or WAC Generics - Lesser of State MAC, NADAC or WAC Dispensing Fee - \$10.87	Please see the OHCA payment methodology referenced in question 353. The current dispensing fee is \$11.41
355	Model Contract: 1.14.1.7	Provider Payment: Payments to Pharmacy Providers	241-242	We understand that we will need to pay FFS Medicaid rates, which include the use of the State MAC for generics. Will OHCA be providing Contractors the State MAC or should PBMs be creating a MAC to be used?	OHCA will provide the contractors the State MAC. The PBM will not be creating a MAC to be used.
356	Model Contract: 1.14.1.7	Provider Payment: Payments to Pharmacy Providers	241-242	We understand that we will need to pay FFS Medicaid rates, which include the use of the State MAC for generics. It does not appear that OHCA publishes their State MAC list online. Can OHCA please supply a copy of the State MAC list to be used for financial analysis projections?	OHCA will provide the contractors the State MAC. The PBM will not be creating a MAC to be used.
357	Model Contract: 1.14.1.7	Provider Payment: Payments to Pharmacy Providers	241-242	We understand that we will need to pay FFS Medicaid rates based on brand/generic status. How does OHCA determine brand/generic status? For example, do you use an indicator from the First Data Bank drug file and do you expect the Contractors to do the same?	This information comes from First Data Bank drug file feed to OHCA.
358	Appendix 1 Model Contract	1.14.1.10 Performance-Based Provider Payments	242	Because the State recognizes the essential role that FQHCs and RHCs play in serving Medicaid populations, can we assume FQHC and RHC payments will be included in the calculation for the Performance-Based Payment Plan and VBP threshold?	Yes

Solicitation 8070001240 Questions
 <BIDDER NAME>

359	Model Contract Section 1.14.1.10	Performance-Based Provider Payments	243	The Model Contract states that by year 3 of the contract that at least 80% of payments to Participating Providers shall be paid to Providers whose Provider Agreement contains a performance-based component. Please clarify if the contract term is for one year, that the intent of OHCA is that MCOs whose contract is renewed annually will be assessed on their ability to meet this requirement in the third contract iteration/renewal. Additionally, please clarify if OHCA's expectation is that MCOs meet this threshold by October 1, 2024, September 30, 2025 or if the measurement period is on a calendar year basis, with the expectation that MCOs meet this threshold by January 1, 2025 or at the end of the measurement year.	OHCA will assess the MCO's performance on the third renewal. The measurement period will follow the end of the State Fiscal Year (SFY), June 30, 2024.
360	Appendix 1: Model Contract - 1.14.1.10	Performance-Based Provider Payments	243	With respect to Section 1.14.1.10 - Performance-Based Provider Payments, if an MCO intends to include FQHCs/RHCs in its performance-based care model, can OHCA please clarify how payments to FQHC/RHC providers under performance-based contracts will be counted toward the 80% threshold?	Not yet determined
361	1.14.4.1	Claims Processing	246	the RFP state: The Contractor's claims processing system shall track the error rates in claims and Encounter Data received from the Provider or a third party prior to a claim or encounter being adjudicated and submitted to OHCA. Does this mean the Contractor must track errors that do not allow the Contractor to adjudicate an inbound claim or encounter submission to the Contractor, such as "member not found," or non-standard codesets used? Please clarify if not.	Yes.
362	1.14.4.2	Timely Claims Processing	246	The model Contract states: OHCA has set the following timely payment requirements, which have been developed in accordance with the requirements at 42 C.F.R. §§ 447.45(d)(2)-(3) and 447.46 and §§ 1902(a)(37)(A) and 1932(f) of the Act. The Contractor shall observe the following requirements in adjudicating Clean Claims: * Ensure that 90% of Clean Claims received from all Providers are paid within 14 days of receipt; Although the above requires 90% of clean claims processed in 14 days, the cited CFRs and the SSA references require 90% clean claims payment in 30 days. Should this requirement be corrected to 30 days in accordance with the cited regulations and statutes?	No
363	Appendix 1: Model Contract - 1.15.4.3	Payments to IHCPs	250	With respect to Section 1.15.4.3 - Payments to IHCPs, how will MCOs reimburse for services that are eligible for 100% FMAP as the contract states that those services are not considered in capitation rate development?	OHCA will reimburse directly for those services.
364	Model Contract: 1.15.5	Indian Managed Care Entity	251	Does OHCA intend to include an Indian Managed Care Entity as a participating health plan during the term of this contract?	A qualified Indian Managed Care Entity can bid on the RFP.

Solicitation 8070001240 Questions
 <BIDDER NAME>

365	1.16.5.4 and 1.23.6	Contractor State Fair Hearing Support and Other Non-Compliance Remedies	261, 322 respectively, and 311	<p>Page 261 of the Model Contract states "OHCA reserves the right to amend the Contractor State Fair Hearing responsibilities, including setting performance targets for State Fair Hearing requests that are resolved upholding the Contractor's original determination, as it deems necessary and appropriate under this Model Contract."</p> <p>Please identify the specific performance targets.</p>	The RFP language reserves OHCA's right to set performance targets in the future, as it deems necessary. Although those targets have not yet been established, OHCA will be interested in, among other targets, targets that assure decisions are being rendered fairly and consistently across the Oklahoma Medicaid Program, such that an unreasonable amount of decisions are not being overturned through State Fair Hearing appeals.
366	Appendix 1: Model Contract - 1.17.4	Five Percent Cost Sharing Limit	264	With respect to Section 1.17.4 - Five Percent Cost Sharing Limit, please describe how the five percent cost sharing limit will impact pharmacy benefits.	Once a Health Plan Enrollee reaches the 5% cost sharing limit, the Contractor shall cease imposition of all copays, including for pharmacy benefits.
367	Appendix 1: Model Contract - 1.18.1.3	Collaboration with OHCA and MFCU	265	With respect to Section 1.18.1.3 - Collaboration with OHCA and MFCU, will subcontractor PBMs be able to attend the monthly program integrity meetings?	Pharmacy Benefit Managers may be able to participate in the monthly Program Integrity meetings as determined by MFCU and OHCA.
368	Appendix 1: Model Contract - 1.18.8	Provider Screening and Enrollment	271	With respect to Section 1.18.8 - Provider Screening and Enrollment, can OHCA clarify how it intends to account for claims with pharmacies not enrolled with OHCA? For example, how should out-of-state pharmacy claims be handled in cases where a member is in an inpatient out of state facility and, upon discharge, will remain in a different state until they can return to Oklahoma.	In special circumstances, as mentioned in this question, the MCO will work directly with OHCA's Provider Enrollment unit to coordinate the manual enrollment of out-of-state providers.
369	Model Contract 1.19.1.1	Electronic Visit Verification Requirements	278	In addressing the Electronic Visit Verification (EVV) requirements of the RFP, has Oklahoma adopted an open choice system model?	Oklahoma has a hybrid model. Claims must be manually confirmed in the OHCA EVV System.
370	Model Contract 1.19.1.2	Electronic Visit Verification Requirements	278	In addressing the Electronic Visit Verification (EVV) requirements of the RFP, will providers be allowed to choose any EVV system they want to utilize as long as state specified data elements are captured?	No, MCOs must only use the state's vendor per the model contract Section 1.19.1.1.
371	Model Contract 1.19.1.2	Electronic Visit Verification Requirements	278	In addressing the Electronic Visit Verification (EVV) requirements of the RFP, will managed care organizations be allowed to contract with their EVV system of choice for data management and aggregation purposes as long as the state specified information is transmitted to the state selected aggregator, AuthentiCare?	Acumen is OHCA's aggregator.
372	1.19.1	General Requirements	278	<p>Regarding the second to last paragraph in section 1.19.1: The Contractor shall ensure that its management information system is compliant...all requirements for Medicaid Managed Care Plans from the "21st Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification Program" final rule (ONC 21st Century Cures Act final rule), by the Office of the National Coordinator for Health Information Technology, published in the Federal Register on May 1, 2020.</p> <p>We understand that the above requirement "is not limited to" the ONC Rule, however please confirm that Contractors must also comply with the CMS Interoperability and Patient Access final rule (also published May 1, 2020 in the Federal Register)</p>	Yes, contractors must comply with the CMS Interoperability and Patient Access final rule.

Solicitation 8070001240 Questions
 <BIDDER NAME>

373	1.19.4.1	Encounter Data Detail and Format	281	<p>the Model Contract states: The Contractor and its Provider network shall accept and use State eMPI/ Medicaid IDs for SoonerCare Eligibles. We note this same sentence appears in Section 1.19.4.4 (13th paragraph). We also note the third paragraph in 1.19.5 (page 284) which says: The system must also be able to utilize a unique Oklahoma based Master Patient Index (MPI).</p> <p>The use of the "/" in the above expression implies that "eMPI and Medicaid ID" are the same data element. is that correct? If we are not correct, please clarify. Will Contractors receive both eMPI and Medicaid IDs in their 834 data from OHCA?</p>	You will receive the Medicaid ID in the 834.
374	Appendix 1: Model Contract - 1.19.1 / 19.4.4	Information Technology: General Requirements / Information Technology: Health Plan Enrollee Encounter Data Health Information Exchange	278 - 281	With respect to Sections 1.19.1 and 1.19.4, please clarify whether the contractor shall conform to batch transaction type 837D for dental data.	Yes.
375	Appendix 1: Model Contract - 1.19.4.1	Information Technology: Health Plan Enrollee Encounter Data: Encounter Data Detail and Format	281-282	With respect to Sections 1.19.4.1 and 1.19.4.2, please clarify if encounter data that includes fully adjudicated claims to be submitted within 3 business days of adjudication should include all fully adjudicated claims from the previous 7 days?	Yes.
376	Model Contract: 1.19.4.2	Timely Submission and Reconciliation	281-282	Please confirm that "the Contractor shall collect and submit Encounter Data to the state HIE within three Business Days of adjudication".	OHCA currently does not have an HIE. When the statewide HIE is implemented this is the expectation.
377	Model Contract: 1.19.4.2	Timely Submission and Reconciliation	281-282	Please confirm that The Contractor shall submit Encounter Data for 100% of encounters within three Business Days of adjudication to OHCA.	Yes.
378	Model Contract: 1.19.4.2	Timely Submission and Reconciliation	281-282	Is the encounter timely submission requirement of three business days based on the first adjudication date or based on the adjustment re-adjudication date for adjudicated claims and encounters that do not pass quality checks and require adjustment re-adjudication to resolve errors prior to first submission?	This is based on both - 3 days from the original adjudication and then again when the claim is adjusted.
379	Appendix 1: Model Contract - 1.19.4.3	Information Technology: Health Plan Enrollee Encounter Data: OHCA Review of Encounter Data	282	With respect to Section 1.19.4.3, please identify the completeness and accuracy standards referenced, how will they be measured, and the frequency of measurement.	Please see 42C.F.R.438.242(d) for completeness and accuracy. OHCA may audit at anytime. The contract indicates that the measurements will be collaborated with the OHCA and the contractor.

Solicitation 8070001240 Questions
 <BIDDER NAME>

380	1.19.4.2	Timely Submission and Reconciliation	282	<p>1.19.4.2 states: The Contractor shall collect and submit Encounter Data to the state HIE within three Business Days of adjudication. 1.19.4.2 also states (in seeming reference to encounter submissions to OHCA): The Contractor shall submit Encounter Data for 100% of encounters within three Business Days of adjudication.</p> <p>However, 1.19.4.1 states: (in seeming reference to encounter submissions to OHCA): The Encounter Data shall include fully adjudicated claims from the previous seven days</p> <p>Will OHCA confirm:</p> <p>a) Contractors must submit encounter data to two different destinations (the state HIE and to OHCA) b) That both encounter submissions must be in the same format c) That submissions to OHCA need to be weekly and contain all claims adjudicated in the prior 7 calendar days d) And submissions to the HIE need to be every 3 days for claims adjudicated in the prior 3 days.</p> <p>If we are incorrect in our assumption(s) please clarify.</p>	a. yes- when the statewide HIE is available b - yes; c - yes; d - yes when we have an HIE.
381	Appendix 1: Model Contract - 1.19.7	State MAC List	284	With respect to Section 1.19.7 - State Maximum Allowable Cost (MAC) List, should MAC appeals be directed to OHCA?	Yes.
382	Appendix 1: Model Contract - 1.19.6	Preferred Drug List	284	With respect to Section 1.19.6 - Preferred Drug List, will OHCA provide MCOs criteria for determining prior authorized drugs and drugs with step therapy? If so, will MCOs be engaged to help inform the development of this criteria?	Yes, OHCA will provide MCOs criteria for this. MCOs can have a representative participate in the meetings but will not be part of the DUR or approval process.
383	1.19.5	Enrollment Data	284	<p>The model contract states: The Contractor shall develop and maintain policies and procedures to ensure the accuracy and completeness of the data submitted to OHCA.</p> <p>In the context of 1.19.5, which discusses Contractor's receipt of 834 data from OHCA, it is not clear what data from the Contractor to OHCA is being referenced. Assuming OHCA referring to updated member demographic/contact information the Contractor may have received about an Enrollee different than the Enrollee's information in the 834. Thus, we assume that OHCA is referring to a data file from the Contractor to OHCA with this information. Is this what OHCA is referring to above? If we are incorrect in our assumption, please clarify.</p>	OHCA will provide and 834 and that data must be maintained along with any updates in the contractors system. When OHCA audits these files the data must be maintained and their must be audit trails of how the information was received. From OHCA, from an enrollee or from contract staff.

Solicitation 8070001240 Questions
 <BIDDER NAME>

384	1.19.11.1	System Performance Requirements	290	Regarding the Response Time requirements specified in this section, please confirm that all time related requirements (1.19.11.1.1 through 1.19.11.1.5) are limited to factors controllable by the Contractor. For example, if an OHCA System Access Device fails to experience a response time metric as defined in 1.19.11.1.1 due to a network latency delay or other internet network issue not controllable by the Contractor, the Contractor will not be at fault for that missed metric.	Please refer to 1.1.23 Force Majeure
385	Model Contract Section 1.20.2	Medical Loss Ratio	293	Can you please advise if the denominator of the MLR calculation excludes unearned Performance Withhold?	Please see CMS Medicaid MLR guidance at: https://www.medicaid.gov/medicaid/managed-care/guidance/medical-loss-ratio/index.html
386	Model Contract Section 1.20.2	Medical Loss Ratio	293	Can you please advise if the numerator of the MLR calculation includes Value-Added benefit expense?	Please see CMS Medicaid MLR guidance at: https://www.medicaid.gov/medicaid/managed-care/guidance/medical-loss-ratio/index.html
387	Model Contract Section 1.20.2.1	MLR Corridor and MLR Remittance	294	The RFP language states "The Contractor's total annual Capitation Payments shall be evaluated against a minimum 85% MLR" but also suggests a separate calculation will be done for the Medicaid expansion calculation. Can you please clarify if the potential gain/loss sharing will be calculated separately for the non-expansion and expansion population?	This will be done in aggregate, but a separate calculation will be performed for FMAP purposes.
388	Model Contract Section 1.20.2.1	MLR Corridor and MLR Remittance	294	Can you please clarify if the expansion population is subject to the same Gain/Loss Corridor as the non-expansion population?	This will be done in aggregate, but a separate calculation will be performed for FMAP purposes.
389	Model Contract Section 1.20.2.1	MLR Corridor and MLR Remittance	294	The MLR Corridor Grid in section 1.20.2.1 states for "illustrative purposes". Will the actual development of the corridor grid be released along with rate setting?	Priced-for MLRs by rate cell will be available. Actual weighted MLR depends on final membership distribution.
390	Appendix 1: Model Contract - 1.20.2.1	Financial Standards and Third Party Liability: Medical Loss Ratio: MLR Corridor and MLR Remittance	294	Will the risk corridor have an allowance for administrative costs?	Please see CMS Medicaid MLR guidance at: https://www.medicaid.gov/medicaid/managed-care/guidance/medical-loss-ratio/index.html The Risk Corridor calculation uses the same definitions for denominator and numerator as required by Section 438.8 for the MLR calculation, so certain "administrative" expenses are permitted to be included in the numerator of the MLR used in the risk corridor calculation. General administrative expenses do not directly affect the MLR calculation.
391	Appendix 1: Model Contract - 1.20.2.1	MLR Corridor and MLR Remittance	294	With respect to Section 1.20.2.1 - MLR Corridor and MLR Remittance, how many years will the risk corridor be in effect?	Initial period is 9 months. After that, TBD.
392	Appendix 1: Model Contract - 1.20.2.1	MLR Corridor and MLR Remittance	294	With respect to Section 1.20.2.1 - MLR Corridor and MLR Remittance, please confirm whether the risk corridors will be calculated separately for SoonerSelect and SoonerSelect Specialty Children's Plans.	In aggregate. Calculations and results are plan-specific.
393	Model Contract: 1.20.2.1	MLR Corridor and MLR Remittance	294	Please confirm that the required MLR calculation combine both the "SoonerSelect" and the "SoonerSelect Specialty Children's Plan" or will these two programs be treated separately?	In aggregate. Calculations and results are plan-specific.

Solicitation 8070001240 Questions
 <BIDDER NAME>

394	Model Contract: 1.20.2.1	MLR Corridor and MLR Remittance	294	<p>Please confirm that the MLR Corridor calculation will be effective for the initial nine-month contract period between 10/1/2021 to 6/30/2022? And please confirm that the calculation will be based on only that nine-month period, rather than a full 12-month period?</p> <p>Please confirm that the MLR Corridor calculation will be effective for the initial nine-month contract period between 10/1/2021 to 6/30/2022? And please confirm that the calculation will be based on only that nine-month period, rather Please confirm that the MLR Corridor calculation will be effective for the initial nine-month contract period between 10/1/2021 to 6/30/2022? And please confirm that the calculation will be based on only that nine-month period, rather than a full 12-month period?</p>	Confirmed.
395	1.20.2.1	MLR Corridor and MLR Remittance	294	From the Data Book it appears that the first rate period will be nine months. What adjustments will be made to the MLR Corridor due to this shorter rating period?	None.
396	Model Contract Section 1.20.3	Risk Adjustment	295	<p>The RFP language states "OHCA will risk adjust existing Medicaid populations using an aggregate risk factor." Can you please elaborate on 1) the level of granularity in which the risk scores will be calculated 2) the level of granularity in which the risk scores will be shared with the MCOs.</p>	<p>Risk adjusted rates are not mandatory for actuarially sound Medicaid managed care capitation rates. The budget- neutral application of risk adjustment to Medicaid managed care capitation rates looks to provide an incremental improvement to the matching of payment to risk. The application of risk adjustment depends on (1) the choice of a risk adjustment model and factor set to be used, (2) the decisions on which rate cells will be risk-adjusted, (3) decisions on which members have sufficient claims/encounter information for scoring and what assumption to make for other members, and (4) the availability of claims/encounter data of suitable quality and completeness. OHCA expects to work collaboratively with the selected Medicaid MCO contractors on changes to the risk adjustment model and its application. The initial capitation payments to the MCOs will be made using demographic (age/gender) rates. For the region's rate cells that are risk-adjusted, the overall payments will be risk-adjusted in the following budget-neutral categories: (A) TANF/CHIP Child, (B) TANF PArnts/Caretakers. Each MCO will receive the risk scores for each of its own members.</p> <p>Note: the term "actuarially sound" is used in the response, so we need (per ASOP No. 1) to define it. We will use the definition in ASOP No. 49.</p>
397	Model Contract Section 1.20.3	Risk Adjustment	295	Can you please advise if Expansion Adults are subject to risk adjustment within each age/gender rating band?	Expansion Adults will not be risk adjusted in the initial rating period.

Solicitation 8070001240 Questions
 <BIDDER NAME>

398	Appendix 1: Model Contract - 1.20.3	Financial Standards and Third Party Liability: Medical Loss Ratio: Risk Adjustment	295	With respect to Section 1.20.3 - Risk Adjustments, please provide additional detail on the transition limits that will be applied to risk adjustment.	Expansion Adults will not be risk adjusted in the initial rating period. The limits have not yet been determined. They will depend, in part, on the reliability and completeness of the encounter data. With the passage of time, any problems with encounter data are expected to be corrected, so any limits imposed initially would be expected to be relaxed over time.
399	Appendix 1: Model Contract - 1.20.3	Financial Standards and Third Party Liability: Medical Loss Ratio: Risk Adjustment	295	With respect to Section 1.20.3 - Risk Adjustments, is it anticipated that the transition limits will continue for the life of the MCO contract?	Expansion Adults will not be risk adjusted in the initial rating period. The limits have not yet been determined. They will depend, in part, on the reliability and completeness of the encounter data. With the passage of time, any problems with encounter data are expected to be corrected, so any limits imposed initially would be expected to be relaxed over time. Duration to be determined.
400	Appendix 1: Model Contract -	Financial Standards and Third Party Liability: Medical Loss Ratio: Risk Adjustment	295	With respect to Section 1.20.3 - Risk Adjustments, will the Expansion Adult population, beyond the age/gender rating bands, be risk-adjusted for the first or second rating period?	Expansion Adults will not be risk adjusted in the initial rating period.
401	Appendix 1: Model Contract - 1.20.3	Financial Standards and Third Party Liability: Medical Loss Ratio: Risk Adjustment	295	With respect to Section 1.20.3 - Risk Adjustments, we respectfully request additional detail related to the retrospective/concurrent risk adjustment approach. Specifically, what dates of service will be used to generate the scores to adjust the capitation for the initial rating period?	We will use July 2021 to June 2022. The information on dates of service in July 2021 through September 2021 will necessarily all be fee-for-service claim data.
402	Appendix 1: Model Contract - 1.20.3	Financial Standards and Third Party Liability: Medical Loss Ratio: Risk Adjustment	295	With respect to Section 1.20.3 - Risk Adjustments, please confirm concurrent weights will be used?	Confirmed.

Solicitation 8070001240 Questions
 <BIDDER NAME>

403	Appendix 1: Model Contract - 1.20.3	Financial Standards and Third Party Liability: Medical Loss Ratio: Risk Adjustment	295	With respect to Section 1.20.3 - Risk Adjustments, please provide additional detail on the risk-adjusted cohorts. Specifically, will risk adjustment be calculated at the population level or a more granular level (e.g., by region, rate cell, etc.)?	Risk adjusted rates are not mandatory for actuarially sound Medicaid managed care capitation rates. The budget- neutral application of risk adjustment to Medicaid managed care capitation rates looks to provide an incremental improvement to the matching of payment to risk. The application of risk adjustment depends on (1) the choice of a risk adjustment model and factor set to be used, (2) the decisions on which rate cells will be risk-adjusted, (3) decisions on which members have sufficient claims/encounter information for scoring and what assumption to make for other members, and (4) the availability of claims/encounter data of suitable quality and completeness. OHCA expects to work collaboratively with the selected Medicaid MCO contractors on changes to the risk adjustment model and its application. The initial capitation payments to the MCOs will be made using demographic (age/gender) rates. For the region's rate cells that are risk-adjusted, the overall payments will be risk-adjusted in the following budget-neutral categories: (A) TANF/CHIP Child, (B) TANF PARENTS/Caretakers. Each MCO will receive the risk scores for each of its own members. Note: the term "actuarially sound" is used in the response, so we need (per ASOP No. 1) to define it. We will use the definition in ASOP No. 49.
404	Appendix 1: Model Contract - 1.20.4	Financial Standards and Third Party Liability: Third Party Liability	295	With respect to Section 1.20.4 - Third Party Liability, are the claims dollars, for the TPL=Y rows of the Databook, net of any third party liability paid amounts?	Yes.
405	Model Contract: 1.20.4.7	Third Party Subrogation and Recovery	296	"1.20.4.7 Third Party Subrogation and Recovery The Contractor shall identify potential subrogation cases using a list of OHCA-approved diagnosis and treatment codes. When subrogation is identified, the Contractor shall notify OHCA in the timeframe and manner required by OHCA. OHCA will be responsible for pursuing subrogation and will retain all subrogation recoveries." Is OHCA's expectation that the Contractor will identify Subrogation cases, pursue recoveries, and transmit funds back to the State? Or are we only responsible for identifying cases based on diagnosis/procedure codes and reporting them to OHCA and they will handle pursuit and recovery? We perform this function end to end in most states.	The contractor will be responsible for identifying potential cases and reporting those to OHCA, OHCA will then be responsible for pursuing recovery and will retain all funds recovered.
406	Appendix 1: Model Contract - 1.21.1.3	Certification Requirement	297	With respect to Section 1.21.1.3 - Certification Requirement, will OHCA provide an attestation template for certifying that the data, documentation and information submitted are accurate, complete and truthful?	OHCA anticipates the Reporting Manual will include an attestation template.
407	Model Contract Section 1.21.2	Required Data Collection and Reports	298	Will the state allow the submission of the completed UCAT in PDF format?	PDF format is acceptable for the UCAT along with other required reports.

Solicitation 8070001240 Questions

<BIDDER NAME>

408	Appendix 1: Model Contract - 1.21.2	Required Data Collection and Reports	298	With respect to Section 1.21.2 - Required Data Collection and Reports, when will the OHCA Reporting Manual be released in order for MCOs to understand file format and frequency of reports?	The Reporting Manual will be released to the health plans in February 2021.
409	Appendix 1: Model Contract - 1.21.2.5	Medical Management Reports	299	With respect to Section 1.21.2.5 - Medical Management Reports, are pharmacy prior authorizations included in this report? If not, please describe where they should be reported.	Pharmacy reporting is listed in 1.6.3.4.5 Drug Utilization Review and 1.21.2.4-5 Covered Benefits report and Medical Management Reports
410	1.21.2.4	Covered Benefits Reports	299	When is the expected release date for the Reporting Manual mentioned in this section? If it is after the bid submission date, would OHCA please clarify the types of information it is seeking in some of its questions asking about Contractor reporting, for example, there are a couple of subquestions in Item 31 about reporting to OHCA.	The Reporting Manual will be released to the health plans in February 2021.
411	Appendix 1: Model Contract - 1.21.2.10	Provider Network Development Reports	302	With respect to Section 1.21.2.10 - Provider Network Development Reports, are pharmacy providers included in any of the reports, particularly 24-availability audits?	This does not apply to Pharmacies
412	Appendix 1D	Appendix 1D: Performance Withhold Program	366	With respect to Appendix 1D - Performance Withhold Program, is it appropriate to use CY2019 as the baseline year rather than using the first year of managed care experience as a baseline for the first measurement year CY 2022?	Yes. OHCA expectations are that quality withhold measures should not fall below rates set for the baseline year of CY2019
413	Appendix 1D	Performance Withhold Program	366	In Section 1.1 in Appendix 1D, OHCA outlines the Performance Withhold schedule in a table. The table indicates that the first Measurement Year, CY 2022, will have 1.0% of the MCO's capitation at-risk. Given that CY 2022 will be the first full year of the SoonerSelect contract, will OHCA consider using CY 2022 as a baseline year for MCOs? This will allow all MCOs to gain a better understanding of their SoonerSelect population and test interventions to be prepared for the first at-risk year for Performance (i.e., CY 2023). Establishing the first full contract year as a baseline has been seen as a general best practice in other states. If CY 2022 is established as a baseline year, MCOs can still track and trend quarterly performance and submit to OHCA along with MCOs' recommendations for improvement.	No. OHCA expectations are that quality withhold measures should not fall below rates set for the baseline year of CY2019
414	Appendix 1D: 1.1	Performance Withhold	366	The table in this section indicates that the performance withhold of 1% of capitation payments will begin on 10/1/2021. However, Appendix 1, section 1.2.6 (Capitation Withhold) states that the withhold will begin on 1/1/2022. Please confirm on which date the capitation withhold will begin.	The capitation withhold will begin January 1, 2022.
415	Appendix 1D: 1.1	Performance Withhold	366	Please confirm whether the performance withhold applies to both the SoonerSelect and the SoonerSelect Children's Specialty Plan? If so, please confirm that the measures that form the basis of the withhold will be the same between the two programs? And if so, please confirm if performance is measured separately for each program, or in aggregate.	The performance withhold applies to both SoonerSelect and the SoonerSelect Children's Specialty Plan. Only the applicable measures will apply to the SoonerSelect Children's Specialty Plan (current performance withhold measures apply). The performance will be measured separately.
416	Appendix 1D: 1.1	Performance Withhold	366	Please confirm that the withhold percentage does not apply to any pass-through payments which may be included in the capitation rates paid to MCOs.	The capitation withhold percentage will not apply to any pass-through payments.

Solicitation 8070001240 Questions
 <BIDDER NAME>

417	Appendix 1D	Performance Withhold Program	367	In Section 1.2, the Annual Target Criteria for the AWC measure is stated as the following: "For future years, the target will be a two percent increase over the most recent calendar year data." Does this mean that each MCO will be required to improve 2% over their individual previous year's rate, or will OHCA calculate a cumulative rate and set one target for all MCOs?	A cumulative state rate will be calculated and one target will be set for all MCOs based on that rate.
418	Appendix 1D	Performance Withhold Program	367	For the ER and PCR measures, the target criteria are states "In future years, the benchmark will be the rate of the MCO that performed the best for the prior year." To ensure that any membership distribution differences (one MCO has higher acuity and/or higher concentration of enrollment in rural areas which may experience different utilization patterns) is accounted for appropriately, we respectfully request that OHCA either: a) adjust for each MCOs' member mix (risk adjustment/acuity, geographical concentrations of membership) prior to applying the logic of leveraging the MCO which performed the best for the prior year; or B) change the target criteria to an improvement against the MCOs' average rate or an improvement against each MCOs' individual performance for the prior year.	OHCA does not intend to adjust the methodology. It is the intent that Contractor's will service OHCA members throughout the state, not just in localized areas or specific populations. The PCR measure contains a case-mix component and removal of outliers. Performance targets were chosen to drive both quality and provide evidence of attainability.
419	Appendix 1D	Performance Withhold Program	368	With respect to Appendix 1D: Performance Withhold Program, we respectfully request OHCA clarify which of the three sub-measures for the Weight Assessment for Children/Adolescents (WCC) will be included in the at-risk set of measures: BMI, counseling for nutrition, and/or counseling for physical activity.	BMI
420	Model Contract: Appendix 1D	Performance Withhold Program	366-369	Do the OHCA baseline rates for the withhold measures outlined in Appendix 1D, pages 367-368, apply to all populations, including the Expansion population? Would OHCA consider phasing the expansion population into the withhold program so a proper baseline could be set once there is experience with the population?	Yes, the withhold measures and methodology does apply to the Expansion population. There will not be a phase-in process for the withholds program.
421	Model Contract: Appendix 1D	Performance Withhold Program	366-369	Do the OHCA baseline rates for the withhold measures outlined in Appendix 1D, pages 367-368, apply to all populations, including the Expansion population? Would OHCA consider phasing the expansion population into the withhold program so a proper baseline could be set once there is experience with the population?	Yes, the withhold measures and methodology does apply to the Expansion population. There will not be a phase-in process for the withholds program.
422	Appendix 2	SoonerSelect Specialty Children's Plan	370	Can you please clarify what prohibitions on infrastructure sharing, if any there is with the SoonerSelect program, e.g., use of same Enrollee Services Call Center, Behavioral Health Services Hotline, office space, and equipment, etc.?	There is no prohibition.
423	2 Appendix 2: SoonerSelect Specialty Children's Plan	SoonerSelect Specialty Children's Plan	370	Please elaborate on the representation of the foster care community in the stakeholder engagement process and how that feedback was considered in the development of the Specialty Children's Plan.	Stakeholder engagement was conducted through a Request for Information Process.
424	2.4.2	Model Contract: Key Staff	372	Key Staff in the Model Contract identifies a "Native American Liaison", please confirm that this is the same position as the "Tribal Government Liaison" in Section 1.3.6.2 Key Staff.	Yes.

Solicitation 8070001240 Questions
 <BIDDER NAME>

425	Model Contract: 2.7.7	Covered Benefits: Pharmacy Program	380	This requirement states that Contractors will need to use the Oklahoma Pediatric Psychotropic Medication Guidelines as listed in the Bidder's Library but the document is not in the Bidder's Library. We found a draft version online, but can OHCA please post the final version in the bidder's library?	This document has been added to the bidder's library.
426	2.15.4	Provider Education, Training and Technical Assistance	399	Bullet four in section 2.15.3 states "OHCA's Pediatric Psychotropic Medication Guidelines and Psychiatric Consultation program http://www.okhca.org/behavioral-health/ ." The document "Pediatric Psychotropic Medication Guidelines" does not appear to be listed on this webpage. Please confirm when this document will be available.	This document has been added to the bidder's library.
427	FORM H	MAJOR SUBCONTRACTORS	# 1 -2 OF FORM H	Does OHCA or the state provide any incentive for prime vendors to partner with minority and women business enterprise (mwbe) subcontractors?	No
428	Form V_MCO Security Specifications	MCO Security Specifications	Excel Row #1 (Cell D1)	Regarding the phrase: "all Req's Mandatory upon Implementation:" We assume "implementation" in terms of above is by 10/1/2021. Are we correct in that assumption? If we are not correct, please clarify.	Security must be in place during readiness reviews to send data back and forth. 834 files for 10/1/21 enrollment effective dates will be transmitted on 8/15/21. Therefore, MCO security must be in place accordingly.
429	Form V_MCO Security Specifications	MCO Security Specifications	Excel Row #1 (Cell D1)	Regarding the phrase: all Req's Mandatory upon Implementation: We assume "implementation" in terms of above is by 10/1/2021. Are we correct in that assumption? If we are not correct, please clarify.	Security must be in place during readiness reviews to send data back and forth. 834 files for 10/1/21 enrollment effective dates will be transmitted on 8/15/21. Therefore, MCO security must be in place accordingly.
430	Form V_MCO Security Specifications	MCO Security Specifications	Excel Row #41 (Cell D41)	Regarding the sentence: The MCO Contractor shall provide role-based security to OHCA-authorized Stakeholders for all artifacts stored in the EDMS. The RFP and all supporting Forms and Security Documents made by reference (including the State of Oklahoma Information Security Policy, Information Security Policy, Procedures, Guidelines Procedures, Guidelines (Version 1.5 dated 12/17), do not appear to contain a definition for "EDMS". 1) Can OHCA clarify and define what the acronym "EDMS" is in the context of above? 2) Can OHCA define "artifact" in the context of above?	All documents created and maintained to show contracted staff and the security rolls assigned to them. This artifacts should be maintained in a an electronic document management system.

Solicitation 8070001240 Questions
 <BIDDER NAME>

431	Form V_MCO Security Specifications	MCO Security Specifications	Excel Row #41 (Cell D41)	<p>Regarding the sentence: The MCO Contractor shall provide role-based security to OHCA-authorized Stakeholders for all artifacts stored in the EDMS.</p> <p>We have searched through the RFP and all supporting Forms and Security Documents made by reference (including the State of Oklahoma Information Security Policy, Information Security Policy, Procedures, Guidelines Procedures, Guidelines (Version 1.5 dated 12/17), and cannot find a definition for "EDMS".</p> <p>1) Can OHCA clarify and define what the acronym "EDMS" is in the context of above? 2) Can OHCA define "artifact" in the context of above?</p>	All documents created and maintained to show contracted staff and the security rolls assigned to them. This artifacts should be maintained in a an electronic document management system.
432	RFP	General	General	Given that this is an entirely electronic submission, can the State please confirm that eSignatures are acceptable on all documents and forms requiring signatures, to include references and subcontractor forms?	Yes eSignatures are acceptable on all documents
433	RFP	General	General	Given that this is an entirely electronic submission, can the State please confirm that eSignatures are acceptable on all documents and forms requiring signatures, to include references and subcontractor forms?	Yes, eSignatures are acceptable on all documents
434	Model Contract	Multiple	Multiple	The Model Contract references compliance with OHCA Reporting Manual for several requirements. Can OHCA provide a copy of this reporting manual for review?	The Reporting Manual will be relased to the health plans in February 2021.
435	Form 8070001240- H	N/A	N/A	<p>The form states: "The Bidder should assume that 2021 enrollment in Bidder's plan will equal 33 percent of total SoonerSelect enrollment. Use the most recent year of historical enrollment, as presented in the actuarial data book, to calculate the 33 percent enrollment value."</p> <p>Will all "CUST" and "FFC" members be covered by the single Specialty Children's Plan? If so, for purposes of this membership estimate, please advise on whether CUST and FFC enrollees should be included in the estimate.</p>	All custody will be covered, former foster care and adoption assistance will have the ability to opt out. These populations should be included in the estimate.
436	Form 8070001240- H	N/A	N/A	<p>The form states: "The Bidder should assume that 2021 enrollment in Bidder's plan will equal 33 percent of total SoonerSelect enrollment. Use the most recent year of historical enrollment, as presented in the actuarial data book, to calculate the 33 percent enrollment value."</p> <p>Should bidders include Medicaid Expansion adults for purposes of this membership estimate? If so, what enrollment should be assumed for that population?</p>	Correct. The member months and claims for TANF/CHIP Child and CUST will be revised for adoption assistance individuals. For reponse consistency, please use the 6,414,819 figure.
437	Form 8070001240-C-Cover Page	Form 8070001240-C-Cover Page	n/a	Form 8070001240-C-Cover Page is formatted for legal-sized paper. Can Bidders modify this form to fit on Letter-sized paper to ensure proper printing with the remainder of the proposal?	Yes
438	Amendment 1	Data Attachment	n/a	How are hospital facilities paid - per diem or DRG - in Amendment 1? Does the reimbursement methodology vary by hospital type, urban vs. rural?	Please refer to State Plan 4.19A, available at www.okhca.org .
439	Amendment 1	Data Attachment	n/a	Can OHCA provide the levels of ED usage within the data provided in Amendment 1?	Please use data available under "research" on the OHCA website at www.okhca.org .

Solicitation 8070001240 Questions
 <BIDDER NAME>

440	Amendment 1	Data Attachment	n/a	Is regional assignment (East, West, OKC, Tulsa) based on member address, PCP address, or facility location, in Amendment 1?	Member address
441	Amendment 1	Data Attachment	n/a	Can OHCA provide a breakdown of diagnoses within the data provided in Amendment 1 for ER and Inpatient?	Please use data available under "research" on the OHCA website at www.okhca.org .
442	n/a	Care Management and Population Health	n/a	What services will Telligen continue to provide in the coming years based on their HMP contract with OHCA?	HMP services will continue for populations remaining in Choice, i.e. ABD and AI/AN members that do not opt in to managed care
443	n/a	Data book	n/a	We only received high level drug spend by product and age group, which is not enough to do an Rx pricing analysis. Please provide: · Total annual PA (if possible broken down by PA type) · The most recent 6-12 months pharmacy claims with the following data elements Medicaid Region Population Group Claim Status (Paid/Reversed/Denied) NDC Pharmacy Number (NPI or NABP) Channel (Mail/Retail) Drug Type (Brand/Generic) Compound Indicator Coordination of Benefits (COB) indicator Total Claim Count Total Units Count Total Days Supply	No additional data/information available at this time, other than please see http://www.okhca.org/research.aspx?id=87 Fast Facts (Pharmacy)
444	Form 80700001240-F	Form 80700001240-F	n/a	Per the instructions, Bidders are to submit a complete Form 80700001240-F for each State it has Medicaid experience. Some Bidders may operate under 5+ distinct Medicaid contracts in a given state. For ease of review, and to get a high level understanding of experience in each state, please confirm that Bidders should complete the "Enrollment" and "Services" sections for overall covered populations and services in the state (consolidated from all contracts) and complete the "Program" section separate for each contract?	Confirmed
445	Form 8070001240-D Tab A.5a	Form 8070001240-D Tab A.5a	n/a	Form 8070001240-D requires Bidders to include information on licenses and certifications for any affiliates and parent company identified in the Organizational Chart included in your response to Proposal submission item 14. Please confirm that this is actually for those applicable affiliates and parent company included in Question 17 and not 14.	Confirmed

Solicitation 8070001240 Questions
 <BIDDER NAME>

446	Form 8070001240-G – References	Form 8070001240-G – References	n/a	<p>If OHCA intends to contact the references, provided pursuant to Form 8070001240-G – References, to request additional information or to clarify survey data, will OHCA notify the Applicant if it encounters any issues in reaching or receiving a response from the references, to allow the Applicant to reach out to the reference to help connect the reference to OHCA? In several recent procurements in other states, bidders were severely penalized in scoring when the issuing agency was unable to reach one or more contacts after the RFP submission. Some of the contacts retired or left their posts and could not be reached, some intended to respond but missed the deadline due to significant demands of their day-to-day responsibilities, and in few other cases, administrative errors such as issues with a fax or email prevented delivery. These issues can be further exacerbated when several major holidays occur during the evaluation process, as is the case in Oklahoma. Most importantly, when a reference contact cannot be reached, the issuing agency is unable to receive important information about the bidding MCO's background and experience, which is needed to fully and effectively evaluate the MCO's qualifications and experience. Applicants can assist OHCA in reaching the reference contacts, should any issues occur.</p>	Yes.
447	Form 8070001240-I Key Staff	Form 8070001240-I Key Staff	n/a	<p>Can the state confirm that Form 8070001240-I Key Staff should include only one Pharmacy Director, versus two as listed on the form?</p>	Confirmed
448	Form 8070001240-K – Economic Impact	Form 8070001240-K – Economic Impact	n/a	<p>Please confirm that for purposes of completing Form 8070001240-K – Economic Impact, Bidders may only include information for themselves, their affiliates, major subcontractors and other organizations that constitute a net incremental increase from their current operations in Oklahoma. For example, please confirm existing jobs, and associated payroll, and existing office space and associated expenses, should not be counted for purposes of Form K, because they will not result in new jobs/office space created.</p>	<p>Bidders should only include information that represents a net incremental increase from current Oklahoma based operations that represent resources applicable to the SoonerSelect contract.</p>
449	Form 8070001240-K – Economic Impact	Form 8070001240-K – Economic Impact	n/a	<p>Please confirm that for purposes of completing Form 8070001240-K – Economic Impact, Bidders may include information for parent companies, affiliated entities, subsidiaries, and other entities, only if they are involved in and only to the extent they are involved in supporting Bidder's operations for the contract, as indicated in Bidder's RFP response.</p>	This assessment is correct.
450	n/a	n/a	n/a	<p>Would OHCA share with MCOs any state parity filings with CMS, especially the most recent, so that we are able to evaluate readiness and can manage members in accordance with OK parity.</p>	<p>The Agency has not conducted a parity analysis in the past. In 2018, the Agency submitted (and received subsequent approval of) a Title XXI parity SPA request. However, the Agency aligned its Unborn Child benefits under Title XXI with those of Title XIX children benefits; thereby, not being required to conduct a parity analysis.</p>

Solicitation 8070001240 Questions

<BIDDER NAME>

451	Form 80700001240-F	Form 80700001240-F	n/a	Per the instructions, Bidders are to submit a complete Form 80700001240-F for each State it has Medicaid experience. Some Bidders may operate under 5+ distinct Medicaid contracts in a given state. For ease of review, and to get a high level understanding of experience in each state, please confirm that Bidders should complete the "Enrollment" and "Services" sections for overall covered populations and services in the state (consolidated from all contracts) and complete the "Program" section separate for each contract?	Confirmed
452	N/A	Databook	N/A	With respect to the Databook, please provide more detail on program or fee schedule changes made during SFY17-SFY19 that are reflected in the Databook but are not explicitly noted? For example, there was a 3% across-the-board provider rate increase in October 2018.	Changes not include will be identified and explained within the draft rates.
453	N/A	Databook	N/A	With respect to the Databook, will trend be applied at the service category level? For example, will Inpatient Hospital claims be trended at a different rate than Outpatient ER claims?	Yes, there will be some service category variation on trend.
454	N/A	Databook	N/A	With respect to the Databook, the annualized budget impact estimate for program changes is for the SoonerCare population as a whole. Please provide the proportion of SoonerCare members who are eligible for SoonerSelect.	Please refer to the RFP population estimates, along with the website enrollment figures Fast Facts archives at http://www.okhca.org/research.aspx?id=2987 .
455	Form N	Hospital Utilization	N/A	Bidders must provide the number of Readmissions for each 12-Month Period. Can OHCA please provide a methodology for defining readmissions (e.g., 7-day/15-day/30-day; All-Cause/Same Index Admission Diagnosis Code; etc.)? We understand that the Model Contract: Section 1.10.5.2 Behavioral Health Performance Measures, page 183, defines Readmission as within 30 days of discharge, but does not seem to provide any other detail.	OHCA defines readmission as an unplanned acute readmission for any diagnosis within 30 days of a previous acute inpatient stay.
456	n/a	n/a	n/a	For any document that requires a signature, please confirm that OHCA will accept electronic signatures in lieu of a wet ink signature.	Yes, eSignatures are acceptable on all documents
457	2.3	Bidder's Library	n/a	The RFP and Model Contract contain numerous references to materials located in the Bidder's Library. Please confirm when the referenced materials will be posted to the Bidder's Library.	All the forms are listed under the main solicitation section on the website. The Oklahoma Pediatric Psychotropic Guidelines and Rate Schedule will be updated in the Bidder's Library as soon as possible.
458	Form I_Key Staff	Form I_Key Staff	n/a	Form I_Key Staff lists Pharmacy Director twice as a key staff position. Please confirm the Pharmacy Director listing is a duplicate and can be removed from this form.	Confirmed.
459	General	n/a	n/a	In order to calculate and ensure provider network adequacy, we request that OHCA provide a file containing Medicaid members by zip code and eligibility group.	Response: The OHCA annual report has information that will be helpful, and is available at www.okhca.org .
460	Databook Narrative	Excel File: General Information Tab	n/a	The Data Book presents cost data for three years: SFY17 to SFY19. Will only the most recent period be used to set the final rates or will multiple years be used? If multiple years will be used, please provide the weighting of each SFY.	Yes, the most recent year.

Solicitation 8070001240 Questions
 <BIDDER NAME>

461	Databook Narrative	Excel File: General Information Tab	n/a	Without Medicaid Expansion Data available in Managed Care or FFS in Oklahoma, what other state and national data did OHCA use to base this population? What acuity assumptions will be applied?	This information will be included with release of final rates.
462	Databook Narrative	Excel File: Program Changes Tab	n/a	Please identify the service categories that are impacted by the fee schedule increases listed in the second footnote of the Program Changes in the Data Book.	This information will be included with release of final rates.
463	Databook Narrative	Excel File: General Information Tab	n/a	In Medicaid Managed Care it is common for the mix of maternity events to be distributed unequally among MCOs. To address this, many Medicaid agencies incorporate a supplemental payment for a maternity/delivery event and/or low birth weight/NICU births. The claim costs for these events are removed from the TANF adult rate cell and incorporated into a separate rate cell. Is OHCA considering any such payment/rate cell? If not, how will OHCA mitigate the potential unequal mix of birth events among MCOs?	No separate maternity/delivery event and/or low birth weight/NICU births payments during the first rating period. Risk covered via age/gender rate cells and material risk mitigation provisions.
464	Databook Narrative	Excel File: General Information Tab	n/a	Will the Voluntary members have a separate rate cell for the capitation rates? If not, how will OHCA adjust the rates for substantially different mixes of voluntary membership across MCOs?	Yes, voluntary members will have a separate rate cell.
465	Databook Narrative	General Information Tab	n/a	Without historical claims and other data for the newly transitioned Expansion population, including those previously uninsured, how will OHCA account for the varying patterns of care and otherwise ensure appropriate rate setting and risk corridor establishment for this population? Will OHCA consider additional risk mitigation strategies?	Further information will be included with the release of the final rates. No, additional risk mitigation strategies will not be considered.
466	Databook Narrative	Excel File: General Information Tab	n/a	Will OHCA consider issuing two separate data books for the SoonerSelect and SoonerSelect Specialty populations?	No
467	Databook Narrative	Excel File: General Information Tab	n/a	Please clarify which population group is included in the data book category of "CUST" Enrollees that are in the Custody of the State.	The CUST category currently includes the following COAs: - Child Welfare - Indian Child Welfare - OJA Incarcerated - OJA not incarcerated For capitation rate-setting will also include Children receiving Adoption Assistance.
468	Databook Narrative	Excel File: General Information Tab	n/a	How can pregnant members be identified in the data book?	These members are not directly separated out in the data book. These members are included in female of child-bearing age age/gender cells.
469	Databook Narrative	Excel File: General Information Tab	n/a	What are the applicable insurance premium tax/fees that will be built into the capitation rates?	2.25%
470	Databook Narrative	Excel File: Program Changes Tab	n/a	Regarding the fee schedule increases listed in the second footnote of the Program Changes in the Data Book - please explain how these increases are included in the base data. For example, the 3% increase was effective 10/1/2018, does that imply all claims with an incurred date on or after that date include the increase?	Yes
471	Databook Narrative	Excel File: General Information Tab	n/a	Please describe how Managed Care Assumptions will be adjusted for Transition of Care requirements and for the shorter 9 month initial rating period.	Managed care adjustments are broadly applied.

Solicitation 8070001240 Questions
 <BIDDER NAME>

472	Databook Narrative	Excel File: General Information Tab	n/a	For the Medicaid Expansion population, can a rough estimate of claim cost be provided before rates are released to allow MCOs to better estimate the adequacy of the rates?	No
473	Databook Narrative	General	n/a	Please confirm OHCA will provide a detailed databook to supplement the information provided as part of Amendment 1.	No additional data/informational beyond that included in Amendment 1 is available at this time.
474	Form Y_Contractor Performance History	Contractor Performance History	n/a	To provide the clearest possible alignment to the OHCA's goals for the SoonerSelect programs, please consider limiting requested information to a Bidders Medicaid line of business only. For Bidders who do not have Medicaid lines of business, how will OHCA consistently evaluate across Bidders?	OHCA seeks to understand the performance history of all business held by the bidder and will evaluate each bidder fairly regardless of past or current business lines.
475	Form Y_Contractor Performance History	Sanctions, CAPs, Summary	n/a	The RFP asks the Bidder to "Enter the requested data for all formal legal sanctions, contract deficiencies and corrective actions issued during the period January 2015 to present." Please define "Contract deficiencies" and "Legal sanctions."	Contract deficiencies are instances in which the Bidder was found to be in violation of their contract terms. Contract deficiencies would include the imposition of liquidated damages. Legal sanctions are any sanctions the Bidder received from a court of law or from an administrative law judge. Legal sanctions would include fines, judgments and awards of attorney's fees.
476	Form Y_Contractor Performance History	Sanctions, CAPs, Summary	n/a	Please provide categories for Column I Final Disposition.	Resolved, Open, Currently being contested.
477	Form E_Oklahoma Experience	Oklahoma Experience	n/a	Please confirm that Medicare Part D qualifies under Form 8070001240-E Oklahoma Experience where the general instructions ask to "complete a copy of Form 8070001240-E denoting the number of members enrolled with Insure Oklahoma, Medicare Advantage, Medicare SNP, commercial-group or commercial-individual (exchange and non-exchange) coverage."	Yes, Medicare Part D qualifies
478	Form E_Oklahoma Experience	Oklahoma Experience	n/a	In Form 8070001240-E Oklahoma Experience, the instructions are to complete the form "denoting the number of members enrolled with..." o Please confirm that Form 8070001240-E can be completed with membership that will be enrolled effective after the Solicitation Issue Date of October 15, 2020. o Does membership need to be enrolled prior to the date when bids must be submitted?	Membership needs to be enrolled prior to submission of response to this solicitation.
479	Form E_Oklahoma Experience	Oklahoma Experience	n/a	Please confirm that the experience of any entity that owns shares in the Bidder can be imputed for purposes of Form 8070001240-E Oklahoma Experience. o If so, please confirm that there is no minimum percentage ownership, direct or indirect, in the Bidder that any entity must hold to be able to impute experience for purposes of Form 8070001240-E Oklahoma Experience. o If there is a minimum percentage ownership, direct or indirect, please confirm the minimum percentage.	Confirmed. No minimum ownership required.

Solicitation 8070001240 Questions
 <BIDDER NAME>

480	Form E_Oklahoma Experience	Oklahoma Experience	n/a	Please explain the level of control (e.g. percentage of board seats), direct or indirect, in the Bidder that any entity must exercise to be able to impute experience for purposes of Form 8070001240-E Oklahoma Experience.	Confirmed. No minimum ownership required.
481	Data book narrative	Rate Setting Adjustments	n/a	Considering the base period for rate development will not include impacts of COVID, please describe what additional flexibilities in retrospective rates adjustments and retrospective risk mitigation will be considered to ensure that rates are actuarially sound during and following the national emergency period.	Capitation rates developed by OHCA and Mercer, and approved by CMS, will be actuarially sound during each and every program period.
482	Data book narrative	Adult Expansion Rate Methodology	n/a	Considering the inclusion of new eligible populations for which claims history may not be available, please describe what proxy data will be used for developing rates, and how risk corridors might be used to manage risks for these new eligibility groups.	This information will be included with release of final rates and at the 12/14/20 meeting. Further information will be included with the release of the final rates. No, additional risk mitigation strategies will not be considered.
483	Form E_Oklahoma Experience	n/a	n/a	Form 8070001240-E states "An experience form can be completed on behalf of the Bidder (insurer or provider organization), an affiliated organization or an Administrative Service Organization (ASO). However, only one copy of Form E can be submitted. If more than one form is submitted, none will be evaluated." Since Item 7 (Oklahoma Experience), section 2.5.2 (Technical Proposal Contents) seeks a description of the experience in Oklahoma serving publicly and privately funded populations, we do not believe that the intent is to limit the experience that an organization is instructed to describe in this Form 8070001240-E. However, this instruction can be read to mean that an experience form can be completed on behalf of the Bidder, on behalf of an affiliated organization, or on behalf of an ASO which would limit the experience that can be reported. <ul style="list-style-type: none"> • Please confirm that (i) the experience of the Bidder's affiliated organization can be imputed to the Bidder for purposes of this Form 8070001240-E and (i) either the Bidder or its affiliated organization can complete a Form 8070001240-E. • Please confirm that (i) the experience of the ASO can be imputed to the Bidder for purposes of this Form 8070001240-E and (ii) either the Bidder or its ASO can complete a Form 8070001240-E. • Please confirm that (i) a Bidder, including the entities with ownership and/or control interest in the Bidder (see Questions 3 and 4), can complete a Form 8070001240-E and (ii) that the Bidder's experience (including the entities with ownership and/or control interest in the Bidder (see Questions 3 and 4)), will be imputed for purposes of Form 8070001240-E. 	All confirmed.

Solicitation 8070001240 Questions
 <BIDDER NAME>

484	Form E_Oklahoma Experience	n/a	n/a	<p>Form E states “only one copy of Form E can be submitted. If more than one form is submitted, none will be evaluated.”</p> <ul style="list-style-type: none"> • Please confirm that the experience of the Bidder, including the entities with ownership and/or control interest in the Bidder (see Questions 3 and 4), the Bidder’s affiliated organization, and the Bidder’s ASO can be reported on a Form 8070001240-E resulting in the completion and submission of multiple Form 8070001240-Es. • If the answer is no, please confirm that the experience of the Bidder, including the entities with ownership and/or control interest in the Bidder (see Question 3), multiple affiliated organizations and multiple ASOs can be included in one Form 8070001240-E. 	Only one Form E may be submitted per Bidder.
485	Form E_Oklahoma Experience	n/a	n/a	<p>Form 8070001240-E states “An experience form can be completed on behalf of the Bidder (insurer or provider organization)”. However, in Item 14 (Administrative Requirements: Licensure) under Section 2.5.2 (Technical Proposal Contents), the Contractor must be licensed as an HMO or Domestic Insurer under the Oklahoma Insurance Code. Please confirm that any provider organization that own shares of the Bidder (see Question 3) can (i) impute their experience for purposes of this Form 8070001240-E and (ii) can complete the Enrollment section of this Form 8070001240-E.</p>	Confirmed
486	Form E_Oklahoma Experience	n/a	n/a	<p>Please confirm that “a major subcontractor performing management services on behalf of the Bidder” means “Major Subcontractor” as defined in Section 1.3.3 of Model Contract, page 104. If not, please define “management services”.</p>	Confirmed
487	SoonerSelect and SoonerSelect Specialty Children_s Plan_DataBook_20200930_Data_Only	2	NA	<p>Can Mercer provide additional information on the criteria used to identify behavioral health services within the data book?</p>	<p>No further breakdown is available at this time. Virtually all behavioral health data is non-inpatient (primarily outpatient). Please see: http://www.okhca.org/research.aspx?id=87 Behavioral Health Fast Facts</p>
488	SoonerSelect and SoonerSelect Specialty Children_s Plan_DataBook_20201005_Narrative			<p>Does Mercer have any reason to believe that encounters are underreported in the data book?</p>	<p>Data are fundamentally OHCA FFS claims with at least 12 months of runout. Data is complete.</p>