

### **Medicaid SSP RFP Questions:**

1. Is the Contractor to assist DVHA to develop a single payment model or multiple payment models? The RFP at various locations uses “models” while at other locations it uses “model”.

*The contract is to develop a Medicaid shared savings ACO model. If the contractor believes that multiple variations on that theme are warranted, we would welcome that advice, but modeling should all be within the range of shared savings ACO program.*

2. Does the scope of work include developing options for DVHA to convert to a PMPM payment system, or are the references to “design and transition to PMPM payments” (e.g. page 13) a reference to how the SSP ACO would have to be modified to operate in a PMPM payment environment?

*We are looking for general options for and considerations of how to transition from shared savings to a PMPM program particularly in the context of a different mix of ACOs participating in terms of size and participating organizations (e.g. hospital-based ACOs compared to IPA-centric ACOs).*

3. The Overview and Background sections indicate that payment models have “been conceptualized” but not developed in detail. Is there a document that describes the payment models that have “been conceptualized”?

*The best reference document on this is the state’s SIM grant narrative. See [http://gmcboard.vermont.gov/sites/gmcboard/files/B%20Vermont\\_Health\\_Care\\_Innovati on\\_Plan%20FINAL.pdf](http://gmcboard.vermont.gov/sites/gmcboard/files/B%20Vermont_Health_Care_Innovati%20on_Plan%20FINAL.pdf)*

4. Has it been decided that a State Plan Amendment will be filed, or is it possible that the authority for the shared savings ACO will be handled through an amendment to the State’s Section 1115 waiver?

*The state does currently have authority under the Section 1115 to implement a shared savings ACO program but intentionally continues to maintain state plan amendments on changes to its reimbursement systems so intends to submit a SPA for this program as well.*

5. At the bottom of page 6, there is mention of an “inter-agency workgroup.” Which agencies are anticipated to participate in this workgroup? What is the expected size of the group? How often should the group meet? Is it the expectation of the State that the group will meet face-to-face or is a combination of face-to-face and conference call discussions allowable?

*This is an informal workgroup(s) which is under development and managed by DVHA. We don’t expect the consultant to manage this group but instead, must incorporate*

*findings into the shared savings program model. There could be instances where the consultant is asked to join those groups but would be on an ad-hoc and as needed basis. This is consistent also with coordination of work with a broader multi-stakeholder group that is ongoing. The consultant may attend those meetings when requested by DVHA but it will be as needed or on an ad-hoc basis.*

6. Please verify that for the cost proposal bidders will be submitting hourly rates for staff and not a total price (see page 5 at 2.2.6 and page 9 at 5.6.1).

*We request both hourly rates and the total overall price for the project.*

7. On page 6, Scope of Work and Contractor Responsibilities, the contractor responsibilities are listed.

Is the Medicaid ACO SSP RFP meant to solicit proposals from provider group ACOs to participate in the shared savings ACO program?

*Yes*

What should be included in the Medicaid Concept paper?

*The concept paper should be consistent with those suggested by CMS when proposing integrated care models. The concept paper would describe the program including but not limited to: the population served, program design elements (attribution, target setting, etc), payment model, quality metrics and evaluation strategy.*

8. Several questions related to data: On page 7 at the bottom of the page, the RFP states that “the contractor will have access to Medicaid data as necessary to develop contract deliverables.”

How many years of data are available?

What will be the process for obtaining Medicaid data from the State? Will data be available at the claim level? Are there any anticipated delays or issues with obtaining data?

*These data are available either directly from Medicaid or through VHCURES, our all payer claims database. The state’s process for distribution of these data is outlined on the VHCURES website. Generally, as a contractor, the consultant would be added to our data use agreement and able to access either data set. It is envisioned that much of the initial analysis will be done using Medicaid data though some benchmarking in VCHURES around quality and other programmatic design issues could be possible. Data are available for 2007-2011.*

Will the contractor have access to data from the existing multi-payer Blueprint Advanced Primary Care Medical Home demonstration model? What about data from the other SSP ACOs (Medicare and Commercial)?

*If there are data needed from the Blueprint that are not in the VHCURES or Medicaid dataset, we could make arrangements to get those. Medicare ACOs do not have data that they can re-release. There are no commercial ACOs in Vermont at present.*

Will the contractor have access to the Vermont All-Payer Claims Database (VHCURES) through the GMCB or will access need to be purchased by the contractor?

*Yes.*

9. On page 8, 5.4.2 there is a reference to Section 4 Scope of Work. Is this the Scope of Work and Contractor Responsibilities section on pgs 6-7, and the Specifications of Work to be Performed in Exhibit A, Attachment A?

*Yes.*

10. On page 8, 5.5 and page 9, 5.5.3, there is a requirement for a list of references. How many references are required?

*A minimum of three.*

11. On page 8, 5.6 Section 3- Cost Bid the format of the cost bid is given. What is the budget for this project?

*There is no set budget for this project. The review team will determine the value of any proposal according to the bid scoring described in the RFP.*

12. What is the funding source for this contract, e.g., state general fund, grant, other?

*This is being funding through a combination of sources.*

13. Has the State contracted with an external contractor on the topic of Medicaid shared savings leading up to this RFP? If so, which contractor?

*Bailit Health Purchasing, LLC has done consulting for the State on general design of and requirements for ACOs, but has not done in-depth work on Medicaid ACOs. We would expect that the contractor would work to design the Medicaid ACO so that aligns as closely as reasonably possible the standards that have been developed by the ACO standards working group (of which Medicaid has been a contributing member of), noting that there will be differences/variances in certain areas given the unique population of the Medicaid population. We expect that any contractor hired under this RFP work closely with both state staff and any contractors engaged in payment and delivery system work.*

14. Who authored the RFP?

*The GMCB authors all of its RFPs and was done in collaboration with DVHA.*

15. What other firms submitted questions to this RFP?

*We will not be disclosing this information.*

16. The scope mentions existing limited use of bundled payments, what services are currently bundled and for which populations?

*There are two primary populations with bundled-like payments: integrated family services and long term services and supports (choices for care). It is possible that additional bundled payment models will be rolled out during the planning and implementation phase of the project which would need to be accounted for in the analytics supporting the shared savings model. DVHA will coordinate closely with the consultant on all alternative payment models under way including bundled payments, expansion of health homes and other pay for performance models under development.*

17. Will the implementation of the shared savings ACO model be contracted separately or as an extension of this contract?

*Either is possible.*

18. Under the evaluation criteria listed under 2.2, please provide an explanation for the criteria that you will use to judge “2.2.2 Organization size and structure of offeror’s firm.” What constitutes a score of 15?

*This is part of the confidential review process. All successful bidders will demonstrate an appropriate level of experience.*

19. Will contractor on-site work take place exclusively in Montpelier?

*Most work would occur in Williston, Vermont and some in Montpelier.*

20. Are there specific sub-populations that the State would like to see considered in the analysis?

*There are a number of sub-populations that will need special consideration as the shared savings model is prepared including but not limited to: the dual eligible population, persons with disabilities, persons with severe mental illness and children and family services.*

21. Does the State have any goals for including providers in the development of the shared savings design?

*We are including providers in our overall design of ACOs and development of standards for same, and we anticipate also including them in this design process.*

22. Should the Scope of Work section in the RFP be labeled (4), instead of Instructions for Bid Preparation being labeled (4. 5.)? In other words, is Scope of Work and Contractor Responsibilities the section 4 referred to in (5.4.2)? [See RFP Sections 4 and 5 (pages 6-9)]

*Yes.*

23. What type of financial information is required for this bid?

*Information about the financial forms and other standard documents are available at the following two websites:*

<http://www.vermontbidsystem.com/>

<http://aoa.vermont.gov/bulletins>