

## Summary of Draft Agreement Sections – December Release

The commonwealth is preparing to publish the official RFP in January 2016 to procure MCO services to support CHC. Since this program represents a major change to the way Medicaid long-term services and supports (LTSS) are delivered, the commonwealth wants to ensure the RFP and agreement reflects a structure that will support the needs and preferences of program participants. For that reason, the Pennsylvania Departments of Human Services (DHS) and Aging (PDA) released for public comment on November 16, 2015, the draft RFP and draft program requirements. Comments on these sections were accepted until December 11, 2015.

DHS and PDA will release the remaining draft agreement sections for public comment on December 14, 2015. Comments will be accepted until January 8, 2016.

It is important to note that these documents are subject to change before the RFP and agreement are officially posted for responses. In addition, several other documents associated with commonwealth RFP's, including Terms and Conditions and Cost Submittal Templates, are not included with this publication as we solicit comments on the draft RFP.

This draft RFP is issued for informational and planning purposes only and does not constitute any type of procurement solicitation or an obligation on the part of the commonwealth to acquire any products or services. Information provided in the draft RFP and agreement is not intended to convey any predisposition to a particular solution, method, or service delivery methodology and is likely to change.

The commonwealth does not intend to make this publication any sort of "pre-proposal," nor does it expect or want entities to provide information that is proprietary or competitively

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sensitive at this time. While the commonwealth expects that the information gathered through the public comment process will help shape the ultimate project scope and requirements, it is not our goal to define such things at this stage.

Vendors submitting a response should be aware that the responses to this publication will be public information and that no claims of confidentiality will be honored. The information gathered through this process may be used in the development of future procurement documents that will promote vendor competition and provide cost savings opportunities for the commonwealth. Respondents shall not provide recommendations as to specific courses of action. The commonwealth will evaluate the information presented and determine its subsequent course of action.

Specific responses to the publication will not be returned and respondents will not be notified of the results of the review nor will they be provided copies of the review. The Commonwealth of Pennsylvania is not liable for any costs incurred by vendors in developing responses for this publication. When the CHC RFP is published no vendor(s) will be selected, pre-qualified, or exempted based on their participation in this publication.

### **CHC Procurement and Summary**

DHS and PDA received feedback from thousands of consumers, caregivers, legislators, and stakeholders about the January 2017 transition to CHC and its upcoming procurement. Throughout the course of those conversations there was a recurring theme of the desire for more time for stakeholder review. In order to ensure the commonwealth's commitment to openness and transparency, the departments adjusted the process to allow for additional public input before officially releasing the CHC RFP.

DHS and PDA will continue to engage program participants along with members of several Medical Assistance Advisory Sub-committees during the RFP review process. These individuals will also review and provide input to the internal RFP technical evaluation committee.

The CHC draft RFP and draft agreement build upon the HealthChoices (HC) RFP and draft agreement. This summary document highlights the customization of the HC documents to support the CHC program and to identify specific changes.

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## **CHC Draft Agreement Section IV: Applicable Laws and Regulations**

This section reflects the HC requirements with the following additions:

- Requires CHC-MCOs to achieve National Committee for Quality Assurance (NCQA) Accreditation.
- Requires CHC-MCOs to operate aligned D-SNPs and comply with all Medicare rules related to those aligned D-SNPs.

## **CHC Draft Agreement Section VI: Program Outcomes and Deliverables**

This section highlights that DHS will not permit the enrollment of potential participants and may not operationalize this agreement if the CHC-MCOs do not pass the readiness review.

## **Additional CHC Draft Agreement Sections**

The following sections reflect the HealthChoices requirements with minor revisions to tailor the language for the CHC program.

- **CHC Draft Agreement Section I:** Incorporation of Documents
- **CHC Draft Agreement Section III:** Relationship of Parties
- **CHC Draft Agreement Section VIII:** Reporting Requirements
- **CHC Draft Agreement Section IX:** Representations and Warranties of the CHC-MCO
- **CHC Draft Agreement Section X:** Termination and Default
- **CHC Draft Agreement Section XI:** Records
- **CHC Draft Agreement Section XII:** Subcontractual Relationships
- **CHC Draft Agreement Section XIII:** Confidentiality
- **CHC Draft Agreement Section XIV:** Indemnification and Insurance
- **CHC Draft Agreement Section XV:** Disputes
- **CHC Draft Agreement Section XVI:** General

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### **CHC Draft Agreement Exhibits**

#### **Exhibit A – Managed Care Regulatory Compliance Guidelines**

- Revised to reflect additions related to LTSS regulations

#### **Exhibit B(1) – CHC-MCO Pay for Performance Program**

- DHS will implement a Pay for Performance incentive to CHC-MCOs during year one to help participants with the financial eligibility determination process with their local CAOs. DHS may implement additional Pay for Performance incentives in later years.

#### **Exhibit D – Standard Terms and Conditions and DHS Addendum to Standard Terms and Conditions**

- This exhibit reflects the HC requirements with minor revisions to tailor them for the CHC program.

#### **Exhibit E – Specific Federal Regulatory Cites for Managed Care Agreements**

- This exhibit reflects the HC requirements with minor revisions to tailor them for the CHC program.

#### **Exhibit H – Prior Authorization Guidelines for Participating Managed Care Organizations in the CHC Program**

- Revised to reflect the addition of the person centered service plan process and that the person center service plan serves as the mechanism for authorizing services for participants.

#### **Exhibit M(1) – Quality Management and Utilization Management Program Requirements**

- Revised to include LTSS providers in the existing standards.

#### **Exhibit M(2) — External Quality Review**

- Revised to include additional details about Performance Improvement Projects from the HC Exhibit.

### **Exhibit M(3) — Critical Incident Reporting and Management and Provider Preventable Conditions Reporting**

- Added this exhibit about Critical Incident Reporting and Provider Preventable Conditions Reporting.

### **Exhibit M(4) — HEDIS and CAHPS**

- Added additional LTSS specific content to this exhibit.

### **Exhibit N — Notice of Denial**

- DHS will review this exhibit and revise the notices during the stakeholder engagement process pertaining to coverage decisions, appeals, and grievances.

### **Exhibit ZZ — Automatic Assignment**

- This exhibit has been revised to reflect the auto-assignment priorities specific to CHC.

### **Exhibit EEE — Participants' Rights and Responsibilities**

- This exhibit has been created to clearly outline the Participants' rights and responsibilities with the intention that this exhibit be provided "as is" in Participant outreach, education, and handbook materials.

### **Exhibit FFF — MIPPA Agreement Requirements**

- This exhibit has been created to outline the MIPPA agreement requirements that will be included in MIPPA agreements for D-SNPs for 2017 and beyond.

### **Exhibit GGG(1)-(9) — Performance Measures**

- These exhibits outline the performance measures that will be used in the CHC program.