

DCHC-2007-R-5050 Amendment 0004 Announcement

Potential Offeror:

Attached please find Amendment 0004 to the District' s Solicitation DCHC-2007-R-5050.

Please note the following:

Amendment 0004 extends the due date for proposals until June 13, 2007. (Please see Item No.1)

Amendment 0004 establishes the deadline for the submission of questions about the solicitation as June 1, 2007. (Please see Item No.78)

Amendment 0004 provides a written response to questions received about the solicitation. (Please see Attachment A) Attachment does not however provide responses to all questions received; additional responses will be forthcoming.

Thank you for your interest in this procurement and if you should have any questions, please submit them to my attention at jim.marshall@dc.gov.

Jim Marshall
Contracting Officer
Phone 202 724-4197
Fax 202 727-0245
E-mail jim.marshall@dc.gov



AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1. Contract Number NA	Page of Pages 1 44	
2. Amendment/Modification Number DCHC-2007-R-5050 0004	3. Effective Date 5/29/2007	4. Requisition/Purchase Request No. NA		5. Solicitation Caption Managed Care Organizations - Healthcare Services DC Healthy Families and Health Care Safety Net	
6. Issued By: Office of Contracting and Procurement Human Care Supplies and Services Commodity Group 441 4th Street, NW, Suite 700 South Washington, DC 20001		Code	7. Administered By (If other than line 6)		
8. Name and Address of Contractor (No. Street, city, country, state and ZIP Code) All Potential Offerors			9A. Amendment of Solicitation No. X DCHC-2007-R-5050		
			9B. Dated (See Item 11) 3/23/2007		
			10A. Modification of Contract/Order No.		
			10B. Dated (See Item 13)		
Code	Facility				
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS					
<input checked="" type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input checked="" type="checkbox"/> is extended. <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning <u>1</u> copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or fax which includes a reference to the solicitation and amendment number. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by letter or fax, provided each letter or telegram makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.					
12. Accounting and Appropriation Data (If Required)					
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14					
A. This change order is issued pursuant to: (Specify Authority) The changes set forth in Item 14 are made in the contract/order no. in item 10A.					
B. The above numbered contract/order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) set forth in item 14, pursuant to the authority of 27 DCMR, Chapter 36, Section 3601.2.					
C. This supplemental agreement is entered into pursuant to authority of:					
D. Other (Specify type of modification and authority)					
E. IMPORTANT: Contractor <input type="checkbox"/> is not, <input checked="" type="checkbox"/> is required to sign this document and return <u>1</u> copies to the issuing office.					
14. Description of amendment/modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible.) Solicitation No. DCHC-2007-R-5050 is hereby modified as described on pages 2 - 44 that follow. In addition, in accordance with Section L.5 Explanation to Prospective Offerors and L. 21 Pre-Proposal Conference, responses to questions received about the solicitation are hereby incorporated by this reference and are provided as Attachment A to DCHC-2007-R-5050 0004..					
Except as provided herein, all terms and conditions of the document referenced in Item (9A or 10A) remain unchanged and in full force and effect					
15A. Name and Title of Signer (Type or print)			16A. Name of Contracting Officer James H. Marshall, Contracting Officer		
15B. Name of Contractor (Signature of person authorized to sign)	15C. Date Signed	16B. District of Columbia (Signature of Contracting Officer)		16C. Date Signed 5/29/07	

Item No.	Solicitation Section Reference	Amendment	Amended Provision
1	Page 1, Block 9	After 10 and before the word copies, Insert: hard and electronic	9. Sealed offers in original and 10 hard and electronic copies for furnishing the supplies or services in the Schedule will be received at the place specified in Item 8, or if hand carried to the bid counter located at 441 4 th Street , N.W, Suite 703 South until 2:00 p.m. local time June 15, 2007. CAUTION: Late Submissions, Modifications and Withdrawals : See 27 DCMR chapters 15 & 16 as applicable. All offers are subject to all terms & conditions contained in this solicitation.
2	B.3.3	Delete: In its entirety. Insert: B.3.3 This actuarial review of the capitation rates may result in an annual adjustment, either increase or decrease, to the capitation rates. The District and Contractor shall negotiate the actual amount of the adjustment; however, the negotiated adjustment shall be actuarially sound in accordance with 42 C.F.R §438.6(c).	B.3.3 This actuarial review of the capitation rates may result in an annual adjustment, either increase or decrease, to the capitation rates. The District and Contractor shall negotiate the actual amount of the adjustment; however, the negotiated adjustment shall be actuarially sound in accordance with 42 C.F.R §438.6(c).
3	B.5	At the end of the section, after the price schedule table for CLIN 0002, Insert: B.5.1 Grand Total Total CLIN 0001 \$ _____ Total CLIN 0002 \$ _____ GRAND TOTAL \$ _____	B.5.1 Grand Total Total CLIN 0001 \$ _____ Total CLIN 0002 \$ _____ GRAND TOTAL \$ _____

Item No.	Solicitation Section Reference	Amendment	Amended Provision
4	C.1.1.2	<p>Delete: In its entirety.</p> <p>Insert: C.1.1.2 D.C. Health Care Safety Net (Alliance) Program: The D.C. Health Care Safety Net (Alliance) Program provides comprehensive coverage of health care services for low-income residents of the District who are not eligible for Medicaid. The Alliance program emphasizes access to primary care and management of chronic diseases such as diabetes and hypertension.</p> <p>C.1.1.2.1 The Alliance program shall serve residents of the District of Columbia whose income is at or below two-hundred percent (200%) of the Federal Poverty Level and who are ineligible for Medicaid.</p> <p>C.1.1.2.2 MAA, along with the Health Care Safety Net Administration (HCSNA), of the District of Columbia Department of Health shall administer the Alliance Program.</p>	<p>C.1.1.2 D.C. Health Care Safety Net (Alliance) Program: The D.C. Health Care Safety Net (Alliance) Program provides comprehensive coverage of health care services for low-income residents of the District who are not eligible for Medicaid. The Alliance program emphasizes access to primary care and management of chronic diseases such as diabetes and hypertension.</p> <p>C.1.1.2.1 The Alliance program shall serve residents of the District of Columbia whose income is at or below two-hundred percent (200%) of the Federal Poverty Level and who are ineligible for Medicaid.</p> <p>C.1.1.2.2 MAA, along with the Health Care Safety Net Administration (HCSNA), of the District of Columbia Department of Health shall administer the Alliance Program.</p>

Item No.	Solicitation Section Reference	Amendment	Amended Provision
5	C.1.3	<p>At the end of the section, after C.1.3.225</p> <p>Insert:</p> <p>C.1.3.226 Contract Type: Kind, class, or group determining the terms and conditions of the agreement typically including the degree and timing of the responsibility assumed by the contractor for the costs and price of performance.</p> <p>C.1.3.227 Total Contract Value: Monetary worth of the goods and services provided including any modifications and changes.</p>	<p>C.1.3.226 Contract Type: Kind, class, or group of contracts that determines the terms and conditions of the agreement typically including the degree and timing of the responsibility assumed by the contractor for the costs and price of performance.</p> <p>C.1.3.227 Total Contract Value: Monetary worth of the goods and services provided including any modifications and changes.</p>
6	C.1.4	<p>At the end of the section, after C.1.4.125</p> <p>Insert:</p> <p>C.1.4.126 DHS: District of Columbia Department of Human Services.</p>	<p>C.1.4.126 DHS: District of Columbia Department of Human Services</p>

Item No.	Solicitation Section Reference	Amendment	Amended Provision
7	C.2.2	<p>After the first sentence of the section</p> <p>Insert:</p> <p>In 2005, there were 1,555 new entrants into the DC Healthy Families program while in 2006 there was a loss of 1,594 Enrollees overall from the program. Historically, approximately one (1%) of Enrollees changes MCOs during open enrollment.</p> <p>After the last sentence of the section</p> <p>Insert:</p> <p>It is noted that the loss ratio was 84% for the Alliance program in FY 2006.</p>	<p>C.2.2 In FY 2005, one in four District residents -- 131,941 children and adults were enrolled in the Medicaid program. In 2005, there were 1,555 new entrants into the DC Healthy Families program while in 2006 there was a loss of 1,594 Enrollees overall from the program. Historically, approximately one (1%) of Enrollees changes MCOs during open enrollment. Expenditures for Medicaid that year totaled \$1.23 billion, making Medicaid the single largest source of health care financing in the District of Columbia. Add to this fact that one in fourteen District residents is a member of the D.C. Health Care Alliance Program and public financing for health care in the District is the most significant component of the health care delivery system for residents. It is noted that the loss ratio was 84% for the Alliance program in FY 2006.</p>
8	C.2	<p>After the word Enrollees</p> <p>Insert:</p> <p>, of which the three most common languages are English, Spanish and Amharic.</p>	<p>C.2.5.5 To encourage the establishment of culturally competent and linguistically appropriate information and support activities for Enrollees, of which the three most common languages are English, Spanish and Amharic, to promote consumer involvement in their health care;</p>
9	C.3.1.2	<p>Delete:</p> <p>In its entirety.</p> <p>Insert:</p> <p>C.3.1.2 Submit complete, timely, and accurate patient encounter data from all participating network Providers, as well as complete data regarding utilization of prescription drugs and services and benefits covered.</p>	<p>C.3.1.2 Submit complete, timely, and accurate patient encounter data from all participating network Providers, as well as complete data regarding utilization of prescription drugs and services and benefits covered.</p>

Item No.	Solicitation Section Reference	Amendment	Amended Provision
10	C.3.1.8	<p>First sentence of the section, after the word RFP</p> <p>Delete: unless this requirement is waived</p> <p>Insert: unless the timelines for compliance with this requirement is extended</p>	<p>C.3.1.8 NCQA Accreditation</p> <p>Contractor shall be accredited by the National Committee for Quality Assurance (NCQA) within twelve (12) months of the awarding of a Contract under this RFP, unless the timelines for compliance with this requirement is extended, in writing, by MAA. Contractor shall demonstrate that accreditation standards are met as a condition of annual renewal of the Contract over its term.</p>
11	C.3.2.3	<p>Second sentence of the section, the cross-reference to Section H.17,</p> <p>Delete: H.17</p> <p>Insert: H.14</p>	<p>C.3.2.3 Business Place and Hours of Operation</p> <p>Contractor shall maintain a place of business located in the District, which shall operate Monday through Friday, 8:00 a.m. to 5:30 p.m. Contractor shall notify MAA of any changes in the place of business and hours of operation one month prior to the change. Contractor's Key Personnel and Managers described in Section H.14 shall be located in the District office and be specifically responsible for servicing Enrollees unless the Office of Managed Care (OMC) waives this requirement with respect to specific individuals. The office shall be staffed so that the following services are available:</p>
12	C.4.2.8	<p>First sentence of the section, after the word All and before the word written,</p> <p>Delete: new</p>	<p>C.4.2.8 Reading Levels for Written Materials and Vital Documents</p> <p>All written brochures and materials provided to Enrollees shall be written at the fourth (4th) grade reading level as determined by any one of the following indices: Flesch – Kincaid, Fry Readability Index PROSE The Readability Analyst software developed by Educational Activities,</p>

Item No.	Solicitation Section Reference	Amendment	Amended Provision
			Inc., Gunning Fog Index, McLaughlin SMOG Index, or any other computer generated readability indices accepted by MAA.
13	C.5.3	<p>At the end of the first sentence of the section, after the word telemarketing</p> <p>Insert: . Contractor shall ensure the content is appropriate for the type of marketing material, support the goal of marketing materials described in C.5.1 and is approved by MAA/COTR as described in C.5.1.1.1. The marketing information shall contain the following as applicable:</p>	<p>C.5.3 Content of Marketing Materials and Information</p> <p>At a minimum, written marketing brochures and printed materials and marketing utilizing other outlets, including mass media newspapers, magazines and other periodicals, radio, television, the Internet, other media outlets, and telemarketing. Contractor shall ensure the content is appropriate for the type of marketing material, support the goal of marketing materials described in C.5.1 and is approved by MAA/COTR as described in C.5.1.1.1. The marketing information shall contain the following as applicable:</p> <p style="padding-left: 40px;">C.5.3.1 A statement that Enrollees can choose to enroll in any plan that is offered;</p> <p style="padding-left: 40px;">C.5.3.2 A listing of Covered Services and cost sharing requirements if applicable;</p> <p style="padding-left: 40px;">C.5.3.3 An explanation of Enrollee rights to select a PCP and to obtain family planning services from any qualified family planning Provider, including the qualified family planning agencies that are not Providers in Contractor’s network;</p>

Item No.	Solicitation Section Reference	Amendment	Amended Provision
			<p>C.5.3.4 An explanation of the importance of selecting a PCP from whom or through which all care shall be obtained;</p> <p>C.5.3.5 An explanation of the right of an Enrollee needing mental health or alcohol and drug abuse services to receive such care and have a choice of network Providers;</p> <p>C.5.3.6 An explanation of the availability of assistance from MAA or its agent in selecting an MCO;</p> <p>C.5.3.7 Where and how to obtain easy, user-friendly, yet detailed and specific information on Providers, including information about whether the Provider has capacity to accept additional Enrollees in accordance with C.9, in Contractor' s network prior to making a final plan selection;</p> <p>C.5.3.8 A description of the Provider network offered by Contractor (including the types of Providers, Provider locations and hours of operation);</p> <p>C.5.3.9 The availability of services for persons whose primary language is not English;</p>

Item No.	Solicitation Section Reference	Amendment	Amended Provision
			<p>C.5.3.10 The availability of services for persons who have a condition or disability that impairs their ability to engage in normal daily activities;</p> <p>C.5.3.11 The availability of transportation services; and</p> <p>C.5.3.12 The availability of the District Ombudsman program, using MAA furnished materials.</p>
14	C.5.5.4	<p>Delete: In its entirety.</p> <p>Insert: C.5.5.4 Direct marketing to prospective Enrollees, either by mail, door-to-door, or telephone. If a prospective Enrollee initiates a contact, Contractor must adhere to the following guidelines:</p> <p>C.5.5.4.1 Provide only factual information about services and network;</p> <p>C.5.5.4.2 Avoid making any comparisons with other Medicaid MCOs;</p> <p>C.5.5.4.3 Avoid any discussions regarding enrollment and disenrollment but instead refer inquiries to the Enrollment Broker; and</p>	<p>C.5.5.4 Direct marketing to prospective Enrollees, either by mail, door-to-door, or telephone. If a prospective Enrollee initiates a contact, Contractor must adhere to the following guidelines:</p> <p>C.5.5.4.1 Provide only factual information about services and network;</p> <p>C.5.5.4.2 Avoid making any comparisons with other Medicaid MCOs;</p> <p>C.5.5.4.3 Avoid any discussions regarding enrollment and disenrollment but instead refer inquiries to the Enrollment Broker; and</p> <p>C.5.5.4.4 Engage in marketing using only approved materials.</p>

Item No.	Solicitation Section Reference	Amendment	Amended Provision
		C.5.5.4.4 Engage in marketing using only approved materials.	
15	C.5.6.2	<p>Delete: In its entirety.</p> <p>Insert: C.5.6.2 MAA shall, approve, in advance, Contractor's locations and practices. The following locations and practices are prohibited sites for marketing:</p> <p style="padding-left: 40px;">C.5.6.2.1 Door to door marketing;</p> <p style="padding-left: 40px;">C.5.6.2.2 Cold call marketing; and</p> <p style="padding-left: 40px;">C.5.6.2.3 Direct mail and telemarketing aimed at prospective Enrollees.</p>	<p>C.5.6.2 MAA shall, approve, in advance, Contractor's locations and practices. The following locations and practices are prohibited sites for marketing:</p> <p style="padding-left: 40px;">C.5.6.2.1 Door to door marketing;</p> <p style="padding-left: 40px;">C.5.6.2.2 Cold call marketing; and</p> <p style="padding-left: 40px;">C.5.6.2.3 Direct mail and telemarketing aimed at prospective Enrollees.</p>
16	C.6.1.1.3.3	<p>At the end of the section, after the word Services</p> <p>Insert: (DHS)</p>	<p>C.6.1.1.3.3 Have been determined to be eligible by the Department of Human Services (DHS). Please see Amendment 0004, Item No.</p>

Item No.	Solicitation Section Reference	Amendment	Amended Provision
17	C.6.1.2	<p>Delete: In its entirety.</p> <p>Insert: C.6.1.2 Eligibility for the Alliance Program</p> <p style="padding-left: 40px;">C.6.1.2.1 Contractor shall provide Covered Services to eligible Enrollees of the Alliance Program based on the following criteria:</p> <p style="padding-left: 80px;">C.6.1.2.1.1 Residents of the District of Columbia;</p> <p style="padding-left: 80px;">C.6.1.2.1.2 Have an income at or below two hundred percent (200%) of the Federal Poverty Level; and</p> <p style="padding-left: 80px;">C.6.1.2.1.3. Who are ineligible for Medicaid.</p>	<p>C.6.1.2 Eligibility for the Alliance Program</p> <p style="padding-left: 40px;">C.6.1.2.1 Contractor shall provide Covered Services to eligible Enrollees of the Alliance Program based on the following criteria:</p> <p style="padding-left: 80px;">C.6.1.2.1.1 Residents of the District of Columbia;</p> <p style="padding-left: 80px;">C.6.1.2.1.2 Have an income at or below two hundred percent (200%) of the Federal Poverty Level; and</p> <p style="padding-left: 80px;">C.6.1.2.1.3. Who are ineligible for Medicaid.</p>
18	C.6.4.2	<p>Delete: In its entirety.</p> <p>Insert: C.6.4.2 The District will notify Contractor of new Enrollees by the 26th day of each Month.</p>	<p>C.6.4.2 The District will notify Contractor of new Enrollees by the 26th day of each Month.</p>

Item No.	Solicitation Section Reference	Amendment	Amended Provision
19	C.6.4.3	<p>Delete: In its entirety.</p> <p>Insert: C.6.4.3 Contractor shall utilize the first (1st) day of the month following the District's notification letter as the effective date of enrollment for new Enrollees who have voluntarily enrolled or have been auto-enrolled to Contractor.</p>	<p>C.6.4.3 Contractor shall utilize the first (1st) day of the month following the District's notification letter as the effective date of enrollment for new Enrollees who have voluntarily enrolled or have been auto-enrolled to Contractor.</p>
20	C.6.6.2.6.19	<p>First sentence of the section, after the word to and before the word Enrollees</p> <p>Insert: Medicaid</p>	<p>C.6.6.2.6.19 An explanation of the services available to Medicaid Enrollees under age 21 through the EPSDT program, including periodic and as-needed health exams, vision, dental, and hearing care, and all necessary diagnostic and treatment services to ensure healthy growth and development. The explanation shall include a statement that all EPSDT services are free as well as a toll-free telephone number that Enrollees can call to receive assistance in scheduling an appointment and obtaining transportation;</p>
21	C.6.6.2.6.20	<p>First sentence of the section, after the word preschool and before early</p> <p>Insert: and</p>	<p>C.6.6.2.6.20 An explanation of the IDEA program, with respect to both preschool and early intervention services and services for school age children and adolescents, as well as complete information (including a telephone number) regarding how to request an IDEA evaluation for infants, toddlers or school-age children. The explanation should contain information on the benchmarks and milestones of growth and development in young children and information about the signs of delays in child development that parents should look for;</p>

Item No.	Solicitation Section Reference	Amendment	Amended Provision
22	C.6.6.2.2	<p>Delete: In its entirety.</p> <p>Insert: RESERVED</p>	C.6.6.2.2 RESERVED
23	C.6.6.3.1.5	<p>Delete: In its entirety.</p> <p>Insert: C.6.6.3.1.5 Contractors shall provide summaries of customer satisfaction surveys in accordance with the requirements found at 42 CFR §438.10(i)(3)(iv).</p>	C.6.6.3.1.5 Contractors shall provide summaries of customer satisfaction surveys in accordance with the requirements found at 42 CFR §438.10(i)(3)(iv).
24	C.6.7.4.5	<p>C.6.7.4.5</p> <p>Delete: In its entirety.</p> <p>Insert: C.6.7.4.5 Ensure notification of assignment shall be postmarked within 10 days of assignment.</p>	C.6.7.4.5 Ensure notification of assignment shall be postmarked within 10 days of assignment.

Item No.	Solicitation Section Reference	Amendment	Amended Provision
25	C.6.7.6	<p>At the beginning of the section, before the word Contractor</p> <p>Insert: In accordance with 42 C.F.R. §438.10((f)(5),</p> <p>First sentence, after the words terminated Provider,</p> <p>Insert: within fifteen (15) days after Contractor’s receipt or issuance of the termination notice.</p>	<p>C.6.7.6 In accordance with 42 C.F.R. §438.10((f)(5), Contractor shall send written notice of termination of a Network Provider to each Enrollee who received his or her primary care or was seen on a regular basis by the terminated Provider, within fifteen (15) days after Contractor’s receipt or issuance of the termination notice. Contractor shall notify MAA of a Provider termination prior to sending notification to each Enrollee and shall comply with the requirements of C.7.4 and C.4 with respect to this notification.</p>
26	C.6.11.4.2	<p>Delete: In its entirety.</p> <p>Insert: C.6.11.4.2 Contractor shall refer all requests for disenrollment to the District.</p>	<p>C.6.11.4.2 Contractor shall refer all requests for disenrollment to the District.</p>
27	C.7.4.1.1	<p>Delete: In its entirety.</p> <p>Insert: C.7.4.1.1 Provide all Enrollees written notice from both the Contractor and the Provider within fifteen (15) days after Contractor’s receipt or issuance of the termination notice or thirty (30) days prior to the date of termination of the Provider’s subcontract, whichever is sooner.</p>	<p>C.7.4.1.1 Provide all Enrollees written notice from both the Contractor and the Provider within fifteen (15) days after Contractor’s receipt or issuance of the termination notice or thirty (30) days prior to the date of termination of the Provider’s subcontract, whichever is sooner.</p>

Item No.	Solicitation Section Reference	Amendment	Amended Provision
28	C.7	<p>Insert: C.7.6 Web Site</p> <p>C.7.6.1 Contractor shall maintain a web site to facilitate the dissemination and access of information electronically to Enrollees and network providers. Contractor's web site shall at a minimum provide or contain the following:</p> <p style="padding-left: 40px;">C.7.6.1.1 A distinct and easily recognizable section dedicated exclusively to the District and the delivery of the health care services discussed in this solicitation;</p> <p style="padding-left: 40px;">C.7.6.1.2 Electronic version of forms, manuals, policies, procedures and other data and information relevant to Enrollees and providers;</p> <p style="padding-left: 40px;">C.7.6.1.3 Maintain compliance with the Language Access and Cultural Competency requirements described in C.4.</p>	<p>C.7.6 Web Site</p> <p>C.7.6.1 Contractor shall maintain a web site to facilitate the dissemination and access of information electronically to Enrollees and network providers. Contractor's web site shall at a minimum provide or contain the following:</p> <p style="padding-left: 40px;">C.7.6.1.1 A distinct and easily recognizable section dedicated exclusively to the District and the delivery of the health care services discussed in this solicitation;</p> <p style="padding-left: 40px;">C.7.6.1.2 Electronic version of forms and other data and information for Enrollees and providers;</p> <p style="padding-left: 40px;">C.7.6.1.3 Maintain compliance with the Language Access and Cultural Competency requirements described in C.4.</p>

Item No.	Solicitation Section Reference	Amendment	Amended Provision
29	C.8.2-2.5	<p>Delete: In its entirety</p> <p>Insert: C.8.2-2.5 EPSDT services for which Contractor does not have coverage responsibilities</p> <p>Contractor shall not be responsible for coverage or payment of screening, diagnostic, and treatment services when such services are furnished to an Enrollee in a school setting by a school program. Contractor shall be responsible for those items and services that are not provided in a school setting in accordance with C.8.8.</p>	<p>C.8.2-2.5 EPSDT services for which Contractor does not have coverage responsibilities</p> <p>Contractor shall not be responsible for coverage or payment of screening, diagnostic, and treatment services when such services are furnished to an Enrollee in a school setting by a school program. Contractor shall be responsible for those items and services that are not provided in a school setting in accordance with C.8.8.</p>
30	C.8.2.8..2.4.6	<p>Delete: In its entirety.</p> <p>Insert: C.8.2.8.4.6 The cost of the services will be paid by the Department of Mental Health and, in certain cases, MAA and have been included in the capitation rate. The cost of coordinating such services shall be the responsibility of Contractor.</p>	<p>C.8.2.8.4.6 The cost of the services will be paid by the Department of Mental Health and, in certain cases, MAA and have been included in the capitation rate. The cost of coordinating such services shall be the responsibility of Contractor.</p>
31	C.8.2.9	<p>Delete: In its entirety.</p>	<p>Not Applicable (See Amendment 0004, Item No. 33)</p>
32	C.8.3.2.4.15	<p>Delete: and behavioral counseling</p>	<p>C.8.3.2.4.15 Alcohol misuse screening;</p>

Item No.	Solicitation Section Reference	Amendment	Amended Provision
33	C.8	<p>Insert: C.8.8 Special Rules Regarding Coverage of Services for Infants, Toddlers, Pre-School-Age Children, and School-Age Children and Youth</p> <p>C.8.8.1 Beginning in early childhood, District children participate extensively in preschool activities, and the majority of Contractor’s Enrollees are children who are enrolled in educational programs. This Section sets forth expectations regarding coverage rules for children in any educational or education-related setting, regardless of the child’s age.</p> <p>C.8.8.2 Contractor shall cover all Medically Necessary services, as defined in this Section C.8 and C.10 for children under age twenty-one (21), regardless of whether the service in question is also identified as a “Related Service” under a child’s education-related treatment plan.</p> <p>C.8.8.3 Contractor shall cover all transportation to and from Medically Necessary services, as defined in this Section C.8 and C.10 for children under age twenty-one (21), regardless of whether the medical or health care service in question is also identified as a “Related Service” under a child’s education-related treatment plan. employees or contractors.</p>	<p>C.8.8 Special Rules Regarding Coverage of Services for Infants, Toddlers, Pre-School-Age Children, and School-Age Children and Youth</p> <p>C.8.8.1 Beginning in early childhood, District children participate extensively in preschool activities, and the majority of Contractor’s Enrollees are children who are enrolled in educational programs. This Section sets forth expectations regarding coverage rules for children in any educational or education-related setting, regardless of the child’s age.</p> <p>C.8.8.2 Contractor shall cover all Medically Necessary services, as defined in this Section C.8 and C.10 for children under age twenty-one (21), regardless of whether the service in question is also identified as a “Related Service” under a child’s education-related treatment plan.</p> <p>C.8.8.3 Contractor shall cover all transportation to and from Medically Necessary services, as defined in this Section C.8 and C.10 for children under age twenty-one (21), regardless of whether the medical or health care service in question is also identified as a “Related Service” under a child’s education-related treatment plan. employees or contractors.</p>

Item No.	Solicitation Section Reference	Amendment	Amended Provision
34		<p>C.8.8.4 Contractor is not responsible for otherwise Covered Services (including targeted and routine case management services) when the service is furnished in a school setting by the District of Columbia Public Schools (DCPS) employees or contractors.</p> <p>C.8.8.5 Contractor is not responsible for transportation services to or from Covered Services furnished in other than educational settings, when the transportation is furnished by DCPS or by a DCPS Contractor.</p> <p>C.8.8.6 Contractor shall identify all enrolled children of any age who also receive early intervention or educational services under the IDEA and shall report to MAA all coverage denials or exclusions involving such children within three (3) days of denial or exclusion or in compliance with any MOU between MAA and DCPS.</p>	<p>C.8.8.4 Contractor is not responsible for otherwise Covered Services (including targeted and routine case management services) when the service is furnished in a school setting by the District of Columbia Public Schools (DCPS) employees or contractors.</p> <p>C.8.8.5 Contractor is not responsible for transportation services to or from Covered Services furnished in other than educational settings, when the transportation is furnished by DCPS or by a DCPS Contractor.</p> <p>C.8.8.6 Contractor shall identify all enrolled children of any age who also receive early intervention or educational services under the IDEA and shall report to MAA all coverage denials or exclusions involving such children within three (3) days of denial or exclusion or in compliance with any MOU between MAA and DCPS.</p>

Item No.	Solicitation Section Reference	Amendment	Amended Provision
35	C.9.1.5	<p>At the end of the section, after the word thereunder</p> <p>Insert: or, if located in a jurisdiction outside of the District, in accordance with the health occupations regulatory requirements in the jurisdiction in which the Provider practices.</p>	<p>C.9.1.5 In establishing a network, Contractor shall include all classes of Providers necessary to furnish Covered Services, including but not limited to hospitals, physicians (specialists and primary care), nurse midwives, nurse practitioners, pediatric nurse practitioners, federally qualified health centers, medical specialists, dentists, mental health and substance abuse Providers, allied health professionals, ancillary Providers, DME Providers, home health Providers and transportation Providers as described in C.9.2. Contractor's network shall include adequate numbers of Providers with the training, experience, and skills necessary to furnish quality care to Enrollees and to do so in a manner that is accessible and Culturally Competent. All Providers must be appropriately licensed or registered in accordance with the District of Columbia Health Occupation Regulatory Act (D.C. Code § 3-1200 <i>et seq.</i>) and any regulations thereunder or, if located in a jurisdiction outside of the District, in accordance with the health occupations regulatory requirements in the jurisdiction in which the Provider practices.</p>
36	C.9.2.10.3	<p>At the end of the first sentence of the section,</p> <p>Insert: In accordance with 42 U.S.C. §1396b(m)((1)(A)(ix), Contractors shall provide payment that is not less than the level and amount of payment which the entity would make for the services if the services were furnished by a provider which is not a Federally-qualified health center.</p>	<p>C.9.2.10.3 Contractor shall be aware of and consider the unique status of FQHCs when developing Provider networks. Contactor shall contract with FQHCs located in the District of Columbia. In accordance with 42 U.S.C. §1396b(m)((1)(A)(ix), Contractors shall provide payment that is not less than the level and amount of payment which the entity would make for the services if the services were furnished by a provider which is not a Federally-qualified health center.</p>

Item No.	Solicitation Section Reference	Amendment	Amended Provision
37	C.9.2.10.4	<p>At the beginning of the section, before the first sentence</p> <p>Insert: MAA estimates that nearly one hundred (100%) of the Alliance enrollees currently use the safety-net clinics identified below.</p>	<p>C.9.2.10.4 MAA estimates that nearly one hundred (100%) of the Alliance enrollees currently use the safety-net clinics identified below. The Contractor’s Alliance Network shall include the safety net clinics located in the District. Contractor shall have the option of paying the safety net clinics on a Fee-for-Service basis or capitated basis. The Contractor shall pay the safety net clinics no less than sixty-five dollars (\$65.00) per visit if the Contractor elects to pay on a Fee-for-Service basis. Contractor shall pay the safety net clinics on the same terms and conditions as other clinics if the Contractor elects to pay the safety net clinics on a capitated basis. If Contractor is unable to execute a satisfactory subcontract with any of the safety net clinics listed below it shall notify MAA. MAA reserves the right to require Contractor to enter into binding arbitration to resolve any outstanding issues with the safety net clinic. At a minimum, Contractor’s Alliance Network shall include the following safety net clinics:</p> <p style="padding-left: 40px;">C.9.2.10.4.1 Bread for the City, Inc.;</p> <p style="padding-left: 40px;">C.9.2.10.4.2 Columbia Road Health Services, Inc.;</p> <p style="padding-left: 40px;">C.9.2.10.4.3 Community of Hope, Inc.;</p> <p style="padding-left: 40px;">C.9.2.10.4.4 Family Medical Counseling Service, Inc.;</p>

Item No.	Solicitation Section Reference	Amendment	Amended Provision
			C.9.2.10.4.5 La Clinica del Pueblo, Inc.;; C.9.2.10.4.6 Mary' s Center for Maternal and Child Care, Inc.;; C.9.2.10.4.7 Perry Family Health Center; C.9.2.10.4.8 Planned Parenthood of Metropolitan Washington D.C.;; C.9.2.10.4.9 So Others Might Eat; C.9.2.10.4.10 Spanish Catholic Center; C.9.2.10.4.11 Unity Health Care, Inc.;; C.9.2.10.4.12 The Washington Free Clinic; and C.9.2.10.4.13 Whitman Walker Clinic.
38	C.9.3.1.3.2	At the end of the section, after the word Contractor' s, Delete: Enrollee Handbook Insert: Provider Directory	C.9.3.1.3.2 Be clearly printed in Contractor' s Provider Directory.
39	C.9.3.7.2	Delete: In its entirety.	C.9.3.7.2 Contractor shall have in place protocols, treatment guidelines, and procedures infants, toddlers, school-age children, and adolescents with evidence of

Item No.	Solicitation Section Reference	Amendment	Amended Provision
		<p>Insert: C.9.3.7.2 Contractor shall have in place protocols, treatment guidelines, and procedures infants, toddlers, school-age children, and adolescents with evidence of developmental and mental disability and delay.; In addition, Contractor shall have in place specialized Disease Management systems, appropriate treatment guidelines for use when a Special Need is detected, and the Provider incentive arrangements used to encourage early identification among Enrollees. In accordance with Section C.8, at a minimum, Contractor shall have in place a Disease Management program for the following conditions:</p> <p>C.9.3.7.2.1 Pediatric asthma;</p> <p>C.9.3.7.2.2 Adults with hypertension;</p> <p>C.9.3.7.2.3 Adults with cardiovascular conditions;</p> <p>C.9.3.7.2.4 Adults with mental illness and substance abuse-related conditions;</p> <p>C.9.3.7.2.5 Children and adults with diabetes or at high risk for the development of diabetes;</p> <p>C.9.3.7.2.6 Obesity in children and adults;</p> <p>C.9.3.7.2.7 Persons with HIV/AIDS; and</p>	<p>developmental and mental disability and delay.; In addition, Contractor shall have in place specialized Disease Management systems, appropriate treatment guidelines for use when a Special Need is detected, and the Provider incentive arrangements used to encourage early identification among Enrollees. In accordance with Section C.8, at a minimum, Contractor shall have in place a Disease Management program for the following conditions:</p> <p>C.9.3.7.2.1 Pediatric asthma;</p> <p>C.9.3.7.2.2 Adults with hypertension;</p> <p>C.9.3.7.2.3 Adults with cardiovascular conditions;</p> <p>C.9.3.7.2.4 Adults with mental illness and substance abuse-related conditions;</p> <p>C.9.3.7.2.5 Children and adults with diabetes or at high risk for the development of diabetes;</p> <p>C.9.3.7.2.6 Obesity in children and adults;</p> <p>C.9.3.7.2.7 Persons with HIV/AIDS; and</p> <p>C.9.3.7.2.8 Children, adolescents and adults with cancers.</p>

Item No.	Solicitation Section Reference	Amendment	Amended Provision
		C.9.3.7.2.8 Children, adolescents and adults with cancers.	
40	C.10.3.3.3.1.2.1	<p>Delete: In its entirety.</p> <p>Insert: C.10.3.3.3.1.2.1 Contractor is responsible for coordinating the services described in Section C.8.3.2.6 and IDEA services, including identifying any Alliance Enrollees who may be eligible for IDEA services, coordinating with DCPS when Enrollees may be eligible for IDEA services, assisting the Alliance Enrollee in obtaining IDEA services, and making any necessary referrals for these services.</p>	C.10.3.3.3.1.2.1 Contractor is responsible for coordinating the services described in Section C.8.3.2.6 and IDEA services, including identifying any Alliance Enrollees who may be eligible for IDEA services, coordinating with DCPS when Enrollees may be eligible for IDEA services, assisting the Alliance Enrollee in obtaining IDEA services, and making any necessary referrals for these services.
41	C.11.4.1	<p>End of the second and third sentences of the section, the cross-references to H.6.5.</p> <p>Delete H.6.5</p> <p>Insert: H.5.4.1</p>	C.11.4.1 Contractor shall, on a quarterly basis, submit to MAA/COTR a copy of its financial reporting statements to DISB. Contractor shall include a cover letter that provides Contractor's Medical Loss Ratio calculated in accordance with NAIC standards in accordance with Section H.5.4.1. This information will be utilized to monitor Contractor's Member Investment requirements set forth in Section H.5.4.1.

Item No.	Solicitation Section Reference	Amendment	Amended Provision
42	C.11.8	<p>Delete: In its entirety.</p> <p>Insert: C.11.8 Payments for Out-of-Network Hospital Providers</p> <p>Contractor shall pay out-of-network hospitals for all emergencies and authorized Covered Services provided outside of the established network. Out-of-network hospital claims shall be paid at the established Medicaid rate in effect on the date of service for paying participating Medicaid Providers. Hospital payments must include payment for the Diagnosis Related Groups (DRGs, as defined in the Medicaid Institutional Provider Chapter IV), outliers, as applicable, and capital costs at the per-discharge rate.</p>	<p>C.11.8 Payments for Out-of-Network Hospital Providers</p> <p>Contractor shall pay out-of-network hospitals for all emergencies and authorized Covered Services provided outside of the established network. Out-of-network hospital claims shall be paid at the established Medicaid rate in effect on the date of service for paying participating Medicaid Providers. Hospital payments must include payment for the Diagnosis Related Groups (DRGs, as defined in the Medicaid Institutional Provider Chapter IV), outliers, as applicable, and capital costs at the per-discharge rate.</p>

Item No.	Solicitation Section Reference	Amendment	Amended Provision
43	C.13.1.6	<p>At the end of the section, after C.13.1.6.5</p> <p>Insert:</p> <p>C.13.1.6.6 D.C. Diabetes initiative;</p> <p>C.13.1.6.7 Tobacco Cessation Initiative; and</p> <p>C.13.1.6.8 End Stage Renal Disease Initiative.</p>	<p>C.13.1.6 Contractor shall incorporate into its CQI program and CQI plan all applicable DOH initiatives including but not limited to the:</p> <p>C.13.1.6.1 Come Together D.C.- Get Screened for HIV Initiative;</p> <p>C.13.1.6.2 Men’s Health Initiative;</p> <p>C.13.1.6.3 Breast and Cervical Cancer and Early Detection Program; and</p> <p>C.13.1.6.4 Other initiatives and programs related to the D.C. Cancer Control Plan.</p> <p>C.13.1.6.5 Contractor shall comply with the reporting requirements related to the DOH initiatives and provide a copy of these reports to MAA.</p> <p>C.13.1.6.6 D.C. Diabetes initiative;</p> <p>C.13.1.6.7 Tobacco Cessation Initiative; and</p> <p>C.13.1.6.8 End Stage Renal Disease Initiative.</p>

Item No.	Solicitation Section Reference	Amendment	Amended Provision										
44	C.14.2.4.6	After the word by and before the word to, Delete: District Law Insert: 22 DCMR §3303	C.14.2.4.6 Provider Appeal rights mandated by 22 DCMR §3303 to challenge the failure of the organization to cover a service.										
45	C.16	Section C.6, after C.6.6.3.1 and before C.6.7.1 Insert: <table border="1" data-bbox="443 667 1192 938"> <tr> <td data-bbox="443 667 621 938">C.6.6.3.1.5</td> <td data-bbox="621 667 863 938">Summaries of customer satisfaction surveys in accordance with the requirements found at 42 CFR §438.10(i)(3)(iv).</td> <td data-bbox="863 667 957 938"></td> <td data-bbox="957 667 1052 938"></td> <td data-bbox="1052 667 1192 938"></td> </tr> </table>	C.6.6.3.1.5	Summaries of customer satisfaction surveys in accordance with the requirements found at 42 CFR §438.10(i)(3)(iv).				<table border="1" data-bbox="1207 667 1919 938"> <tr> <td data-bbox="1207 667 1386 938">C.6.6.3.1.5</td> <td data-bbox="1386 667 1627 938">Summaries of customer satisfaction surveys in accordance with the requirements found at 42 CFR §438.10(i)(3)(iv).</td> <td data-bbox="1627 667 1701 938"></td> <td data-bbox="1701 667 1774 938"></td> <td data-bbox="1774 667 1919 938"></td> </tr> </table>	C.6.6.3.1.5	Summaries of customer satisfaction surveys in accordance with the requirements found at 42 CFR §438.10(i)(3)(iv).			
C.6.6.3.1.5	Summaries of customer satisfaction surveys in accordance with the requirements found at 42 CFR §438.10(i)(3)(iv).												
C.6.6.3.1.5	Summaries of customer satisfaction surveys in accordance with the requirements found at 42 CFR §438.10(i)(3)(iv).												

Item No.	Solicitation Section Reference	Amendment	Amended Provision																
46	E.5.3	<p>End of the First sentence of the section, after the word payments</p> <p>Insert: beginning in option Year One.</p> <p>Last sentence of the section, the cross-reference to G.6,</p> <p>Delete: G.6</p> <p>Insert: G.1.10, G.3, and G.4</p>	<p>E.5.3 Capitation Payment Withhold</p> <p>In order to provide Performance Bonus Awards, the District shall withhold three percent (3%) of Contractor's at-risk Capitation Rate payments beginning in Option Year One. MAA retains the right to reduce the percentage of the Capitation Rate placed at-risk in any given period. These funds shall be used for Contractor performance bonus awards in accordance with criteria and standards established by MAA and shall include assessment of performance in clinical quality of care, access to care, patient satisfaction and administrative functions. This withhold is separate from any withholds described in G.1.10, G.3, and G.4.</p>																
47	F.5.3	<p>Insert:</p> <table border="1" data-bbox="443 894 1192 1133"> <tr> <td data-bbox="443 894 552 1062">186</td> <td data-bbox="552 894 909 1062">Summaries of customer satisfaction surveys in accordance with the requirements found at 42 CFR §438.10(i)(3)(iv).</td> <td data-bbox="909 894 1079 1062">C.6.6.3.1.5</td> <td data-bbox="1079 894 1192 1062">Upon Request</td> </tr> <tr> <td data-bbox="443 1062 552 1133">187</td> <td data-bbox="552 1062 909 1133">Disenrollment Requests</td> <td data-bbox="909 1062 1079 1133">C.6.11.4.2</td> <td data-bbox="1079 1062 1192 1133">As Needed</td> </tr> </table>	186	Summaries of customer satisfaction surveys in accordance with the requirements found at 42 CFR §438.10(i)(3)(iv).	C.6.6.3.1.5	Upon Request	187	Disenrollment Requests	C.6.11.4.2	As Needed	<table border="1" data-bbox="1207 894 1969 1133"> <tr> <td data-bbox="1207 894 1316 1062">186</td> <td data-bbox="1316 894 1673 1062">Summaries of customer satisfaction surveys in accordance with the requirements found at 42 CFR §438.10(i)(3)(iv).</td> <td data-bbox="1673 894 1843 1062">C.6.6.3.1.5</td> <td data-bbox="1843 894 1969 1062">Upon Request</td> </tr> <tr> <td data-bbox="1207 1062 1316 1133">187</td> <td data-bbox="1316 1062 1673 1133">Disenrollment Requests</td> <td data-bbox="1673 1062 1843 1133">C.6.11.4.2</td> <td data-bbox="1843 1062 1969 1133">As Needed</td> </tr> </table>	186	Summaries of customer satisfaction surveys in accordance with the requirements found at 42 CFR §438.10(i)(3)(iv).	C.6.6.3.1.5	Upon Request	187	Disenrollment Requests	C.6.11.4.2	As Needed
186	Summaries of customer satisfaction surveys in accordance with the requirements found at 42 CFR §438.10(i)(3)(iv).	C.6.6.3.1.5	Upon Request																
187	Disenrollment Requests	C.6.11.4.2	As Needed																
186	Summaries of customer satisfaction surveys in accordance with the requirements found at 42 CFR §438.10(i)(3)(iv).	C.6.6.3.1.5	Upon Request																
187	Disenrollment Requests	C.6.11.4.2	As Needed																
48	G.1.6	<p>Delete: In its entirety.</p> <p>Insert G.1.6 Actuarially Sound</p> <p>In accordance with 42 C.F.R. §438.6(c)(2)(i), payments to Contractor must be actuarially sound.</p>	<p>G.1.6 Actuarially Sound</p> <p>In accordance with 42 C.F.R. §438.6(c)(2)(i), payments to Contractor must be actuarially sound.</p>																

Item No.	Solicitation Section Reference	Amendment	Amended Provision
49	H.1.1.2.1.2	<p>The last sentence of the section, after the word deadline</p> <p>Delete: continue to be enrolled with their current plan.</p> <p>Insert: will be divided equally among the Contractors in accordance with this Section C.6.4.1</p>	<p>H.1.1.2.1.2 Current Enrollees of plans that will be continuing as Contractors will be notified that they may remain in the current plan or select a new plan. These Enrollees will also be notified of the disenrollment limitation provisions as described in Section C.6.11. Enrollees who fail to communicate a choice by the selection deadline will be divided equally among the Contractors in accordance with this Section C.6.4.1.</p>
50	H.1.1.3	<p>At the end of the section, after H.1.1.3.2,</p> <p>Insert:</p> <p>H.1.1.3.2.1 Individuals eligible for coverage beyond the age of twenty-two (22) years old under the Alliance program shall complete a recertification process in order to obtain coverage.</p>	<p>H.1.1.3 The District will disenroll an Enrollee due to loss of eligibility under the following circumstances:</p> <p>H.1.1.3.1 If the Enrollee is no longer eligible for DCHFP or the Alliance Program, disenrollment shall be effective no later than the first (1st) day of the first (1st) full month following the loss of eligibility; or</p> <p>H.1.1.3.2 If the Enrollee reaches his or her twenty-second (22nd) birthday the disenrollment shall be effective not after than the first (1st) day of the first (1st) full month following the date of the Enrollee' s twenty-second (22nd) birthday.</p> <p>H.1.1.3.2.1 Individuals eligible for coverage beyond the age of twenty-two (22) years old under the Alliance program shall complete a recertification process in order to obtain coverage.</p>

Item No.	Solicitation Section Reference	Amendment	Amended Provision
51	H.1	<p>Insert: H.1.6 Enrollee Handbook</p> <p>MAA will provide Contractor a standard Enrollee Handbook within 15 days of contract award.</p>	<p>H.1.6 Enrollee Handbook</p> <p>MAA will provide Contractor a standard Enrollee Handbook within 15 days of contract award.</p>
52	H.5.4	<p>Insert:</p> <p>H.5.4.3 The minimum loss ratio shall be determined based on the actual premium received. For quarterly reporting, the monthly revenue received shall reflect 97% of the capitation payment under a 3% withhold scenario. To the extent a Contractor earns all or part of the withhold, this revenue shall be included in the final determination of the loss ratio requirements.</p>	<p>H.5.4.3 The minimum loss ratio shall be determined based on the actual premium received. For quarterly reporting, the monthly revenue received shall reflect 97% of the capitation payment under a 3% withhold scenario. To the extent a Contractor earns all or part of the withhold, this revenue shall be included in the final determination of the loss ratio requirements.</p>
53	L.2.1	<p>Delete: In its entirety</p> <p>Insert: L.2.1 Offerors shall provide one (1) original, ten (10) hard copies, and 10 electronic copies of the written proposal. The proposal shall be prepared and submitted in two (2) separate volumes, Volume 1 Technical and Volume 2 Cost and Price. Each volume of the proposal shall be submitted in a sealed envelope conspicuously marked:</p> <p style="text-align: center;">“Proposal in Response to Solicitation No. DCHC-2007-R-5050 D.C. Healthy Families/Alliance and the name of the Offeror”</p>	<p>L.2.1 Offerors shall provide one (1) original, ten (10) hard copies, and 10 electronic copies of the written proposal. The proposal shall be prepared and submitted in two (2) separate volumes, Volume 1 Technical and Volume 2 Cost and Price. Each volume of the proposal shall be submitted in a sealed envelope conspicuously marked:</p> <p style="text-align: center;">“Proposal in Response to Solicitation No. DCHC-2007-R-5050 D.C. Healthy Families/Alliance and the name of the Offeror”</p>

Item No.	Solicitation Section Reference	Amendment	Amended Provision
54	L.2.3	<p>At the end of the section, after organization.</p> <p>Insert:</p> <p>The Cover Letters are not included in the total page count of the technical and price proposal narrative limits described in L.2.2.7.</p>	<p>L.2.3 The Offeror shall prepare a Cover Letter to accompany its Technical Proposal and Price Proposal. The Cover Letter shall state the Offeror's address and phone number for a contact person, and a statement regarding acceptance of the contract provisions as described in Sections A – K of the solicitation. In addition, the Cover Letter shall include a discussion of the Offeror's understanding of the objectives of this solicitation, an overview of the mission and goals of the Offeror's organization, and how the Offeror's mission and goals relate to their understanding of the goals. The Cover Letter shall be signed by an authorized representative of the Offeror's organization. The Cover Letters are not included in the total page count of the technical and price proposal narrative limits described in L.2.2.7.</p>
55	L.2.4	<p>At the end of the section,</p> <p>Insert:</p> <p>The Table Of Content pages are not included in the total page count of the technical and price proposal narrative limits described in L.2.2.7.</p>	<p>L.2.4 The Offeror shall prepare a Table of Contents for each volume indicating the location of the title of the subheadings and page numbers for each subheading. The Table Of Content pages are not included in the total page count of the technical and price proposal narrative limits described in L.2.2.7.</p>

Item No.	Solicitation Section Reference	Amendment	Amended Provision
56	L.2.6	Second sentence, after the word submitting and before the word the, Insert: at a minimum	L.2.6 The information requested in Section L.3 has been determined to be essential and will allow the District to assess the Offeror's knowledge, capabilities, and capacity to perform the requirements of the contract as described in Section C in accordance with Section M of the solicitation. The Offeror shall respond in a comprehensive manner to each evaluation factor by submitting at a minimum the information described below in Section L.3 in a logical order consistent with the RFP, providing reference to the requirement being addressed.

Item No.	Solicitation Section Reference	Amendment	Amended Provision
57	L.2	<p>Insert: L.2.7 Proposal Information Submission</p> <p>L.2.7.1 When responding to the instructions in Section L.3, below, Offerors shall provide information, as applicable, regarding:</p> <p style="padding-left: 40px;">L.2.7.1.1 Services provided by the Offeror similar in size and scope as those described in the relevant section of Section C.3;</p> <p style="padding-left: 40px;">L.2.7.1.2 Services provided by the Offeror in other jurisdictions similar in size and scope as those described in the relevant section of Section C.3;</p> <p style="padding-left: 40px;">L.2.7.1.2 Services the Offeror proposes to provide in the District in response to the required services including relevant draft policies, procedures, protocols, and manuals;</p>	<p>L.2.7 Proposal Information Submission</p> <p>L.2.7.1 When responding to the instructions in Section L.3, below, Offerors shall provide information, as applicable, regarding:</p> <p style="padding-left: 40px;">L.2.7.1.1 Services provided by the Offeror similar in size and scope as those described in the relevant section of Section C.3;</p> <p style="padding-left: 40px;">L.2.7.1.2 Services provided by the Offeror in other jurisdictions similar in size and scope as those described in the relevant section of Section C.3;</p> <p style="padding-left: 40px;">L.2.7.1.2 Services the Offeror proposes to provide in the District including relevant draft policies, procedures, protocols, and manuals;</p> <p style="padding-left: 40px;">.</p>

Item No.	Solicitation Section Reference	Amendment	Amended Provision
		<p>L.2.7.1.3 When relevant, the qualifications, training, education, years of experience, and capability of Offeror's Key Personnel to perform the required services; and</p> <p>L.2.7.1.4 Documentation of Offeror's network providers and the management of providers including contracts, agreements, subcontractor agreements, Letters of Intent, Memorandums of Understanding, Memorandums of Agreement, as applicable.</p>	<p>L.2.7.1.3 When relevant, the qualifications, training, education, years of experience, and capability of Offeror's Key Personnel to perform the required services; and</p> <p>L.2.7.1.4 Documentation of Offeror's network providers and the management of providers including contracts, agreements, subcontractor agreements, Letters of Intent, Memorandums of Understanding, Memorandums of Agreement, as applicable</p>
58	L.3.1.1.1.2.1	<p>Delete: In its entirety</p> <p>Insert: L.3.1.1.1.2.1 A list of the Offeror's Primary Care provider network, documentation as described in L.2.7.1.4, and at a minimum, the following information for each provider:</p>	<p>L.3.1.1.1.2.1 A list of the Offeror's Primary Care provider network, documentation as described in L.2.7.1.4, and at a minimum, the following information for each provider:</p>

Item No.	Solicitation Section Reference	Amendment	Amended Provision
59	L.3.1.1.1.2.2	<p>Delete: In its entirety</p> <p>Insert: L.3.1.1.1.2.2 A list of the Offeror’s Specialty Care provider network, documentation as described in L.2.7.1.4, and at a minimum, the following information for each provider:</p>	<p>L.3.1.1.1.2.2 A list of the Offeror’s Specialty Care provider network, documentation as described in L.2.7.1.4, and at a minimum, the following information for each provider:</p>
60	L.3.1.1.1.2.3	<p>Delete: In its entirety</p> <p>Insert: L.3.1.1.1.2.3 A list of Offeror’s Hospital network providers, documentation as described in L.2.7.1.4, and at a minimum, the following information for each hospital:</p>	<p>L.3.1.1.1.2.3 A list of Offeror’s Hospital network providers, documentation as described in L.2.7.1.4, and at a minimum, the following information for each hospital:</p>
61	L.3.1.1.1.2.4	<p>Delete: In its entirety</p> <p>Insert: L.3.1.1.1.2.4 A list of Offeror’s mental health and substance abuse network providers, documentation as described in L.2.7.1.4, and at a minimum, the following information for each provider:</p>	<p>L.3.1.1.1.2.4 A list of Offeror’s mental health and substance abuse network providers, documentation as described in L.2.7.1.4, and at a minimum, the following information for each provider:</p>

Item No.	Solicitation Section Reference	Amendment	Amended Provision
62	L.3.1.1.1.2.11	<p>Delete: In its entirety</p> <p>Insert: L.3.1.1.1.2.11 Attach a list of the names, and description of any subcontractors (other than direct care) including contracts, agreements, subcontractor agreements, Letters of Intent, Memorandums of Understanding, Memorandums of Agreement, as applicable for subcontractors who will be performing essential functions for the managed care program, including but not limited to claims, MIS, care coordination, PBM and other services. Indicate the name of the proposed subcontractor and its qualifications to fulfill the function.</p>	<p>L.3.1.1.1.2.11 Attach a list of the names, and description of any subcontractors (other than direct care) including contracts, agreements, subcontractor agreements, Letters of Intent, Memorandums of Understanding, Memorandums of Agreement, as applicable for subcontractors who will be performing essential functions for the managed care program, including but not limited to claims, MIS, care coordination, PBM and other services. Indicate the name of the proposed subcontractor and its qualifications to fulfill the function.</p>
63	L.3.1.1.2.5.10	<p>Delete: In its entirety.</p> <p>Insert: L.3.1.1.2.5.10 Describe how Offeror decides discharge criteria for care coordination and outreach activities to support Offeror's criteria.</p>	<p>L.3.1.1.2.5.10 Describe how Offeror decides discharge criteria for care coordination and outreach activities to support Offeror's criteria.</p>

Item No.	Solicitation Section Reference	Amendment	Amended Provision
64	L.3.1.1.2.8.8	<p>Delete: In its entirety.</p> <p>Insert: L.3.1.1.2.8.8 Previous experience in providing Medicaid managed care services, describe how Offeror has utilized the findings of an External Quality Review Organization to change an element of its operations and improve the quality of its services.</p>	L.3.1.1.2.8.8 Previous experience in providing Medicaid managed care services, describe how Offeror has utilized the findings of an External Quality Review Organization to change an element of its operations and improve the quality of its services.
65	L.3.1.1.2.5.14	<p>Second sentence, after the word the and before the word Early</p> <p>Delete: D.C.</p> <p>Insert: an</p>	L.3.1.1.2.5.14 Describe any existing Memorandums of Understandings (MOUs) the Offeror's organization currently is a party to. Provide an example of a proposed interagency agreement with an Early Intervention program, outlining the Offeror's understanding of the responsibilities of both parties.
66	L.3.1.1.2.7.2	<p>Delete: In its entirety</p> <p>Insert: L.3.1.1.2.7.2 Describe the Offeror's experience in and capacity to ensure effective coordination of care for its members.</p>	L.3.1.1.2.7.2 Describe the Offeror's experience in and capacity to ensure effective coordination of care for its members.

Item No.	Solicitation Section Reference	Amendment	Amended Provision
67	L.3.1.1.2.8.11	<p>Delete: In its entirety</p> <p>Insert: L.3.1.1.2.8.11 Describe Offeror’s specialized disease management systems. Specifically, please provide information regarding any disease management programs Offeror has implemented in the areas of pharmacy, complex health conditions, and chronic conditions. In addition, please describe any improvements that offeror is able to demonstrate as a result of a disease management program or programs. Please provide any information on disease management programs offeror would propose for the District of Columbia, including any innovative aspects of a disease management program that offeror would propose.</p>	L.3.1.1.2.8.11 Describe Offeror’s specialized disease management systems. Specifically, please provide information regarding any disease management programs Offeror has implemented in the areas of pharmacy, complex health conditions, and chronic conditions. In addition, please describe any improvements that offeror is able to demonstrate as a result of a disease management program or programs. Please provide any information on disease management programs offeror would propose for the District of Columbia, including any innovative aspects of a disease management program that offeror would propose.
68	L.3.1.1.2.9.6	<p>Last sentence of the section, after the word example,</p> <p>Delete: if possible.</p>	L.3.1.1.2.9.6 Provide a description of the interaction between Offeror’s Grievance, Appeals and Fair Hearing processes and its Continuous Quality Improvement activities. Include an example.
69	L.3.1.1.2.12.19	<p>Delete: In its entirety.</p> <p>Insert: L.3.1.1.2.12.19 Attach any existing MOUs Offeror has in place with agencies or agencies comparable to those listed in Section C.10.11, as applicable.</p>	L.3.1.1.2.12.19 Attach any existing MOUs Offeror has in place with agencies or agencies comparable to those listed in Section C.10.11, as applicable.

Item No.	Solicitation Section Reference	Amendment	Amended Provision
70	L.3.1.2.1.1.3	<p>Delete: In its entirety.</p> <p>Insert: L.3.1.2.1.1.3 Discuss how many covered lives the Offeror's entire organization covers. Describe how many of those are Medicaid Enrollees, Medicare Enrollees, privately insured Enrollees, and any other Enrollees. Please divide this information by service area.</p>	<p>L.3.1.2.1.1.3 Discuss how many covered lives the Offeror's entire organization covers. Describe how many of those are Medicaid Enrollees, Medicare Enrollees, privately insured Enrollees, and any other Enrollees. Please divide this information by service area.</p>
71	L.3.1.2.1.1.11	<p>Delete: In its entirety.</p> <p>Insert: L.3.1.2.1.1.11 Describe Offeror's participation in health care initiatives similar to those discussed in C.13.6.</p>	<p>L.3.1.2.1.1.11 Describe Offeror's participation in health care initiatives similar to those discussed in C.13.6.</p>
72	L.3.1.2.1.1.12	<p>Delete: In its entirety.</p> <p>Insert: L.3.1.2.1.1.12 Describe the procedures that Offeror has in place to coordinate care with government, public, and private agencies. Please provide specific information about coordination procedures with mental health and addiction/substance abuse agencies.</p>	<p>L.3.1.2.1.1.12 Describe the procedures that Offeror has in place to coordinate care with government, public, and private agencies. Please provide specific information about coordination procedures with mental health and addiction/substance abuse agencies.</p>

Item No.	Solicitation Section Reference	Amendment	Amended Provision
73	L.3.1.2.2.1.1.5	<p>At the end of the second sentence, after the word program</p> <p>Insert: including information about Offeror’s proposed disease management program and the intended outcomes of this program.</p>	<p>L.3.1.2.2.1.1.5 Provide a summary description of Offeror’s overall health care service plan as it relates to areas of this RFP. Please include a description of the mission and goals of the proposed program, including information about Offeror’s proposed disease management program and the intended outcomes of this program. Describe how these goals relate to the District’s priorities for the managed health care system.</p>
74	L.3.1.2.2.2.4	<p>Delete: In its entirety.</p> <p>Insert: L.3.1.2.2.2.4 RESERVED</p>	<p>L.3.1.2.2.2.4 RESERVED</p>
75	L.3.2.2	<p>Insert: L.3.2.2.1 Please provide a justification of the reasonableness of the administrative costs based upon current administrative rates for the District or similar plans and based upon the Offeror’s overall experience.</p> <p>L.3.2.2.2 Identify any other assumptions that were used to develop the proposed rates.</p>	<p>L.3.2.2 Capitation Pricing Instructions and Provisions for the DCHFP and Alliance Program.</p> <p>L.3.2.2.1 Please provide a justification of the reasonableness of the administrative costs based upon current administrative rates for the District or similar plans and based upon the Offeror’s overall experience.</p> <p>L.3.2.2.2 Identify any other assumptions that were used to develop the proposed rates.</p>
76	L.3.2.2.6 up to and including L.3.2.2.14	<p>Delete: In its entirety.</p>	<p>Not Applicable</p>

Item No.	Solicitation Section Reference	Amendment	Amended Provision
77	L.3.1.2.1.2.4.8	<p>Delete: In its entirety.</p> <p>Insert: L.3.1.2.1.2.4.8 The Contractor shall forward the Past Performance Evaluation Form attached in Section J.14 to each business reference listed above for completion with instructions to return the completed form to the Contact Person identified in page 1, block 10 prior to the closing date established for the solicitation and described in Section L.4.</p>	<p>L.3.1.2.1.2.4.8 The Contractor shall forward the Past Performance Evaluation Form attached in Section J.14 to each business reference listed above for completion with instructions to return the completed form to the Contact Person identified in page 1, block 10 prior to the closing date established for the solicitation and described in Section L.4.</p>
78	L.5	<p>Second sentence of the section, after the word questions</p> <p>Delete: fifteen (15) days prior to the closing date and time indicated for this solicitation.</p> <p>Insert: June 1, 2007</p> <p>Third sentence, after the word</p> <p>Delete: less than fifteen (15) days before the date set for submission of proposals.</p> <p>Insert: after June 1, 2007</p>	<p>L.5 Explanation to Prospective Offerors</p> <p>If a prospective Offeror has any questions relative to this solicitation, the prospective Offeror shall submit the question in writing to the contact person, identified on page one. The prospective Offeror shall submit questions no later than June 1, 2007. The District will not consider any questions received after June 1, 2007. The District will furnish responses promptly to all other prospective Offerors. An amendment to the solicitation will be issued if that information is necessary in submitting offers, or if the lack of it would be prejudicial to any other prospective Offerors. Oral explanations or instructions given before the award of the contract will not be binding.</p>

Item No.	Solicitation Section Reference	Amendment	Amended Provision
79	L.11	<p>Delete: In its entirety.</p> <p>Insert: L.11 RESERVED</p>	L.11 RESERVED
80	L.14	<p>First sentence of the section, after the word proposal and before the word redacted</p> <p>Insert: including all narratives and attachments for Volumes 1 and 2,</p>	<p>L.14 Electronic Copy of Proposals For Freedom of Information Act Requests</p> <p>In addition to other proposal submission requirements, the Offeror must submit an electronic copy of its proposal, including all narratives and attachments for Volumes 1 and 2, redacted in accordance with any applicable exemptions from disclosure in D.C. Official Code § 2-534, in order for the District to comply with Section 2-536(b) that requires the District to make available electronically copies of records that must be made public. The District's policy is to release documents relating to District proposals following award of the contract, subject to applicable FOIA exemption under Section 2-534(a)(1).</p>

Item No.	Solicitation Section Reference	Amendment	Amended Provision
81	L.20	<p>Delete: In its entirety.</p> <p>Insert: L.20 Standards of Responsibility</p> <p>The Offeror must demonstrate to the satisfaction of the District the capability in all respects to perform fully the contract requirements within five (5) Business Days prior to the start of the Contract Period; therefore, the Offeror must submit the documentation listed below, upon the request of the District. Any Offeror that fails to submit the documentation will be deemed non-responsible and ineligible to receive a contract under this RFP</p> <p>L.20.1 Evidence of adequate financial resources, credit or the ability to obtain such resources as required during the performance of the contract.</p> <p>L.20.2 Evidence of the ability to comply with the required or proposed delivery or performance schedule, taking into consideration all existing commercial and governmental business commitments.</p> <p>L.20.3 Evidence of the necessary organization, experience, accounting and operational control, technical skills or the ability to obtain them.</p>	<p>Insert: L.20 Standards of Responsibility</p> <p>The Offeror must demonstrate to the satisfaction of the District the capability in all respects to perform fully the contract requirements within five (5) Business Days prior to the start of the Contract Period; therefore, the Offeror must submit the documentation listed below, upon the request of the District. Any Offeror that fails to submit the documentation will be deemed non-responsible and ineligible to receive a contract under this RFP</p> <p>L.20.1 Evidence of adequate financial resources, credit or the ability to obtain such resources as required during the performance of the contract.</p> <p>L.20.2 Evidence of the ability to comply with the required or proposed delivery or performance schedule, taking into consideration all existing commercial and governmental business commitments.</p> <p>L.20.3 Evidence of the necessary organization, experience, accounting and operational control, technical skills or the ability to obtain them.</p>

Item No.	Solicitation Section Reference	Amendment	Amended Provision
		<p>L.20.4 Evidence of compliance with the applicable District licensing and tax laws and regulations.</p> <p>L.20.5 Evidence of a satisfactory performance record, record of integrity and business ethics.</p> <p>L.20.6 Evidence of the necessary technical equipment and facilities or the ability to obtain them.</p> <p>L.20.7 Evidence that Offeror does not have any judgments against it that may negatively affect or preclude satisfactory performance.</p> <p>L.20.8 Evidence that Offeror maintains a license and is in good standing in the other jurisdictions where Contractor operates.</p> <p>L.20.9 Evidence that Offeror maintains an office in the District of Columbia, appropriately staffed in accordance with Section C.3 of the RFP.</p> <p>L.20.10 Evidence that Offeror is able to comply with applicable District of Columbia insurance requirements, including maintenance of a certificate of Authority to Operate a Health Maintenance Organization in the District of Columbia from the Department of Insurance, Securities and Banking.</p>	<p>L.20.4 Evidence of compliance with the applicable District licensing and tax laws and regulations.</p> <p>L.20.5 Evidence of a satisfactory performance record, record of integrity and business ethics.</p> <p>L.20.6 Evidence of the necessary technical equipment and facilities or the ability to obtain them.</p> <p>L.20.7 Evidence that Offeror does not have any judgments against it that may negatively affect or preclude satisfactory performance.</p> <p>L.20.8 Evidence that Offeror maintains a license and is in good standing in the other jurisdictions where Contractor operates.</p> <p>L.20.9 Evidence that Offeror maintains an office in the District of Columbia, appropriately staffed in accordance with Section C.3 of the RFP.</p> <p>L.20.10 Evidence that Offeror is able to comply with applicable District of Columbia insurance requirements, including maintenance of a certificate of Authority to Operate a Health Maintenance Organization in the District of Columbia from the Department of Insurance, Securities and Banking.</p>

Item No.	Solicitation Section Reference	Amendment	Amended Provision
		<p>L.20.11 Evidence that Offeror has not been excluded, suspended, or debarred from participation in any District of Columbia, state, or federal health care benefit program.</p> <p>L.20.12 Evidence that Offeror's network Providers have not been excluded, suspended, or</p> <p>L.20.13 If the Offeror fails to supply the information requested, the Contracting Officer shall make the determination of responsibility or nonresponsibility based upon available information. If the available information is insufficient to make a determination of responsibility, the Contracting Officer shall determine the prospective contractor to be nonresponsible.</p>	<p>L.20.11 Evidence that Offeror has not been excluded, suspended, or debarred from participation in any District of Columbia, state, or federal health care benefit program.</p> <p>L.20.12 Evidence that Offeror's network Providers have not been excluded, suspended, or</p> <p>L.20.13 If the Offeror fails to supply the information requested, the Contracting Officer shall make the determination of responsibility or nonresponsibility based upon available information. If the available information is insufficient to make a determination of responsibility, the Contracting Officer shall determine the prospective contractor to be nonresponsible.</p>

Question #	Solicitation Section #	Question	Response
1	B.2	Services may need to be delivered for up to 165,000 members. It is important to know how many members a plan may receive in the first year.	Please see Section C.3.1.5.
2	B.5	While the RFP does outline maximum payments for different cohorts of members, the RFP does not provide any past history of past medical costs for these cohorts. When will this information be made available?	Please see Amendment 0001, Attachment J.25, Rate Development Process and Information. Attachment J.25 contains all of the information to be provided regarding the development of the rates.
3	B.5	Information from this section implies that MAA spends approximately \$290 per member per month for each member. This is substantially more than the maximum fee shown on Section B.5. Is there some reason why these amounts are so different? Is the MCO expected to subsidize the capitation it receives from MAA?	The solicitation does not reference \$290 per member per month.
4	B.5	What, if any, profit/risk load was applied in the rate development?	Please see Amendment 0001, Attachment J.25, Rate Development Process and Information. Attachment J.25 contains all of the information to be provided regarding the development of the rates.
5	C.1.3.80	If the RFP does not specify DCHFP or Alliance, are bidders to assume that the requirements apply to enrollees in both programs?	Yes. Please see Section C.1.3.80.

Question #	Solicitation Section #	Question	Response
6	C.2.6	This section describes the numerous medical issues for this population. Will MAA provide information as to the incidence of diseases such as Asthma, Diabetes, Heart Disease such that estimate can be made as to opportunities for controlling these diseases and the cost associated with those programs?	No.
7	C.2.6.4	Will MAA provide information as to the utilization of mental health services for adolescents? This will be needed by our mental health vendor. Also, this information will be needed for all cohorts.	No.
8	C.3.1.2	Where can the specified format be located? We are unable to find any references to the complete data regarding utilization of prescription drugs and services and benefits covered or a format for same in this section?	Please see Amendment 0004, Item No. 9.
9	C 3.1.5	Capacity to extend provider network (this issue arises in other sections of the solicitation as well): What actions are MCOs required to take when their provider networks are deficient? For example, in past years, MCOs dental provider networks have been inadequate, and the District recently increased dental reimbursement rates to address this problem. Do MCOs have any responsibility to conduct outreach into the dental community or engage in any other recruitment strategies? Even if particular recruitment activities are not enumerated, do MCOs have a responsibility to show that they are undertaking significant recruitment efforts?	Please see Sections C.9.2.1 and C.9.2.

Question #	Solicitation Section #	Question	Response
10	C.3.1.5.1	Will fee for service plans be considered or only established MCOs?	No. Please see Section C.3.1.5.1.
11	C.3.1.5.1 and L.20	This provision requires plans to have a Certificate of Authority to Operate an HMO in DC from the DISB. What is the time frame for the bidders to obtain the requirement COA? Please clarify that the COA is not a requirement of submitting a bid.	Please see Amendment 0004, Item No. 81.
12	C.3.1.8	Given that securing NCQA Accreditation is an expensive and lengthy effort, please provide the list of scenarios or circumstances where the MAA would agree to waive this requirement	Please see Amendment 0004, Item No. 10.
13	C.3.2.1 and L.20.3	This provision identifies key personnel required for the program. What is the time frame for having this staff on board?	Please see Amendment 0004, Item No. 81.
14	C.3.2.2	Can you elaborate on what is the expectation of staffing beyond key personnel identified in the RFP, i.e., claim, call center, UM?	Please see Section C.3.2.2 and the following references to staff and staff related requirements and standards found in the following but not necessarily limited to the following sections: C.3.2.3, C.3.3.2, C.6.61, C.6.10.3, C.7.1, C.7.1.1, C.7.1.1.2, C.7.2, C.7.2.2.3, C.7.3.1, C.7.4.1.3, C.9.3.1.3, C.9.1.3.1, C.9.3.4.5, C.9.4.10, C.9.5, C.10.2.7.1, C.10.3.3.1, C.10.3.5.2.1, C.10.3.5.2.2, C.10.3.5.2.4, C.10.6, C.10.7.1, C.10.9.2.6, C.10.9.2.7, C.10.12.2.2, C.12.2.3.2.4, C.13.4.1, C.13.5, C.13.5.1, C.13.5.2, C.13.5.3, C.13.16.3.3, C.14.4.4.2.4, C.15.2, C.16.3.
15	C.3.2.3	The provision references H.17. Should the reference be to H.14?	Yes. Please see Amendment 0004, Item No. 11.

Question #	Solicitation Section #	Question	Response
16	C.3.3	We note that MCOs will be establishing advisory committees that include enrollee representatives and that will be meeting bimonthly. Will MCOs be permitted or required to pay stipends to the enrollee representatives to offset representatives' transportation and childcare costs and to at least partially compensate them for their services? The other members of these committees are likely compensated through their jobs, and enrollees who are investing substantial time should likewise be compensated (although in such a way that it does not interfere with their means-tested benefits.)	The solicitation does not address the issue of compensation for participants of Contractor's Advisory Committee.
17	C.4	The bid requires that all written materials and vital documents be developed in accessible formats for persons with visual impairments. There are many different formats for people who are visually impaired. Do you have a list of the format types more frequently required?	No. Please see Sections C.4.2.7 and C.1.2.1.15.
18	C.4	What are the most frequently spoken languages in this population?	Please see Amendment 0004, Item No. 8.
19	C.4	The language requirement is for 3% or 500 members. Do these requirements apply at the MCO level or for all MCOs combined?	The requirements of the Language Access Act apply to both. Please see Sections C.4.1.4, C.4.2.2. and Attachment J.13
20	C.4 C.7	Is there a web site to maintain? If so, in what languages should it be maintained?	Please see Amendment 0004, Item No. 28.
21	C.4.2.8	Does the term "new" in this provision refer to reprints of existing enrollee materials as well as material introduced to the membership for the first time?	Please see Amendment 0004, Item No.12.
22	C.5.3	C.5.3 indicates that the content of the marketing	Yes. Please see Amendment 0004, Item No

Question #	Solicitation Section #	Question	Response
		materials and information must include, at a minimum, the list that follows in C.5.3.1- C.5.3.12. Does this imply that each and every informational brochure or marketing material must include each of these items, or that these items may be addressed by different member materials? For example, is it acceptable that the Member Handbook would include many of these items but an informational brochure may only include several of these items?	13.
23	C.5.4 and C.5.6	C.5.4 Indicates that a Network Provider may distribute marketing material, specifically information about the plan and notification of the Provider’s inclusion in the network however C.5.6.2.1 indicates that “Marketing in Network Provider offices, local service sites for WIC, food distribution centers, or other sites where nutritional services or health care are furnished” is prohibited. Would the District please clarify if Contractors may distribute information brochures or plan information at Network Provider’s location, or may Network Providers distribute such material?	Please see Amendment 0004, Item No. 15.
24	C.5.4.3	Please clarify this requirement? Under the existing Medicaid Managed Care Contract, the Enrollment Broker includes this information in the Directory; will Offerors now be required to do the same? If this requirement is accurate, will this request be limited to other Medicaid Plans the Provider serves?	Please see Section C.9.2.18.

Question #	Solicitation Section #	Question	Response
25	C.5.5.4.2	This provision requires that the Plan clarify with the enrollee that the same information is available from all other Medicaid or Alliance MCO's participating in the DCHFP or Alliance program. We assume that the information referenced here is the "marketing materials" and not that the information within the material is the same (i.e., enhanced benefits that one plan may offer different than another)?	Please see Amendment 0004, Item No. 14.
26	C.5.6.2.1	C.5.6.2.1 indicates that "Marketing in Network Provider offices, local service sites for WIC, food distribution centers, or other sites where nutritional services or health care are furnished" is prohibited. Does this preclude outreach to local homeless shelters, where some Alliance members or Medicaid members may be reached? May the Contractor distribute plan information at homeless shelters if they serve meals?	Please see Amendment 0004, Item No. 15.
27	C.5.6.3.1	Does this prohibit a Contract from organizing its own Health Fairs?	Yes. Please see C.5.6.3.1.
28	C.6.1.1.3.3	Is the DHS referenced here the District of Columbia Department of Human Services?	Yes. Please see Amendment 0004, Item No.16.
29	C.6.4.1	Recommend that if one or more new plans were selected the District should auto-assign recipients that do not select a plan exclusively to the new plan(s) if the individual's PCP belongs to the plan or if the individual has not selected a PCP. This process should continue until the new plan(s) reach a threshold of 15,000 members	Please see Amendment 0004, Item No. 49.

Question #	Solicitation Section #	Question	Response
30	C.6.4.1	How are the enrollment algorithms set to prevent an over enrollment of Alliance Members in any one plan? Does the District have any provisions or plans in mind to provide some protection to the plans in the event that enrollment process does not provide an equitable distribution of Alliance members?	Enrollment algorithms are described in Section C.6.4.1.
31	C.6.6.3.1.5	Summaries of satisfaction surveys available to enrollees upon request – What frequency is expected for Contractor to conduct these surveys?	Please see Amendment 0004, Item No.23.
32	C.6.4	Can MAA provide information to bidders regarding the annual migration of members from one MCO to another? In other words, what percentage of existing Medicaid members stay with their current plan annually?	Please see Amendment 0004, Item No. 7.
33	C.6.4.3	Twice monthly, Agent will notify contractor of auto enrollees with effective date of first day of following month. What are the dates contractor will be notified?	Please see Amendment 0004, Items No. 18 and 19.
34	C.6.6.1	If the Offeror choose to use an external vendor, will that vendor be required to be licensed in the District? Also, credentialing has not been required for Registered Nurses	Please see C.1.3.163 and C.9.4.4.
35	C.6.6.2.1	What is MAA’s timeframe for issuing handbook templates?	Please see Amendment 0004, Item No. 51.
36	C.6.6.2.6.20	The language needs to be clarified to state: “Preschool services and early intervention services”. They are not one in the same preschool is 3-5 years of age and early intervention are services provided to infants and toddlers to age 3. This section of the handbook	Please see Amendment 0004, Item No. 21.

Question #	Solicitation Section #	Question	Response
		must be written with DCPS and the Early Intervention Program. It also must include all relevant legal protections under IDEA whether they pertain to MCO' s or not.	
37	C.6.7.1	Verify that the requirement that enrollees be allowed to change PCPs as requested is applicable except where the enrollee is subject to the "lock-in" provisions cited in C.9.4.5 Are the rules the same for DCHFP, Alliance?	Yes. Please see Section C.6.7.1.
38	C.6.7.4.5	Is this requirement to be in the member' s hand or meter dated within 10 days of PCP assignment?	Please see Amendment 0004, Item No. 24.
39	C.6.7.5, C.6.7.6 C.7.4.1.1	C.6.7.5 and C.6.7.6 seem to conflict with C.7.4.1.1 which requires that the enrollees receive notice from both the plan and the provider at least 30 days prior to the termination date. Please clarify.	Please see Amendment 0004, Item No. 25.
40	C.6.7.6	Are there any exceptions to the 15 day notification rule?	No. Please see Amendment 0004, Item No. 25.
41	C.6.7.6	Does the phrase "or was seen on a regular basis" mean that we need to notify members when a specialist terminates? If yes, what is the definition of "regular basis"? What is the protocol when we aren' t notified 15 days prior to the effective date of the termination? Are hospitals included in providers?	Please see Sections C.1.3.141 and C.1.3.163.
42	C.6.9.2.1 C 10.2.2.1	Assessment of home environment: Please explain how such an assessment may be used. Can enrollees refuse a home visit and still receive other services? How will you ensure enrollees that they need not be fearful of obtaining medical care and that a home visit will not have adverse	Please see Section C.8.2.5.

Question #	Solicitation Section #	Question	Response
		consequences for them? Can you clarify that the home environment should never be the basis for denying a service, but only the basis for supplementing services?	
43	C.6.11.6	This provision explains involuntary enrollment for Medicaid members. Does this provision also apply to the Alliance enrollees as well?	Please see Section C.6.11.6; this section does not discuss involuntary enrollment.
44	C.6.11.8.1	Residential treatment facility costs – in MH inpatient or MH outpatient?	Please see Section C.6.11.8 as amended (Amendment 0004, Item No. 42)
45	C.6.11.1.4	Individuals should have the ability to switch plans during their open enrollment period without restrictions. That will ensure individuals a continued access to their PCP, enhance new entrant's viability, and increase potential responders.	Please see Section C.6.11.1.4.
46	C.7.1.1.1.3	Is the time frame mentioned here (1 day) 1 calendar or 1 business day?	Please see Section C.1.3.56.
47	C.8.2.5	Medical necessity for adults (also in definition section): The Social Security Act states that Medicaid funds are available, in part, for the purpose of enabling states to furnish "(2) rehabilitation and other services to help ...families and individuals attain or retain capability for independence or self-care" (42 USC 1396). How do the proposed medical necessity standards embody this concept? Please clarify that services that maintain health and/or functioning and that assist people in activities of daily living and instrumental activities of daily living are medically necessary. Personal assistance services, for example, do not exactly	Please see Section C.8.2.5 and Exhibit C.8.2-1 and C.8.2-1.20.

Question #	Solicitation Section #	Question	Response
		diagnose, evaluate, or treat a health condition. Is inability to perform activities of daily living considered a “symptom” so that they are authorized under that provision?	
48	C.8.2.5.1.3	The language “not primarily for the convenience of the individual” is confusing when it comes to services such as durable medical equipment – e.g., a wheelchair that someone can operate themselves, as long as it is a covered service, meets functional needs better than a wheelchair that someone else must push, and it should be authorized. Under the definition, could an MCO deny coverage for the equipment on the grounds that it is primarily for convenience and does not evaluate, diagnose, or treat a condition?	Please see Sections C.8.2.5 and C.10.2.
49	C.8.2.8.2	Mental health services: It is not clear that the MCO can provide services beyond the 10 sessions with authorization. Please also clarify what prior authorization procedures must be followed, and what notice the enrollee and provider will receive about those procedures at the conclusion of the 10 sessions	Please see Sections C.8.2.8.2 and C.10.2.
50	C.8.2.8.4.6	Does this provision mean that MAA will pay directly, or will the contractor pay for the service and be reimbursed by MAA through its capitation or some other payment?	Please see Amendment 0004, Item No. 30.
51	C.8.2.9.6	How and when will children who are receiving early intervention or educational services under IDEA be made known to the contractor?	Please see Section C.10.11.1.1
52	C.8.3.2.9 and C.9.2.12.2	How will the Alliance Pharmacy Benefit be handled under the new contract?	Please see Sections C.8.3.2.9 and C.9.2.12.2.

Question #	Solicitation Section #	Question	Response
53	C.8.6	Is denial of coverage/denial of services the same thing?	Yes. Please see Sections C.1.3.62 and C.1.3.63.
54	C.8.6	MAA wants notification of all denials within 2 days or all ineligibility/lost eligibility determinations?	Yes, please see Section C.8.6.
55	C.8.6	Clarification requested for the intent of this provision. Is this a notification or a question/response requirement?	Please see Section C.8.6.
56	C.8.2-2	<p>C.8.2-2 this section states, “This identifies classes of service (other than mental health and alcohol, etc.)” This can be interpreted that mental health is a non-cover class of service. It is covered under EPSDT</p> <p>C.8.2-2.5 This is not correct. The MCO must cover medically necessary services and assessments, etc. even if educationally necessary services are provided in the school setting. This is in conflict with earlier sections.</p> <p>C.8.2-2.6.4 Transportation is a covered service under Medicaid whether DCPS transports the child to school or not.</p>	Please see Sections C.8.2.5.2 and C.8.2-2.3.10.
57	C.8.2-3.5	<p>This needs clarification due to the long standing conflict between DMH and MCO’ s on the responsibility for case management for individuals with chronic mental illness.</p> <p>C.8.4. EPSDT is a Medicaid Program for eligible children and youth with parental agreement. How does this apply to the Alliance?</p>	<p>Please see Sections C.8.2-3.5 and C.10.11.1.5.</p> <p>Please see Section C.8.3.2.6</p>

Question #	Solicitation Section #	Question	Response
		<p>How does this contract assure that the MCO' s provide culturally competent anticipatory guidance? Are the pocket sized screens, etc going to be produced in languages that are commonly used other than English?</p>	<p>Please see Section C.4</p>
		<p>C.8.3.3.1.5 This section should make it clear that the contractor may not be liable for provision of services but they are liable for referral to available and accessible services for mental health and substance abuse services</p>	<p>Please see Section C.8.7.6.2, C.9.4.8.3.13, and C.10.3.3.3.1.</p>
<p>58</p>	<p>C8.2.9.- 2/3</p>	<p>This section is confusing and appears to provide conflicting information. C8.2.9 - 2/3- States that the contractor must cover medically necessary services (not defined) whether they are in the child' s IFSP or IEP or not. C.8.2.9.4 states that the contractor is not responsible for otherwise covered services when the service is furnished in a school setting by DCPS. Does this mean that the contractor is not responsible for providing those services in the school setting or they are not responsible for providing those services at all? C.8.2.9.5- States that contractor is not responsible for transportation services other than those provided in educational settings. Transportation to educational settings is provided by Medicaid and DCPS. C.8.2.9.6- Requiring MCO' s to know whether a child in their plan is system and data sharing agreement with parents, is not achievable.</p>	<p>Please see Amendment 0004, Item Nos. 31 and 33.</p>

Question #	Solicitation Section #	Question	Response
59	C.9	Will plans be required to have fully executed contracts with their Provider Network when the proposal is submitted?	Please see Amendment 0004, Item Nos. 57, 58, 59, 60, and 61
60	C.9.1, C.9.2 and M.4.6.1	How will network adequacy be determined and how will bids be scored for network adequacy? The scoring portion of the question is interested in methodology used for determining the score	Please see Sections C.9.1, C.9.2 and M.4.6.1.
61	C.9.1.5	Currently Chartered is pursuing provider contracts for specialized services that cannot be provided locally or they are Centers of Excellence that were recommended by the District or other program-related parties. These licensure or registration in accordance with the District of Columbia Health Occupation Regulatory Act (D.C. Cod § 3-1200 et seq) as stated in the above reference requirement. In addition, the requirement appears to contradict RFP Section C.9.4.4, Credentialing wherein it states that “Contractor shall ensure that network Providers residing and providing services in bordering states (e.g. Maryland and Virginia) meet all the applicable licensure and certification requirements within their state.” Please clarify?	Please see Amendment 0004, Items No. 57, 58, 59, 60, and 61.
62	C.9.1.9	What are the criteria the District will impose to evaluate whether the health status and needs of our enrollees are being met?	Please see Section C.9.1.9.
63	C.9.2.8	Mental Health and Substance Abuse Providers Why would MAA waive the requirement for	Please see Sections C.8, C.9.2.8.9 and C.10.2.2.

Question #	Solicitation Section #	Question	Response
		<p>inclusion of DMH Community Service Providers (CSA' s)? It is unclear whether the MCO' s can include in their network, the mental health providers including psychiatrists, psychologists that are within the CSA.</p> <p>C.9.2.8.9 This defines dual diagnosis as mental health and substance abuse. Where are the requirements for MCO' s to serve dually diagnosed individuals with mental health and mental impairments? This does not seem to be included in the RFP.</p>	
64	C.9.2.10.3	<p>Is there a rate-book adjustment for payment to FQHC providers? Currently, the incumbent MCOs pay FQHCs at commercial rates and the District makes a wrap-around payment to FQHCs for a total of statutorily defined PPS rate. The RFP, however, requires MCOs to pay FQHCs at the full (higher) PPS rate.</p>	Please see Amendment 0004, Item No. 36.
65	C.9.2.10.4	<p>Is the District' s intent that Contractor with all of the safety net providers or is it acceptable to contract with a sufficient number of safety net providers to assure the plans' ability to meet accessibility standards (same as PCPs and hospitals)</p>	Please see Amendment 0004, Item No. 37.
66	C.9.3	<p>This section is confusing and appears to provide conflicting information.</p> <p>C8.2.9.- 2/3- States that the contractor must cover medically necessary services (not defined) whether they are in the child' s IFSP or IEP or not.</p> <p>C.8.2.9.4 states that the contractor is not responsible for otherwise covered services when</p>	Please see Amendment 0004, Items No. 31 and 33.

Question #	Solicitation Section #	Question	Response
		<p>the service if furnished in a school setting by DCPS. Does this mean that the contractor is not responsible for providing those services in the school setting or they are not responsible for providing those services at all?</p> <p>C.8.2.9.5- States that contractor is not responsible for transportation services other than those provided in educational settings. Transportation to educational settings is provided by Medicaid and DCPS.</p> <p>C.8.2.9.6- Requiring MCO' s to know whether a child in their plan is system and data sharing agreement with parents, is not achievable.</p>	
67	C.9.3.1.3.2	<p>Please clarify as to the District' s requirements for PCP operations hours to be included in the Enrollee Handbook or if this requirement is satisfied by the same requirements for the Provider Directory</p>	<p>Please see Amendment 0004, Item No. 38.</p>
68	C.9.3.4.9	<p>This section requires MCO' s to provide evaluations for IDEA eligibility. Are you referring to Independent Evaluations that might be ordered by a Hearing Officer? How will the provision of services between the MCO and DCPS be coordinated and who will decide which entity is providing which service.</p>	<p>Please see Section C.10.11.1.1.</p>
69	C.9.3.7.2	<p>Is it the District' s intent to require providers incentive arrangements in conjunction with disease management/special needs care as implied in the requirement “and the</p>	<p>Please see C.9.3.7.2.</p>

Question #	Solicitation Section #	Question	Response
		Provider incentive arrangement...?”	
70	C.9.3.7.2.2	What is a disease management program for “Infants, toddlers, school-age children, and adolescents with evidence of developmental and mental disability and delay?	Please see Amendment 0004, Item No. 39.
71	C.9.4.2.6	What are health related IDEA services? How will MCO’s fulfill that obligation? What is the role of the schools that are responsible for implementation of IDEA?	Please see Sections C.10.2.2, C.8.2.5.2, and C.8.8 as amended (Amendment 0004 No. 33).
72	C.9.4.10.4	Does this section include identification of children with other disabilities other than a special health care need?	Please see Section C.1.3.193.
73	C.10.1.2	If the contractor is responsible for Care Coordination for students under IDEA, how will this interface with DCPS? What is Care Coordination under IDEA?	Please see Section C.10.11.1.1, C.10.11.2.1, and C.10.6.1.
74	C.10.2.4.1.4	The contractor is responsible for “IDEA service planning procedures to facilitate the authorization of Medically Necessary IDEA services...” What does this mean? What are Medically Necessary IDEA services? If the contractor is responsible for services when the child/youth is not in school does this mean during the summer and holidays? If this is the case, what are the requirements for the services to be coordinated and the providers to communicate with each other?	Please see Sections C.1.3.130, C.10.2.2, and C.2.4.1.4
75	C 10.2.5 C. 10.2.7	Can you explain how the enrollee will promptly receive prescribed drugs when there may be delays of several days in making authorization decisions? As we understand it, the 72 hour	Please see Section C.2.7.2.

Question #	Solicitation Section #	Question	Response
		supply in 10.2.7.2.2 will only be dispensed once a drug has been denied, but the time frame for an authorization decision is 3 business days or more under C.10.2.5. Can this time frame be shortened with respect to drugs? We are aware of instances in the last year when MCO enrollees left drug stores without filled prescriptions, and it took over a week for MCOs and their providers to give the enrollee the reason for denial and an alternative drug.	
76	C.10.2.7.2	All pharmacy denials within one day to MAA – reporting daily?	Yes. Please see Section C.10.2.7.2
77	C.10.3.1	Care Coordination includes IDEA standards and EPSDT standards for Treatment Plans. What are those standards and where are they found?	Please see Section C.10.3.2.
78	C.10.3.3.3.1.2 .1	Contractor is responsible for Care Coordination for Alliance Enrollees for EPSDT and IDEA. There are several issues with this requirement. EPSDT is a federally mandated program for Medicaid not Alliance, there is a requirement that the MCO's coordinate services under IDEA which is a school system responsibility (coordination of services, medically and educationally necessary treatments should be coordinated). Does this section mean that the MCO can refer a child/youth to DCPS for a special education referral and evaluation?	Please see Amendment 0004, Item No. 40.
79	C.10.3.7	Care coordinators play a very important role under this solicitation. What network adequacy standards will MCOs have to meet regarding care coordinators? Since these are not services that	Please see Sections C.10.3.3.1, C.10.3.3.3.1, C.10.3.3.3.1.2, C.10.3.4, and C.10.3.7.

Question #	Solicitation Section #	Question	Response
		<p>entail appointments and waiting times, it will be difficult to monitor whether or not the MCO has an adequate supply of care coordinators.</p> <p>What does MAA believe to be an appropriate caseload of special needs enrollees per care coordinator? For instance, do you envision staffing ratios of about 1 worker: 25 special needs enrollees for general care coordination, and 1:7 for more intensive care coordination involving more serious mental health disorders?</p> <p>Can enrollees request and receive care coordination if they are having trouble obtaining coordinated care, even if the MCO has not identified a particular enrollee as having a special need?</p>	
80	C.10.4.2	Is it the District's intent that the Plan will obtain the results of the lab tests and forward these results directly to WIC, or is the intent merely to furnish the mother with information on the WIC program, its services, and the nearest office, leaving the mother to furnish the lab results directly to WIC?	Please see section C.10.4.2.
81	C.11.4.1	There is a reference to H.6.5 which cannot be found in Section H, what is the correct reference?	Please see amendment 0004, Item No. 41.
82	C.11.7 C.16.4	Which is the correct timeframe for submission of claims?	Please see Sections C.11.7 and C.16.4
83	C.11.8.1	Will MAA provide the Medicaid rates that are to be used for out of network hospital claims?	No.

Question #	Solicitation Section #	Question	Response
84	C.11.8.1	Does this provision apply only after the enrollee has been admitted to the RTF, nursing home, SNF etc. or does it apply at the time determination is made that the member needs institutional care? The concern here is that a member can be determined to need institutional care, but there not be any Medicaid beds available for admission.	Please see Amendment 0004, Item No. 42.
85	C.11.8.2	Will MAA provide the Alliance rates that are to be used for out of network hospital claims?	No. Please see Amendment 0004, Item No. 42.
86	C.11.11.1 C.11.11.2	Both sections C.11.11.1 and C.11.11.2 describe comprehensive health care services. Are we to understand these are first dollar (no co-pays, deductibles, or coinsurance) coverage for services described in the RFP?	Yes. Please see Section C.11.11.2.
87	C.11.11.2	Is there a defined medical product for Medicaid recipients (HMP with co-pays for example) or are all services covered in full by network providers?	Yes. Please see Sections C.8.1 and C.8.2.
88	C.11.12.7	Clarification requested as to what method is expected to fulfill this requirement.	Please see Section C.11.12.7.
89	C.12.2.3.2	What is the intent of this requirement? Is quarterly reporting the correct timeframe?	Please see Section C.12 and C.16.
90	C.14.1.2	Please clarify how hearing and appeals for Alliance Members will be handled under the new contract? Historically, they were referred to the DISB, however the RFP suggest the Office of Administrative Hearing. Is this what is intended?	Please see Section C.14.
91	C.14.2.4.6	Please clarify which provision of DC Law is being referenced? Is it DC Code or DCMR that is being referenced?	Please see Amendment 0004, Item No. 44.

Question #	Solicitation Section #	Question	Response
92	C.14.4.4	Please clarify whether the process in this section applies to grievances or appeals? The terms appear to be used interchangeably?	Grievances. Please see Section C.14.4.4.
93	C.14.8.9	Grievances? Is it the intent to have the Contractor authorize the services within 24 hours?	Please see Section C.14.8.9.
94	C.15.1.4	Please verify whether a budget should be included?	Please see L.3.2.1.2.
95	C.16.4.1	Requirement is for daily claim reports. Is it possible less frequent reports could be provided, for instance weekly?	No.
96	C.16.7	Is the MCO responsible for directly reporting exam and testing results, or rather, for ensuring that providers are compliant with reporting communicable and other reportable diseases?	Please see Section C.16.7
97	E.5.2	Is on-line access a requirements or can such reports (enrollment, claims, provider data) be provided in a PDF format?	Yes. Please see Section C.12.
98	E.5.3	This section refers to Section G.6, Contracting Officer Technical Representative. Is this the correct reference in section G?	Please see Amendment 0004, Item No. 46.
99	E.5.4	Performance bonus awards are defined as “shall not exceed 105% of the capitation.” Does that really mean 5% of the capitation is the bonus or is the bonus essentially equivalent to the capitation?	Please see Section E.5 and Attachment J.19.
100	G.1.9	Is this applicability as it currently applies to all providers and subcontractors? Does this apply to standard receipt of capitation payments? Can the language be expanded by MAA to allow exception for other agreed upon payment schedules?	Please see Section G.1.9.

Question #	Solicitation Section #	Question	Response
101	H.1.1.2.1	Via the enrollment algorithm, how will members be assigned to a new MCO?	Please see H.1.1.2.1, C.6.4, and E.5.5.
102	H.1.1.2.1.2	Does MAA require affirmative enrollment with the current plan for those enrollees who are currently enrolled with a plan that is selected to continue participation as a result of this procurement?	Please see Amendment 0004, Item No. 49.
103	H.1.1.2.1.2	Clarify the rules of assignment in the following circumstances: <ul style="list-style-type: none"> • 3 incumbents win and 1 new plan is added • 2 incumbents win and 2 new plans are added • 1 incumbent wins and 3 new plans are added • 0 incumbents win and 4 new plans are added 	Please see Amendment 0004, Item No. 49.
104	H.1.1.3.2	If an enrollee loses eligibility because he/she reaches his/her 22 nd birthday, but is eligible for ongoing coverage through the Alliance, will that member be disenrolled and be required to apply for the Alliance?	Please see Amendment 0004, Item No. 50.
105	H.5.5.2	Is the fidelity bond required for each officer equal to \$100K or \$1M?	Please see Section H.5.5.2.
106	J	How does a bidder obtain the actual attachments listed in Section J?	The attachments are available on the Office of Contracting and Procurement (OCP) Website (www.ocp.dc.gov) and hard copies at the OCP office located at 4414 th Street, N.W., Suite 800 Washington , D.C.

Question #	Solicitation Section #	Question	Response
107	Attachment J.19	Is the reference to “percentage of health plan capitation to withhold” as used in this section the same as the 3% capitation withhold described in Section E.5.3?	Yes.
108	L.2.1	L.2.1 indicates that Volume 1 and Volume 2 shall be submitted in separate sealed envelopes and conspicuously marked. Can each volume be placed in separate boxes and labeled according to the instructions given? Additionally, L.2.1 states that the Offerors shall provide one (1) original and ten (10) copies of the written proposal. Is the offeror also required to submit electronic copies of Volume 1 Technical and Volume 2 Cost and Price?	Yes. Please see Amendment 0004, Item No. 53.
109	L.2.2.8	Can an Offeror include additional attachments not cited throughout the RFP in the Appendix of Volume I? Is there an overall maximum limit on the number of attachments?	Yes. Please see Amendment 0004, Item No. 56.
110	L.2.3	Is the Cover Letter included in the page number limit of 200 pages for the Technical Proposal?	Please see Amendment 0004, Item No. 54.
111	L.2	Confirm bidders may submit LOIs or LOAs to demonstrate network capacity. At what point in the process must the health plans actually possess signed contracts with the provider network included in the bid.	Please see Amendment 0004, Items No. 57, 58, 59, 60, 61 and 81.

Question #	Solicitation Section #	Question	Response
112	L.3.1.1.2.5.10	Clarification requested on if the question is asking if MAA wants to know what criteria is used to discharge a member from an inpatient stay and how the hand off occurs to outreach/case or care management once a member is discharged from the hospital	Please see Amendment 0004, Item No. 63.
113	L.3.1.1.3.2.8 & L.3.1.1.3.2.9	Define Explanation of Benefits. Since payment from members is not required, is MAA referring to an explanation sent to providers regarding claims submitted and claims paid?	Please see Section C.11.6.9.
114	L.3.1.1.2.12.19	Did the District intend to refer to Section C.10.11? Section C.10.13 was not included in the RFP?	Please see Amendment 0004, Item No. 69.
115	L.3.1.1.1	Will you accept a Letter of Intent or Letter of Agreement for our provider network submission for scoring?	Yes. Please see Amendment 0004, Items No. 57, 58, 59, 60, and 61.
116	L.3.1.2.1.2.2	As an incumbent, and having performed similar work only for the District, are we required to submit this information on our current Medicaid contract with the District?	Yes. Please see Section L.3.1.2.1.2.2.
117	L.3.1.1.2.9.5	Describe a grievance reported during the last two years determined to trend an activity. Provide an explanation of how this trend was identified and resolved, including steps taken to prevent recurrence. If Offeror did not identify any trends, provide an explanation of Offeror's plan should it identify a trend. Could you please clarify the initial question? Is it the District's intent for bidders to identify a quality concern via the grievance process and for Offeror to write on how a performance improvement project was	Yes. Please see Section L.3.1.1.2.9.5.

Question #	Solicitation Section #	Question	Response
		implemented to address that quality concern	
118	L.3.2.2.6- L.3.2.2.11	Section L.3.2.2.6 thru L.3.2.2.11 asks for utilization, unit cost, and pmpm assumption and development. Who can we project if the data is not provided?	Please see Amendment 0004, Item No. 76.
119	L.3.1.1.2.12.8 .2 & L.3.1.1.2.12.8 .3	Clarification requested as to how these are different in that a member is on hold for the period of time they are waiting for the live voice to answer, so they would seem to be measuring the same wait period	Please see Sections L.3.1.1.2.12.8.2 and L.3.1.1.2.12.8.3.
120	L.5	Please confirm the cut-off date for submitting written questions related to the RFP? At the Pre-Proposal Conference, you indicated that written questions related to the RFP could be submitted up until fifteen (15) days prior to the Proposal due date of May 8, Is that 15 working days or 15 2007. Calendar days?	Please see Amendment 0004, Item No. 78.
121	L.14	Should the electronic copy include the Attachments?	Please see Amendment 0004, Item No. 80.
122	M.6.2	How will the preferences be applied? Will preference points be applied to the price or to the overall score and when is that determined?	Please see Section M.6.3.
123		Does Solicitation number DCHC-2007-R-5050 require proposal submission only for the entire solicitation, or are proposals being accepted for individual contract line items?	The entire solicitation. Please see Amendment 0004, Item No. 3.
124		What tasks is an agency required to perform under Contract Line Item Number 0001AI?	All. Please see Section C.3 and Amendment 0004, Item No. 3.
125		Will more than one contract be awarded for task 0001AI?	Please see Section B.3.3 and Amendment 0004, Item No. 3.
126		What are the agency requirements to provide	Please see Section C.3.

Question #	Solicitation Section #	Question	Response
		services under Contract Line Item Number 0001AI in terms of licensure, certifications, and accreditations?	
127		Would the agency awarded the contract be required to accept all consumers in Contract Line Item Number 0001AI, or only a portion of them?	Please see Amendment 0004, Item No. 3.
128		What we're missing is more detailed info on the Dental network (some in the Provider section) and any operational and infrastructure information related to providing dental services. When will the Health Alliance databook be available on the OCP website?	Please see Amendment 0001, Attachment J.25, Rate Development Process and Information. The attachment contains all of the information to be provided regarding rate development.
129		Will bids be considered which carve out specialty services, such as account reporting, Rx or mental health?	Yes. Please see Sections C.9.4.6, G.1.9, H.3, and I.7.
130		Will MAA consider a bid where the bidder partners with another organization to provide services?	Yes. Please note Sections C.3.1.5.1 C.9.4.6, G.1.9, H.3, and I.7.
131		Historically, what percent of members change MCO at each open enrollment period?	Please see Amendment 0004, Item No. 7.
132		How many new entrants were there in 2005 and 2006?	Please see Amendment 0004, Item No. 7.
133		In the rate book, what services are included in the transplant category, i.e., pre & post transplant services or just the transplant itself?	Please see Section C.8.2.6.5.
134		Will utilization and unit cost data be provided with the data book?	No.
135		Will we receive utilization data specific to the Alliance population? If so, when will that data be available and will it be in hard copy or electronic? Will we have a similar face to face opportunity to	No.

Question #	Solicitation Section #	Question	Response
		ask questions on this specific data set?	
136		RFP discusses a 3% withhold for the P4P program. When will rate hold backs begin? What are the rules for receiving the withholds as part of the performance bonus payments?	Please see Amendment 0004, Item No. 46 and Attachment J.19.
137		What percent of Alliance Services are provided by the Safety net providers identified on page C-126? What is the rationale for the \$65.00 payment to them?	Please see Amendment 0004, Item No. 37.
138		If a plan is accredited in MD, VA or another state would that satisfy the NCQA accreditation requirement?	Please see Section C.3.1.8.
139		To allow the District sufficient time to contemplate and respond to the enrollment issue as well as health plan questions, It is strongly recommends that the District extend the due date of the bid responses	Please see Amendment 0003 and Amendment 0004, Item No. 1.
140		Will bidders be provided with a list of current rates paid to current vendors for services requested in the RFP so that current rates for services can be compared against rates identified in the RFP?	No.
141		Profit load is not built into the 12.5% administrative portion of the fee. Will there be a profit load on top of the 12.5%	The District considered profit as part of the rate development.
142		Utilization and unit cost information for the encounter data component of the data book?	No.
143		The RFP directs payments to the FQHCs at the rate of \$165 rather than rates as they are under the current contract. Will additional funds be allocated to cover these costs? Have these costs	Please see amended Section C.9.2.10.3.

Question #	Solicitation Section #	Question	Response
		been included in the rate projections?	
144		Are there any plans for expanding outside the Alliance or Medicaid Program – currently at 200% of poverty?	The District of Columbia may seek additional expansion opportunities for the Alliance and Medicaid programs.
145		How do rates in the RFP compare to existing payment – in light of the additional services, how do they compare?	This information will not be provided.
146		When will the Dental network and operations information be available on the OCP website?	Please see Amendment 0001, Attachment J.25, Rate Development Process and Information. The District will not provide additional information regarding dental network operations.
147		How will the August 1, 2006 – July 31, 2007 rates be adjusted if the effective date of the new contract is delayed past August 1, 2007?	The current rate structure and adjustment are not subjects of this RFP.
148		How will the maximum rates be adjusted if the effective date of the new contract is delayed past August 1, 2007?	The District will ensure that the rates remain within the actuarially sound rate range in accordance with 42 C.F.R. §438.6.
149		What annual medical trend is assumed in the maximum rates? What annual medical trend is assumed in the minimum rates?	The District will not provide the annual trend rates.
150		What profit or surplus level is assumed in the maximum rates?	The District will not provide additional information regarding the profit or surplus level. Profit/Risk Margin is implicitly considered in the rate development.
151		What level of risk margin for adverse claim deviation is included in the maximum rates?	The District will not provide additional information regarding the profit or surplus level.
152		For the Alliance rates, why was more recent experience not included in the base development?	Please see Amendment 0001, Attachment J.25, Rate Development Process and

Question #	Solicitation Section #	Question	Response
			Information. The District will not provide additional information regarding recent experience and base rate development for the Alliance program.
153		For the Alliance rates, what level of managed care savings is assumed in the rates?	Please see Amendment 0001, Attachment J.25, Rate Development Process and Information. The District will not provide additional information regarding the managed care savings in the Alliance rates.
154		For the Alliance rates, what medical trend is assumed in the rates?	Please see Amendment 0001, Attachment J.25, Rate Development Process and Information. The District will not provide additional information regarding the medical trend in the Alliance rates.
155		Can you please provide more detail on how the additional administrative requirements were factored into the rates? Given the additional administrative responsibilities, we would have expected an increase in the administrative assumption, not a decrease.	Please see Amendment 0001, Attachment J.25, Rate Development Process and Information. The District will not provide additional information regarding how the administrative requirements were factored into the rates.
156		Can you please provide further justification as to why the rates differ so much between the Alliance and DCHFP?	Please see Section C.8.2 and C.8.3.
157		How will the rates for renewal years be calculated?	See Section B.3.2 and B.3.3. The District will conduct an actuarial review of the rates annually, which will include a rebasing of the rates using updated data and consideration for trend, program changes, administration and any other adjustments deemed necessary for managed care.
158		What have been the historical loss ratios for the	Please see Amendment 0004, Item No. 7.

Question #	Solicitation Section #	Question	Response
		Alliance membership?	
159		Is the minimum loss ratio calculated using the premium before or after the 3% withhold?	Please see Amendment 0004, Item No. 52.