



## Supplier Q & A Template

<b>RFI Number:</b> 41900-DCH0000127	<b>RFI Title:</b> Medicaid Managed Care Services RFI
Requesting State Entity: DCH	Date: 6/17/2022
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**The purpose of this document is to provide answers to supplier questions. Please see Questions and Answers included herein.**

Note: This document is intended for informational purposes only. Any changes to the RFI must occur through a published addendum (or through publication of a new version of the RFI in Team Georgia Marketplace™). If multiple Q & A documents are posted, the most recent Q & A shall govern in the event of a conflict.

### QUESTIONS AND ANSWERS

#	Questions	Referenced RFI Section	Answers
1.	Is there an incumbent contract for this opportunity?	General	The current Georgia Families and Georgia Families 360 contracts are available on the DCH website and may be accessed by selecting the following link: <a href="https://medicaid.georgia.gov/programs/all-programs/georgia-families">https://medicaid.georgia.gov/programs/all-programs/georgia-families</a> .  The Contracts are located at the bottom of the webpage and are titled "GF Contract Generic" and "Georgia Families 360 Contract Generic".
2.	Is there an idea of a budget estimate for this project?	General	Capitation Rates are established by our actuaries and are based upon the Care Management Organization's membership.
3.	What vendor is the current MMIS provider?	General	Gainwell Technologies is the current MMIS vendor.



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4.	Who is the current Medicaid Pharmacy Benefit Manager?	General	Optum is the current Pharmacy Benefit Manager for Fee-for-Service Medicaid. Each Care Management Organization has its own Pharmacy Benefit Manager.
5.	Will the Medicaid Managed Care Services Provider have to work with any other modularly added systems? What may they be?	Overview of Georgia's Medicaid Managed Care Program	Yes, the Medicaid Managed Care Services provider will have to interface with the Medicaid Management Information System (MMIS) which will include a provider module, claims module, Electronic Visit Verification, Third Party Liability, and any other modules that may be incorporated at a later date. The vendor will also have to interface with the Georgia Health Information Network (GaHIN), DCH's Data Warehouse, as well as other external entities that may require a recurring data feed.
6.	We understand respondents that currently use the State's web-based Team Georgia Marketplace system should submit via that system. For organizations that do not already use Team Georgia Marketplace, are there any restrictions on the type of organizations that can submit responses via email?	General	We do not have any restrictions on the type of organization that can answer the RFI.
7.	Does the State Medicaid Agency Require Medicare Conditions of Participation for hospitals?	General	Yes. Per DCH policy, hospitals must meet the Standards for Medicare participation or be certified as eligible for participation in the Medicaid program. Section 601 and 602 of the Part II, Policies and Procedures manual for Hospital Services outlines the provider enrollment requirements. The manual may be accessed by selecting the following link: <a href="https://www.mmis.georgia.gov/portal/Portals/0/StaticContent/Public/ALL/HANDBOOKS/Hospital%20Services%20Manual%2004-01-22%20REV%204-21-22v2%2020220516151623.pdf">https://www.mmis.georgia.gov/portal/Portals/0/StaticContent/Public/ALL/HANDBOOKS/Hospital%20Services%20Manual%2004-01-22%20REV%204-21-22v2%2020220516151623.pdf</a>



#	Questions	Referenced RFI Section	Answers
8.	Does the State Medicaid require Joint Commission accreditation for hospitals?	General	No. Hospitals have the option to be accredited by a CMS-approved accrediting organization (AO) and such accreditation is “deemed” to be equivalent to a recommendation by the Healthcare Facility Regulation Division for CMS certification.
9.	Does the State Medicaid Agency require Joint Commission accreditation for hospitals in addition to Medicare Conditions of Participation for hospitals?	General	<p>No. Per DCH policy, hospitals must meet the Standards for Medicare participation or be certified as eligible for participation in the Medicaid program. Section 601 and 602 of the Part II, Policies and Procedures manual for Hospital Services outlines the provider enrollment requirements. The manual may be accessed by selecting the following link: <a href="https://www.mmis.georgia.gov/portal/Portals/0/StaticContent/Public/ALL/HANDBOOKS/Hospital%20Services%20Manual%2004-01-22%20REV%204-21-22v2%2020220516151623.pdf">https://www.mmis.georgia.gov/portal/Portals/0/StaticContent/Public/ALL/HANDBOOKS/Hospital%20Services%20Manual%2004-01-22%20REV%204-21-22v2%2020220516151623.pdf</a></p> <p>Hospitals have the option to be accredited by a CMS-approved accrediting organization (AO) and such accreditation is “deemed” to be equivalent to a recommendation by Healthcare Facility Regulation Division for CMS certification.</p>
10.	Does the State Medicaid Agency require any other accreditation for hospitals? If yes to any other accreditation, please list.	General	No.



#	Questions	Referenced RFI Section	Answers
11.	<p>Could the State provide guidance on the length of responses? Lengthy responses increase the State reviewer's workload. Limiting the length of the responses will force respondents to focus on meaningful input and would avoid having State reviewers spend time reviewing excessive content. We recommend you provide page limits by each section to help the State receive more meaningful feedback.</p>	2.2.3 Preparing a Response	<p>Thank you for your considerate observation of staff workload. However, there are no page limits on the responses to this electronic Request for Information.</p>
12.	<p>Can the DCH define "individuals with complex health needs" as mentioned in question 1.c?</p>	1.C	<p>Individuals with complex health needs includes, but it is not limited to, persons with a mix of physical, behavioral health, and social needs. It also includes individuals with a combination of multiple chronic conditions, mental health problems or co-occurring diagnoses.</p>
13.	<p>Is The State Entity open to receiving materials relevant to care management other than or in addition to the questions in the RFI?</p>	3	<p>No. Please limit your information to be responsive to the areas raised in the Request for Information.</p>
14.	<p>Is The State Entity looking at program options that include full health services specialty solutions, or management only?</p>	1.1	<p>The Department is procuring services from a managed care entity that will coordinate care and provide case management services to our Medicaid and PeachCare for Kids population. The entity is expected to provide solutions that that will result in improved access to care, health equity, improved health outcomes for members with chronic conditions and/or mental/behavioral health conditions, improved maternal and newborn care, and innovative models that will improve the value of the care delivered.</p>



#	Questions	Referenced RFI Section	Answers
15.	Is The State Entity looking to implement medical management offering only?	1.1	The Department is procuring services from a managed care entity that will coordinate care and provide case management services to our Medicaid and PeachCare for Kids population. The entity is expected to provide solutions that that will result in improved access to care, health equity, improved health outcomes for members with chronic conditions and/or mental/behavioral health conditions, improved maternal and newborn care, and innovative models that will improve the value of the care delivered.
16.	Is The State Entity open to implementing state-wide point solutions (CMO-agnostic and applicable to FFS)?	1.1	During this Request for Information period the Department is considering viable options as it relates to the Fee-for-Service and Managed Care populations that are in the best interests of the members and the State.