**Attachment C**

**Business Response Template**

***Please use this Business Response Template, to enter your response directly beneath each question.*** *All questions are optional to complete. You may choose to respond only to questions that are of interest. Please note responses will only be used for informational purposes and will not be evaluated or used to inform the selection of partners for any potential future procurement. No feedback will be provided by the State Entity to respondents to this RFI. This RFI is issued solely for information and planning purposes; it does not constitute a Request for Proposal, application, proposal abstract, or quotation*

1. **Quality:** *Improve quality and outcomes in the managed care program through enhanced care management and coordination*
	1. In your experience, what are the current program’s strengths and weaknesses when it comes to quality management?
	2. In what ways can the managed care program improve measurement and reporting, and ultimately improve quality and outcomes in the managed care program?  What are the obstacles to doing so and how can these obstacles be addressed?
	3. As Georgia focuses on improving outcomes for individuals with complex health needs, how can managed care organizations and partners work to ensure appropriate care coordination and case management? Please provide specific examples.
	4. How can Georgia leverage innovative ideas and best practices through the managed Medicaid program in order to better address critical health issues?
2. **Equity**: *Improve equity in the administration and outcomes for all members of the program and increase cultural competency*
	1. What are the current managed care program’s strengths and weaknesses in terms of equitable access, service delivery, quality, value and outcomes? Please provide examples where possible.
	2. What ideas exist to ensure the program is respectful of and responsive to the health beliefs, practices, and the cultural and linguistic needs of diverse consumers?  What obstacles are there? What can be done to improve?
	3. How can measurement of equitable access, service delivery, quality, value and outcomes be improved on an ongoing basis? How can managed care enable and support this objective? What will be the impact? Please provide case examples where possible.
3. **Access and outcomes:***Enhance network capacity across the state and prioritize interventions addressing Social Determinants of Health (SDoH)*
	1. How easy is it for members to access healthcare and find a provider, and stay engaged in their health care efforts? What access barriers exist and what can be done to remove these barriers? Please be specific.
	2. How can the managed care program and its providers be leveraged to provide greater access to care in Rural Georgia?
	3. What are opportunities to further integrate SDoH into the Medicaid program’s design for supports and interventions? Opportunities could include but are not limited to care coordination, service delivery, and access. Please provide details.
	4. What are examples of existing SDoH interventions (either currently in place or that can be scaled, in state or out of state) that may help address existing gaps in the program? What is the impact of these interventions and how can managed care support this impact?
	5. How can the program engage other sectors and agencies, including social services and education sectors, to streamline experience of delivering and navigating across multiple systems and improve SDoH?
4. **Value:***Better manage cost of care through innovative models that improve value of the care delivered*
	1. What are the biggest challenges for patients, providers, Managed Care Organizations, and the State to better manage the cost of care and improve the value of care delivered? How can this be improved? Please provide examples.
	2. What innovative models should be considered and how should they be implemented? What are the benefits and obstacles to doing so?
5. **Coverage and services:** *Ensure appropriate coverage of populations and services to improve quality and value, improve behavioral health integration and outcomes in the managed care program, and rationalize approach to pharmacy benefit management*
	1. What obstacles exist as a result of the current coverage of populations and services by managed care vs Fee-for-Service? How can these barriers be addressed?
	2. Are there opportunities to better serve specific Medicaid and CHIP populations that are currently in managed care through the Fee-for-Service program, or vice versa? Please explain rationale and provide specific examples of improvement opportunities that may be associated with covering populations or services through the Fee-for-Service or CMO programs respectively.
	3. What opportunities exist to improve quality, value, oversight, and visibility in pharmacy expenditures? What are the benefits and obstacles to pursuing these opportunities?
	4. What measures should be taken to improve integration, care coordination and outcomes for beneficiaries with behavioral health needs? What are the benefits and obstacles to doing so?
6. **Additional information:**
	1. How can we leverage innovative ideas and best practice to help achieve GA's stated policy objectives and innovate Georgia’s Medicaid program? Please provide details.
	2. What tactics can be used to mitigate operational complications and ensure consistency of care for beneficiaries when transitioning between the FFS program and CMOs, or vice versa?
	3. Are there additional elements that you would like to see as part of a forthcoming procurement?