



MEDICAID TOGETHER

RFP WEBINAR APRIL 27, 2020

AGENDA

- Welcome and Introduction to Speakers
- Medicaid Together Description
- RFP requirements
- RFP Scoring
- Questions

PANEL

FPHNYC

- Alexis – moderator

DOHMH

- Ana
- Andi
- Bill
- Harry
- Jennie

ABOUT FPHNY

- Independent nonprofit
- Work closely with New York City Department of Health and Mental Hygiene (DOHMH) to pilot, implement, and expand innovative public health programs
- Connect DOHMH with private sector partners and the greater philanthropic community
- Manage fiscal, compliance, purchasing, contracting, and human resources aspects of grants



MEDICAID TOGETHER

PROGRAM DESCRIPTION



MEDICAID TOGETHER IN A NUTSHELL

- Medicaid Together: Improving Asthma is a program to provide every NYC child on Medicaid/CHP who is hospitalized with asthma, allergic to cockroaches/mice, and exposed to these pest at home with:
 1. Integrated Pest Management with Allergen Reduction (IPM-AR) within a month of hospitalization discharge
 2. Case management for their asthma (including I+ home visit)
- One entity (a “Central Point of Intake” or CPI) receives all referrals from all NYC hospitals, dispatches IPM-AR, communicates with the MCO, and provides data on intervention.
- The CPI does not perform case management as part of its CPI duties

VOLUME AND TIMELINE

- Rollout expected 3-6 months after relaxation of social distancing for COVID
- Program will last 3 years, with an expected enrollment of 1200 children
 - Year 1: 200
 - Year 2: 500
 - Year 3: 500

WHAT THE CPI DOES

- Receives email/phone referrals from the hospitals
- Verifies eligibility and insurance coverage
- Enrolls child in program via phone inclusive of attainment of consent for evaluation
- Provides instruction to family on how to prepare for IPM visit
- Assigns IPM provider to home of child (either as an in-house or contracted service)
- Evaluates satisfaction with IPM service
- Provides quality assurance of IPM service
- Closes the loop with referring hospital and paying MCO
- Provides reports to MCOs and DOHMH
- Bills MCOs

The IPM service should be completed within 30 days of hospital discharge. This is within about 20 days of the hospital referral to the CPI.

CHARACTERISTICS OF IPM – AR SERVICE

1. Home assessment for pests, primarily cockroaches and mice, to determine the extent and type of infestation and environmental conditions promoting such infestation, with associated documentation
2. Treatment for pests which includes sanitation and repair measures, such as pest-proofing, HEPA vacuuming, steam cleaning, mouse trapping and insecticide or rodent bait application, as appropriate, and
3. Addressing instances of severe infestation of mice and/or cockroaches which will involve a follow-up visit or visits for additional treatment.

See Appendix A and B for more information

THIS RFP AWARD

- This RFP awards the selected organization to be the only Central Point of Intake for Medicaid Together for all NYC
- This RFP also sets the price of the CPI services, which are inclusive of the payment for IPM services
- All participating MCOs must contract with the chosen CPI for the delivery of IPM services for the entire duration of the pilot (3 years)
- CPI must become a vendor of all the participating MCOs before the start of the program
- CPI reimbursement depends on the number of units treated with IPM services

PAYMENT CAP

- The CPI will receive from DOHMH a list of the expected volume of children to be eligible for Medicaid Together from each MCO. This is the MCO “quota.”
 - CPI can provide service to referred and confirmed eligible child without MCO pre-approval if volume is within the MCO’s quota
 - CPI must seek approval from MCO to provide service if the MCO enrollees have met the quota
 - CPI must seek approval from MCO to provide service if the child is uninsured but in process of joining a participating MCO

MCO A has a quota of 50

- Child 1-50 of MCO A can be enrolled without pre-approval
- Once CPI has enrolled 50 children for MCO A, the next child requires pre-approval

PAYMENT TIMING

- Some MCOs will pay for all the quota up-front → The CPI will accept up-front payment and keep track of balance for MCO
 - If CPI ends contract with MCO with unused spots, CPI should return balance to the MCO.
- Some MCOs will pay for used spots only → The CPI will provide IPM service and invoice the MCO

MCO A paid up front to CPI \$45,000 for their 50 quota (\$900 per completed treatment)

If CPI only completes IPM treatments to the home of 40 children (\$36,000), then it should return \$9,000 to the MCO at end of contract.

PAYMENT STRUCTURE

Option A: Unit Charge Only

CPI will propose a charge per unit served with IPM

- Unit charge must not exceed \$1000
- Justification for price needed
- May be prospective or at completion, depending on MCO

Option B: Fixed Rate and Unit Charge

CPI will propose a charge per unit served with IPM, and a fixed rate per year

- Fixed rate per year not to exceed \$10,000 in Year 1, \$25,000 in Year 2, and \$25,000 in Year 3.
- Unit charge must not exceed \$900
- Justification needed
- May be prospective or at completion, depending on MCO

There will be no additional reimbursement. This means that there is no reimbursement for children that are not found eligible, for IPM services that cannot be completed, for needed repeated treatments to the same home, for any of the reporting duties, for any of the quality assurance, close loop, or satisfaction services, etc.



RFP REQUIREMENTS



ELIGIBILITY CRITERIA (1 OF 2 PAGES)

1. **Capacity to select and contract IPM-AR vendors:** Demonstrated by existing contracts with IPM-AR providers, or demonstrated ability to identify and contract with IPM-AR providers.
2. **Capacity to supervise and perform quality assurance on IPM-AR:** Ability to manage and supervise the provision of IPM-AR services, including the capability to quality check IPM-AR vendors' work.
3. **High quality customer service:** Ability to promptly and adequately respond to complaints from the recipients of IPM-AR services.
4. **ePACES access:** Current ability to access the system ePACES/eMedNY to verify clients' Medicaid eligibility and MCO assignment.
5. **Legal compliance:** Demonstrated knowledge and ability to comply with all relevant laws and regulations governing the services to be provided under this RFP, particularly the Health Insurance Portability and Accountability Act (HIPAA).

ELIGIBILITY CRITERIA (2 OF 2 PAGES)

6. **MCO contracting ability:** Ability and qualifications to contract with NYC Medicaid MCOs as a vendor, and particularly the ability and qualifications to act as a Business Associate as such term is defined under HIPAA. This must be demonstrated by at least one active pre-existing Business Associate Agreement (BAA) with an NYC MCO.
7. **Government contracting ability:** Ability to contract with government agencies.
8. **Reporting ability:** Ability to capture and flexibly report in real time on all data specified under Reporting Requirements.
9. **Billing ability:** Ability to bill for services according to all the parameters described under Funding Parameters, including the ability to bill prospectively or retrospectively and accurately maintain credit balances.
10. **Proof of liability insurance:** Demonstrate that necessary insurance coverage, including commercial general liability and Workers Compensation, is in place from the start of the contract.

SELECTION CRITERIA

- Demonstrated Quantity and Quality of Successful Relevant Experience
- Demonstrated Level of Organizational Capacity
- Quality of proposed approach



RFP SCORING



RFP SCORING

Round I: Review of written applications

- Applications reviewed and scored by panel
 - 50 points - Demonstrated Quantity and Quality of Successful Relevant Experience
 - 35 points - Demonstrated Level of Organizational Capacity
 - 15 points - Quality of proposed approach
- Panel proposes 3 finalists

Round II: Interviews and virtual site visits

- Panel performs interviews with possible virtual site visits
 - Demonstration of and elaboration on written responses
 - Round II scored following same weighting as Round I
- Top scoring organization is confirmed

QUESTIONS

Q: For #4 under Funding Parameters and Evaluation Criteria, does the Prospective Payment refer only to the \$10,000 Fixed Annual Charge or the entire budgeted amount ("maximum amount")? If the former, are we drawing down the payments we make to the IPM vendor on that Fixed Annual Charge before billing the activities to the contracted MCOs?

A: Unit Charges are mandatory. Carving out a Fixed Rate is optional. Fixed Rate and Unit Charges are prospective or retrospective depending on the MCO. After determining structure and timing, the CPI decides on allocations to the vendor drawing on funds from Fixed Rate or Unit Charges. Fixed Rate guarantees a minimum amount of money received from MCO partners independent of volume of services. However, Fixed Rate reduces the Unit Charge.

Let's say MCO A and MCO B are the only participating MCOs. In Year 1, we expect 200 enrollments total, with 40% or 80 children from MCO A expected to get IPM-AR treatment. MCO A would pay the CPI 40% of the annual Fixed Rate (\$10,000 in Year 1) and commits to paying for up to 80 IPM-AR units for their members over the year at Unit Charge of \$900 (or lower, depending on CPI bid).

MCO A prefers to pay the Fixed Rate and Unit Charges in their quota up front. So the CPI can charge \$4,000 to MCO A up front for their 40% of the Fixed Rate, and \$72,000 (80*\$900) up front for up to 80 IPM-AR Unit Charges.

If at the end of the year, only 50 IPM-AR units were delivered to MCO A members, then the CPI must return to the MCO \$27,000 of unit charges paid prospectively (30*\$900). Because it is Year 1, this balance can be applied to Year 2 quota for the MCO. The CPI keeps all of the Fixed Charge.

QUESTIONS CONTINUED

Q: I was just wondering is this RFP looking for Lead Health Homes serving children or Care Management Agencies too to apply?

A: Yes, any organizations (including "Lead Health Homes serving children or Care Management Agencies") are welcome to apply if they meet the eligibility requirements specified in the RFP.

We are looking for 1 entity able to handle all of NYC (200 homes served in Year 1, 500 in year 2, and 500 in year 3). The entity should be a vendor of at least one MCO (including signed BAA completed vendor compliance process). If the Lead Health Home or Care Management Agency meets all the eligibility criteria, they can apply.