# MEDICAID MANAGED CARE RULES RFI
# QUESTIONS & ANSWERS

The following are answers to questions that were posed by prospective applicants:

1. **The RFI indicates that it is soliciting information for possible solutions for implementation strategies (page 4). It also uses the terms "proposal" and "proposed" methods/budget/etc. several times (page 9; for example "Please include the process by which your proposal will monitor the quality and evaluation of your deliverables, and include a proposed budget."). Please confirm whether this is a request for information and suggestions only, or whether responses are considered proposals that may result in an award.**

   These are considered requests for information only.

2. **Is there a limit to number or type of "Other Information/Considerations" stated on page 9? Any guidance here is helpful.**

   No, there is no limit as this is according to the judgment of the party submitting, who will be the only party that could determine that there is additional information. The submitting party should submit any information that they believe was not made apparent by any other portion of the RFI and would be relevant to consideration of their services.

3. **For the network adequacy portion in section II part A, it states, "Assess ability of providers to provide physical access", can you be more specific with regard to physical access?**

   Do the facilities that the provider makes available to deliver services to the patients of the County meet the ADA standards for physical access? If so, are there any other considerations of the physical layout of the facility that could be a potential barrier to the delivery of treatment services. Are there any policies and procedures maintained by the provider related to physical access to facilities where they provide services and/or interact face to face with the patients of the County? See 42 CFR 438.68. See also State of California, Department of Health Care Services, MHSUDS Information Notice 18-011.

4. **For Network Adequacy- is it expected that each of these services would be done at MCO level or county level?**

   For the purposes of this RFI, Network Adequacy is determined at the PIHP level. PIHP is the Federal designation for a MHP. MHP is the state's designation for a County Mental Health Plan or what is more commonly known as a county mental health department or county behavioral health department.

5. **What is the expectation of how the work under the Network Adequacy section interfaces with provider directory work at the state level?**

   The interface between network adequacy and the provider directory at the state level is not known at this time. At the County level, it would be expected that entries in the network directory meet the requirements of the network adequacy standards.

6. **For the External Quality Review work, is the selected vendor required to be an EQRO?**

   No.

7. **For Risk Assessments, can you provide examples of potential areas of risk so we can provide a specific response?**

   The processing of claims, the issuance of warrants, the review of claims, the keying in of claims, securing patient records, information inquiries by the family members of a patient, the sharing of personal health information through a health information exchange, the transmission of payment records to the County Controller's Office, etc.

8. **For "Services to be implemented after 2018," when do you anticipate these rules to be implemented? Any specificity you can provide would be helpful.**

   The Code of Federal Regulations portions of the rules became effective in 2017 and the Parity portion of the rules became effective July 5, 2016. The foundational law for the Parity Rule was adopted by Congress in 2008 as the Mental Health Parity and Addiction Equity Act. In California, Assembly Bill 205 modified the Welfare & Institutions Code and the Health & Safety Code to implement the rules in 2017. The final rules phase compliance with patient informing related materials in place by July 1, 2017; network adequacy related requirements in place by July 1, 2017 (or within the contract year, which is equal to the fiscal year); and quality management related requirements in place by July 1, 2018.

9. **In reference to Section 438.334: Is the quality rating system going to be different at the San Mateo County level than it is at the California state level? Will San Mateo be creating a different system than the rest of the state? If yes, what is the expectation of interface and interoperability between the county system and the state's quality rating system?**

   The requirements for the quality rating system have not yet been developed or released by the state, but there is no expectation that the

systems be the same. It could be assumed that the County level system should be able to inform the state system and as long as the minimum components identified in the final rule are present, whatever system developed at the County level would be compliant.

10. **In reference to Section 438.62 – Continued Services to Enrollees, specifically availability of services and hours of operations, can you share where these standards are published and how will a vendor identify if provider serves Medicaid enrollees only?**

    The federal standards are published in the Code of Federal Regulations. The state regulations are published in the California Code of Regulations and in the Welfare & Institutions Code. Specific instructions concerning these standards are published by the California Department of Health Care Services via MHSUDS Bulletins, Information Notices, and Letters.

11. **What kind of coordination will there be between the Medicaid Managed Care health plans in San Mateo County and the compliance with these new rules?**

    Managed Care Plans have been required to comply with these rules for some time and in addition to County Mental Health Plans. In San Mateo County, Behavioral Health & Recovery Services (BHRS) is a delegated, first tier, downstream entity of the only public health plan in the County, the Health Plan of San Mateo. As such, BHRS has been contractually required to comply with these rules (for the Mild to Moderate Mentally Ill) before they were imposed on the states and BHRS opted to comply with CMS rules rather than California rules since the California rules stem from the CMS rules.

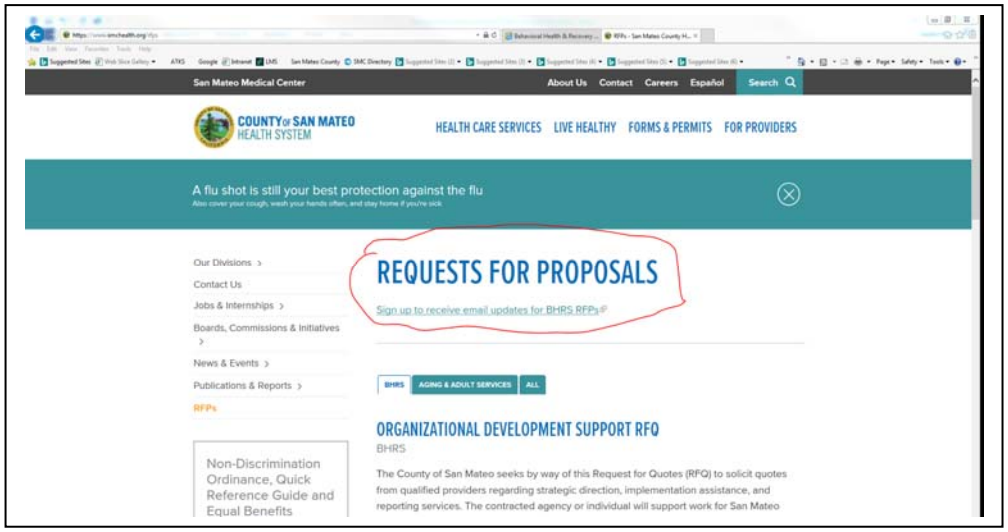
12. **How many beneficiaries by line of business are expected to be included and approximately how many providers in San Mateo County?**

    There are approximately 150,000 beneficiaries in San Mateo County. There are approximately 200 private providers for the Mild to Moderate Mentally Ill. There are five County clinics and approximately 12 contract provider agencies for the Severely Mentally Ill.

    By Line of Business:
    Medicare 9,500; In Service: 1,500
    Medi-Cal Mild/Moderate 122,000; In Service: 2,600
    Medi-Cal Severely Mentally Ill 84,000 (Adult), 64,000 (Youth); In Service: 5,300 (Adult), 2,000 (Youth)

13. **On p. 2 of the RFI, it says that interested respondents must register online with the County. However, when you click the link provided**

**(http://www.smchealth.org/bhrs/rfp), it takes you to the RFP landing page, and there appears to be no place to register. Can you please clarify the registration process and/or update the URL provided?**
The URL is: https://www.smchealth.org/rfps , however the URL you indicated does reroute you to the correct place. The link for registration is circled below.




14. **Is there a page limit that we should be aware of as we draft the response to RFI?**

    No page limit

15. **Given that strategies for implementation are likely to be constrained by the budget, do you have budget information for each of the areas under scope?"**

    No constraints at this time. This is one of information items we are seeking from the RFI.