

Health and Human Services Transformation

The State of Illinois Medicaid Managed Care Organization Request for Proposals 2018-24-001

Offeror Conference (Round 1)
Friday, March 10, 2017, 1:00pm CT

Agenda

Topic	Timing
RFP and process overview	45 minutes
▪ RFP contents	
▪ Process overview	
▪ Program overview and objectives	
▪ Proposal structure and guidelines	
▪ Proposal evaluation overview	
Questions and answers	45 minutes

Important reminders

Purchase of Care

This solicitation is a **Purchase of Care solicitation** as defined by 30 ILCS 500/1-15.68, and is exempt from the Illinois Procurement Code under 30 ILCS 500/1-10(b)(3) and 44 IL Admin Code 1.10(a)(3). Since this solicitation is exempt from the Illinois Procurement Code, the Chief Procurement Officer (CPO) is not responsible for oversight of the solicitation, evaluation process or award of the procurement.

Questions and Answers

The Department will offer oral responses to questions on the RFP process at its discretion, but will not offer oral responses to questions on the content of the RFP or the Illinois Medicaid Managed Care Program more broadly. In order to receive a response from the Department on other questions, Offerors shall submit questions in writing through the official question and answer process described above in Section 1.4. For all questions asked orally or in writing, only written answers to questions can be considered binding.

Mandatory Attendance

Attendance at this Offeror Conference is mandatory and any Offeror will be disqualified if the Offeror does not attend or fails to sign the attendance sheet. The Offeror shall be clearly identified when signing the attendance sheet, including by providing a regularly-monitored mailing address and regularly-monitored e-mail address. The Data Book will be sent only to attendees of this Offeror Conference who have signed the attendance sheet and identified themselves as a potential Offeror. The Data Book will be sent to the mailing or email address provided by the Offeror at this Offeror Conference.

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RFP structure and contents

 Forthcoming

Component	Title	Location/status
Section 1	General information	RFP document
Section 2	Background and scope of RFP	
Section 3	Proposing, evaluation and selection process	
Section 4	Proposal requirements	
Section 5	Technical proposal	
Section 6	Financial proposal	
Appendix I	Model contract (Including attachments I-XXIII)	Separate attachments
Appendix II	Definitions, abbreviations and acronyms	
Appendix III	Pending Behavioral Health Transformation 1115 waiver	
Appendix IV	List of additional Medicaid services covered under pending 1115 Waiver and SPAs	
Appendix V	Vision for integrated health homes in Illinois	
Appendix VI	Managed care program requirements for DCFS Youth	
Appendix VII	Data Book	Forthcoming on 3/29
Form I	Q&A Template	Separate attachment
Form II	Proposal to the State of Illinois	RFP document
Form III	Subcontractor Disclosures	
Form IV	Confirmation of agreement with the Model Contract	
Form V	Reference Form	
Form VI	Financial Proposal Template	Forthcoming on 3/29

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Process overview

Activity	Date/Time
Release of RFP	February 27, 2017
Offeror Conference (Round 1) (Mandatory)	March 10, 2017 (1:00 pm CT)
Deadline for submission of questions (Round 1)	March 15, 2017 (12:00 pm CT)
Release of Data Book with actuarial rate ranges	March 29, 2017
Department response to questions (Round 1)	March 29, 2017
Offeror Conference (Round 2)	April 4, 2017 (1:00 pm CT)
Deadline for submission of questions (Round 2)	April 10, 2017(12:00 pm CT)
Department response to questions (Round 2)	April 24, 2017 (approximate)
Deadline for submission of full Proposals	May 15, 2017 (12:00 pm CT)
Oral Presentations	June 12 – June 23, 2017 (approximate)
Opening of Financial Proposals	June 26, 2017
Award announcements	June 30, 2017 (approximate)
Deadline to file protest to awards	July 14, 2017 (approximate)
Effective date of new Contracts	January 1, 2018

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Objectives of the Illinois HHS Transformation as outlined in the 2016 State of the State address

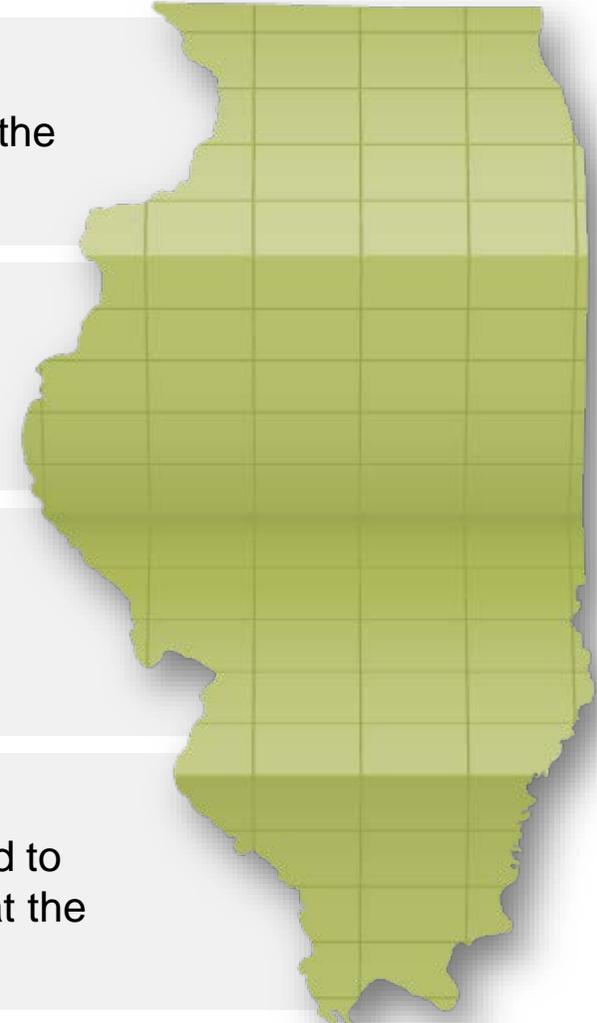


Our Transformation puts a strong new focus on prevention and public health; pays for value and outcomes rather than volume and services; makes evidence-based and data driven decisions; and moves individuals from institutions to community care, to keep them more closely connected with their families and communities.



Four guiding principles for HHS Transformation

Principle	Description
Create a consumer-centric system	All programs, policies, processes, and technologies place individuals and families at the center
Modernize service delivery	Offer the people of Illinois the evidence-based support they need when they need it and in the communities and settings best suited to them
Pay for outcomes and value	Expect evidence-based practices in service delivery that moves from fee-for-service to value based payment
Organize to deliver	Ensure a strong, streamlined organization, coordinated operations and a workforce skilled to serve the people of Illinois at the right place, at the right time, with the right care, at the right cost



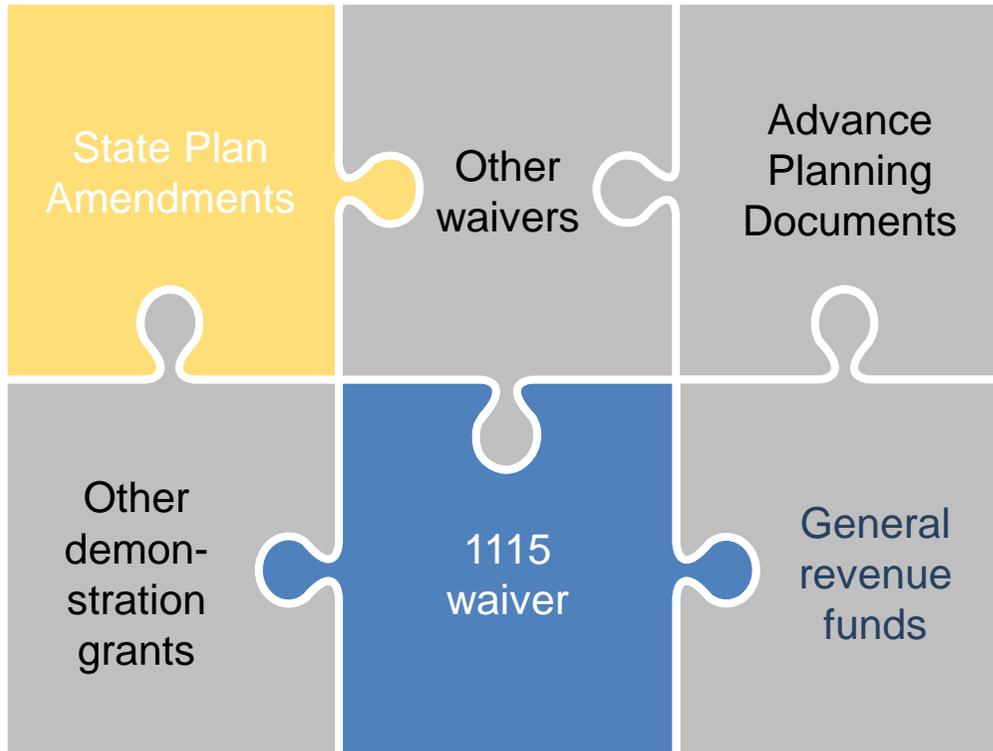
Additional details of the HHS Transformation are available at:
<https://www.illinois.gov/sites/HHSTransformation/Pages/default.aspx>

Informed by stakeholders, Illinois envisions an enrollee-centric, integrated behavioral and physical health system enabled by 10 key elements



The State is pursuing an 1115 waiver and several State Plan Amendments (SPAs) to advance its behavioral health transformation

- Waiver and related initiatives covered in RFP Appendices III and IV
- Non-waiver initiatives covered in RFP Appendix IV



Other initiatives

State Plan Amendments (SPAs), including, but not limited to:

- Integrated physical and behavioral health homes
- Crisis stabilization and mobile crisis response
- Medication-assisted treatment (MAT)
- Uniform Child and Adolescent Needs and Strengths (CANS) and Adult Needs and Strengths Assessment (ANSA)

Additional details of the Behavioral Health Transformation are available at:

<https://www.illinois.gov/hfs/info/1115Waiver/Pages/default.aspx>

As well as RFP Appendices III, IV and V

Objectives for the purchase of care RFP process

1

Align State and MCO objectives to enhance quality and improve outcomes, innovating in care delivery, incorporating value-based payment models, and improving accountability

2

Increase integration of behavioral and physical health under managed care to improve quality outcomes for behavioral health population and manage costs

3

Streamline current managed care programs and reduce complexity for enrollees and providers

4

Achieve greater managed care coverage across Illinois, reaching 80% of Medicaid enrollees, statewide geographic coverage, and including special needs children

5

Manage costs without compromising quality or access

Population coverage

Current structure and population coverage:

Family Health Program/Affordable Care Act (FHP/ACA):

- Families and children eligible for Medicaid through Title XIX and Title XXI (CHIP)
- Affordable Care Act expansion Medicaid-eligible adults

Integrated Care Program (ICP):

- Medicaid-eligible adults with disabilities who are not eligible for Medicare
- Medicaid-eligible older adults who are not eligible for Medicare

Managed Long-Term Services and Supports:

- Dual-eligible adults who are receiving LTSS services in an institutional care setting or through an HCBS waiver¹

Future structure and population coverage:

Illinois Medicaid Managed Care Program:

- Families and children eligible for Medicaid through Title XIX and Title XXI (CHIP)
- Affordable Care Act expansion Medicaid-eligible adults
- Medicaid-eligible adults with disabilities who are not eligible for Medicare
- Medicaid-eligible older adults who are not eligible for Medicare
- Dual-eligible adults who are receiving LTSS services in an institutional care setting or through an HCBS waiver¹
- Special needs children²

Separate contract for DCFS Youth:

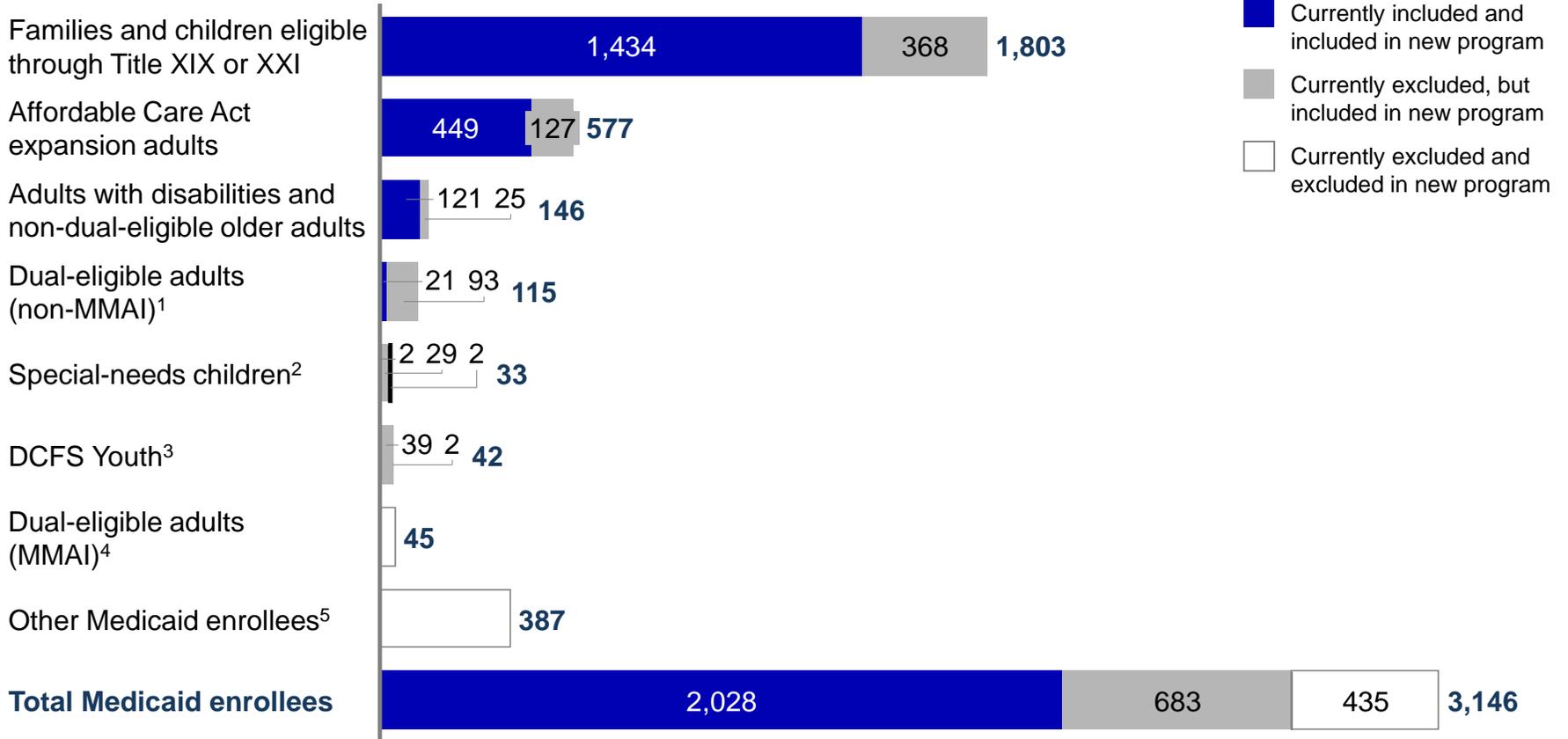
- Separate contract with a single MCO for children in the care of the Department of Children and Family Services (DCFS), including those formerly in care who have been adopted or entered a guardianship

The Medicare-Medicaid Alignment Initiative (MMAI) is out of the scope of this RFP; it will continue to be an option for Dual-eligible adults in the regions in which it exists.

¹ Excludes Dual-eligible individuals receiving partial benefits, who are enrolled in the Illinois Medicare-Medicaid Alignment Initiative (MMAI), or are subject to other exclusions
² Defined as enrollees under the age of 21 who are eligible for Medicaid through Supplemental Security Income (SSI), under the care of the Division of Specialized Care for Children, or a disability category of eligibility

Landscape of Illinois Medicaid enrollees

Medicaid populations by inclusion in managed care (Medicaid enrollees, in thousands)



1 Includes all dual-eligible adults who are receiving long term services and supports (LTSS) in an institutional care setting or through an HCBS waiver, excluding those receiving partial benefits, and who are enrolled in the Illinois Medicare-Medicaid Alignment Initiative (MMAI), or are subject to other exclusions

2 SSI, Department of Specialized Care for Children (DSCC), disabled, and DD Waiver children; includes 1,800 children currently enrolled in managed care, 29,300 children for inclusion in managed care, and 1,500 children with other exclusions (e.g., spenddown, high TPL, etc.).

3 Children aligned to Department of Children and Family Services (DCFS), including youth in care, guardianship, and adoption; includes less than 50 children currently enrolled in managed care, 39,400 for inclusion in managed care, and 2,200 with other exclusions.

4 MMAI program is currently under managed care contracts but is out of scope of this RFP.

5 Includes high TPL, spenddown, partial benefits, etc.

Covered services

Service packages

Included at program launch

Service Package I includes all Medicaid-eligible services unless otherwise excluded in the Model Contract (Appendix I) or included in Service Packages II or III.



Service Package II includes nursing facility services and the care provided through all of the home and community–based services (HCBS) waivers operating in Illinois, with the exception of those waivers designed for individuals with developmental disabilities.

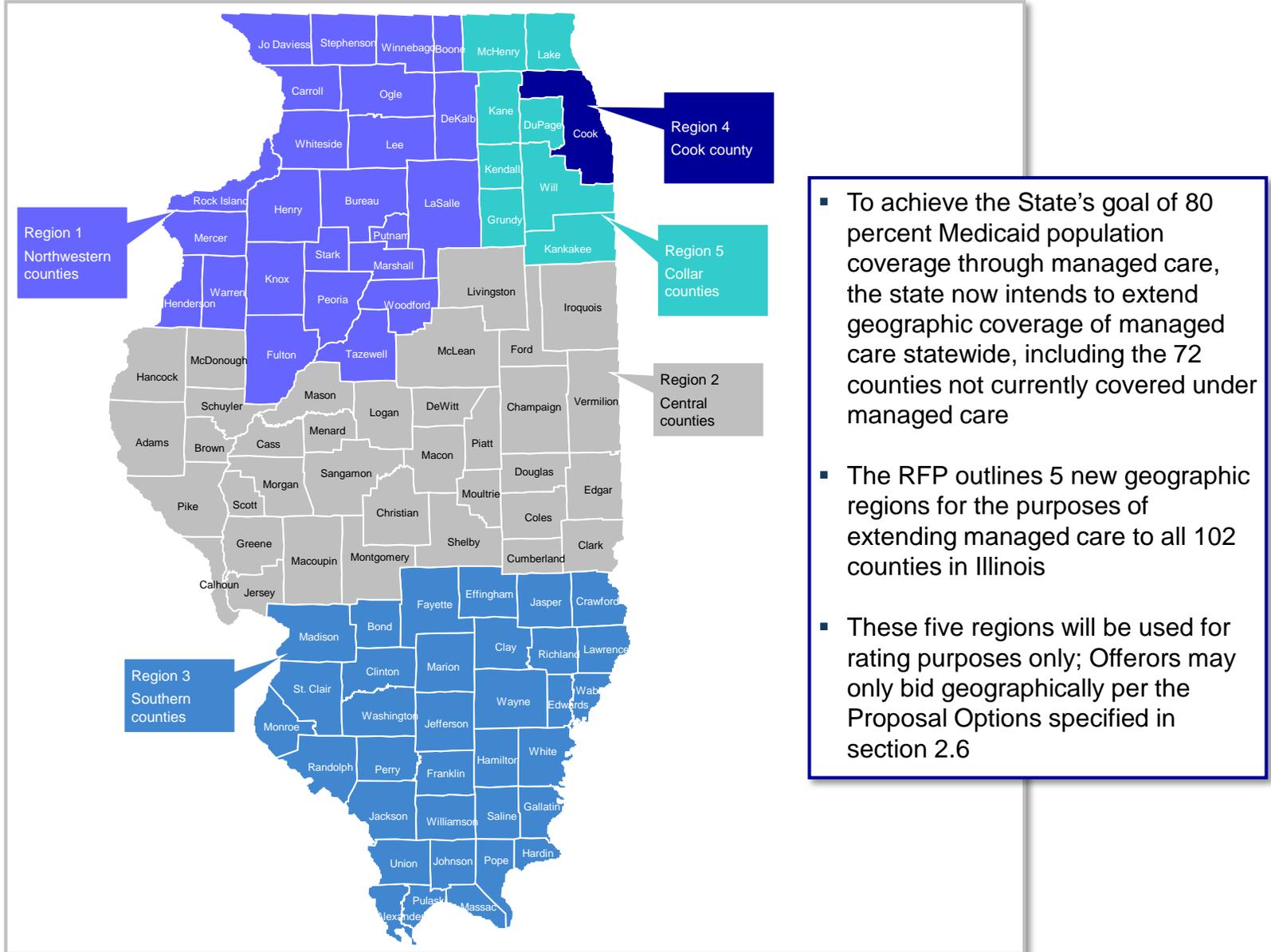


Service Package III includes the developmental disability waiver services and intermediate care facility providers for development disabilities (ICF/DD) services.



While the Department does not intend to include Service Package III in the scope of the Contract initially, the Offeror shall be capable of assuming responsibility for Service Package III with 180 days advance notice from the Department

Geographic coverage



- To achieve the State’s goal of 80 percent Medicaid population coverage through managed care, the state now intends to extend geographic coverage of managed care statewide, including the 72 counties not currently covered under managed care
- The RFP outlines 5 new geographic regions for the purposes of extending managed care to all 102 counties in Illinois
- These five regions will be used for rating purposes only; Offerors may only bid geographically per the Proposal Options specified in section 2.6

Proposal options

Proposal option	Eligibility requirement	Anticipated number of awards ¹
<p>Proposal Option A. Proposal Option A requires Offerors to cover all 102 counties in Illinois. Services covered will initially include Services Packages I and II (as per Section 2.4) to be provided to all populations identified in Section 2.3.</p>	<p>N/A</p>	<p>3-5</p>
<p>Proposal Option B. Proposal Option B requires Offerors to cover Cook County only.</p>	<p>Offeror shall be either a Government-owned organization or a Minority-owned organization, as defined in Appendix II</p>	<p>1-2</p>

The State will select one of the successful Offerors on Proposal Option A for the separate contract to serve DCFS Youth. All Offerors for Proposal Option A shall be willing and able to comply with the requirements to serve as the sole entity to manage the care of the DCFS Youth.¹

¹ While the State intends to award the specified number of contracts for each Proposal Option and for the separate contract for DCFS Youth, the State is not obligated to award a contract for any of these options pursuant to this RFP.

Phased implementation approach

Contract
effective date



Enrollment activity for all enrollees
who are currently in managed care,
including:

- Enrollees who may be required or choose to select a new MCO as a result of this purchase of care process

90 days after Contract
effective date



Enrollment activity for all enrollees
who will be new to managed care,
including:

- Enrollees in counties not previously covered by managed care
- Enrollees eligible for managed care programs that previously did not exist in their area
- Newly-eligible enrollees (Special Needs Children and DCFS Youth)

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Proposal structure and guidelines

Proposal structure:

Tab 1: Transmittal letter, Proposal security and Proposal to the State of Illinois

- Transmittal letter
- Proposal to the State of Illinois (Form for Submission II)
- Proposal security (specified in section 1.13)

Tab 2: Proposal Requirements (RFP Section 4)

- Financial Condition (Section 4.1)
- Offeror Profile (Section 4.2)

Tab 3: Technical Proposal (RFP Section 5)

- Responses to all sections and prompts of the Technical Proposal guidelines

Tab 4: RFP Forms for Submission

- State Board of Elections certificate
- Forms A or Forms B
- BEP utilization plan and letters of intent
- Forms for Submission III and IV

Tab 5: Financial Proposal (RFP Section 6)

Container A and USB A

Container B and USB B

Offerors may provide a redacted proposal by submitting one copy of their full proposal in a separate, sealed container labeled “Redacted Proposal” to the Solicitation Contact

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Proposal evaluation approach

Evaluated components

Proposal Requirements

- Financial Condition
- Offeror Profile

Technical Proposal

Oral Presentations

Financial Proposal

Subsection number	Subsection name
5.2.1	Improving healthcare quality, ensuring access and controlling cost trends
5.2.2	Integration of behavioral and physical health
5.2.3	Information technology
5.2.4	High-needs children
5.2.5	Long-term services and supports
5.2.6	Payment reform and value- based payment
5.2.7	Care management and utilization management
5.2.8	Provider requirements
5.2.9	Operations

Technical Proposals are subject to page limits:

- Content that exceeds the page limit for a subsection **will not be considered in scoring** that subsection
- Exhibits, tables and charts may be included and **are subjected to the page limits**
- **Material contained elsewhere in the proposal will not be considered in scoring a given subsection except where clearly specified**

Next steps

- Round 1 questions due in writing to Solicitation Contact by March 15, 2017 at 12:00pm CT
- Answers to Round 1 questions to be posted to HFS web site on March 29, 2017
- Data Book and Financial Proposal Template to be distributed to Offerors in attendance today on March 29, 2017
- Offeror Conference (Round 2) to be held April 4, 2017 at 1:00pm CT

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