**Third Amendment to the Iowa Department of Human Services**

**Iowa Health Link Request for Proposal**

This Amendment to RFP Number MED-23-005 is effective as of April 14, 2022. The RFP is amended as follows:

**Revision 1.** The following language from RFP Section 3, Subsection 3.2.4.4, is hereby amended to read as follows:

3.2.4.4 Letters of reference from three (3) of the Bidder’s previous clients knowledgeable of the Bidder’s performance in providing services similar to those sought in this RFP, including a contact person, telephone number, and email address for each reference. It is preferred that letters of reference are provided for services that were procured in a competitive environment. The State does not wish to receive form letters of reference that do not elaborate on the Bidder’s performance under the specific relationships addressed in the reference letter. Persons who are currently employed by the Agency are not eligible to be references.

Letters of reference may be included behind Tab 4 and/or sent from the reference directly to the Issuing Officer. Letters of references sent directly to the Issuing Officer must be received by the Bid Proposal due date and time specified in the Procurement Timetable. Note that it is the Bidder’s responsibility to ensure that any letter of reference sent directly to the Issuing Officer is received on time and in accordance with the Procurement Timetable. The Issuing Officer will not send confirmation emails that a reference letter may have been submitted on behalf of a Bidder. For letters of reference sent directly to the Issuing Officer, references should use the following file name structure: “[Bidder’s name] – Letter of reference – RFP MED 23-005”.

**Revision 2.** The following language from Attachment F, Section 4, Subsection A.08 is hereby amended to read as follows:

A.08. *Final Operational Staffing Plan Staffing Plan Submission/Agency Review.* On or before the tenth (10th) day following execution of the Contract, the Contractor shall provide to the Agency a final operational staffing plan. On or before the fifteenth day after receiving the final operational staffing plan, the Agency will review and approve or disapprove the plan. If the 10th or the 15th day falls on a weekend, the approval will be issued the next business day.

**Revision 3.**  The following language from Attachment F, Section 4, Subsection A.27.i is hereby amended to read as follows:

1. Ninety-five percent (95%) of Provider billing inquiries will be responded to by phone or in writing within two (2) business days. 100% of Provider billing inquiries will be responded to by phone or in writing within three (3) business days.

**Revision 4.**  The following language from Attachment F, Section 4, Subsection C.1.14 is hereby amended to read as follows:

C.1.14. *Helpline Staff and Knowledge.* The Contractor’s Member services helpline staff shall be prepared to efficiently respond to Enrolled Member concerns or issues, including but not limited to: (i) how to Access Health Care Services; (ii) identification or explanation of covered services; (iii) procedures for submitting a Grievance or Appeal; (iv) reporting Fraud or Abuse; (v) locating a Provider; (vi) health crises, including but not limited to, suicidal callers; (vii) balance billing issues; (viii) cost-sharing and Client Participation inquiries; (ix) PCP change and/or initial attribution; and (x) incentive programs.

**Revision 5.** The following language from Attachment F, Section 4, Subsection D.1.06 is hereby amended to read as follows:

D.1.06. *Non-LTSS Benefit.* The Agency or their consultants will apply a system of assigning severity (risk) to the individuals enrolled using Claims or encounter data which may include diagnosis codes, services provided, or pharmacy data. The Agency will apply the risk score methodology prospectively and on an annual basis. Risk scoring will be normalized between program Contractors to ensure program-wide budget neutrality prior to their application to the capitation rates. The Agency reserves the right to modify the risk scoring methodology including the timing for assigning risk to individuals enrolled during the Contract.

**Revision 6.** The following language from Attachment F, Section 4, Subsection E.1.29 is hereby amended to read as follows:

E.1.29. *Provider Credentialing Performance Metric.* Contractor shall complete Credentialing of all Providers applying for Network Provider status as follows: (i) 85% within thirty (30) Days; (ii) 98% within forty-five (45) Days; and (iii) 100% within sixty (60) Days. The credentialling performance metric start time begins when the provider submits a formal request to contract and/or participate in the Contractor’s network. If a provider has not submitted all necessary Credentialing materials, the Contractor shall notify the provider of all additional materials required within seven (7) Days from initial receipt of the formal request to contract and/or participate in the network. If the Contractor requests additional materials, not already submitted by the Provider, the time to complete Credentialling/contracting shall not be measured while the Contractor is waiting for the requested materials. Once the Provider submits the additional materials, the measurement of time to complete Credentialling/contracting will resume. Completion time ends when written communication is mailed, emailed, or faxed to the Provider notifying them of the Contractor’s decision.

**Revision 7.** The following language from Attachment F, Section 4, Subsection F.12A.10.a is hereby amended to read as follows:

1. All admissions to SRCs shall be consistent with the requirements of any and all applicable Consent Decrees and Iowa Code § 222.13.

**Revision 8.** The following language from Attachment F, Section 4, Subsection I.1.03 is hereby amended to read as follows:

I.1.03. *Actions Against Network Providers.* Contractor shall notify the Agency within twenty-four (24) hours of any action it takes to limit the ability of an individual or entity to participate in its network. This includes, but is not limited to, suspension actions, settlement agreements and situations where an individual or entity voluntarily withdraws from the network to avoid a formal sanction.

**Revision 9.** The following language from Attachment J, Sections F and F.12 is hereby amended to read as follows:

**SECTION F – Coverage (excluding f.12 and F.13)**

Please explain how you propose to execute Section F in its entirety (excluding F.12 and F.13) and describe all relevant experience. As part of your response, please address the following items.

## F.8.12 Client Participation

1. Describe how you will ensure that Client Participation is correctly applied.

## F.11 Outpatient Prescription Drugs

a) Describe how you will ensure that the State preferred drug list (PDL), prior authorization (PA), utilization edits, and reimbursement will be applied appropriately.

**SECTION F.12 – LONG-TERM SERVICES AND SUPPORTS (LTSS) (excluding f.12A - F.12D)**

Please explain how you propose to execute Section F.12 in its entirety (excluding F.12A through F.12D), particularly in context of Iowa’s unique populations, needs, and goals, and describe all relevant experience. As part of your response, please address the following items and provide any relevant data regarding member or provider satisfaction with MLTSS programs you operate in other states.

1. Explain how you will ensure that individuals are served in the community of their choice and that funding decisions take into account member choice and community-based resources.
2. Outline your proposed Enrolled Member and stakeholder education and engagement strategy per Section F.12.03 LTSS Member Stakeholder Engagement.

**SECTION F.12A – Long-Term Care Facilities (ICF/ID, NF, SNF and NF/MI)**

Please explain how you propose to execute Section F.12A in its entirety, particularly in context of Iowa’s unique populations, needs, and goals, and describe all relevant experience.

**SECTION F.12B – 1915(c) and 1915(i) Home and Community-Based Services**

Please explain how you propose to execute Section F.12B in its entirety, particularly in context of Iowa’s unique populations, needs, and goals, and describe all relevant experience. As part of your response, please address the following items.

1. Explain how you will meet the requirements outlined in the 1915(c) and 1915(i) waivers.
2. Explain how you will administer assessments as identified in this section. Include mechanisms to ensure assessors are properly trained and ongoing quality assurance is established to ensure consistency in assessment delivery.

**SECTION F.12C – COMMUNITY BASED CASE MANAGEMENT**

Please explain how you propose to execute Section F.12C in its entirety, particularly in context of Iowa’s unique populations, needs, and goals, and describe all relevant experience. As part of your response, please address the following items.

1. Explain how you will monitor case manager to member caseloads to ensure capacity for quality case management is not diminished.
2. Explain how you will ensure that community based case management requirements will be met to ensure active engagement and avoid preventable hospitalization, use of the emergency department, and facility placement.

**SECTION F.12D – Consumer Choices Option**

Please explain how you propose to execute Section F.12D in its entirety, particularly in context of Iowa’s unique populations, needs, and goals, and describe all relevant experience.

**SECTION F.13 – MENTAL HEALTH AND SUBSTANCE USE DISORDERS BENEFITS & MH/SUD PARITY**

Please explain how you propose to execute Section F.13 in its entirety, particularly in context of Iowa’s unique populations, needs, and goals, and describe all relevant experience.