Iowa Health & Human Services – RFP MED-25-004
Actuarial Services for Iowa Medicaid
Question & Answer (Round 1) – July 29, 2024

The table below lists all questions that were received by the Agency on July 12, 2024, at 12:00 PM CST regarding *RFP MED 25-004 Actuarial Services for Iowa Medicaid* and includes the Agency's responses.

Question Number	RFP Page(s) and Section Numbers	Bidder Question/Clarification/Suggestion For Change	Agency Response
1	N/A	We would like to request copies of the SFY 2024 and SFY 2025 IA Health Link capitation rate documentation reports, including the original, any amendments, and risk adjustment documentation, and the SFY 2024 and SFY 2025 Dental Wellness Plan capitation rate documentation reports, including the original and any amendments. We also request the most recent PACE capitation rate documentation report.	Refer to the Bidder's Library (https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/rfp) where there is a document that includes web links to the HHS website where information on managed care plans' (MCPs) contracts and rate information is posted. The most recent PACE document is pending completion as it relies on Health Link rates and is getting updated based on legislative appropriations that impact those rates
2	Section 1.3.1.6 Task Area 6. Ad Hoc Analysis, C.2 Rehabilitative Services, page 8	Please provide a description of the Rehabilitative Services program and more information on the nature of the capitation rate adjustments expected to be needed.	The expected capitation rate adjustments for rehabilitative services may include but not be limited to: • **Adjustments for Cost Increases**: Updating rates to reflect increases in the cost of providing rehabilitative services, such as higher provider reimbursement rates or increased prices for medical equipment and supplies. • **Utilization-Based Adjustments**: Modifying rates based on observed changes in the utilization of services, which could be due to demographic changes, emerging health trends, or new treatment modalities. • **Policy-Driven Adjustments**: Making adjustments in response to changes in state or federal policies, such as new regulations or shifts in funding priorities

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			Overall, the goal of these adjustments is to ensure that the capitation rates are fair, adequate, and reflective of the true cost of providing rehabilitative services, while also promoting high-quality care and maintaining compliance with regulatory requirements
3	Section 1.3.1.6 Task Area 6. Ad Hoc Analysis, C.4 Federal Health Insurer Fee reconciliations, page 8	Since the Federal Health Insurer Fee was repealed effective 2021, please provide additional information on what capitation rate adjustments are expected for this item.	The RFP has been amended to remove the Federal Health Insurer Fee reconciliations.
4	Section 1.3.1.6 Task Area 6. Ad Hoc Analysis, F Year-End Settlements, page 8	Please provide more information on the types of year-end settlement (YES) financial transaction reconciliations that are currently performed or are anticipated to be required by the Agency.	Year-end settlements (YES) involve reconciling all financial transactions related to the contract year to ensure accuracy, compliance with regulatory guidelines, and alignment with industry standards. Here are the types of reconciliations currently performed or anticipated to be required by the Agency: 1. **Capitation Payment Reconciliation** Verify that the capitation payments made to managed care organizations plans (MCPs) align with the agreed-upon rates and the number of enrolled members. 2. **Claims Payment Reconciliation** Ensure that claims paid to providers are accurate and reflect the services rendered to Medicaid beneficiaries. 3. **Encounter Data Reconciliation** Reconcile encounter data submitted by MCPs with the actual services provided to beneficiaries. 4. **Risk Corridor Reconciliation** Determine if the actual costs of providing services fall within the predetermined risk corridors and reconcile any differences. 5. **Administrative Cost Reconciliation** Ensure that administrative costs claimed by MCPs are reasonable, necessary, and within contractual limits.

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			6. **Medical Loss Ratio (MLR) Reconciliation** Verify that MCPs meet the required Medical Loss Ratio, which dictates the percentage of premium revenues spent on clinical services and quality improvement.
5	Section 1.3.1.6 Task Area 6. Ad Hoc Analysis, G Pay for Performance Calculations, page 8	Please describe the types of pay-for-performance incentives calculated by the current vendor as well as any reoccurring deliverables associated with this task.	The current vendor calculates various types of pay-for-performance (P4P) incentives based on predefined metrics and performance criteria established by the agency. These P4Pincentives include but not limited to: 1. **Quality of Care Metrics:** ○ Incentives for preventive services such as regular check-ups and cleanings, vaccinations, screenings, and wellness visits. ○ Positive treatment outcomes, including successful dental/medical procedures. 2. **Access to Care Metrics:** ○ Incentives for maintaining a high percentage of available appointments within a specific timeframe. ○ Rewards for expanding and maintaining a robust provider network that ensures patient access to care. 3. **Efficiency and Cost Metrics:** ○ Incentives for achieving cost savings while maintaining quality care. ○ Timely and accurate claims processing, minimizing delays in provider payments. The reoccurring deliverables associated with the pay-for-performance calculations include: ○ Detailed performance metrics reports showing managed care plan performance against benchmarks. ○ Transparent and verifiable incentive calculation reports, including raw data and any adjustments.

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			○ Calculation of the total available withhold for the fiscal year in question for each managed care plan. ○ Calculation of the Encounter Data Reconciliation measure percentages for each plan (when applicable – not a measure for every plan every year)
6	Section 1.3.1.6 Task Area 6. Ad Hoc Analysis, K HAB Rate Analysis, page 9	Please provide additional information on the types of HAB rate analyses provided as part of the current vendor contract as well as any reoccurring deliverables associated with this task.	Please see the response to Question #2.
7	Section 1.3.1.6 Task Area 6. Ad Hoc Analysis, M IHH Program Analysis, page 9	Please provide additional information on the types of IHH program analyses provided as part of the current vendor contract as well as any reoccurring deliverables associated with this task.	Annual review of the per member per month payment (pmpm) to the Integrated Health Homes (IHH). Other reviews of changes to the programs pmpm as needed
8	N/A, Pages 40-52	Page 40 through 48 of the RFP repeats sections 1.1 through 1.3.2. Pages 48 through 52 introduce new sections of 1.3.3 through 1.8.2. Please verify which sections in pages 40 through 52 are applicable to the RFP.	Pages 40 through 52 are the Sample Contract Template. This is the language that will be included in the Final Contract enacted with the contracted Vendor. All of the sections within these pages are applicable to the RFP.
9	Section 1.3.1.2 Task Area 2. Federal Authority Support, A-C, page 6	Please clarify the procurement referenced in Section A question 3, Section B question 4, and Section C question 3. What procurement does the state anticipate using the waiver documentation for?	The procurement referenced would be any MCP procurements issued during the period this SOW would cover.
10	Section 1.3.1.4 Task Area 4. Risk Adjustment, C, page 7	Please clarify the request to “Reconcile total capitation amounts paid to the managed care plans with the rebalanced amounts”. Is the state requesting the vendor ensure the risk-adjusted rates are budget neutral relative to the certified base rates, or something different?	The state’s request for the vendor to "reconcile total capitation amounts paid to the managed care plans with the rebalanced amounts" focuses on validating and ensuring the accuracy of capitation payments after applying risk adjustments. The task involves detailed comparisons and adjustments to ensure payments reflect the health status and risk factors of the enrolled population and reporting these findings to the Agency for approval. While maintaining budget neutrality is important, the specific request is about accurate reconciliation of payments in line with risk-adjusted rates