



Florida Healthy Kids Corporation

**INVITATION TO NEGOTIATE 2018-300-01
for
Medical Services and Coverage**

**ADDENDUM 2
August 28, 2018**

Addendum 2 to ITN 2018-300-01 includes the following:

1. Subsection 3.C is hereby amended to add the following paragraph as paragraph 4:
“Respondents to this solicitation or persons acting on their behalf may not contact, between the release of the solicitation and the end of the 72-hour period following the posting of the notice of recommended award, excluding Saturdays, Sundays, and state holidays, any employee or officer of the executive or legislative branch concerning any aspect of this solicitation, except in writing to the issuing officer or as provided in the solicitation documents. Violation of this provision may be grounds for rejecting a proposal.”
2. FHKC’s answers to Respondents’ round 1 questions starting on page 2 of this addendum.

Any party who is substantially affected by FHKC’s intended decision as reflected in the issuance of specifications in a procurement or in any addenda must file a written notice of intent to protest with FHKC within seventy-two (72) hours after the posting of the procurement specifications document, or any addenda, excluding weekends and state holidays.

Respondent	#	Document	Document Section	Document Page #	Question	Answer
Aetna	1	ITN	<p>Section 1(D) Respondents" means those parties that respond or intend to respond to this ITN.</p> <p>Tab C, Tab 5: References Respondent must provide at least three references from current or recent (within the past two years) contracts for which Respondent has provided medical services and coverage to a similar population, comparable demographic, or equivalent premium volume. Respondent may not use FHKC as a reference.</p>	9 of 65; 24 of 65	For the purposes of obtaining respondent references, the ITN states that the "respondent" means those parties that respond or intend to respond to the ITN. Some Respondents may have affiliated MCOs in other states that serve other states' CHIP programs with similar populations, comparable demographics, and equivalent premium volume. Please confirm that Respondents may obtain references from agencies that contract with those affiliates, where the entity performing the majority of administrative services for Respondent is the same entity that performs those functions for the affiliated MCO.	Confirmed.
Aetna	2	ITN; Draft Contract	<p>Tab 6, Subcontractors Describe any significant government action or litigation taken or pending against the Subcontractor's company or any entities of the Subcontractor's company during the most recent five years Draft Contract, Section 1-1, Definitions, Subcontractor.....The term Subcontractor includes subsidiaries and affiliates....</p>	ITN page 28 of 65; Draft Contract page 12	According to the Draft Contract attached to the ITN, the term "Subcontractor" includes subsidiaries and affiliates. Many Subcontractors are part of large organizations and they and their subsidiaries and/or affiliates may conduct multiple lines of business, some of which may be irrelevant to the subject matter of this ITN. To avoid inundating Florida Health Kids Corporation with information that is irrelevant to the population and services covered by this ITN, please confirm that the disclosure of "...any significant government action or litigation taken or pending against the Subcontractor's company or any entities of the Subcontractor's company during the most recent five years," is limited to matters involving the Medicaid and CHIP business of Subcontractors and their subsidiaries and affiliates and that matters related to other lines of business, such as Medicare or Commercial, should not be reported.	Disclosure of significant government action or litigation is not limited to Medicaid or CHIP lines of business.

Respondent	#	Document	Document Section	Document Page #	Question	Answer
Aetna	3	ITN	Tab 6, Subcontractors Describe any significant government action or litigation taken or pending against the Subcontractor's company or any entities of the Subcontractor's company during the most recent five years	28 of 65	Please confirm that the request for "significant" government actions or litigation involving Subcontractors is limited to matters considered "material" for purposes of disclosure in 10-K and/or 10-Q filings with the SEC or matters that would impact the entities' solvency or operations. If this is not the intended interpretation, please describe what is meant by "significant," including whether that term is limited to actions involving a particular type of subject matter or allegation (e.g., fraud, criminal activity, bankruptcy), a threshold dollar amount, where applicable, or any other criteria that should be applied in determining whether a matter is "significant."	The phrase is used in the solicitation as it may be used in normal, everyday business dealings. FHKC recommends the disclosure of adverse and/or unfavorable action taken by a governmental entity that is related to the subcontractor's performance of a contract performing the same or similar services as described in the ITN. This includes, but is not limited to, allegations of breach or default, collection or payment of financial penalty, damages or financial credits otherwise sought or collected by the governmental entity that are related to the subcontractor's performance. FHKC considers any lawsuit to which the governmental entity is an opposing party to the subcontractor significant.

Respondent	#	Document	Document Section	Document Page #	Question	Answer
Aetna	4	ITN	Attachment 5, Confidentiality and Non-Disclosure Agreement FHKC must provide Respondent with access to certain aggregated utilization and enrollee population demographic data (Confidential Information). Attachment 5, Confidentiality and Non-Disclosure Agreement: Employee Access List. Complete the contract information below for the Respondent's employee(s) who will access the FHKC secure SharePoint site to retrieve Attachment 2, Attachment 3, and Attachment 4.....	50 of 65; 53 of 65	Please confirm that the Confidential Information to which Attachment 5, Confidentiality and Nondisclosure Agreement (the Agreement) applies is limited to Attachment 2, Attachment 3, and Attachment 4, which according to the Calendar of Events, will be released on August 22, 2018. If there is other Confidential Information to which the Agreement applies, please specify it by document name or file name to ensure Respondents apply the proper safeguards and procedures outlined in the Agreement to such information.	Confirmed. Attachment 5 Confidentiality and Nondisclosure Agreement applies to Attachments 2, 3, and 4.
Aetna	5	ITN	Attachment 9, Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion F. [Respondent Name] further agrees by submitting this certification that it will require each Subcontractor of this Contract/Subcontract whose payment will equal or exceed twenty-five thousand dollars (\$25,000) in federal monies, to submit a signed copy of this certification.	58 of 65	Is Attachment 9, Certifications Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion, required to be signed by each proposed Subcontractor and submitted with the ITN response?	No. Refer to item H of the instructions in Attachment 9.
Aetna	6	ITN	During the 2019 Florida Legislative session, FHKC intends to seek state funding and budget authority for increased medical premiums on behalf of the children enrolled in the Florida Healthy Kids Title XXI-subsidized plan to cross-subsidize premiums for children enrolled in the Florida Healthy Kids Full-pay Plan through a combined-risk premium model that utilizes a "CHIP look-alike" benefit plan design	8	Would FHKC please confirm our understanding that if the approval is granted, the scenario 1 blended rates for both full-pay and subsidized coverages will be used as the final rates?	The FHKC Board of Directors will make the final award determination.

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Aetna	7	ITN	During the 2019 Florida Legislative session, FHKC intends to seek state funding and budget authority for increased medical premiums on behalf of the children enrolled in the Florida Healthy Kids Title XXI-subsidized plan to cross-subsidize premiums for children enrolled in the Florida Healthy Kids Full-pay Plan through a combined-risk premium model that utilizes a "CHIP look-alike" benefit plan design	8	Would FHKC please confirm our understanding that if the approval is granted, the full-pay program design will be identical to the current Subsidized program without any member cost sharing?	In a blended model, it is anticipated the Full-Pay benefit and cost-sharing design would be identical to the current subsidized plan, which does have member cost sharing (copayments) for certain services and supplies.
Aetna	8	ITN	During the 2019 Florida Legislative session, FHKC intends to seek state funding and budget authority for increased medical premiums on behalf of the children enrolled in the Florida Healthy Kids Title XXI-subsidized plan to cross-subsidize premiums for children enrolled in the Florida Healthy Kids Full-pay Plan through a combined-risk premium model that utilizes a "CHIP look-alike" benefit plan design	8	Please confirm our understanding that if the approval is not granted, the standalone Scenario 3 Full-Pay Rates will be used for the full-pay program which will require member cost sharing?	In a standalone Full-pay model, either scenario 3 (current Full-pay cost sharing) or scenario 4 (proposed Full-pay cost sharing) would be used.
Aetna	9	ITN	During the negotiation phase, FHKC may request revised replies and/or best and final offers based on the negotiations. Final Contract terms will be established with the selected Respondents during the negotiation phase.	12	Does FHKC intend to negotiate common rates for all respondents in each region during the best and final offer negotiations or will rates be negotiated on a respondent-by-respondent manner?	FHKC anticipates negotiating rates by Respondent but reserves the right to negotiate in any manner that will provide the best value.
Aetna	10	ITN	During the negotiation phase, FHKC may request revised replies and/or best and final offers based on the negotiations	12	Are the rates submitted binding for MCOs? Will MCOs be allowed to make both upward or downward changes to the submitted rates during the negotiation phase based on new information/requirements received?	Respondents invited to submit best and final offers will be able to adjust rates at that time.

Respondent	#	Document	Document Section	Document Page #	Question	Answer
Aetna	11	ITN	Respondent must read and follow the submission instructions in Attachment 10: Rate Submission for these rate scenarios: Scenario 1: Blended subsidized plan with identical CHIP look-alike Full-pay Plan Scenario 2: Subsidized only plan Scenario 3: Full-pay only plan using current benefits and enrollee cost sharing Scenario 4 (optional): Full-pay using current benefits but customized enrollee cost sharing	39	Would you please clarify whether scenario 3 is optional? It doesn't say "Optional" on page 39, but per page 44, "Respondents proposing subsidized rates (scenario 2) for four or more Regions in cluster A must provide a Full-pay Plan proposal for scenario 3. Respondents proposing subsidized rates (scenario 2) for both Regions in cluster B must provide a Full-pay Plan proposal for scenario 3.", it appears that Scenario 3 is optional.	Scenario 3 is only optional for cluster A if a Respondent provides subsidized rates for three or fewer Regions in cluster A. Scenario 3 is only optional for cluster B if a Respondent provides subsidized rates for 1 or fewer Regions in cluster B.
Aetna	12	ITN	Respondent must read and follow the submission instructions in Attachment 10: Rate Submission for these rate scenarios: Scenario 1: Blended subsidized plan with identical CHIP look-alike Full-pay Plan Scenario 2: Subsidized only plan Scenario 3: Full-pay only plan using current benefits and enrollee cost sharing Scenario 4 (optional): Full-pay using current benefits but customized enrollee cost sharing	39	If the Scenario 1 blended rates for both full-pay and subsidized coverages will be used, will the rates be adjusted for change to the full-pay mix to ensure actuarial soundness of the final paid rates?	Contracted insurers will have the opportunity annually to request rate adjustments, as described in Attachment 1 Draft Contract, section 3-3-3-1.
Aetna	13	ITN	Respondent must read and follow the submission instructions in Attachment 10: Rate Submission for these rate scenarios: Scenario 1: Blended subsidized plan with identical CHIP look-alike Full-pay Plan Scenario 2: Subsidized only plan Scenario 3: Full-pay only plan using current benefits and enrollee cost sharing Scenario 4 (optional): Full-pay using current benefits but customized enrollee cost sharing	39	If the legislative approval is not granted and the Full-pay program remains standalone, will MCOs be required to participate in the standalone Full-pay program if the rates are accepted?	Refer to ITN subsection 3.L Firm Reply on page 17.
Aetna	14	ITN	The rate submission response will be calculated separately for each scenario; each separate rate submission will count fifty percent (50%) of the overall score	41	Would you please clarify how the optional scenario 4 will be scored and used in the final scoring evaluation/comparison?	Scenario 4 will not be evaluated and may be discussed during the negotiation phase.

Respondent	#	Document	Document Section	Document Page #	Question	Answer
Aetna	15	ITN	The rate submission response will be calculated separately for each scenario; each separate rate submission will count fifty percent (50%) of the overall score	41	Considering the scenario 1 blended rate will be influenced by full-pay member mix at plan level, will FHKC consider using a fixed full-pay mix factor for each region for scoring purposes or some other method for equalizing this unknown factor?	FHKC will use a fixed full-pay proportion for scoring the premiums proposed for Scenario 1.
Aetna	16	ITN	FHKC intends this ITN process to be divided into two (2) phases: the evaluation phase and the negotiation phase.	12	Has FHKC determined or established a method for how many respondents it will invite to negotiations for each region?	FHKC will evaluate replies against all evaluation criteria set forth in the invitation to negotiate to establish a competitive range of replies reasonably susceptible of award. FHKC may select one or more vendors within the competitive range with which to commence negotiations. FHKC reserves the right to negotiate with any Respondent to determine best value.
Aetna	17	ITN	FHKC provides Attachments 2: FHK Databook, 3:FHK CDPS Acuity Study File, and 4: FHK Member Demographic Summary to Respondents comply with Section 3.E	10	Would FHKC please consider releasing the risk score by MCO for the base period so that existing MCOs can properly use own experience in setting bidding rates.	FHKC will not be releasing insurer-specific risk scores.

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Aetna	18	ITN	FHKC provides Attachments 2: FHK Databook, 3:FHK CDPS Acuity Study File, and 4: FHK Member Demographic Summary to Respondents comply with Section 3.E	10	Would FHKC please clarify whether there will be risk adjustment and therefore bidders should submit bidding rates assuming 1.0 average relative risk scores?	FHKC does not intend to use a risk adjustment process to adjust premiums. Respondents should submit premiums based on the risk they expect to enroll. If the assumed risk is different than the average risk in the Region, the Respondent's premium development documentation should be clear as to base data used and any acuity adjustments made.
Aetna	19	ITN	FHKC provides Attachments 2: FHK Databook, 3:FHK CDPS Acuity Study File, and 4: FHK Member Demographic Summary to Respondents comply with Section 3.E	10	Would FHKC please confirm whether there is an intention to introduce risk adjustment? If so, would FHKC please consider performing an analysis of the predictive power of the intended risk adjustment methodology for the Healthy Kids population? Risk adjustment generally works better for a stable adult population with high presence of chronic conditions. As the morbidity for the Healthy Kids population is more influenced by accidents or seasonal diseases rather than chronic conditions, which is especially true for the Subsidized population, applying risk adjustment may not deliver a desirable outcome.	See response to question 18.

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Aetna	20	Draft Contract	The MLR shall be calculated in accordance with 42 CFR 457.1203, which incorporates 42 CFR 438.8.FHKC may issue additional written guidance on the definition of medical expense or non-benefit expense to Insurer. Federal and state regulations impacting the calculation of MLRs or non-benefit expense requirements may also be applicable. To the extent permissible by law, FHKC may choose to adopt such regulations early or adopt such regulations that would not otherwise be applicable. Should such guidelines be applied, FHKC shall notify Insurer in writing	34	Would FHKC please confirm that the MLR definition will follow the guidance of CMS Medicaid Final Rule, including considerations of QIA inclusion in numerator, tax deduction from revenue in the denominator, and credibility adjustment based on CMS guidance for MLR credibility threshold schedule?	Per section 9-5 of Attachment 1: Draft Contract, the MLR shall be calculated in accordance with 42 CFR 457.1203, which incorporates 42 CFR 438.8.
Aetna	21	ITN	Scenario 3: Full-pay only plan using current benefits and enrollee cost sharing	39	Would FHKC please disclose the current benefits and enrollee cost sharing for the Full-pay members	See Attachment A of Attachment 1: Draft Contract and discussion in Attachment 2: FHK Databook, section 2.
Aetna	22	Attachment 10	Bidders are required to submit the following PMPMs for Scenarios 3 and 4:Medical deductible Pharmacy deductible Medical coinsurance Pharmacy coinsurance OOP maximum	Tabs for scenarios 3 and 4	In order for bidders to project the cost sharing impact for the full-pay members, in the databook, would FHKC please release the member-level claims data both before and after member cost sharing for the full-pay program, including, but not limited to: Medical expense before cost sharing Pharmacy expense before cost sharing Medical deductible Pharmacy deductible Medical coinsurance Pharmacy deductible Medical coinsurance Pharmacy coinsurance OOP maximum Medical expense after cost sharing Pharmacy expense after cost sharing	Attachment 2, FHK Databook, provides the allowed and paid amounts available on the encounter data submitted for the Full-pay Plan. FHKC does not intend to release member-level data at this time.

Respondent	#	Document	Document Section	Document Page #	Question	Answer
Aetna	23	ITN	Each Respondent's rate submission will be scored on a PMPM basis separately by Region. The rate will be weighted, and each Respondent will receive a proportionate number of points in comparison to the lowest rate, calculated as (lowest rate/Respondent's rate) x weighted percentage = rate submission score.	42	Please clarify whether HIF will be included in the rate submission scoring?	Yes.
Aetna	24	ITN	n/a	n/a	Please clarify whether full-pay members are allowed to dis-enroll and enroll anytime. Is there a mechanism preventing full-pay members from dropping the coverage when there is less need of medical services and regaining coverage when there is need of medical services, a phenomenon called selection using actuarial term?	Full-pay members are allowed to enroll and dis-enroll at any time effective on the first day of a month.
Aetna	25	ITN and Contract	ITN page 4: "The blended rate recombines the subsidized and full-pay populations for rate making and medical loss ratio reporting purposes" Draft contract page 34: "The minimum medical loss ratio (MLR) for each rating period is eighty-five percent (85%). {Insurer shall calculate the MLR for Insurer's Title XXI Enrollees and Insurer's Full-pay Enrollees separately. The eighty-five percent (85%) minimum MLR applies to each population"	ITN page 4 and Contract page 34	Would FHKC please clarify whether the minimum MLR will be calculated for the two populations (subsidized and full pay) on a combined basis or separately?	In a blended scenario, the MLR is calculated on a combined basis. In a separate subsidized and full-pay scenario, the MLR is calculated separately.
Aetna	26	n/a	n/a	n/a	In the databook, would FHKC please consider releasing at least three years of experience for the full-pay population since they became a standalone program?	Attachment 2, FHK Databook, provides encounter data experience for the Full-pay Plan for calendar years 2016 and 2017.

Respondent	#	Document	Document Section	Document Page #	Question	Answer
Aetna	27	ITN	Respondents will provide premium rates for subsidized plan only coverage, Full-pay Plan only coverage, and blended subsidized and full-pay coverage. The blended rate recombines the subsidized and full-pay populations for rate making and medical loss ratio reporting purposes (see next subsection for historical context and section 5 for instructions). The blended rate proposal is contingent upon legislative approval and funding.	4	Would FHKC please clarify whether the Full-pay members will be subject to enrollee cost sharing under the Scenario 1 Blended Rates scenario? If the answer is yes, since there are no entries provided in the Scenario 1 tabs in Attachment 10 for respondents to enter member cost sharing PMPMs, please clarify how member cost sharing PMPMs should be reported in Attachment 10 for scenario 1 rates?	Under Scenario 1, Full-pay members will be subject to the same cost sharing as subsidized members. Respondents may develop the premium using Attachment 10 Scenario 1 tabs in either of two ways: 1) start with base data that is gross of cost sharing and show cost sharing impact in one of columns F-H; or 2) start with base data net of cost sharing. The selected approach should be clear in submitted documentation.
Aetna	28	ITN	7.G	44	Section 7.G. of the ITN identifies 14 factors that FHKC may consider during the evaluation phase. Would FHKC please describe how Respondents should address these factors in their proposals?	These factors do not require a response from Respondents.
Aetna	29	n/a	n/a	n/a	Would FHKC please release the financial information for the Full-pay program since it became a standalone program?	Attachment 2, FHK Databook, provides financial report service experience for the Full-pay Plan for calendar year 2017.
Aetna	30	ITN	Section C: Responding to this ITN	20-38	Can text found in figures/graphics, tables, headings, headers and footers be in smaller font than 11pt?	Text in figures, graphics, tables, and footers may be no smaller than 8pt font. All text must be legible when printed. Headers and headings must be at least 11pt font.

Respondent	#	Document	Document Section	Document Page #	Question	Answer
Aetna	31	ITN 2018-300-01	Tab C: Profile of Respondent, Tab 5: References	24-27 of 65	With a page limit of 10 pages for the entirety of respondents' responses to Tab C: Profile of Respondent, would FHKC consider making the reference tables included on pages 25-27 of the ITN exempt from the page count?	The page limitation is for Tab 1, as stated on page 23 of the ITN.
Aetna	32	ITN 2018-300-01	Tab C: Profile of Respondent, Tab 6: Subcontractors	28 of 65	With a page limit of 10 pages for the entirety of respondents' responses to Tab C: Profile of Respondent, would FHKC consider making the subcontractor table included on page 28 of the ITN exempt from the page count?	See answer to question 31.
Aetna	33	ITN 2018-300-01	Tab C: Profile of Respondent and Tab E: Technical Information	22 of 65 and 30 of 65	With a page limit of 10 pages for the entirety of respondents' responses to Tab C: Profile of Respondent, and a page limit of 100 pages for the entirety of Tab E: Technical Information, and the requirement in each section that respondents must copy and paste each ITN requirement within its response, would FHKC consider making the requirement text exempt from the page count?	See answer to question 31, and copied and pasted questions are included in the page count limit.
Aetna	34	ITN 2018-300-01	Tab C: Profile of Respondent, Tab 3: Staffing	23-24 of 65	With a page limit of 10 pages for the entirety of respondents' responses to Tab C: Profile of Respondent, would FHKC consider making resumes and the organizational chart exempt from the page count?	See answer to question 31.

Respondent	#	Document	Document Section	Document Page #	Question	Answer
Aetna	35	ITN	Tab C: Profile of Respondent Tab 1: Corporate Profile Provide background information and Respondent's corporate profile, including any experience Respondent has providing insured benefits and member services for Medicaid, CHIP, or similar programs. List other clients of Respondent for whom Respondent has performed similar activities. Section 1(D) Respondents" means those parties that respond or intend to respond to this ITN.	9 of 65; 22 of 65	For the purposes of providing respondent corporate profile and experience, the ITN states that the "respondent" means those parties that respond or intend to respond to the ITN. Some Respondents may have affiliated MCOs in other states serve those states' Medicaid, CHIP, and similar programs. Please confirm that Respondents may provide of these affiliated MCOs in other states, where the entity performing the majority of administrative services for Respondent is the same entity that performs those functions for the affiliated MCOs in other states.	Confirmed.
Aetna	36	ITN 2018-300-01	Tab E: Technical Information, Tab 2: Experience	30 of 65	Would FHKC consider allowing respondents to provide information pertaining to types of health plans administered in a table format as a separate attachment, which does not count toward the 100-page limit for the Technical Information portion of the ITN?	No. Tables are acceptable but must be included in the page count limit and may not be separate attachments.
Aetna	37	ITN 2018-300-01	Tab C: Profile of Respondent, Tab 1: Corporate Profile	22 of 65	Would FHKC consider allowing respondents to provide information pertaining "other clients of Respondent for whom Respondent has performed similar activities" in a table format as a separate attachment, which does not count toward the 100-page limit for the Technical Information portion of the ITN?	See answer to question 36.

Respondent	#	Document	Document Section	Document Page #	Question	Answer
Aetna	38	ITN	Tab 8: Ownership and Control Interest Attachment 8: Ownership and Controlling Interest Form	29 of 65/Attachment 8	Tab 8, Ownership and Control Interest, states that Respondent must provide ownership and controlling interest information for all persons, individuals, and corporations “with an ownership or control interest of the Respondent and Respondent’s Subcontractors and managing employees.” The instructions to Attachment 8, which Respondents are to use in submitting ownership and control interest information, state that the form must be submitted by Respondents. It further instructs that Respondents are to use the “Ownership and Control” tab to submit the information requested there for “any person with an ownership or control interest in the Respondent”; the “Subcontractors” tab to supply certain information for any Subcontractor in which the Respondent has a 5% or more ownership interest; and the “Managing Employees” tab to provide certain information for any managing employee of the disclosing entity. Please confirm that Respondents are to submit only one Attachment 8, answering the questions in the “Ownership and Control” tab, the “Subcontractor” tab, and “Managing Employees” tab for itself, its Subcontractors and managing employees, as applicable, and that Respondents are not required to submit separate, completed Attachment 8 forms for each individual Subcontractor and managing employee.	Confirmed.
CCP	39	Minimum Qualification	4	21	AAAHC is not listed as an acceptable accrediting body. Would FHKC accept AAAHC to comply with the accreditation requirement?	Yes.
CCP	40	Minimum Qualification	4	21	Would FHKC deem this requirement as met if the Plan has scheduled and obtains NCQA Accreditation prior to contract award?	No.

Respondent	#	Document	Document Section	Document Page #	Question	Answer
CCP	41	Rate Submission	Attachment 10		Is the Respondent required to submit a hard copy of Attachment 10 in the proposal?	No.
Simply Healthcare	42	ITN	4. Submission Requirements, subsection A. Overview	19	FHK ITN requested repeating questions in our response. Does this count against page limits?	Copied and pasted questions are included in the page count limit.
Simply Healthcare	43	ITN	Tab 3: Staffing	23	In Tab 3, Respondents are asked "for the contract manager...Describe the role and support by the account manager for the implementation process." Are the terms "contract manager" and "account manager" used interchangeably?	On page 24, Tab 3 of the ITN, "contract manager" is revised to say "account manager."
Simply Healthcare	44	Attachment 11	Detailed Instructions		On the Instructions tab of Attachment 11.xlsm file it states: "Respondent must complete the Data tab for all provider types/specialties listed in the Lookup tab, keeping in mind the following guidance:...Provider network should be representative of the contracted network as of February 2018". Please clarify if Respondents should submit their current contracted network instead of their contracted network as of February 2018.	Respondents should submit their current contracted network.
Simply Healthcare	45	Attachment C	Network Access Time and Distance Standards	12	Can FHKC provide projected enrollment information by enrollee age, gender and zip code for respondents to utilize in assessing their network against the PG-20: Network Access time and distance standards specified on page 12 of Attachment C? Without such information, Respondents who are bidding on new or additional Regions where they do not currently have enrollees will have no basis for evaluating their network adequacy in such regions.	No.
Simply Healthcare	46	ITN	Tab 3: Staffing	23	May organizational charts be submitted on 11x17 size paper to make them easier to read?	Yes.
Simply Healthcare	47	ITN	4. Submission Requirements, subsection B. Submittal of Proposals	19	Is the hard-copy original in addition to the four-hard copies requested?	A total of four hard copies is required.

Respondent	#	Document	Document Section	Document Page #	Question	Answer
Simply Healthcare	48	ITN			Would the State allow supplemental information, such as attachments, in addition to the required ITN attachments? If so, would they count against page limits? Would additional tabs be allowed?	No.
Simply Healthcare	49	Attachment 1 - Contract for Medical Services and Coverage	Section 18 Eligibility and Enrollment	54	Will enrollment information for successful Respondents separately identify Enrollees who are Title XXI eligible and Enrollees who are enrolled in the Full-pay Plan regardless of which rate scenario is ultimately approved and selected?	FHKC anticipates subsidized and full-pay enrollment indicators will be added to the 834 file by the time this Contract is in effect.
Simply Healthcare	50	ITN	5. Rate Submission	39	The instructions for Scenario 1: Blended Plan indicate that the Respondent should include an "explicit assumption about the proportion of the total population represented by the full-pay population." Since the expenses of the two separate populations have different levels of acuity, this assumption will be an important factor in the overall blended rate for each region in this scenario. Will FHKC consider providing an expected proportion of full-pay enrollees for use in this calculation, at least for purposes of scoring the price proposals, to ensure that all Respondents' bids are on the same basis for evaluation?	See response to question 15.
Simply Healthcare	51	ITN	F. Calendar of Events and Deadlines	10	The ITN indicates that an "FHK CDPS Acuity Study File" will be provided on August 22nd. For incumbents, should the premium rates be developed based on MCO-specific experience or will the Acuity Study contain information that allows Respondents to adjust data to a risk factor of 1.0 (i.e. the average acuity for the population included in the databook) for regions in which the Respondent already operates? How will the acuity of the bidder's expected members (within the Full-pay and Title XXI eligible cohorts) be taken into consideration in scoring?	See response to question 18. FHKC will base premium scores on a risk neutral basis.

Respondent	#	Document	Document Section	Document Page #	Question	Answer
Simply Healthcare	52	ITN	5. Rate Submission	39	The ITN states that, for scenarios 3 and 4, the "rate will be calculated as the average PMPM of all Regions in the cluster weighted by enrollment as of July 2018." In Attachment 10, only two tabs are provided for rate development, one for each regional Cluster. In developing the rates for each Cluster, should the enrollment as of July 2018 be used for blending the regional rate components? If a different enrollment is assumed by separate respondents, regional differences in rate components could drive differences in the overall rate for a Cluster for each Respondent that is only due to mix differentials in the rate development.	Respondents should use July 2018 Full-pay Plan enrollment by Region in developing rate submissions for Scenarios 3 and 4.
Simply Healthcare	53	ITN	5. Rate Submission	39	The title of this tab is "10-F Proposed Premium Tiers for Full-Pay Population." For the section in columns E:H for Scenario 1: Blended Plan, should the Monthly Premium rates used be the blended rates that comprise both the Full-pay and Subsidized populations or should the rates for this exhibit represent only the Full-pay portion of the blended rate developed in Scenario 1?	Respondents should use the statewide (all Regions bid) average blended rate (e.g., the rate that appears on Sheet 10-A Proposal Summary, cell E44).
Simply Healthcare	54	Attachment 10	Scenario 1	39	For the section in columns E:H for Scenario 1: Blended Plan, if this version of the rates is ultimately approved and utilized, will premiums be paid to the Respondent using the tiered structure for the Title XXI eligible members as well as the Full-pay members?	The tiers would apply to Full-pay Plan only.
Simply Healthcare	55	ITN	Rate Submission Template		For the utilization and unit cost trend assumptions in columns I:J of the rate submission template, should these values be net of managed care savings assumed for the rating period or should they be gross of managed care savings assumptions and then the managed care adjustments would be included in one of columns F:H of the rate development template ("Adjustments other than Trend").	Respondents should document managed care savings assumptions in one of the template columns labeled "Adjustments other than trend" (columns F-H).

Respondent	#	Document	Document Section	Document Page #	Question	Answer
Simply Healthcare	56	Attachment 10	Detailed Instructions		The instructions for the rate submission require an Actuarial Memorandum, but state that it can be a single memorandum for all scenarios. Is a separate memorandum required for each region/cluster or can one memorandum also be provided for all regions/clusters that the Respondent is including in the bid?	Respondents may submit a single actuarial memorandum describing all rates for all Regions.
Simply Healthcare	57	Attachment 10	Detailed Instructions		<p>For the various cost sharing value components of the rate development:</p> <p>1) Is the PMPM reduction of cost for the Point of Service Cost Sharing included in the detailed category of service section of each tab meant to be the value of copays only?</p> <p>2) Are the "Value of medical coinsurance PMPM" and "Value of pharmacy coinsurance PMPM" sections below this meant to be the value of percentage coinsurance cost sharing, even though these may be at the category of service level?</p> <p>For example, for Scenario 3 the current cost sharing arrangement includes copays for the following categories of service (per the FHKC website): Emergency Services, Outpatient Services: Non-Facility, Mental Health Services: Outpatient, Substance Abuse Services: Outpatient, Therapy Services, Home Health Services, Hospice Services, Refractions, Pharmacy (except Specialty Drugs), and Transportation Services. We intend to include the value of these copays in the "Point of Service Cost Sharing Value" section and all other coinsurance arrangements in the "Value of coinsurance PMPM" sections. If this is not correct, please describe these components of the rate development further.</p>	<p>FHKC's expectation is that Respondents will use Column K (Point of Service Cost Sharing) for fixed dollar copays or any percentage coinsurance that is applied to services not subject to deductible.</p> <p>Cells L36 and L37 should be used for coinsurance applied on services after an applicable deductible has been met.</p>

Respondent	#	Document	Document Section	Document Page #	Question	Answer
Simply Healthcare	58	ITN	Attachment 1: Draft Contract, Section 5 Subcontractors		Please confirm the provider network groups delegated for functions such as credentialing are not considered Subcontractors for purposes of this ITN.	Provider groups participating in the respondent's network are not subcontractors. Entities conducting credentialing activities on behalf of the Respondent are Subcontractors.
Sunshine	59	ITN 2018-300-01	Section 1.B.4	6	"In the case of a blended rate scenario, Full-pay Plan enrollees will be assigned on a one-to-one bases to the two Insurers in a Region, regardless of whether one is the incumbent." Does this suggest Respondents should assume 50% of Full-pay membership in the blended rate scenario member mix?	Respondents should develop their "Full-pay Population as Proportion of Total" assumptions to reflect the average proportion they expect to enroll in their product for the rating period, allowing for the fact that the proportion may ramp up over time. There may be multiple factors important to consider in developing that assumption. Discussion of this assumption and its rationale should be included in the accompanying actuarial memorandum.
Sunshine	60	ITN 2018-300-01	Section 5.	39	Should a printed version of Attachment 10: Rate Submission be included with the hard copy submission or is Attachment 10 only required to be submitted through SharePoint?	See answer to question 41.
Sunshine	61	Attachment 10: Rate Submission	Detailed Instructions	Row 8	Are Respondents required to use only Attachment 2: FHK Databook as the base data for premium development or are they allowed to use other base data as deemed appropriate?	Respondents are not required to use data provided in Attachment 2: FHK Databook.

Respondent	#	Document	Document Section	Document Page #	Question	Answer
Sunshine	62	Attachment 10: Rate Submission	10-F Premium Tiers		On what time period are the family distributions based? Do the distributions remain consistent historically?	The family distributions provided in Sheet 10-F Premium Tiers, Column B represent actual enrollment in January 2018. FHKC has not performed a longitudinal analysis of family size.
Sunshine	63	Attachment 10: Rate Submission	10-F Premium Tiers		Are "Total Premium PMPM, Based on Tiered Premium" and "Total Premium PMPM from Build Up" required to be equal for each scenario?	Yes, or de minimis.
Sunshine	64	Attachment 10: Rate Submission	Detailed Instructions		Is the ACA Insurer Fee expected to be paid through premium rates or retroactively once plans' liability is known? If the former, will there be a reconciliation once plans' liability is known?	The ACA Insurer Fee is expected to be paid through premium rates and no reconciliation will be performed.
Sunshine	65	Attachment 1: Draft Contract with Attachments	Section 9.5	34	If the Subsidized and Full Pay programs are combined in a single risk pool, will the Minimum MLR calculation be performed on a combined basis?	See answer to question 25.
Sunshine	66	General Question			Will the negotiation process result in MCO specific rates or is the goal to set one "common base rate"?	See answer to question 9.
Sunshine	67	Attachment 1: Draft Contract with Attachments	Section 9.5	34	Please describe what elements make up the Maximum Non-Medical Load of 15%? Will the calculation for reclassifying certain administrative expenses intended to reduce program medical cost be included?	See 42 CFR 438.8.
Sunshine	68	ITN 2018-300-01	Section 3	14	Please confirm that Respondents will be permitted to raise questions pertaining to the rate development process as part of the Round 2 Data Questions submission.	Confirmed. Respondents will be able to submit questions related to Attachments 2, 3, and 4 during the round 2 question and answer period.

Respondent	#	Document	Document Section	Document Page #	Question	Answer
Sunshine	69	ITN 2018-300-01	Section 1	4	If the State receives funding for the Blended Subsidized/Full Pay Scenario, would the introduction of multiple rate cells be considered? While the pool would still be combined, this would allow different cost expectations between the different cohorts and eliminate any disproportionate share issues that might arise.	FHKC does not intend to establish multiple rate cells within each Region. See also response to question 12.
Sunshine	70	Attachment A: Benefit Schedule	Deductible	1	Attachment A: Benefit Schedule reads as follows: {Deductible Deductibles are applicable to Full-pay Enrollees only. Medical: \$3,000 per Enrollee Pharmacy: \$1,500 per Enrollee (subsidized; full-pay separate)} Can FHKC confirm that inclusion of "subsidized" in this section is an error and that deductibles are applicable to Full-pay Enrollees only. If this assumption is not correct, can FHKC please clarify.	Confirmed. Deductibles are applicable to separate Full-pay only.
Sunshine	71	ITN 2018-300-01	Tab E: Technical Information	30	Given the page limitations, will FHKC consider allowing the Respondent to use a smaller font size (minimum 8 or 10 point) for graphics, tables, diagrams, headers/footers, and the ITN question?	See answer to question 30.
Sunshine	72	ITN 2018-300-01	Tab 5: References	25	Tab 5: References asks for at least three references. In order to ensure that references supplied will be available for contact, could FHKC please elaborate on the timeframe references should expect to be contacted and the method of contact (e.g. phone, email, or questionnaire)?	FHKC anticipates calling references during the month of October 2018.

Respondent	#	Document	Document Section	Document Page #	Question	Answer
Sunshine	73	ITN 2018-300-01 and Attachment 1 Draft Contract	Tab 6: Subcontractors & Section 1 Definitions and Acronyms	28	To reduce administrative burden, we delegate credentialing/recredentialing to select network providers. Given the type of information requested under Tab 6: Subcontractors and the subcontractor definition in the draft contract, can FHKC please confirm that Respondents should not complete the table for network providers who perform credentialing/recredentialing on behalf of the Respondent. Alternatively, if Respondents are required to include network providers who perform credentialing/recredentialing on behalf of the Respondent, can FHKC clarify which table components are applicable for this type of subcontractor.	See answer to question 58. Tab 6 is applicable to all subcontractors.
Sunshine	74	ITN 2018-300-01 and Attachment 1 Draft Contract	Tab 3: Staffing & Section 12-2 Account Management Team	23	Under Tab 3: Staffing, the ITN requests information from Respondents about the duties and time allocation of the “contract manager” then goes on to request a description of the role and support provided by the “account manager” for the implementation process. Are the “contract manager” and “account manager” positions the same, or is the reference to “account manager” meant to reference the “account management team” as described in Section 12-2 of the Draft Contract?	See answer to question 43.
Sunshine	75	ITN 2018-300-01	F. Questions Regarding the ITN	14	Will FHKC consider allowing Respondents to submit follow up or clarifying questions from the Round 1 FHKC responses during the Round 2 data questions?	No.
Sunshine	76	Attachment A: Benefit Schedule	Attachment A: Benefit Schedule	11	Under the Value-added services section in Attachment A, FHKC refers the Respondent back to section 22-4 Lifetime Limit of the contract. Can FHKC please confirm this is incorrect and the sentence should refer back to section 22-7 Value-add Benefits.	Confirmed.

Respondent	#	Document	Document Section	Document Page #	Question	Answer
Sunshine	77	Attachment A: Benefit Schedule	Attachment A: Benefit Schedule	11	Immediately following the text, "[Insurer is authorized to provide the following alternative services and settings:]" under the Value-added Services section in Attachment A is the Exclusions section. Can FHKC please clarify if this was an omission or if the list of authorized alternative services and settings will be mutually agreed upon by FHKC and the Respondent upon contract execution.	The Respondent's proposed list of value-add benefits will be discussed during the negotiation phase.
Sunshine	78	Attachment 1 Draft Contract	22-7 Value-add Benefits	71	Please clarify how FHKC is defining "value-added service" and whether approved value-added services are considered covered benefits.	Value-add benefits are any benefits or services Respondent intends to provide to enrollees beyond what is required in the benefit schedule (Attachment A) that comply with the provisions of subsection 22-7 of the draft contract (Attachment 1).
Sunshine	79	Attachment 1 Draft Contract	22-7 Value-add Benefits and Attachment A	71	Under section 22-7 Value-add Benefits, it states that "Insurer shall offer any value-add benefits proposed during the ITN and listed in Attachment A." Attachment A does not appear to list any value-add benefits that the Insurer should offer. Can FHKC please clarify expectations for the Insurer related to value-add benefits.	See answers to questions 77 and 78.
Sunshine	80	ITN 2018-300-01	A. Competitive Negotiation Process	46	In section A. Competitive Negotiation Process, FHKC references the "account manager" as a representative to be in attendance for negotiation sessions. Is the Respondent to assume FHKC is referring to the "contract manager" as described in section 12-2 Account Management Team in the draft contract. If this assumption is incorrect, can FHKC please clarify.	See answer to question 43.

Respondent	#	Document	Document Section	Document Page #	Question	Answer
Sunshine	81	ITN 2018-300-01	A. Letter of Intent and Nondisclosure Agreement	14	The ITN states that upon receipt of a completed Attachment 5 and the Letter of Intent, FHKC will provide instructions to the person (s) indicated on Attachment 5 to retrieve Attachment 2: FHK Databook, Attachment 3: FHK CDPS Acuity Study, and Attachment 4: FHK Member Demographic Summary from FHKC's secure SharePoint site. When will these instructions be received by those listed on ITN Attachment 5?	Instructions were provided on August 21, 2018.
Sunshine	82	Attachment 10: Rate Submission	Detailed Instructions		The template requires premium projections be developed assuming no change to current benefit packages. However, we have noticed changes in the benefit package listed in the draft contract compared to the current contract. Please describe the process for adjusting premiums to the new contract requirements.	Minor updates have been made to the benefit schedule for purposes of clarity and adherence with regulatory requirements. Respondents should rely upon Attachment A to Attachment 1: Draft Contract.
Sunshine	83	Attachment 10: Rate Submission	Detailed Instructions		Given the first year of the contract is over a year away, will successful MCOs have the opportunity to update premium projections for emerging experience prior to implementation?	See answer to question 10.
Sunshine	84	Attachment 1: Draft Contract with Attachments	Section 22-9	72	Please describe the continuity of care requirements, both at the time of implementation and ongoing afterwards.	See section 22-9 of Attachment 1: Draft Contract and item 4. Resources on page 8 of the ITN.
Sunshine	85	Attachment 1: Draft Contract with Attachments	Section 24-4-2	85	The Geo Access requirements listed in the Draft Contract differ from the requirements in the current full pay contract. Should the Geo Access requirements in the Draft Contract for Medical Services and Coverage be applied for both the subsidized and full pay plan under this ITN? Or would they be different for subsidized versus full pay?	For the Contract resulting from this ITN, network adequacy requirements are the same for subsidized enrollees and Full-pay enrollees.

Respondent	#	Document	Document Section	Document Page #	Question	Answer
Sunshine	86	Attachment 11: Network Information	Section 7F and Attachment 11 Instructions	ITN Page 44 Attachment (Instructions)	This section states that: "Respondents must achieve the minimum network access score in a Region to be eligible to move to the negotiation phase." The instructions in Attachment 11 indicate that the provider network should be representative of the contracted network as of February 2018. Is there any opportunity to account for any changes or additions to the health plans network since February 2018 that reflect the current network?	See answer to question 44.
Sunshine	87	ITN 2018-300-01	Section 7F	44	This section states that: "Respondents must achieve the minimum network access score in a Region to be eligible to move to the negotiation phase." For the full-pay rate scenarios, will the network access score in a Region be calculated based on the current full-pay enrollment in that Region, or the total enrollment (full-pay and subsidized) in that Region?	Network access will be based on Florida Healthy Kids enrollment in each region with no distinction made between subsidized and Full-pay enrollees.
Sunshine	88	Attachment A: Benefit Schedule	Draft Contract: Section 1-1 Attachment A: Out-of-Pocket Maximum section	Contract: Page 9 of contract Attachment 11: Page 1	The Contract Year is specified as January 1 through December 31. The Out-of-Pocket Maximum appears to be tracked per Contract Year. Will the benefit year for both subsidized and full-pay both be based on a contract year for the purposes of member out of pocket calculations under this ITN?	The plan year for both subsidized and Full-pay plans will be the calendar year.
Sunshine	89	Attachment A: Benefit Schedule (Draft Contract)	Prescription Drugs Section	Attachment A: Page 9	Attachment A: Benefit Schedule indicates that all covered prescription drugs shall include all prescription drugs covered under the Florida Medicaid program. Under this ITN, will the full pay plan be allowed to develop and utilize the plan's own ACA compliant PDL? Should the rate scenarios for full pay be prepared assuming we will be allowed to develop and manage the PDL, or should we use the Medicaid PDL for purposes of this ITN?	Respondents should submit rates appropriate for Attachment A of Attachment 1: Draft Contract as written.

Respondent	#	Document	Document Section	Document Page #	Question	Answer
Sunshine	90	Attachment 1: Draft Contract with Attachments	24-3-8 Federally Qualified Health Centers; Rural Health Centers	82, 83	The draft contract states: "Insurer shall reimburse FCHCs [sic] and RHCs at or above the reimbursement amounts provided under the Medicaid Prospective Payment System for such entities". This does not apply to the current full-pay plan. What is the reimbursement rate that should be used to calculate the full-pay rate scenarios for purposes of this ITN?	Attachment 1: Draft Contract will be revised to indicate sections 24-3-8 and 24-3-9 are only applicable to blended and subsidized only scenarios.
Sunshine	91	ITN 2018-300-01	Section 1: Introduction, #4 - Enrollee Assignment at Transition	5	This section states: "In the case of a blended rate scenario, Full-pay Plan enrollees will be assigned on a one-to-one basis to the two Insurers in a Region, regardless of whether one is the incumbent." This enrollee assignment methodology for Full-pay is different than the enrollee assignment methodology for Subsidized. Would FHKC consider using the 50% assignment methodology for incumbents vs. a new plan for this scenario?	This question may be considered during the negotiation phase.
Sunshine	92	ITN 2018-300-01	Section 1: Introduction, C-1	7	This section states: "Regardless of how many children in the household are covered, families with incomes between 133 percent and 150 percent of the FPL pay \$15 per month and families with incomes between 150 percent and 200 percent FPL pay \$20 per month." To clarify: do the families pay \$15 per month/per child and \$20 per month/per child, or do they pay these amounts as a total, regardless of the number of children in the household?	The family contribution toward the premium for subsidized coverage is per household, not per child.
Sunshine	93	Attachment 10: Rate Submission	Instructions, Section 10E: Custom Cost Sharing	Attachment 10: Instructions	The instructions for this section say that: "Benefits may not be adjusted from the current benefit package." Since this is for the Full-Pay Only option, is the current benefit package the one outlined in Attachment A: Benefit Schedule in the draft contract, or the current benefit package for the Full-Pay plan, as there are differences related to the PDL, vision benefits, certain benefit limitations, etc.?	See answer to question 89.

Respondent	#	Document	Document Section	Document Page #	Question	Answer
Sunshine	94	ITN 2018-300-01	Section 4.A Submission Requirements Overview	19	Page nine of Section 4.A states "When responding to specific questions, Respondent must reprint each question in its entirety in the proposal." Please confirm that the question does not count toward response page limits.	See answer to question 42.
Sunshine	95	ITN 2018-300-01	18. Call Center Monitoring	37	Bullet a of section 18 (page 37) asks that Respondents describe their approach to quality assurance monitoring, including corrective action, and evaluation criteria. Is this question referring to internal corrective action processes or state corrective action as described in section 12-5 of the draft contract?	Internal corrective action processes.
Sunshine	96	Attachment 1: Draft Contract with Attachments	Section 22-4	67	Section 22-4 of the Draft Contract states that "Florida Healthy Kids coverage {for Title XXI Enrollees (<i>Full-pay and subsidized</i>)} is limited to a lifetime maximum of one million dollars (\$1,000,000) per Enrollee." Will the FHKC clarify if this begins anew with the contract start date (1/1/2020)? For example, if a member comes to a new health plan and has already spent \$800,000 with their previous health plan, is that member's spend now limited to \$200,000? Additionally, in this example would the new health plan receive historical information on this member for analysis?	Pursuant to s. 409.815(2)(r), the maximum is a lifetime maximum; the maximum will not start anew with a new Contract. FHKC anticipates providing historical benefits information by member so insurers can comply with this requirement.
Sunshine	97	Attachment 1 Draft Contract	Section 23-3	78	Section 23-3 of the draft contract states that the "Insurer and Insurer's IRO shall enter into a memorandum of understanding with FHKC. FHKC shall have full insight into the IRO's performance". Will the FHKC provide details regarding the content and scope of the Memorandum of Understanding (MOU)? Will the MOU be developed and finalized in coordination with the chosen vendor(s) post contract award?	FHKC anticipates working with successful respondents post-contract award to ensure an appropriate MOU is in place during implementation of the contract.

Respondent	#	Document	Document Section	Document Page #	Question	Answer
Sunshine	98	Attachment A: Benefit Schedule	Post-Stabilization Services: Attachment A - Page 3	3	Attachment A of the Draft Contract states "Insurer is responsible for any post-stabilization services administered to maintain, improve or resolve the Enrollee's stabilized position, regardless of the facility or Provider's Network status when:a. Such services were pre-approved by Insurer or Insurer's representative; orb. The treating facility or Provider sought approval for such services; andc. Insurer failed to respond within one (1) hour of the request." Will the FHKC consider amending this requirement to state (c) Insurer failed to respond within one (1) business day of the request?	Post-stabilization services are subject to the requirements of 42 CFR 457.1228 incorporating 42 CFR 438.114 incorporating 42 CFR 422.113(c).
Sunshine	99	Attachment A: Benefit Schedule	Home Health Services: Attachment A - Page 4	4	Are there limitations to the number of hours or days allowed for Home Health Nursing or Private Duty Nursing? For example, 8 hours per day/7 days per week?	See Attachment A of Attachment 1: Draft Contract for specified benefit limitations and exclusions and section 22 in Attachment 1: Draft Contract for information on benefit requirements, including utilization management controls and benefit determinations.

Respondent	#	Document	Document Section	Document Page #	Question	Answer
Sunshine	100	Attachment A: Benefit Schedule	Short-term Rehabilitation: Attachment A - Page 10	10	Will FHKC please clarify the covered services for Short Term Rehab Therapy; does the benefit cover 24 treatment sessions within a sixty (60) calendar day period or thirty five (35) sessions per contract year?	For separate Full-pay only, outpatient physical therapy is limited to 35 sessions per contract year. The 24 treatment sessions within a 60 Calendar Day period per episode or injury limitation applies to all other specified short-term rehabilitation therapies for separate Full-pay and to all short-term rehabilitation therapy for blended and separate subsidized scenarios.
United	101	Attachment 10_Rate Submission.xlsx	Detailed Instructions	1	Will FHKC please clarify whether an MCO is required to bid scenario 1 in order to bid on Scenario 2?	Yes.

Respondent	#	Document	Document Section	Document Page #	Question	Answer
United	102	Attachment 1_Draft Contract with Attachements (Contract No.: 2018 300-01-00 Medical Services)	24-2 Provider Credentialing	80	Section 24-2 indicates policies and procedures shall, at a minimum, comply with the uniform credentialing and recredentialing policy adopted by FHKC. The FHKC Uniform Credentialing Policy appears to delegate provider screening activities to the health plan, including collection of provider disclosures and assignment of risk level, as well as fingerprint criminal background checks (FCBCs). UnitedHealthcare's understanding is CHIP providers must be screened and enrolled with the State's CHIP program pursuant to the Medicaid Managed Care Rule and the Cures Act. Under section 24-3 (Participating Provider Requirements) it appears to accurately address CHIP provider state enrollment requirements indicating shall ensure all network Providers have an active Medicaid ID and that all network Providers are enrolled in Medicaid or CHIP consistent with the Provider disclosure, screening and enrollment requirement of 42 CFR part 455, subparts B and E as incorporated in 42 CFR 438.608(b). As Medicaid ID and provider enrollment in Medicaid or CHIP is required per section 24-3 (Participating Provider Requirements), please confirm the screening enrollment requirements are being performed through the State covering 42 CFR part 455, subparts B and E and are not considered an MCO credentialing function?	The MCO may rely upon any credentialing or recredentialing activities conducted by Florida Medicaid for a particular provider. The MCO remains responsible for conducting any activities required in the Florida Healthy Kids Uniform Credentialing and Recredentialing Policy that were not conducted by Florida Medicaid.
United	103	ITN	Tab E, Q14.	pg. 35	Please confirm the term "internal audit," is this the same as a Special Investigation Unit, which mines claims data and conducts investigations? If not, please provide your definition of "internal audit."	Specific to ITN page 35 question 14, "internal audit" means audits for Fraud, Waste, and Abuse, as well as audits conducted

Respondent	#	Document	Document Section	Document Page #	Question	Answer
						on internal processes and procedures.
United	104	Draft contract with addendums	3.3.2	16	What is the name of the third party vendor contracting with the state to handle premium billing and payments? Is the third party vendor handling the premium billing and payments end to end with the members?	Maximus, the third party eligibility and enrollment administrator, administers billing, account balances, refunds, and financial reporting. Bill2Pay administers the collection of family contribution payments.
United	105	Draft contract with addendums	3.3.2	16	How is the MCO expected to support and integrate with the vendor in the premium/payment process?	The third party administrator sends enrollment information via the 834 file and capitation information via the 820 file. Insurers must be able to accept those files as required in Attachment 1: Draft Contract, subsection 18-2-1.
United	106	ITN 2018-300-01 Medical Services and Coverage	3.H	15	Where should the Respondent submit the written justification for redaction? May this be placed immediately following the redacted submission proposal cover sheet (Attachment 6)?	The written justification for redaction should be included immediately after Attachment 6 in the redacted submission proposal.
United	107	ITN 2018-300-01 Medical Services and Coverage	4. A	19	Will the required ITN questions count toward the page limit restriction of the response?	See answer to question 42.

Respondent	#	Document	Document Section	Document Page #	Question	Answer
WellCare	108	Attachment 1: Draft Contract	Section 4-10 Insurance	Page 22-23 of 195	Please provide insurance limit amounts under Section 4-10 for the following: a- Commercial general liability insurance, b-Professional liability/errors and omissions insurance and c-Cyber Liability Insurance.	This question will be considered during the negotiation phase.
WellCare	109	Attachment 1: Draft Contract	Section 4-10 Insurance	Page 22-23 of 195	Please confirm that there is no need for an Automobile insurance.	Confirmed.
WellCare	110	ITN 2018-300-01 for Medical Services and Coverage	Tab C: Tab 2: Financial Solvency	Page 23 of 65	Please confirm that there is no performance bond requirement for this ITN.	A performance bond will be required in an amount adequate to protect FHKC's interests.
WellCare	111	ITN 2018-300-01 for Medical Services and Coverage	Section 1 - Introduction & Attachment 10: Rate Submission	Page 8 of 65	Will FHKC be reinstating / reconsider the \$1M lifetime maximum coverage for the full-pay benefit plan?	The \$1M lifetime maximum will be in effective for the Full-pay Plan only in a blended scenario (scenario 1).
WellCare	112	ITN 2018-300-01 for Medical Services and Coverage	Section 7 - Evaluation of Proposals	Page 42 of 65	Can FHKC please clarify which rate scenario its plans to use for scoring to determine which plans to negotiate with starting in November of 2018 since the blended rate legislative approval may not be received by the start of the negotiation period?	FHKC intends to score scenario 1, scenario 2, and scenario 3.
WellCare	113	ITN 2018-300-01 for Medical Services and Coverage	12. Coordinated Care (bullet point c)	Page 34 of 65	c. How prescription drug information is integrated into a managed care approach, including how data is stored, what outcomes can be tracked, how results can be reported (with respect to each medical condition); Are there specific medical conditions that this question is referring to? Are there specific outcomes that the Florida Healthy Kids Corporation would like to inquire about?	FHKC is interested in what Respondents integrate as part of their current processes. Specific outcomes may be discussed during the negotiation phase.

Respondent	#	Document	Document Section	Document Page #	Question	Answer
WellCare	114	ITN 2018-300-01 for Medical Services and Coverage	Section 7 - Evaluation of Proposals	Page 44 of 65	Can FHKC please explain how the Rate Submission for Scenario 4 will be utilized in the scoring process in Section 7? How would awards be chosen between Scenarios 3 and 4? Would premium rates for Scenario 4 be compared to rates for Scenario 3 even though plan designs vary?	See answer to question 112 regarding scoring during the evaluation phase. After negotiations, FHKC intends to consider all scenarios and recommend to the FHKC Board of Directors an award of Contracts, identifying the responsive and responsible Respondents that provide the best value. The FHKC Board of Directors shall determine the final award of any Contracts.
WellCare	115	Attachment 10: Rate Submission	Tab "10-F Premium Tiers"	Page 1	For Scenario 1, would tiered premiums be in effect for both the subsidized and full-pay populations?	See answer to question 54.
WellCare	116	Attachment 10: Rate Submission	Tab "10-F Premium Tiers"	Page 1	What determinants / factors will inform FHKC's decision on whether tiered premiums will be offered or not? When will this decision be made and communicated? This could impact acuity/mix of the population.	After negotiations, FHKC intends to consider all scenarios and recommend to the FHKC Board of Directors an award of Contracts, identifying the responsive and responsible Respondents that provide the best value. The FHKC Board of Directors shall determine the final award of any Contracts.

Respondent	#	Document	Document Section	Document Page #	Question	Answer
WellCare	117	ITN 2018-300-01 for Medical Services and Coverage	Section 8 - Negotiations and Award	Page 46 of 65	<p>Regarding paragraph 4 under Section 8.C: "Further, FHKC intends to guarantee an award of four subsidized Regions for cluster A and both subsidized Regions in cluster B, regardless of whether the award is by cluster or statewide."</p> <p>Is this paragraph related to a Respondent obtaining a Full-Pay contract, i.e., does this mean that a Respondent that is awarded a contract for Full-Pay would automatically get a contract for subsidized Regions as stated? Or should this be interpreted as a separate paragraph that states the minimum number of counties awarded for a subsidized contract?</p>	Page 47, subsection 8.C, paragraph four means a guaranteed award of subsidized Regions as stated for the Respondent awarded the Contract for the Full-pay Plan under either scenario 3 or scenario 4.
WellCare	118	Attachment: 10 Rate Submission	"Scenario 1..." tabs	Page 1	In the event that the "Full-Pay Population as Proportion of Total" assumption varies significantly from the actual mix, how will FHKC ensure Respondents are appropriately funded for their risk? We feel there are significant unknowns in relation to this assumption that are important to clarify.	See response to question 12.
WellCare	119	Attachment 1: Draft Contract	Section 6	Page 28 of 195	Insurer shall obtain a National Institute of Standards and Technology (NIST) compliant information security risk assessment conducted by an independent third party at least every three (3) years with the first assessment obtained within the first Contract Year unless such an assessment was completed within two (2) years prior to the Contract Effective Date. To ensure clarity, can FHKC confirm that an independent assessment following the NIST SP 800-30 guidance meets the proposed requirement?	Confirmed.

Respondent	#	Document	Document Section	Document Page #	Question	Answer
WellCare	120	Attachment 1: Draft Contract	Section 6	Page 28 of 195	<p>Insurer's mail gateways shall be capable of, and Insurer shall send, encrypted emails to FHKC when PHI, PII or other confidential information is involved. Insurer shall also ensure its mail gateways are capable of receiving FHKC's encrypted emails.</p> <p>Can FHKC comment on any specific solution to encrypted emails they prefer? For instance, will the use of an email gateway using a TLS connection meet this requirement?</p>	An email gateway using a TLS connection is acceptable.
WellCare	121	Attachment11: Network Information	"Instructions" tab - Line 6	Page 1	<p>Attachment 11 Instructions tab indicate: <i>Provider network should be representative of the contracted network as of February 2018.</i></p> <p>Would it be acceptable to FHKC for respondent to submit a more recent Network?</p>	See answer to question 44.