Iowa Health Link

RFP# MED-26-001 BIDDERS' CONFERENCE

March 18, 2024









Agenda

- **▶** Introduction
- ► IA Health Link Program Details (20 min)
- ► RFP Process Overview (15 min)
- ► IA Health Link Program Details and RFP Process Q&A (15 min)
- ► Break (5 min)
- ► Capitation Rate Estimate Presentation (20 min)
- ► Capitation Rate Estimate Q&A (15 min)



Presentation Overview

- ▶ Medicaid Overview
- ► IA Health Link Program
 Procurement
- ▶ What is IA Health Link?
- ► IA Health Link Vision
- ► IA Health Link Goals
- ► IA Health Link Key Updates
- ► How does the Program achieve quality and outcomes?

- ► What populations and services are included and excluded?
- ▶ Pay for Performance (PFP) Overview
- ► Federal authorities under IA Health Link
- ► Iowa HHS oversight of the IA Health Link program
- ► Key operational groups
- ▶ RFP Process

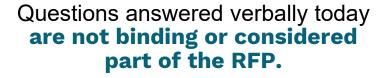
Medicaid Overview

- ► The Iowa Department of Health and Human Services (HHS) is the single State entity responsible for administering the Medicaid program in Iowa.
- ▶ The Agency operates this program through its Division of Medicaid. The Agency is also responsible for the Children's Health Insurance Program (CHIP). The separate CHIP program is called Healthy and Well Kids in Iowa, or Hawki.
- ▶ On April 1, 2016, Iowa Medicaid transitioned to a managed care program, known as IA Health Link. As a result of this transition the model for service delivery and reimbursement changed from a primarily Fee-for-Service (FFS) model to a risk based Managed Care Organization (MCO) model.
- ▶ Today, the MCOs provide members with comprehensive health care services, including physical health, behavioral health, and Long Term Services and Supports (LTSS). Approximately 94% of all Iowa Medicaid Members are enrolled in an MCO with 6% remaining in FFS. Iowa's Hawki population is served by the same Medicaid MCOs and included in the total MCO population.



IA Health Link Program Overview of the Question & Answer Process







Individuals should state their name and organization before submitting or asking a question.



The IA Health Link Program



IA Health Link Program Procurement

- ▶ lowa HHS is currently operating with three (3) contractors for the IA Health Link Program and one (1) of these contracts is set to expire June 30, 2025. Information regarding the current Managed Care Contracts can be found at this link: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/medicaid-contracts.
- ▶ lowa HHS will contract for delivery of high-quality healthcare services for the lowa Medicaid, lowa Health and Wellness Plan, and Healthy and Well Kids in lowa (Hawki) programs. The Agency intends to contract on a statewide basis with one (1) bidder with a demonstrated capacity to coordinate care and provide quality outcomes for the Medicaid and CHIP populations to supplant the expiring contract. The Agency reserves the right to award more than one (1) contract and the final number of awarded contracts under this RFP will be determined at the sole discretion of the Agency.
- ▶ Services are set to begin July 1, 2025. Iowa HHS anticipates executing a contract that will have an initial four (4) year contract term with the ability to extend the contract for one (1) additional two (2) year term. Iowa HHS will have the sole discretion to extend the contract.

What is IA Health Link?

IA Health Link was the move of lowa Medicaid to a **comprehensive risk-based approach** for the majority of populations and services in the Medicaid program.



Improved quality and access





Greater accountability for outcomes



Create a more predictable and sustainable Medicaid budget



IA Health Link Vision

Created a **single system of care** that will:



Promote the delivery of **efficient**, **coordinated** and **high-quality health care**.



Enable all members who could benefit from **comprehensive care management** to receive care through MCOs, including long term care members.



Change from **volume-based payment to value-based payment** will allow incentives to enhance clinical outcomes or quality, including reduced duplication of services and unnecessary hospitalizations.



IA Health Link Goals

Create a single system of care which delivers efficient, coordinated, and high-quality health care that promotes member choice and accountability in health care coordination.



Improve the quality of care and health outcomes for enrollees



Integrate care across the healthcare delivery system



Emphasize member choice & increase access to care



Increase program efficiencies and provide budget accountability



Hold contractor responsible for outcomes

Key Goal

Iowa HHS seeks to emphasize enrolled member choice, access, safety, independence, and responsibility while providing high quality healthcare in the least restrictive manner. The program is intended to integrate care and improve quality outcomes and efficiencies across the healthcare delivery system, in turn decreasing costs through the reduction of unnecessary, inappropriate, and duplicative services.



► For more information visit: https://hhs.iowa.gov/programs/welcome-iowa-medicaid

Key Updates (Pt. 1)

► Contract Alignment

 Scope of Work and supporting Exhibits updated to align with current, ongoing Health Link contracts, including all latest amendments

▶ Dual Eligible Special Needs Plan Coordination

The Contractor shall take all required steps to obtain Centers for Medicare & Medicaid Services (CMS) approval to operate a statewide Dual Eligible Special Needs Plan (D-SNP) that will start January 1, 2027. A Contractor seeking D-SNP status for the first time shall be aware of this general timeline as it intersects with the Health Link program.

The Contractor is responsible for monitoring State and CMS information regarding dates of submission for D-SNP related documentation. The State and CMS continue to develop the timeline regarding D-SNP submission applications and associated documents, therefore, the deadlines for such documents are subject to change. The State and/or CMS may provide specific due dates to the Contractor.



Key Updates (Pt. 2)

► In Lieu of Services (ILOS)

- ILOS is for MCO members who are on a 1915(c) Home and Community Based Services (HCBS) waiver waiting list, and not currently receiving these services. The Contractor may provide the following services:
 - Housing supports
 - Case management
 - Respite care services
 - Personal care services
 - Medically tailored meals
 - Home and vehicle modifications
 - Intermittent Supported Community Living (SCL)
 - Supported Employment Services (SE)
 - Support services necessary to aid the member to participate in community activities
 - Transportation to conduct personal business essential to the health and welfare of the member
 - Personal Emergency Response Services (PERS)
 - Specialized medical equipment to include medically necessary items for personal use by the member to support the member's health and safety

Key Updates (Pt. 3)

▶ Premium Tax

- Iowa's House File 685 (Division II Section 4, 432.1A Health maintenance organization) amended Iowa Code § 432.1A and 249A.13, requiring a premium tax on Medicaid managed care organizations (MCOs) starting January 1, 2024.
- The objective of this tax is to bolster funding for the Medicaid program, attracting increased federal matching funds and substantially augmenting lowa's Medicaid funding resources.
- The premium tax is applicable, but not limited to:
 - Capitation Payments
 - Maternity Case Rate Payments.
 - Directed payments such as Ground Emergency Medical Transportation (GEMT), Graduate Medical Education (GME), University of Iowa Hospitals and Clinics (UIHC) directed payments (physician and hospital) and all Hospital directed payments.
 - Payments for Medicaid Covered Services paid outside the capitation rates,
 which include but are not limited to specialty pharmaceuticals
 - Pay for Performance withhold payments

Key Updates (Pt. 4)

► Hope and Opportunity in Many Environments (HOME) Project

The HOME project will change how the State assesses need and connects members to LTSS services

- This means that the State is planning changes to:
 - The waivers themselves, moving from seven waivers to two
 - The services available to members, adding new services and making services more accessible to people with co-occurring conditions
 - What is required of case managers by creating Agency curriculum requirements as well as employer-led training requirements
 - How we perform program management by selecting high impact performance measures for monitoring and quality improvement
- Subscribe to updates on the website so you can stay updated on what changes to expect. The Hope and Opportunity in Many Environments (HOME) Project

How the Program Achieves Quality Outcomes (Pt. 1)

- ► Holding contractors accountable for costs and outcomes creates incentives for:
 - Increased care coordination and reduced duplication
 - Investment in preventive services which lead to long term savings
 - Prevention of unnecessary hospitalizations
- ► Combining accountability for costs and outcomes enables:
 - Bending the cost curve through appropriate utilization management
 - MCO payments tied to outcomes
 - Performance outcomes can be increased each contract year

How the Program Achieves Quality Outcomes (Pt. 2)

► Expect contractors to develop strategies to integrate care across the system.

This includes all physical health, behavioral health, and long term care services

Provides State
oversight and
coordination for all
medical services

Provides incentives for coordinating care and avoiding duplication

Supports integration and efficiency

Prevents having scattered services and misaligned financial incentives

How the Program Achieves Quality Outcomes (Pt. 3)

Member Benefits

- ► All members expected to receive health screening and services tailored to their individual needs.
- ► Individuals with special health care needs will have comprehensive health risk assessment.
- ► Care coordination must be person-centered and address unique client needs through individualized care plans.
- ► Contractors can provide enhanced services not available through a fee-for-service model.

Who is **included** in this Program?

Included

- ► Majority of Medicaid members
- Hawki members
- ► Iowa Health and Wellness Plan
- ► Long Term Care Facility
- HCBS Waivers

Excluded

- Beneficiaries who have a retroactive Medicaid eligibility period
- ► PACE (member option)
- ► Health Insurance Premium Payment Program (HIPP)
- ► Eligible for Medicare Savings Program only
- Non-qualified immigrants eligible for short-term emergency services only
- American Indian/Alaskan Natives voluntary
- Medically Needy
- Persons incarcerated, ineligible for full Medicaid benefits
- Persons presumed eligible for services
- Persons residing in Iowa Veteran's Home
- ► Beneficiaries eligible only for the State Family Planning Waiver



What services are **Included** in the Health Link Program?

- ► Traditional Medicaid services including medical care in inpatient and outpatient settings, behavioral health care, emergency and non-emergency medical transportation, etc.
- ► Facility based services such as Nursing Facilities services, Intermediate Care Facilities for individuals with Intellectual Disabilities, Psychiatric Medical Institution for Children, Mental Health institutes, Residential Care facilities. and State resource centers
- ► Home and Community-Based Services (HCBS) waiver services like HIV/AIDS, Brain Injury, Children's Mental Health, etc.
- ► Home and Community-Based Services such as the State Plan HCBS Habilitation and Community-based Neurobehavioral Rehabilitation Services (CNRS)
- ► Please see https://hhs.iowa.gov/sites/default/files/Comm519.pdf?091620192106 for additional information

What Services are **Excluded** in the Health Link Program?

Dental services provided outside of a hospital setting

MFP Grant services

School-based services provided by the Area Education and Local Education Agencies, and Infant & Toddler Providers

The State has provided a sample set of PFP measures for the first year of the Contract for Contractors that may be selected under this RFP and are new to the Iowa Health Link program, and a separate set of PFP measures for incumbent Contractors that may be selected under this RFP.

The P4P measures for Contractors that may be new to the program focus on operational and process metrics, such as measures related to timeliness and data accuracy, to ensure a successful implementation.

Pay for Performance (PFP)



It is expected that all Contractors will return to a common set of PFP measures beginning in SFY27, which may differ from the measures for SFY26.

Final SFY26 PFP measures, both for Contractors that may be selected under this RFP and are new to the Iowa Health Link program and potential incumbent Contractors, will be determined by the Agency at a later date.

Measures are updated based on baseline performance and areas that HHS would like to focus on for improvement. Final SFY26 capitation rates established prior to the start of the Contract will be calculated in consideration of PFP measures.



1915(b) Waiver for IA Health Link Program

1915(c) Waivers for HCBS Services

Federal Authorities

1915(i) Waivers for State Plan HCBS Services

1115 Waiver for Iowa Health and Wellness Plan

CHIP Expansion for Hawki

Iowa State Plan

Iowa HHS Oversight

The IA Health Link contracts have remedy options in place to address compliance issues as they arise.

HHS has included liquidated damages that outline what remedies will be applied in various compliance situations. The State's intended goal is clear expectations and transparency.

Managed Care Oversight and Reporting Bureau works in tandem with other units of Iowa Medicaid and other HHS Divisions for performance review.



Medical Assistance Advisory Committee (MAAC)

Council on Human Services

Hawki Board

MHDS Commission

Ombudsman Offices



Key Operational Groups

Workgroups have been established to align Iowa Medicaid with National Best Practices and create program improvement.

- ► Claims and Benefits Work Group
- ► Encounter Data Work Group
- ► Urgent Member Work Group
- ▶ Medicaid Quality Committee (Program Improvement)
- ► Monthly Interagency Community Integration
- ▶ Other Specialized Workgroups as Appropriate (EVV, IHA, PA, CMS pilot projects, etc.)

RFP Process



RFP Topics

RFP Formal Question and Answer Process Letter of Intent to Bid Template Accessing RFP Documents **Key Dates** Technical Proposal Response Guide



RFP Overview of Question & Answer Process (Pt. 1)



Questions answered verbally today are not binding.



Submit letter of intent to bid and any questions that will affect your proposal in writing.

▶It is <u>not</u> mandatory for bidders to submit an Intent to Bid form. However, Iowa HHS will only respond to first and second round questions about the RFP that have been submitted by prospective Bidders who have expressed their affirmative intent to bid.



lowa HHS will post written responses to questions from prospective bidders on the State's procurement website.



Responses to questions are not considered part of the RFP. If Iowa HHS decides to change the RFP, it will issue an amendment. All amendments will be posted to:

https://bids.sciquest.com/apps/Router/PublicEvent?CustomerOrg=DASIowa



Follow-up questions to initial responses are permissible if all questions are received by the final due date and time for Bidder Questions as provided in the procurement timetable.

RFP Overview of Question & Answer Process

Submit questions using Attachment H - Question and Answer Template (Round 1) and Attachment I - Question and Answer Template (Round 2)

- First round due on March 20th at 3 p.m. Central
- Second round due April 9th at 3 p.m. Central

Follow-up questions to initial responses are allowed if all questions are received by the final second round due date and time indicated above.

- ▶ If the Bidder objects to any term or condition of the RFP or attached Sample Contract, specific reference to the RFP page and section number shall be made in both the Primary Bidder Detail & Certification Form and in the form of a question submitted through the Question and Answer Templates. Any such questions shall include the specific language the Bidder proposes to include in place of the RFP or contract provision and rationale supporting this request.
- ▶ Note that any exception to RFP or Contract language included in the Primary Bidder Detail & Certification Form but not submitted during the Q&A process will be considered rejected by the Agency.

lowa Department of Health and Human Services – RFP# MED-26-001 IA Health Link Attachment H – Question and Answer Template (Round 1)								
STATE OF IOWA DEPARTMENT OF								
HealthHuman			Bidder Name					
SERVICES					Please Complete Yellow Shaded Regions			
	SERVICES							
Question								
No.	RFP Section	Subsection	Page	Topic	Specific Question/Inquiry			
1	Please make a selection							
2	Please make a selection							
3	Please make a selection							
4	Please make a selection							
5	Please make a selection							
6	Please make a selection							
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10	Please make a selection							
11	Please make a selection							
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13	Please make a selection							
14	Please make a selection							
15	Please make a selection							
16	Please make a selection							



Template for Letter of Intent to Bid (ITB)

- ► The template for the letter of intent to bid (Attachment G) is due on March 20th, 2024, at 3 p.m. Central.
- ▶ Though it is not mandatory that Iowa HHS receives an intent to bid, HHS will only respond to first and second round questions about the RFP by potential bidders who have confirmed their intent to bid.
- ▶ Please submit your ITB following the instructions in the RFP

Iowa Department of Health and Human Services – RFP# MED-26-001 IA Health Link Attachment G – Letter of Intent to Bid Template



Please complete and return this form by e-mail to RFPMED-26-001@dhs.state.ia.us no later than 3:00 p.m. Central Time on March 20th, 2024.

Please note that while it is not mandatory for Bidders to submit this Intent to Bid form, the Agency will only respond to first and second round questions about the RFP that have been submitted by prospective Bidders who have expressed their affirmative intent to bid using this form. (See RFP Section 2.7 Questions, Requests for Clarification, and Suggested Changes.)

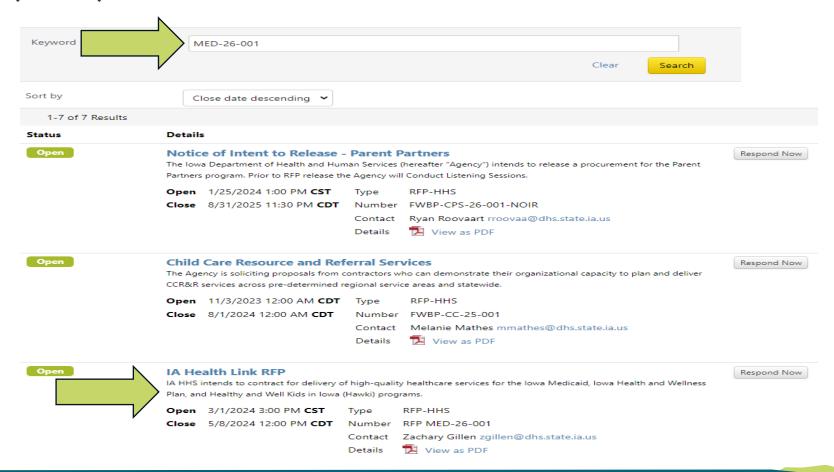
The Agency may cancel an RFP for lack of interest based on the number of Intent to Bid forms received.

Contact Phone Number:							
Mark one of the following: We do plan to respond to this RFP with a proposal							
e do not plan to respond to this RFP							
Reason if no:							



How to Access RFP Documents (Pt. 1)

- ► Visit <u>Iowa IMPACS</u>
- ► Search for "IA Health Link" or "MED 26-001" in the keyword search bar.



How to Access RFP Documents (Pt. 2)

▶ Click on View on PDF.

IA Health Link RFP

IA HHS intends to contract for delivery of high-quality healthcare services for the lowa Medicaid, lowa Health and Wellness Plan, and Healthy and Well Kids in Iowa (Hawki) programs.

Open 3/1/2024 3:00 PM CST Type RFP-HHS

Close 5/8/2024 12:00 PM CDT Number RFP MED-26-001

Contact Zachary Gillen zgillen@dhs.state.ia.us

Details 🔀 View as PDF



Accessing RFP Documents (Pt. 3)

- Upon clicking on View as PDF, a new tab will open in your browser with RFP details on Pg. 1.
- ▶ Pg. 2 provides detail to follow instructions in attached documents
- ▶ Pg. 3 will show a listing of all RFP Attachments. Each attachment hyperlink can be clicked on to open the document.

IA Health Link RFP

IA HHS intends to contract for delivery of high-quality healthcare services for the Iowa Medicaid, Iowa Health and Wellness Plan, and Healthy and Well Kids in Iowa (Hawki) programs.

Open 3/1/2024 3:00 PM CST Type DHHS - Request for Proposal

Close 5/8/2024 12:00 PM CDT Number RFP MED-26-001

Currency US Dollar

Description

Do not upload proposals or questions to this system. Follow the submission instructions in the attached document to ask questions and/or to submit a proposal directly to the Department of Health and Human Services. **Do NOT submit proposals electronically to this system.**

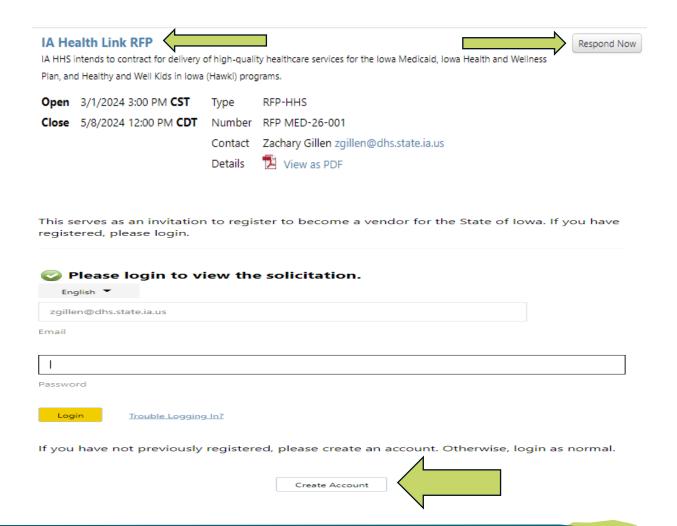
Buyer Attachments

- RFP MED-26-001 IA Health Link RFP.docx
- RFP MED-26-001 Amendment 1.pdf
- RFP MED-26-001 Attachment G ITB Template.docx
- RFP MED-26-001 Attachment H QA Template (Round 1).xlsx
- RFP MED-26-001 Attachment I QA Template (Round 2).xlsx
- RFP MED-26-001 Attachment J Technical Proposal Response Guide.docx
- 7. RFP MED-26-001 Attachment K Vendor Security Questionnaire.docx



Accessing RFP Documents (Pt. 4)

- ► To receive notifications regarding MED-26-001, Vendors must register with Iowa IMPACS.
- Click on the IA Health Link RFP hyperlink or Respond Now.
- Click on Create Account





Key Dates

► See the procurement timetable in the RFP for more details. Times provided are in Central Time.

Event	Date
Agency Issues RFP Notice to Targeted Small Business Website	February 28, 2024
Agency Issues RFP to IMPACS Website	March 1, 2024
Bidders' Conference and Capitation Rate Estimate Presentation	March 18, 2024 (Today)
Bidder Letter of Intent to Bid Due By	March 20, 2024 at 3:00 pm
Bidder Written Questions (Round 1) Due By	March 20, 2024 at 3:00 pm
Agency Responses to Questions (Round 1) Issued By	April 3, 2024 at 3:00 pm
Agency Posts Scoring Guide and Technical Proposal Components	On or Around April 3, 2024
Bidder Written Questions (Round 2) Due By	April 9, 2024 at 3:00 pm
Agency Responses to Questions (Round 2) Issued By	April 19, 2024 at 3:00 pm
Bidder Proposals and any Amendments to Proposals Due By	May 8, 2024 at 12:00 pm
Bidder Presentations of Bid Proposals (held at the discretion of the Agency)	August 6 and 7, 2024
Agency Announces Apparent Successful Bidder/Notice of Intent to Award	September 3, 2024
Transition Activities Begin	September 3, 2024
Anticipated Start Date for the Provision of Services	July 1, 2025



Technical Proposal Response Guide

- ► Follow Section 3 of the RFP for format and content specifications for bid proposals.
- Respond in accordance with Attachment J: Technical Proposal Response Guide.
 - See instructions in RFP Section 3.2 and at the beginning of Attachment J.

RFP# MED-26-001 IA Health Link

Iowa Department of Health and Human Services RFP# MED-26-001

IA Health Link

Attachment J – Technical Proposal Response Guide Required Content of Proposals



INTRODUCTION

This document provides questions and prompts for the Bidder to address their planned approach to meeting the requirements described in Attachment F, Section 2: Program-Specific Statements. References to "you," "the Bidder," "Bidders," etc. all refer to the organization that is submitting a proposal in response to this RFP.

Exhibits or attachments should be clearly labeled for ease of reference and provided as separate documents. Your response to RFP Section 3.2.3 Information to Include Behind Tab 3: Bidder's Approach to Meeting Deliverables, including your response to this guide, should be limited to 1,000 pages. Please see RFP Section 3.1 Bid Proposal Formatting for more information.

Throughout your response, please demonstrate why you are well suited for Iowa Medicaid services, Members, and Providers

SECTION A – GENERAL

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



