

**Department of Human Services
Division of Medical Assistance Programs**

**Oregon Health Plan
Medicaid Demonstration Project**

**Fully Capitated Health
Plan**

**Request for Application
(RFA # 2383)**

This RFA is for current Fully Capitated Health Plan Contractors that would like to contract with the Division of Medical Assistance Programs to provide fully capitated medical services to Oregon Health Plan Clients in service areas specified in this RFA.

Table of Contents

Section I

***Application Guidelines* 4**

- A. General Information 5**
- B. Procurement Schedule 12**
- C. Directions for Completing the Application 12**
- D. Application Evaluation Process 14**

Section II

***The Application* 15**

- A.1 Letter of Intent – RFA # 2383 16**
- A.2 Formal Statement of Offer.....22**
- B. Applicant Information 18**
- C. Standards for Service..... 22**

- STANDARD #1: PROVISION OF MEDICAL CARE SERVICES..... 22**
- STANDARD #2: EMERGENCY AND URGENT CARE SERVICES 34**
- STANDARD #3: CONTINUITY OF CARE 31**
- STANDARD #4: MEDICAL RECORD KEEPING 32**
- STANDARD #5: QUALITY IMPROVEMENT 34**
- STANDARD #6: ACCESSIBILITY 35**
- STANDARD #7: GRIEVANCE SYSTEM 37**
- STANDARD #8: INFORMATIONAL REQUIREMENTS 38**
- STANDARD #9: MEMBER EDUCATION 39**
- STANDARD #10: MEMBER RIGHTS AND RESPONSIBILITIES 40**
- STANDARD #11: EXCEPTIONAL NEEDS CARE COORDINATION 41**
- STANDARD #12: CHEMICAL DEPENDENCY 41**
- STANDARD #13: BILLING AND PAYMENT 46**
- STANDARD #14: FINANCIAL SOLVENCY 48**

Attachments

- Attachment 1: Service Area Information
- Attachment 2: Oregon Administrative Rules (410-141-0000 *et.seq.*)
- Attachment 3: DMAP Forms 3001, 3030 and DHS Form 0443
- Attachment 4: FCHP Sample Service Area Expansion Amendment
- Attachment 5: OHP Medicaid Demonstration - Analysis of Federal Fiscal Years 2006-2007 Average Costs (Per Capita Cost Report)

Section I

Application Guidelines

A. General Information

1. Purpose

The Division of Medical Assistance Programs (DMAP) of the Department of Human Services (DHS) invites current DMAP Fully Capitated Health Plan Contractors to submit applications to amend their Service Area to include those service areas identified in Attachment 1-A. The intent of this Request For Application (RFA) is to solicit applications from current FCHPs that are qualified to provide managed medical care in specified areas of the state. A “current FCHP” is a FCHP that is under contract with DHS as of the date of this RFA and that signs a FCHP contract with DHS effective January 1, 2007. The FCHPs will provide fully capitated services under the Oregon Health Plan Medicaid Demonstration Project (OHP) and the Children’s Health Insurance Program (CHIP) within designated areas of the state (a description of the service areas can be found in Attachment 1-A). Prospective applicants may apply to provide services to partial or entire service area(s) that must be identified in Section II, A (1) and B (3). Capitation rates for the expansion service area will be issued in accordance with the PriceWaterhouseCoopers Report that is referenced in the FCHP Contract effective January 1, 2007.

2. Organization of the Request for Application

This RFA is organized into two (2) Sections plus attachments.

Section I includes general information, the procurement schedule, a description of the evaluation process and directions for completing the application.

Section II contains the identifying information required of applicants, the letter of intent, and the formal statement of offer and lists the standards for participation and responses required to submit qualified applications.

The Attachments contain: service area information, DMAP forms 3001 and 3030, DHS form 0443, the OHP Administrative Rules, FCHP Sample Service Area Expansion Amendment, the OHP Medicaid Demonstration – Analysis of Federal Fiscal Years 2006-2007 Average Cost (Per Capita Cost Report), and an Electronic Funds Transfer form.

3. Intent of the Contract

DMAP intends to contract with current FCHPs to provide and manage medical services, funded by the 2005 Legislative Assembly, as the benefit package for identified Medicaid clients. In order to qualify for a service area expansion amendment, applying FCHPs must meet the standards outlined in this RFA.

DMAP reserves the right to modify the sample contract amendment found in Attachment 5. The qualified applicants shall be notified of any changes no later than January 16, 2007 and will be required to sign the finalized amendment prior to services in the applicable service area.

4. Issuing Office

DMAP is the issuing office for this RFA and Natalie Steele, (503) 945-6505, is the point of contact for additional information or questions from prospective applicants who are considering preparing responses to the RFA.

5. Contract Amendment Award

DMAP intends to award prepaid capitation payment contract amendments for service area expansion to qualifying organization(s) as a result of this application. The selected applicants shall be required to comply with all terms and conditions of the FCHP contract.

6. Rejection of Application

DMAP reserves the right to reject any and all applications received as a result of this RFA, or to negotiate separately with any source whatsoever, or in any manner necessary, to serve the best interests of DMAP.

8. Costs of Application

DMAP is not liable for any application and/or preparation costs incurred by any applicant, nor will DMAP pay for the information solicited or obtained by this request.

9. Mandatory Pre-Bid Conference Requirement

There is no Pre-Bid Conference for this RFA.

10. Addendum to the Request for Application

In the event that it becomes necessary to revise any part of this RFA, a change in the form of an addendum will be provided only to those applicants that have submitted a Letter of Intent to provide FCHP services.

Oral instructions or information concerning the RFA or its requirements provided at any time during this RFA process shall not be binding. Only formal written addenda shall be binding and by reference become part of this RFA. All addenda shall be issued by DMAP no later than fourteen (14) days prior to the application due date, however, DMAP may extend the application due date if DMAP finds an extension is necessary to allow consideration of the solicitation protest as indicated under Section I (A)(23). All DMAP-related contact regarding this RFA shall be directed only to the point of contact cited in Section I (A)(5) of this RFA. Applicants are advised that contact with other DMAP individuals regarding this solicitation without approval from the point of contact may lead to disqualification from this RFA.

11. Letter of Intent

To be considered, applicants must submit a letter of intent to DMAP by December 6, 2006. While a letter of intent does not commit any applicant to apply, DMAP will not consider applications from applicants who do not submit a timely letter of intent.

12. Applicant Response Date

To be considered, applications must arrive at the issuing office on or before the date and time specified in the procurement schedule found in Section I (B). Delivery is the sole responsibility of the applicant and late receipt of applications shall result in disqualification from the RFA process.

13. Applications

Applicants must submit **three (3)** separate binders of the completed responses to the RFA using the format outlined in Section II. Each copy shall be submitted in separate binders with the identifying information and formal statement of offer described in Section II. One (1) CD-Rom copy of the application responses shall also be included.

NOTE: It is important that you reference each required response by specific standard and response number. All relevant attachments should immediately follow the response to the individual standard. Attachments should not be sent as separate appendices.

An official authorized to bind the applicant to its application must sign all copies (*See* form Section II (A)(2)), and the application must remain valid for at least one hundred twenty (120) days from the closing date for receipt of application, as specified in the procurement schedule found in Section I (B).

14. Acceptance of Application Contents

The contents of the application shall be incorporated by reference into the finalized contract and shall contractually obligate the applicant upon execution. Failure of the successful applicant to abide by the application contents may be cause for termination of the contract and/or implementation of contract sanctions.

15. Economy of Preparation

Applications must be prepared following the format outlined in Section II. Application should be prepared simply and economically, providing a straightforward and concise description of the applicant's ability to meet the requirements of this RFA. All relevant attachments should immediately follow the response to the individual standard. DMAP may require that applicants make an oral presentation to ensure mutual understanding. DMAP may confirm any oral understanding in writing, with any such confirmation considered part of the application.

16. Prime Applicant Responsibilities

Applicants must assume responsibility for all services identified in the application. Further, DMAP will consider the applicant to be the point of contact and responsible for all contractual matters, including payment to others of any charges resulting from the contract.

17. Enrollment

Enrollment in many service areas in the State shall be mandatory. Mandatory enrollment means that eligible Medicaid clients must choose a plan from those

available in their area. Clients who do not select a Prepaid Health Plan (PHP) may be assigned to one by the DHS.

18. Disclosure of Application Contents and Release of Information

Application information, including the Letter of Intent, shall not be disclosed to any applicant (or any other individual) until the completion of the RFA process. The RFA process shall be considered complete when the service area expansion amendment has been awarded. Application information shall be subject to disclosure upon the award date, with the exception of information that has been clearly identified and labeled “Confidential” under Oregon Revised Statute (ORS) 192.501 – 192.502, insofar as DMAP determines it meets the requirements for an exemption.

Any requestor shall be able to obtain copies of non-exempt information after the RFA process has been completed. The requestor shall be responsible for the time and material expense associated with the request. This fee includes the copying of the document(s) and the staff time associated with performing the task.

19. Information Required from Applicants

All questions from DMAP must be answered. DMAP shall provide clarification and assistance as needed by applicants. **Contact Natalie Steele at (503) 945-6505 or by email at natalie.steele@state.or.us for assistance.** All information should be submitted in one packet by the application due date. The applicant may submit additional information only if it is essential to establishing the applicant’s qualifications. Clearly identify any information that is not part of the required material. Applicants should take care that their responses fully meet the requirements of the RFA.

20. Order of Precedence

In the event of a need for interpretation, the order of precedence shall be first to the RFA and then to the applicant’s response to the RFA.

21. Reservation of Department Rights

DMAP reserves all rights regarding this RFA, including, without limitation, the right to:

- a. Amend or cancel this RFA without liability if it is in the best interest of the public to do so;
- b. Waive any minor irregularity, informality, or non-conformance with the provisions or procedures of this RFA, and to seek clarification from the submitter, if required;
- c. Reject any application that fails to substantially comply with all requested solicitation procedures and requirements;
- d. Modify the sample amendment that are a result of this RFA;
- e. Engage Contractors by selection or procurement independent of this RFA process and/or any contracts/agreements under it; and
- f. Make a determination in the best interest of DMAP to contract with a single applicant or less than all of the qualified applicants. Qualifications, performance history, expertise, knowledge and the ability to exercise sound professional judgment are primary considerations in the selection process. In the event that the sole respondent is not judged a qualified respondent, then DMAP reserves the right to solicit other applicants. DMAP reserves the sole right to make this determination.

21. Solicitation Protest

Any applicant may submit a written protest or request for change of a particular RFA provision, specifications, or amendment terms and conditions to DMAP no later than three (3) calendar days prior to the letter of intent due date. The protest shall state the reasons for the protest or request and any proposed changes to the RFA provisions, specifications or contract terms and conditions. Protest shall be handled using the process set forth in Oregon Administrative Rule (OAR) 137-047-0730.

23. Selection Notice

The applicant(s) of the selected application(s) shall be notified in writing on or about January 12, 2007, including the proposed service area(s) and enrollment level(s).

24. Protest Selection

Every applicant shall be notified of its selection status. An applicant who claims to have been adversely affected or aggrieved by its selection status shall have seven (7) calendar days after receiving status notification to submit a written appeal to the issuing office. Protests shall be handled using the process set forth in OAR 137-047-0740.

25. Withdrawal

If an applicant wishes to withdraw a submitted application, it must be withdrawn prior to the application due date. A written request to withdraw must be signed by the applicant and submitted to DMAP at the address specified under Section I (B), Procurement Schedule.

26. Release of Information

No information shall be given to any applicant (or any other individual) relative to their standing with other applicants during the RFA process.

27. Recyclable Materials

Vendors shall use recyclable products to the maximum extent economically feasible in the performance of the contract work set forth in this document.

28. Contractual Obligation

All applicants who submit an application in response to this RFA understand and agree that DMAP is not obligated thereby to enter into an agreement with any applicant and, further, has absolutely no financial obligation to any applicant.

29. Solicitation and Procurement Rule

DMAP's solicitation and procurement of prepaid capitation payment contracts is governed by OAR 410-141-0010 that is included in Attachment 3.

A. Procurement Schedule

The following is a schedule for submitting a FCHP RFA application to amend the service area for the Oregon Health Plan Medicaid Demonstration Project. DMAP reserves the right to adjust the schedule whenever and however it deems such an adjustment is in the best interest of the state.

Activity	Date
Issue RFA.....	November 24, 2006
RFA Addendum Due (if applicable).....	December 22, 2006
Applicants’ Questions Due.....	December 13, 2006
Letters of Intent Due.....	December 6, 2006
Closing Date for Receipt of Application.....	January 5, 2007
Proposed Contract Award Notification.....	January 12, 2007
Effective Date of Contract.....	February 1, 2007

Applications are due on January 5, 2007, by 3:00 p.m. PDT. DMAP shall not accept late applications. Mail or deliver applications to:

Natalie A. Steele, DMAP MCO Contract Administrator
 Department of Human Services
 Health Services
 500 Summer Street NE, E-35
 Salem, OR 97301
 (503) 945-6505

B. Directions for Completing the Application

The application in Section II is divided into three parts. The first part is the identifying information. The second part is the formal statement of offer that must be signed by an authorized official. The third part consists of fourteen (14) standards based on the OHP Oregon Administrative Rules (OARs). Each standard has corresponding required responses.

Prospective applicants may apply to provide services to a partial or entire service area identified in Attachment 1-A and 1-B. In determining service area(s) applicants must consider the allowable driving distance/time to Primary Care Physicians (PCP).

In some areas the patterns of care may be such that DMAP clients seek care in an adjoining county. Therefore, applicants may choose to cover those contiguous zip codes as identified in Attachment 1-B. The applicants shall receive separate capitation rates for each county, which shall include contiguous zip codes in an adjoining county. If a prospective applicant has no provider panels, the applicant must submit information that supports their ability to provide coverage for those DMAP members in the service area(s) they are applying.

Response Format:

Completed applications must be submitted in three (3) separate binders. Each binder must contain the following:

1. Identifying information and formal statement of offer in Section II.
2. The responses to the 14 standards in Section II. All relevant attachments should immediately follow the responses to the individual standard.

Note: Attachments should not be sent as separate appendices.

3. All applications **must** be signed by an authorized official.
4. **Complete applications shall include a CD-Rom of all submitted materials.**

Requesting a 3 1/2 inch floppy disk or CD:

The FCHP RFA and attachments (excluding the OHP administrative rules) can be found at: http://www.oregon.gov/DHS/healthplan/tools_prov/main.shtml.

The OHP administrative rules can be found at:
<http://www.dhs.state.or.us/policy/healthplan/rules/notices.html>.

Upon request by the applicant, DMAP's point of contact shall supply a 3 ½ inch floppy disk or CD that will contain the RFA, but not the attachment materials, in Microsoft Word for Windows format. **If you are unable to retrieve the attachment from the aforementioned websites, please call and request the attachments to be mailed.**

C. Application Evaluation Process

DMAP shall conduct a comprehensive, fair and impartial evaluation of all applications received. Included in Section II are the standards for participation as a FCHP. The standards correspond to the OHP OARs. Each standard has individual measurements and required responses. These represent specific procedures, policies, staff, services, or written materials that should be in place at the time of application or, with DMAP's written agreements at the time of execution of the amendment, or such other time as DMAP may expressly require in writing satisfying the standards.

Note: Applicants must respond to all items under the required response sections of every standard.

If an application substantially meets the standards but has incomplete information at any point in the evaluation process, DMAP may request additional information in order to fully evaluate the application. DMAP also reserves the right to independently verify the accuracy of the submitted materials, including reference checks. DMAP may enter into negotiations with any applicant in order to determine if the applicant is fully able to meet all of the standards. When negotiations are, in DMAP's opinion, unproductive, DMAP may terminate negotiations and reject the application.

Section II

The Application

Letter of Intent – RFA # 2383

(Legal Name of Organization)

Intends to reply to RFA # 2383 and apply by January 5, 2007, to provide FCHP capitated services in the following service areas as defined in Attachment 1-A, (please list area(s) you intend to service by county and zip code). **Prospective applicants may apply for partial or entire service area(s). These full or partial services areas must be identified in this section and Section B (3).** Applicants may reproduce this form to incorporate all the service area(s) applied for; however, the structure and information cited in this form must remain the same as indicated.

Service Area

County

Zip Code

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature

Print Name

Title

Date

Submit this form to: Natalie Steele, DMAP, 500 Summer St. 3rd Floor
Salem, Oregon, 97301
Tel: (503) 945-6505 Fax: (503) 947-5221

Formal Statement of Offer**Certification of Application and Binding Offer**

I, _____, _____
(Name) (Title)

(Legal Name of Organization)

With the authority specifically vested in me by the governing body of said organization, I hereby certify that I have examined the foregoing application, and that to the best of my knowledge and belief it is a true and correct statement prepared from books and records of the organization and in accordance with the instructions pertaining in this application. I understand that this application constitutes a binding offer and, if it is accepted by the Department of Human services, Division of Medical Assistance Programs, that we shall be required to perform all obligations entailed by this application as accepted.

Signature

Print Name

Title

Date

B. Applicant Information

Identifying Information

Date of application _____;

Applicant's legal name _____;

Address _____;

Telephone number: _____;

Fax telephone number: _____;

Email address, if available: _____; and

Person who is to receive communication regarding this application, including title, position and phone number (Plan Contact):

_____.

Organizational Information

State the type of organization (hospital, medical clinic, group practice, sole proprietorship, partnership, professional corporation, etc.) and whether you are a profit or non-profit entity.

List the following organizational information:

- (1) Federal Tax Identification Number;
- (2) Name and title of chief administrator;
- (3) Copy of Certificate of Incorporation in Oregon and/or any other states (if applicable). If using an assumed business name, a copy of the Oregon State Registration form;
- (4) A statement (on corporation letterhead), signed by the Chairman of the Board or chief executive officer if not a corporation, listing the names of the officers of the corporation (or your organization) who are authorized to sign contracts with DMAP; and

If the Plan chooses the Electronic Funds Transfer payment option, please see Attachment 8.

Note: Applicant must have at least 2 authorized signers for back-up purposes. A statement, that DMAP will be notified if that authority is withdrawn or modified, should be included.

- c. If your organization has a board of directors, attach a list of the members and officers, indicating specific representation such as consumer representative, legal representative, etc.

Please answer the following questions:

- (1) Is the role of the board decision-making or only advisory?
- (2) Describe your board's involvement in policy-making in your organization.

- d. List the owners of your organization.

Anyone who owns 5% or more of your organization must be identified by name and address. Indicate whether these owners are also providers of services under this contract or are subcontractors. If neither a provider nor a subcontractor, please state their role, relationship and authority.

Identify any owners of your organization who are also owners of subcontractor organizations, owners of organizations that will receive referrals under this contract, or who are specialists who may receive referrals under this contract.

- e. Attach a current, dated organizational chart of your organization. Indicate names of staff members next to position titles.
- f. Provide a brief history and general description of the organization.
- g. Has your organization or any legal predecessor in interest, or affiliate of your organization, ever defaulted on a contract or otherwise had a contract terminated within the past 10 years? If yes, describe the reason(s) for default or termination of the contract(s).

- h. List the staff member(s), with title and phone number(s), who will be assigned to be the liaison(s) with DMAP. Describe other job responsibilities of this person(s), if any.
- i. If the applicant is regulated by the Oregon Insurance Division (OID), provide the authority identifier issued by the OID, a description of the type of organization and copies of any communications made by the OID affecting either the organizational structure or the financial status of the applicant issued within the past two years.
- j. If applicant is pursuing a certification or license by the OID, please provide a brief description of that request, including any significant communications made by the OID about the current organizational structure or financial status of the applicant.
- k. Identify if the applicant is a director, office, partner, or person with beneficial ownership of more than 5% of applicant's equity or property, and is currently or has been suspended, debarred, or otherwise excluded from any of the following:
 - (1) Participating in the procurement activities under the Federal Acquisition Regulation;
 - (2) Participating in non-procurement activities under regulations issues pursuant to Executive Order No. 12549, or under guidelines implementing such order;
 - (3) Applicant, its legal predecessor, its parent company or affiliate has been suspended or terminated from DMAP or any State health care program; (See FCHP Contract, Section(5)(X), Fraud and Abuse Requirements);
 - (4) Persons or entities who are currently suspended or terminated from the Oregon Medical Assistance Program or excluded from participation in the Medicare program;
 - (5) Applicant, its legal predecessor, its parent company or affiliate has been convicted of a felony or misdemeanor related to a crime or violation of Title XVIII, XIX, or XX of the Social Security Act and/or related State laws (or entered a plea of nolo contendere); or

C. Standards for Service

STANDARD #1: PROVISION OF MEDICAL CARE SERVICES

THE APPLICANT HAS THE ABILITY TO DELIVER OR ARRANGE FOR ALL THE MEDICAL CARE SERVICES THAT ARE MEDICALLY NECESSARY AND REIMBURSABLE UNDER THIS CONTRACT.

To assess whether the applicant has the provider capacity to deliver services, provider capacity must be assessed. FCHP providers include physicians (primary care and specialists), mid-levels, hospitals, hospices, laboratories, extended care facilities, Durable Medical Equipment (DME) providers, county health programs, Rural Health Centers (RHCs), Federally Qualified Health Centers (FQHCs) and any other provider with which your FCHP has a subcontract. If a provider has more than one address, submit a separate record for each address of the provider.

Applicant shall submit the Provider/Capacity Report to DMAP in the electronic format of Microsoft Excel. The field types and sizes are required and may be submitted in an alternate format if Applicant obtains prior approval from DMAP by contacting DMAP's MCO Contract Administrator.

REQUIRED DATA ELEMENTS

LINE	VARIABLE NAME	TYPE	SIZE	SPECIAL INSTRUCTIONS
1	CONTRACTOR NAME	A	50	The name of the Contractor that this Provider Capacity Report pertains to and is submitted by.
2	LAST NAME	A	50	Last name of the Provider. If the Provider has practices in multiple areas, complete a record line for each practice location.
3	FIRST NAME	A	25	First name of the Provider.
4	BUSINESS/PRACTICE ADDRESS	A/N	50	Address of the Provider's practice, including suite number. If the Provider does not have a practice address, list the business address. (i.e. lab/ diagnostic companies)

5	BUSINESS/PRACTICE CITY	A	20	City where the Provider's business is located.
6	BUSINESS/PRACTICE ZIP CODE	N	10	Formatted zip code - (9999) four digit code (i.e. 97214-1014)
7	BUSINESS COUNTY	A	15	The county in which the Provider's business is located.
8	PROVIDER TYPE	A	5	Table number 1 in subsection F of Exhibit E must be used.
9	SPECIALTY	A	15	Table number 2 in subsection F of Exhibit E must be used. If a specialty code does not apply, please use "not applicable".
10	PROVIDER'S DMAP NUMBER	A/N	6	DMAP assigned Provider number as supplied with Encounter Data. "999999" can be used if the Provider is not a PCP or the number is not known.
11	OTHER PROVIDER #	A/N	13	UPIN; The Provider's unique Provider identification number or (NPI). (Required only if 11, above, is "999999")
12	PRIMARY CARE PROVIDER (PCP) IDENTIFIER	A	1	Y = This Provider is a PCP. N = This Provider is not a PCP. DMAP
13	# MEMBERS ASSIGNED	N	4	Number of Contractor's DMAP Members currently assigned to this PCP or clinic.
14	# OF ADDITIONAL MEMBERS THAT CAN BE ASSIGNED TO PCP	N	5	Estimated number of additional members PCP will accept. If #12 = N, answer "0"
15	CREDENTIAL VERIFICATION	N	8	Date Contractor verified or certified Provider's credentials (mm/dd/yy) as required in OAR 410-141-0120(1)(a).
16	SANCTION HISTORY	A/N	50	Brief description of any sanctions, fines or disciplinary actions that are currently active from the appropriate licensing board(s), DHS including DMAP, AMH, and SPD, DHS audit unit, Oregon Medicaid Fraud Unit, Oregon Secretary of State, Oregon Insurance Division, Oregon Department of Justice, U.S. Attorney or Department of Justice, CMS, or DHHS Office of Inspector General. If this is not applicable, answer "not applicable".
17	CONTRACT START DATE	A/N	25	mm/dd/yy Include a copy of new subcontracts since last report as required in Section 5, subsection Z (FCHP/ PCO), subsection S (DCO) or subsection R (CDO) and 42 CFR 438.230.
18	CONTRACT END DATE	A/N	25	mm/dd/yy. If contract is open-ended, answer 99/99/99 for end date.

1.1 Measurement Standard

Each Contractor shall ensure the availability of PCPs. Certified physician assistants and nurse practitioners shall be considered acceptable PCPs when they are certified and/or licensed in Oregon and physicians pursuant to licensure requirements adequately supervise them.

The FCHP must have an access plan for monthly monitoring of capacity and for improving access if necessary. The necessity for improving access will be determined by DMAP.

1.1 Required Response

- A. On a disk or CD, for each service area you propose to serve, list the PCPs on your panel in accordance to the instructions provided above. Attach a paper copy of the information listed on the disk or CD.
- B. Attach a dated and signed letter of agreement, letter of intent or signature page of each provider agreement for each primary care physician listed in Response 1.3(A). If a group of Primary Care physicians' subcontract with an Independent Practice Association (IPA), a dated and signed letter from the IPA may be submitted. The IPA letter must have the signatures of each PCP and must state that these PCPs are willing to provide services to DMAP Members throughout the entire or partial service areas. The signature page must contain the signature, date and printed or typed physician name and title.
- C. Attach a sample copy of your contract with the providers. Attach a description of the process used to assess network adequacy, including access to specialists considering the Medicaid enrollees' health needs.

1.2 Measurement Standard

FCHPs shall ensure DMAP Members have the same access to contracted referral providers as non-DMAP Members. FCHPs shall ensure that the FCHP will not have a broader referral panel for their other business lines than for their DMAP line of business. The FCHPs will ensure access by DMAP Members to their referral panel is, at a minimum, in compliance with DMAP contract requirements and OAR 410-141-0160.

1.2 Required Response

- A. On a disk or CD, for each service area(s) you propose to serve, list the specialists on your panel in accordance to the instructions provided in the general description of Standard #1. Attach a paper copy of the information listed on the disk or CD. This information must include all counties you propose to serve and shall include the specialist's name, location and specialty. This list shall be sorted by specialty code, as referenced in Exhibit E of the FCHP Contract.
- B. Attach a signed and dated letter of agreement or a letter of intent with each specialist on your panel, or signature page of the provider agreement for each specialist listed in Response 1.2(A). If a group of specialist providers' subcontract with an IPA, a dated and signed letter from the IPA may be submitted. The IPA letter must have the signatures of each specialist and must state that these specialists are willing to provide services to DMAP Members throughout the entire or partial service areas. Each signature page must contain the signature, date and printed or typed provider name and title.
- C. Attach a sample copy of your contract with a specialist.

1.3 Measurement Standard

FCHPs shall ensure those DMAP Members who have special health care needs such as those who are Aged, Blind, Disabled or children/youths placed in a substitute care setting by Services to Children, Adults and Families (CAF) and the Oregon Youth Authority (OYA) (or children receiving adoption assistance from CAF) have access to primary care and referral providers with expertise to treat the full range of medical conditions experienced by these DMAP Members. [See OAR 410-141-0220(1)(b)(C)]

1.3 Required Response

- A. On a disk or CD, in accordance to the instructions provided in the general description of Standard #1, list those providers and specialists that have special skills or sub-specialties necessary to provide a comprehensive array of medical services to the elderly, disabled populations and children/youths in substitute care.

- B. Attach a dated and signed letter of agreement, letter of intent, or the signature page of each provider agreement for each primary care provider and specialist listed in Response 1.3.A. If a group of primary care providers' subcontract with an IPA, a dated and signed letter from the IPA may be submitted. The IPA letter must have the signatures of each PCP and must state that these PCPs are willing to provide services to DMAP Members throughout the entire or partial service area. The signature page must contain the signature, date, printed or typed provider name and title.
- C. Indicate those providers listed in Required Responses 1.1 and 1.2 that have experience, training or certification to provide services to the Aged, Blind and/or Disabled populations and children/youths in substitute care. Describe their qualifications and sub-specialty to service these populations.

1.4 Measurement Standard

The FCHP must maintain a formal network of specialized providers to ensure appropriate care is provided. The FCHP shall establish and follow written procedures for referrals for participating and non-participating providers. Specialized providers include, but are not limited to: hospitals, pharmacies (including institutional pharmacies), ambulance companies, skilled nursing facilities, durable medical equipment providers, home health care agencies, physical, occupational and speech therapists, urgent care centers, birthing centers and outpatient surgery centers, among others.

1.4 Required Response

- A. On a disk or CD, in accordance to the instructions provided in the general description of Standard #1, for each service area(s) you propose to serve, list the above medical resources with which you contract or to which patients are commonly referred. List providers necessary to cover all capitated services, including non-contracted providers who are routinely used for referrals (such as the Child Development and Research Center (CDRC), Shriner's Hospital, or Oregon Health and Sciences University (OHSU)). [See FCHP Contract Exhibit E for Codes.]
- B. Attach a signed and dated letter of agreement or a letter of intent with each of these medical resources. If a group of specialist providers subcontract with an IPA, a dated and signed letter from the IPA may be submitted. The

IPA letter must have the signatures of each PCP and must state that these PCPs are willing to provide services to DMAP Members throughout the entire or partial service area. The signature page must contain the signature, date and printed or typed provider name and title.

1.5 Measurement Standard

Under ORS Chapter 414, FCHPs shall execute agreements with publicly funded providers for authorization of and payment for point-of-contact services (i.e. immunizations, sexually transmitted diseases and other communicable diseases) unless cause can be demonstrated that such an agreement is not feasible. [See OAR 410-141-0120(2)(a)-(e)]

1.5 Required Response

A. Publicly Funded Program Involvement

Complete the following table detailing your FCHP’s involvement with publicly funded health care and service programs. Include those publicly funded health care and service programs with which you have subcontracts.

Name of publicly funded program	Type of public program (i.e. County Mental Health Department)	County in which program provides service	Description of the services provided	How long have program/service s been provided?	What has been the involvement of the public program in your plan’s operations (on the board, on QA committee, etc)?

Other formatting conventions that must be followed are:

All entries must be in UPPERCASE LETTERS;

Provider type, specialty and sub-specialty codes will be limited to those outlined in Exhibit E of the FCHP Contract; and

No punctuation marks are to be used (decimal points are not considered punctuation marks).

- B. Submit copies of all signed and dated agreements with County Health Departments and other publicly supported clinics in the service area(s) you propose to serve.
- C. Describe how you have involved publicly funded providers in the development of your managed care program.
- D. If you do not have signed agreements with county health departments and/or other publicly supported clinics, you must describe why such agreements are not feasible.

1.6 Measurement Standard

All practitioners on the FCHP's panel must be duly licensed and/or certified by the state in which they practice and have malpractice insurance in place as required by DMAP. Providers who have been sanctioned by DMAP or providers barred from participating in federal health care programs by CMS and/or the Office of Inspector General may not provide services to OHP clients. The FCHP must credential all panel providers upon initial contract with the FCHP and re-credential, at a minimum, every 3 years. Credentialing includes verification that the provider has not been barred from participating in federal health care programs by CMS or the Office of Inspector General. [See OAR 410-141-0120(1)(a)]

1.6 Required Response

Submit your credentialing process, which includes a description of how the FCHP verifies that the provider is not barred from participating in federal health care programs by CMS or the Office of Inspector General.

1.7 Measurement Standard

The FCHP shall have written procedures that allow and encourage all DMAP Members to choose a specific Primary Care Provider (PCP). FCHPs shall make observable efforts to encourage a member's choice of a Primary Care Provider. FCHP's who assign members to PCP's shall assign members within 30 days, if they have not received a request from the member and shall document

unsuccessful efforts before assignment. FCHPs who assign members to PCPs at the time of enrollment shall allow members 30 days to change PCPs. [See OAR 410-141-0120(1)(d)]

1.7 Required Response

- A. Submit the procedures you will follow to encourage each DMAP Member to choose a primary care provider. Include in the procedures how you will assign a PCP to members who fail to select one within a reasonable period of time.
- B. Submit your policies that describe the circumstances and frequency that a DMAP Member may change a PCP.

1.8 Measurement Standard

The Oregon Health Plan requires that the service delivery system be designed to provide services according to covered condition/treatment pairs (the prioritized list of health services).

1.8 Required Response

Submit the procedures that you will use to ensure that services are delivered according to this model.

1.9 Measurement Standard

The FCHP shall ensure that a newly enrolled DMAP Member receives timely, adequate and appropriate medical care and services necessary to establish and maintain the health of the DMAP Member within the constraints of the prioritized list of health services.

1.9 Required Response

Submit written procedures that describe how members will receive care and services (such as medication refills) prior to establishing medical care with a PCP.

STANDARD #2: EMERGENCY AND URGENT CARE SERVICES

THE FCHP SHALL HAVE WRITTEN POLICIES AND PROCEDURES AND MONITORING SYSTEMS THAT PROVIDE FOR EMERGENCY AND URGENT SERVICES FOR ALL DMAP MEMBERS ON A 24-HOUR, 7-DAYS-A-WEEK BASIS. THE FCHP SHALL COMMUNICATE THESE POLICIES AND PROCEDURES TO PROVIDERS, REGULARLY MONITOR PROVIDERS' COMPLIANCE AND TAKE ANY CORRECTIVE ACTION NECESSARY TO ENSURE PROVIDER COMPLIANCE. (See OAR 410-141-0140]

2.1 Assurances For Standard 2

_____ (Applicant) warrants and represents that policies, procedures, or processes currently used to ensure the provision of triage services for all DMAP members on a 24-hour, seven-day-a-week basis address all the current requirements of OAR 410-141-0140 at the date of application, are those provided to DMAP within the past two years, are still accurate and will continue if DMAP approves this application.

Signed: _____

Date: _____

Title: _____

STANDARD #3: CONTINUITY OF CARE

THE FCHP SHALL HAVE WRITTEN POLICIES AND PROCEDURES THAT ENSURE A SYSTEM FOR THE COORDINATION OF CARE AND THE ARRANGEMENT, TRACKING AND DOCUMENTATION OF ALL REFERRALS AND PRIOR-AUTHORIZATIONS TO OTHER PROVIDERS. THE FCHP SHALL COMMUNICATE THESE POLICIES AND PROCEDURES TO PROVIDERS, REGULARLY MONITOR PROVIDERS' COMPLIANCE AND TAKE ANY CORRECTIVE ACTION NECESSARY TO ENSURE PROVIDER COMPLIANCE. [See OAR 410-141-0160]

3.1 Assurances For Standard 3

_____ (Applicant) warrants and represents that policies, procedures, or processes which are currently used to assure a system for the coordination of care and the arrangement, tracking and documentation of all referrals to other providers address all the current requirements of OAR 410-141-0160 at the date of application are those policies, procedures or processes provided to DMAP within the past two years, are still accurate and will continue once DMAP has approved this application.

Signed: _____

Date: _____

Title: _____

(This space left blank intentionally)

STANDARD #4: MEDICAL RECORD KEEPING

PHPS SHALL HAVE WRITTEN POLICIES AND PROCEDURES THAT ENSURE MAINTENANCE OF A RECORD KEEPING SYSTEM THAT INCLUDES MAINTAINING THE SECURITY OF RECORDS AS REQUIRED BY THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA), 42 USC § 1320-D ET SEQ., AND THE FEDERAL REGULATIONS IMPLEMENTING THE ACT, AND COMPLETE CLINICAL RECORDS THAT DOCUMENT THE CARE RECEIVED BY DMAP MEMBERS FROM THE PHP'S PRIMARY CARE AND REFERRAL PROVIDERS. PHPS SHALL COMMUNICATE THESE POLICIES AND PROCEDURES TO PARTICIPATING PROVIDERS, REGULARLY MONITOR PARTICIPATING PROVIDERS' COMPLIANCE WITH THESE POLICIES AND PROCEDURES AND TAKE ANY CORRECTIVE ACTION NECESSARY TO ENSURE PARTICIPATING PROVIDER COMPLIANCE. PHPS SHALL DOCUMENT ALL MONITORING AND CORRECTIVE ACTION ACTIVITIES. SUCH POLICIES AND PROCEDURES SHALL ENSURE THAT RECORDS ARE SECURED, SAFEGUARDED AND STORED IN ACCORDANCE WITH APPLICABLE OREGON REVISED STATUTES (ORS) AND OREGON ADMINISTRATIVE RULES (OAR). [See OAR 410-141-0180]

4.1 Required Response

Describe your plan to ensure providers in the service areas(s) understand and adhere to your medical record keeping system requirements for DMAP members, including the requirement to provide encounter data.

4.2 Assurances for Standard 4

_____ (Applicant) warrants and represents that policies, procedures, or processes currently used to maintain a medical record keeping system necessary to fully disclose and document the condition of the member and the extent of services both arranged for and provided to members address all the current requirements of OAR 410-141-0180 at the date of application, are those policies, procedures or processes provided to DMAP within the past two years are still accurate and will continue if DMAP approves this application .

Signed: _____

Date: _____

Title: _____

(This space left blank intentionally)

STANDARD #5: QUALITY IMPROVEMENT

EACH FCHP SHALL HAVE AN ONGOING QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM FOR THE SERVICES IT FURNISHES TO ITS ENROLLEES. THE PROGRAM SHALL INCLUDE AN INTERNAL QUALITY IMPROVEMENT PROGRAM BASED ON WRITTEN POLICIES, STANDARDS AND PROCEDURES THAT ARE IN ACCORDANCE WITH RELEVANT LAW, THE COMMUNITY STANDARDS AND/OR WITH ACCEPTED MEDICAL PRACTICE AND WITH ACCEPTED PROFESSIONAL STANDARDS. THE INTERNAL QUALITY IMPROVEMENT PROCESS SHALL MONITOR FOR APPROPRIATE UTILIZATION. THE FCHP SHALL COMMUNICATE THESE POLICIES AND PROCEDURES TO PROVIDERS, REGULARLY MONITOR PROVIDERS' COMPLIANCE AND TAKE ANY CORRECTIVE ACTION NECESSARY TO ENSURE PROVIDER COMPLIANCE. [See OAR 410-141-0200]

5.1 Required Response

Describe how providers in the service area(s) shall be incorporated into your Quality Improvement process.

5.2 Required Response

The FCHP is required to participate in the medical waiver review conducted by an external quality review organization (EQRO). Describe how providers will cooperate and participate in this review.

5.3 Assurances for Standard 5

_____ (Applicant) warrants and represents that the policies, procedures, and processes currently used for our quality improvement program address all the current requirements of OAR 410-141-0200 at the date of application are those policies, procedures or processes provided to DMAP within the past two years, are still accurate and will continue if DMAP approves this application.

Signed: _____

Date: _____

Title: _____

STANDARD #6: ACCESSIBILITY

THE FCHP SHALL MAKE CAPITATED SERVICES ACCESSIBLE TO ENROLLED DMAP MEMBERS. THE FCHP SHALL NOT DISCRIMINATE BETWEEN DMAP MEMBERS AND NON-DMAP MEMBERS AS IT RELATES TO BENEFITS TO WHICH THEY ARE BOTH ENTITLED. THE FCHP SHALL COMMUNICATE THESE POLICIES AND PROCEDURES TO PROVIDERS, REGULARLY MONITOR PROVIDERS' COMPLIANCE AND TAKE ANY CORRECTIVE ACTION NECESSARY TO ENSURE PROVIDER COMPLIANCE. [See OAR 410-141-0220]

6.1 Measurement Standard

Routine travel time for the member to the primary care practitioner must not exceed 30 minutes/30 miles in urban areas, 60 minutes/60 miles in rural areas or the community standard for accessing health care providers for 90 percent of the potential members. [See OAR 410-141-0220 (1)(a)(b)(A-D)].

6.1 Required Response

- A. Submit your procedures on setting standards for determining routine travel time and distance to primary care providers and hospitals for each county you propose to serve.
- B. How do you determine the number of members each provider can serve? Indicate how many and which providers indicated in your response to 1.1.A. are within 30 minutes/30 miles in urban areas, or within 60 minutes/60 miles in rural areas for each service areas for which you are applying.

6.2 Measurement Standard

FCHPs shall make the services it provides including: specialists, pharmacy, hospital, vision and ancillary services, as accessible to FMAP Members in terms of timeliness, amount, duration and scope as those services are to non-FMAP persons within the same service area. FCHPs must be able to provide those services locally and must be able to demonstrate this provision to DMAP. If the FCHP proposes to provide services outside the local area, the FCHP shall demonstrate to DMAP and gain approval of DMAP that these alternatives for Members to access care are reasonable. FCHPs shall have a monitoring system that will demonstrate to DMAP or MHDDSD, as

applicable, that the plan has surveyed and monitored for equal access of DMAP Members to referral providers pharmacy, hospital, vision and ancillary services.

6.2 Required Response

- A. Indicate what services cannot be provided locally and what arrangements have been made to accommodate members who require those services
- B. Describe you monitoring system that assesses equal access of DMAP Members to referral providers, pharmacy, hospital, vision and ancillary services.

6.3 Assurances for Standard 6

_____ (Applicant) warrants and represents that policies, procedures, or processes that make capitated services accessible to DMAP members address all the current requirements of OAR 410-141-0220, and which assure _____ (Applicant) does not discriminate between DMAP members and non-DMAP members as they relate to benefits which both are entitled to *are*, at the date of application, those policies, procedures or processes provided to DMAP within the past two years, are still accurate, and will continue if DMAP approves this application.

Signed: _____

Date: _____

Title: _____

STANDARD #7: GRIEVANCE SYSTEM

THE FCHP MUST HAVE WRITTEN POLICIES AND PROCEDURES FOR ACCEPTING, PROCESSING, RESPONDING, RESOLVING AND MONITORING ALL COMPLAINTS AND APPEALS FROM DMAP MEMBERS OR THEIR REPRESENTATIVES. THE FCHP SHALL COMMUNICATE THESE POLICIES AND PROCEDURES TO PROVIDERS, REGULARLY MONITOR PROVIDERS' COMPLIANCE AND TAKE ANY CORRECTIVE ACTION NECESSARY TO ENSURE PROVIDER COMPLIANCE. [See OAR 410-141-0260 to 410-141-0266]

7.1 ASSURANCES FOR STANDARD 7

_____ (Applicant) warrants and represents that policies, and procedures for accepting, processing, responding, resolving and monitoring all complaints from DMAP members or their representatives address all the current requirements of OAR 410-141-0260 to – 0266 are, at the date of application, those policies, procedures or processes provided to DMAP within the past two years, and are still accurate and will continue if DMAP approves this application.

Signed: _____

Date: _____

Title: _____

(This space left blank intentionally)

STANDARD #8: INFORMATIONAL REQUIREMENTS

THE FCHP MUST DEVELOP AND DISTRIBUTE INFORMATIONAL MATERIALS TO POTENTIAL MEMBERS WHO MEET THE LANGUAGE REQUIREMENTS OF, AND BE CULTURALLY SENSITIVE TO, DMAP MEMBERSHIP. THE FCHP SHALL COMMUNICATE THESE POLICIES AND PROCEDURES TO PROVIDERS, REGULARLY MONITOR PROVIDERS' COMPLIANCE AND TAKE ANY CORRECTIVE ACTION NECESSARY TO ENSURE PROVIDER COMPLIANCE. [See OAR 410-141-0280]

8.1 Assurances for Standard 8

_____ (Applicant) warrants and represents that policies, and procedures for developing and distributing informational materials to potential members that meet the language requirements of, and include cultural awareness, sensitivity and competency to DMAP members address all the current requirements of OAR 410-141-0280 at the date of application, those policies, procedures or processes provided to DMAP within the past two years, are still accurate, and will continue if DMAP approves this application.

Signed: _____

Date: _____

Title: _____

(This space left blank intentionally)

STANDARD #9: MEMBER EDUCATION

THE FCHP MUST HAVE AN ON-GOING PROCESS OF MEMBER EDUCATION AND INFORMATION SHARING THAT INCLUDES ORIENTATION TO THE FCHP, MEMBER HANDBOOK, HEALTH EDUCATION, AVAILABILITY OF EXCEPTIONAL NEEDS CARE COORDINATION FOR MEMBERS WHO ARE AGED, BLIND AND/OR DISABLED AND APPROPRIATE USE OF EMERGENCY FACILITIES AND URGENT CARE. THE FCHP SHALL COMMUNICATE THESE POLICIES AND PROCEDURES TO PROVIDERS, REGULARLY MONITOR PROVIDERS' COMPLIANCE AND TAKE ANY CORRECTIVE ACTION NECESSARY TO ENSURE PROVIDER COMPLIANCE. [See OAR 410-141-0300]

9.1 Assurances for Standard 9

_____ (Applicant) warrants and represents that the process of member education and information sharing that includes orientation to the FCHP, member handbook, health education, availability of ENCC and appropriate use of emergency facilities and urgent care address all the current requirements of OAR 410-141-0300 and at the date of application, those policies, procedures or processes provided to DMAP within the past two years, are still accurate, and will continue if DMAP approves this application.

Signed: _____

Date: _____

Title: _____

(This space left blank intentionally)

STANDARD #10: MEMBER RIGHTS AND RESPONSIBILITIES

THE FCHP SHALL HAVE WRITTEN POLICIES AND PROCEDURES TO ENSURE DMAP MEMBERS ARE TREATED WITH THE SAME DIGNITY AND RESPECT AS OTHER PATIENTS WHO RECEIVE SERVICES FROM THE FCHP. THE FCHP SHALL COMMUNICATE THESE POLICIES AND PROCEDURES TO PROVIDERS, REGULARLY MONITOR PROVIDERS' COMPLIANCE AND TAKE ANY CORRECTIVE ACTION NECESSARY TO ENSURE PROVIDER COMPLIANCE. [See OAR 410-141-0320]

10.1 Assurances for Standard 10

_____ (Applicant) warrants and represents that DMAP members will be treated with the same dignity and respect as other patients who receive services, and

_____ (Applicant) guarantees member rights and responsibilities that follow the current requirements of OAR 410-141-0320 (1)(2) and at the date of application, those policies, procedures or processes provided to DMAP within the past two years, are still accurate, and will continue if DMAP approves this application.

Signed: _____

Date: _____

Title: _____

(This space left blank intentionally)

STANDARD #11: EXCEPTIONAL NEEDS CARE COORDINATION

FCHPS SHALL MAKE EXCEPTIONAL NEEDS CARE COORDINATION (ENCC) SERVICES AVAILABLE AT THE REQUEST OF THE AGED, BLIND OR DISABLED DMAP MEMBER, HIS OR HER REPRESENTATIVE, A PHYSICIAN, OR OTHER MEDICAL PERSONNEL SERVING THE DMAP MEMBER, OR THE AGED, BLIND AND/OR DISABLED DMAP MEMBER'S AGENCY CASE MANAGER. THE FCHP SHALL COMMUNICATE THESE POLICIES AND PROCEDURES TO PROVIDERS, REGULARLY MONITOR PROVIDERS' COMPLIANCE AND TAKE ANY CORRECTIVE ACTION NECESSARY TO ENSURE PROVIDER COMPLIANCE. [See OAR 410-141-0405(2)]

11.1 Required Response

- A. Will you require any additional ENCC staff to accommodate your service area(s)?
- B. If you will not require additional ENCC staff, please describe how you determined your ENCC capacity will be sufficient. Will existing position(s) be redesigned to meet requirements of DMAP members within the service area(s) you are applying for? Will you have ENCC representation in your new service area(s) or will you delegate the functions to a local panel? Attach the position descriptions for all key positions that will implement, manage, or provide ENCC services.
- C. If you will require additional ENCC staff, attach a position description for the new position and for all key positions that will implement, manage, or provide ENCC services. If the ENCC position is not a full-time position, what other duties would that person be responsible for providing.

11.2 Measurement Standard

The FCHP shall ensure that all ENCC-related policies and procedures be followed in each service area(s) you are applying for.

11.2 Required Response

How does the FCHP ensure the ENCC-related policies and procedures will be followed by the providers in each service area?

11.3 Assurances for Standard 11

_____ (Applicant) warrants and represents that DMAP members who are aged, blind or disabled will be informed of the availability _____ of _____ ENCC _____ services.

_____ (Applicant) also warrants, represents and addresses all the current requirements of OAR 410-141-0405 and at the date of application, policies, procedures or processes provided to DMAP within the past two years regarding provision of ENCC services are still accurate and in effect (except as noted in 12.1 and 12.2 above) and will continue if DMAP approves this application request.

Signed: _____

Date: _____

Title: _____

STANDARD #12: CHEMICAL DEPENDENCY

THE FCHP SHALL HAVE THE ABILITY TO PROVIDE OUTPATIENT CHEMICAL DEPENDENCY, INTENSIVE OUTPATIENT AND OPIATE SUBSTITUTION TREATMENT SERVICES TO ALL DMAP MEMBERS. THE FCHP SHALL COMMUNICATE THESE POLICIES AND PROCEDURES TO PROVIDERS, REGULARLY MONITOR PROVIDERS' COMPLIANCE AND TAKE ANY CORRECTIVE ACTION NECESSARY TO ENSURE PROVIDER COMPLIANCE.

12.1 Measurement Standard

The state regards chemical dependency treatment providers currently receiving public funds as essential community providers (ECPs). The goal of the state is that each FCHP shall ensure DMAP members receive chemical dependency screening as per the guidelines set below, and shall refer no fewer than 50% of DMAP members to diagnostic assessment and/or treatment to ECPs unless the FCHP can document non-feasibility due to cost, quality or existing use of ECPs for service delivery at the 50% or greater level.

The state's goal is that each FCHP shall ensure that 100% of members who are in any of the following circumstances are screened for chemical dependency problems:

- a. At an initial contact with a new member or at a routine physical exam (thereafter),

or

- b. At an initial prenatal contact, or
- c. The member evidences "trigger conditions" during a physical examination or emergency room contact (See Attachment 5, Chemical Dependency Supplements), or

- d. The member evidences serious over-utilization of medical, surgical, trauma, or emergency services.

12.1 Required Response

- A. Submit a list, by service area you propose to serve, of the ECPs with whom you are subcontracting to provide chemical dependency services.
- B. Attach a signed and dated letter of agreement or a letter of intent with each ECP.
- C. Submit your action plan that meets the state's goal.

12.2 Measurement Standard

The FCHP shall have policies for routine, urgent and emergency care for chemical dependency services. Pregnant women, not in treatment, shall be included in the definition for urgent care; intravenous drug users who are not pregnant shall be included in the definition of routine care.

12.2 Required Response

Submit your policies that comply with this standard.

12.3 Assurances for Standard 12

_____ (Applicant) warrants and represents that at the date of application, those policies, procedures or processes provided to DMAP and approved by DMAP within the past two years regarding provision of Chemical Dependency services are still accurate and in effect and will continue in the new service area(s) if DMAP approves this application.

Signed: _____

Date: _____

Title: _____

STANDARD #13: BILLING AND PAYMENT STANDARD

THE FCHP SHALL MAINTAIN AN EFFICIENT AND ACCURATE BILLING AND PAYMENT PROCESS BASED ON WRITTEN POLICIES, STANDARDS, AND PROCEDURES THAT ARE IN ACCORDANCE WITH ACCEPTED PROFESSIONAL STANDARDS, OHP ADMINISTRATIVE RULES AND DMAP PROVIDER GUIDES. THE FCHP SHALL HAVE MONITORING SYSTEMS IN OPERATION AND REVIEW THE OPERATIONS OF THESE SYSTEMS ON A REGULAR BASIS. THE FCHP SHALL COMMUNICATE THESE POLICIES AND PROCEDURES TO PROVIDERS, REGULARLY MONITOR PROVIDERS' COMPLIANCE AND TAKE ANY CORRECTIVE ACTION NECESSARY TO ENSURE PROVIDER COMPLIANCE. [See OAR 410-141-0420]

13.1 Required Response

In each service area, who will be the primary claims payor? If you will be subcontracting this function, how will you provide oversight?

13.2 Required Response

In each service area, who will be responsible for referrals and preauthorizations? If you will be subcontracting this function, how will you provide oversight?

13.3 Assurances for Standard 13

_____ (Applicant) warrants and represents that at the date of application,

_____ (Applicant) maintains an efficient and accurate billing and payment process based upon written policies, standards and procedures in accordance with accepted professional standards and current OHP administrative rules as cited in 410-141-0420. These systems are reviewed on a regular basis for accuracy and will continue in effect if DMAP approves this application.

Signed: _____

Date: _____

Title: _____

(This space left blank intentionally)

STANDARD #14: FINANCIAL SOLVENCY

THE FCHP SHALL PROVIDE EVIDENCE OF SOLVENCY, INCORPORATE SPECIFIC PROVISIONS AGAINST INSOLVENCY, COMMENSURATE AND MEDICAID ENROLLMENT AND LEVEL OF RISK ASSUMED; DEMONSTRATE FINANCIAL MANAGEMENT ABILITY; AND GENERATE PERIODIC FINANCIAL REPORTS AND MAKE THEM AVAILABLE TO DMAP.

The specific measurements enumerated below are not intended to be considered in isolation from each other or to be comprehensive. When considered as a whole (and with additional information, as appropriate), they provide a basis for demonstrating general financial solvency and identifying changes to be addressed. For purposes of this application, this standard requires submission of the information required in Exhibit A-A1 through A10 of the current plan contract. The reports required in Exhibit A-A1 through A10, shall be updated to include all information necessary to support the application.

14.1 Measurement Standard

To determine whether your expansion will have minimal financial impact, complete the following table and calculate the percentage change. Percent change calculation is defined as (Total Members after Expansion-Current Members)/Current Members. An example is (2000 expansion members-1750 current members)/1750 current members)= 14.29 percent.

14.1 Required Response

	Number	Percent change
Current Members		
Estimated Members in Expansion Area		
Total Members after Expansion		

14.2 Measurement Standard

The FCHP shall establish and maintain restricted reserve funds to cover fee-for-service liabilities that would need to be covered in the event of a Contractor's insolvency. The restricted reserves must be in place before beginning operations as a Contractor in additional service area(s).

14.2 Required Response

1. Using the table on the following page, estimate what your fee-for-service liability for capitated services would be given the number of members you expect to be enrolled in your plan if your expansion application is approved. Base your estimate on what you expect your experience would be during the third month of participation providing services to DMAP members. **Be sure to use enrollee numbers that include your expansion service areas.** Definitions for the Eligibility Rate Group are found in the DMAP Agreement, Exhibit B.

2. Indicate how you will meet the restricted reserve funds requirements. If you already have existing restricted reserve funds, attach a copy of the certificate of deposit from the third party holding the restricted reserve funds and the current statement showing the level of funds. Provide copies of bank statements or other financial documents showing the funds.

Eligibility Rate Group	Capitation Rate	Monthly Enrollees	Medical Loss Ratio	Average Monthly Fee-For-Service Liability for Capitated Services
OHP Families				
PLM Adults under 100% FPL				
PLM Adults from 100% up to 170% FPL				
CHIP Children, 0-1 years				
PLM Children 0-1				
PLM and CHIP Children, 1-5				

years				
PLM and CHIP Children, 6-18 years				
AB/AD without Medicare Eligibles				
AB/AD with Medicare Eligibles				
OAA without Medicare Eligibles				
OAA with Medicare Parts A and AB Eligibles				
OAA with Medicare Parts B Only Eligibles				
OHP Adults & Couples				
SOSCF Children				
OHP Eligibles-TANF				
GA				

C. How do you propose to maintain provisions against insolvency? Identify and describe your strategy, including any of the following, if applicable:

- (1) Hospital sponsor underwriting contract;
- (2) Insolvency insurance for specific services;
- (3) Existing restricted financial reserves;
- (4) Financial guarantees from parent entity;
- (5) Performance bond;

- (6) Risk-sharing or capitation agreements with referral physicians;
- (7) Inclusion of large numbers of specialist physicians in the group to back up primary care practitioners;
- (8) Adequate financial internal reserves; or
- (9) Other.

14.3 Measurement Standard

FCHP shall maintain a level of net worth that will provide for adequate operating capital. An adequate level of net worth is defined as a discounted premium revenue to net worth ratio less than or equal to 20:1 (premium to surplus ratio).

14.3 Required Response.

A. Fill out the table below to estimate the required adequate level of net worth. Use your company's latest financial report to supply the figures. If your company does not currently have premium revenue and anticipates only having DMAP capitation revenues as the sole source of premium revenue, estimate the amount of premium revenue anticipated given the anticipated number of DMAP members. This estimate can be based on the table found in Standard 12.2.A by multiplying the capitation payment by the number of enrollees for each eligibility group and then summing the dollar amounts.

	Dollar Amount
1. Quarterly Corporate Premium Revenue	
2. Quarterly Total Revenue	
3. Annualized Corporate Premium Revenue (Multiply Line 1 by 4)	
4. Quarterly Hospital and Medical/Health Expenses without deductions removed	

5. Quarterly Salary Payments Paid to Providers	
6. Quarterly Capitation Payments Paid to Providers	
7. Adjusted OHP Hospital and Medical/Health Expenses (Line 4 Minus Line 5 Minus Line 6)	
8. Adjusted OHP Medical/ Loss Ratio (Line 7 divided by Line 2)	
9. Discounted Corporate Premium Revenue (Line 8 multiplied by Line 3)	
10. Minimum Net worth level (Line 9 divided by 20)	

- B. Indicate how you will meet the net worth requirement by referencing your company’s latest audited financial statements. Provide copies of bank statements or other financial documents showing the funds that cover the requirement.

14.4 Measurement Standard

To identify if an entity can demonstrate the necessary financial solvency and ability to manage a plan financially, an entity must show that sufficient financial resources are available to provide the needed developmental and operational capital and that a staffing plan is in place to adequately operate the plan.

14.4 Required Response

- A. Provide contractual verification of all owners of entity, stipulating the degree to which each owner's resources are available to cover the entity's developmental costs and potential operational losses.
- B. Provide a monthly developmental budget delineating all expenses prior to beginning operation using the table below as a model. **Replace “Month 1” with the month’s name in which you anticipate starting business as a DMAP Contractor in the expansion service area.**

If the resources required to develop the expansion business is less than 10% of your current net worth, you can indicate that your current operating funds will be sufficient to cover the developmental

expenses. Be sure to consider any increase in the restricted reserve level when you examine operating fund sufficiency.

	Mo. 1	Mo. 2	Mo. 3	Mo. 4	Mo. 5	Mo. 6	Mo. 7	Mo. 8	Mo. 9	Mo. 10	Mo. 11	Mo. 12	YTD
TOTAL CAPITAL SOURCES:													
Source 1:													
Source 2:													
Source 3:													
Total Capital													
TOTAL DEVELOPMENTAL EXPENSES:													
Research & Planning													
Consulting													
Legal													
Accounting													
Business Plan Formation													
Liability Insurance													
Setup of Systems													
Administrative Services													
Setup of Reserves													
Total Expenses													

Beginning bank balance													
Ending bank balance													

- C. Provide a monthly operational budget covering the initial two years of operation using the table below as a model. **Replace “Month 1” with the month’s name in which you anticipate starting business as a DMAP Contractor in the expansion service area.**

If the resources required to fund provision of services to the expansion members is anticipated to be less than or equal to a 10% increase of your current medical/hospital expenses, you can indicate that your current operating funds will be sufficient to cover the increase in operating expenses. Be sure to examine the per member per month increase difference between the expansion members and your current members.

	Mo. 1	Mo. 2	Mo. 3	Mo. 4	Mo. 5	Mo. 6	Mo. 7	Mo. 8	Mo. 9	Mo. 10	Mo. 11	Mo. 12	YTD
Revenue													
Premiums													
Fee-For-Service													
Other													
Total Revenue													
Total Medical/ Hospital/Health expenses													
Reinsurance													
Administrative Expenses													
Compensation													
Marketing													
Liability Insurance													
Legal and professional													
Claims processing													
Office expense													
Utilities													
Other expenses													
Total Administrative Expenses													
Total Expenses													
Budget Surplus/Deficit													

D. Provide a monthly staffing plan for the last three months of the developmental budget and the initial two years of the operational budget using the table below as a model. Express the staffing requirements in Full-Time-Equivalents (FTEs).

If the staffing resources required to provide services to the expansion members is anticipated to be less than or equal to a 10% increase of your current staffing, you can indicate that your current staffing level will be sufficient to cover providing services to the anticipated increase in members.

	Mo. 1	Mo. 2	Mo. 3	Mo. 4	Mo. 5	Mo. 6	Mo. 7	Mo. 8	Mo. 9	Mo. 10	Mo. 11	Mo. 12
Director												
Office Manager												
Health Plan Specialist												
Enrollment Services												
Claims Processors												
Member Services												
Accounting Services												
Secretarial and Receptionist												
Other												
Total staffing in												

FTEs												
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- E. Provide an analysis of the capital requirements to cover the expenses of developing and operating the start-up entity or expansion, including documentation of capital sources.

- F. Provide an assurance signed by an officer of the company that sufficient operating capital will be available to cover expenses of the Assignor's company for sixty days, **specifying the amount and source of the sufficient operating capital.**

14.5 Measurement Standard

In addition to the above items, DMAP shall take into account the following elements in assessing financial solvency:

- a. Whether a plan has experienced and can demonstrate consistently positive earnings.
- b. The ratio of total health care expense to total premium/capitation revenue (medical loss ratio).
- c. Administrative expense as a percentage of total premium/capitation revenue.
- d. Net worth.
- e. The ratio between current assets and current liabilities (liquidity).
- f. Sources of additional capital.
- g. Financial reserves of the plan's parent corporation or other legal entity which guarantees the liabilities of the plan.

14.5 Required Response

- A. Fill out the table below showing the applicant's financial data for the past five years.

	Year 1	Year 2	Year 3	Year 4	Current Year
Net Income					
Total Revenue					
Total Medical/Hospital Expenses					
Administrative Expense					
Total Expenses					
Net Worth					
Current Assets					
Current Liabilities					

- B. Describe and provide any evidence of sources of additional capital. Evidence of sources are copies of bank statements or cover sheets from other financial instruments showing the market value of the capital source.
- C. Provide any evidence of financial reserves of the plan's parent corporation or other legal entity which guarantees the liabilities of the plan.

14.6 Measurement Standard

The FCHP, if applicable, shall document and describe to participating providers its use of incentive payment mechanisms, risk-sharing, and risk-pooling.

14.6 Required Response

- A. Describe, in detail, your use of these incentive structures.
- B. Attach the relevant procedures to document your use of these incentive structures, and to inform participating providers of their use.

- C. Provide a copy of your model subcontract(s) showing the provision related to incentive payment mechanisms, risk-sharing and risk-pooling.
- D. Explain how you will implement the physician incentive disclosure process as outlined in the DMAP Agreement, Exhibit A, Report A14 and Exhibit F.
- E. Indicate your organization's willingness to comply with the requirements as outlined in the DMAP Agreement, Exhibit A, Report A14 and Exhibit F.
- F. Provide a written assurance signed by an officer of the company that Report A14 found in Exhibit A that incorporates the service area for which you are applying will be submitted within one month of approval of transfer of interest.

14.7 Measurement Standard

The FCHP has financial reporting requirements specified under the contract with DMAP. These responsibilities are: 1) the FCHP shall submit an annual external audit to DMAP as outlined in the DMAP Agreement, Exhibit A, 2) the FCHP shall submit a quarterly utilization, membership and financial reports to DMAP as outlined in the DMAP Agreement, Exhibit A.

14.7 Required Response

The applicant shall assure that it will comply with DMAP reporting requirements as outlined in the DMAP Agreement, Exhibit A. The assurance must be signed, dated and have the title of an officer of the company.

(THIS IS THE END OF THE RFA)

