REQUEST FOR RESPONSES FOR ONE CARE PLANS AND SENIOR CARE OPTIONS PLANS

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Responses to Bidder Questions – Batch #2
Issued February 20, 2024

Announcements

EOHHS is extending the deadline by two weeks for potential Bidders to submit Letters of Intent (LOIs) and RFR Responses. **Letters of Intent** will be due **February 29, 2024**. **RFR Responses** will be due **April 5, 2024**. These dates will be reflected in the Amended RFR.

EOHHS will be issuing an Amended and Restated RFR and will also provide an unofficial redlined document to highlight changes to the RFR. The redlined version is being provided for convenience only and should not be relied upon by Bidders in preparing their Responses.

Appeals & Grievances

1. **Question**: Could the state clarify its expectations of plans for reporting and notifications for Appeals and Grievances processes and denials in **Section 2.13** of the Model Contracts?

   Response: Certain requirements related to reporting and notifications for appeals and grievances are described in **Sections 2.13.1.7**, **2.13.4.2.5**, **2.13.6.4**, and **Appendix A** of the Model Contracts**.**

Assessments and Care Plans

2. **Question:** What will be the process to obtain advance approval from the Executive Office of Health and Human Services (EOHHS) on policies and procedures to conduct Comprehensive Assessments using modalities other than in-person in certain circumstances (**Section 2.5.1.2.3.2** of the Model Contracts)? How far in advance must this request be made to utilize alternative modalities?

   Response: Policies and procedures for Assessments and Care Planning must be submitted for review and approval as part of the Readiness Review for selected entities as described in **Section 2.2.2.3.2.** Bidders are advised to review all requirements in **Section 2.5.1.2.3** of the Model Contracts for compliance.

3. **Question:** For Comprehensive Assessments of Senior Care Options (SCO) Enrollees who are not in the Frail Elder Waiver (FEW) and who do not require Complex Care,

please confirm whether a Comprehensive Assessment (other than one conducted concurrently with an assessment for rating category assignment) as described in **Section 2.5.1.2.1.3** of the SCO Model Contract, may be conducted by a Geriatric Support Services Coordinator (GSSC) that is not a Registered Nurse.

Response: Yes, a GSSC not licensed as a Registered Nurse (RN) may conduct Comprehensive Assessments of SCO Enrollees who are not in the FEW and who do not require Complex Care. For concurrent assessments (see **Section 2.5.1.2.2** of the SCO Model Contract), elements required in both assessments shall be completed by an RN, but other elements may be completed by a non-RN GSSC. EOHHS will clarify this in an upcoming amendment to the SCO Model Contract.

4. **Question**: For Comprehensive Assessments, under Assessor Qualifications, what constitutes an equivalently trained health professional in **Section 2.5.1.2.4.3** of the One Care Model Contract? Could this be a Licensed Practical Nurse (LPN), Physician Assistant (PA), or Nurse Practitioner (NP)?

   Response: For **Section 2.5.1.2.4.3**, a health professional with training inclusive of or substantially similar to training provided to an RN is an equivalently trained health professional. For example, an NP is an equivalently trained professional, but not an LPN.

5. **Question**: To assess an Enrollee in a Nursing Facility (**Section 2.5.2.6.2** of the SCO Model Contract), does "conducted or coordinated by a Registered Nurse with appropriate participation of health professionals" allow for the completion of the Minimum Data Set (MDS) 3.0 document by a non-Registered Nurse under supervision/sign-off by a Registered Nurse?

   Response: No, the MDS 3.0 in **Section 2.5.2.6.2.3** must be completed by a Registered Nurse.

6. **Question:** Can EOHHS clarify the expectations related to the SCO's receipt of the Status Change Form (SC-1) from the facility in conjunction with submission to EOHHS? Additionally, is the SC-1 required for short-term stays in Nursing Facilities under 6 months in duration? If so, does this impact rating category assignment?

   Response: SCO plans are expected to receive a copy of the SC-1 form from Nursing Facilities and must ensure the nursing facilities are sending the forms to the MassHealth Enrollment Centers (MEC) for Medicaid Management Information System (MMIS) processing. Pursuant to **Section 2.5.2.6.1**, the long-term care facility completes and submits the SC-1 form to EOHHS upon an enrollee's admission to or discharge from a Nursing Facility. Contractors are required to ensure their contracted long-term care facilities submit SC-1 forms to EOHHS as required. The SC-1 form does not determine rating category assignment; however, it is a threshold requirement to enable MMIS to pay a facility rate for a member in a facility, and to enable MMIS to pay a community rate for a member in the community. Upon

admission to a Nursing Facility, completion of an MDS 3.0 is required to determine the specific rating category assignment.

7. **Question:** Please clarify the acceptable methods for conveying approval of enrollee care plans in accordance with **Section 2.5.3.2** of the Model Contracts when the member is unable to sign the plan.

   Response: Examples include but are not limited to verbal consent that is clearly documented in the Enrollee's Centralized Enrollee Record, signature provided by an Enrollee's Authorized Representative or Guardian, and methods of consent that have been documented in the Enrollee's profile (e.g., blinking for a non-verbal member). An Enrollee could also provide an **X** in lieu of a signature.

Benefits

8. **Question:** As One Care benefits are currently defined by the three-way contract, should Bidders assume all benefits covered beyond the standard Medicare fee-for-service (FFS) and Medicaid State plan benefits will be covered as Medicare supplemental benefits?

   Response: No, Bidders should not assume that any benefits listed in **Appendix C (Covered Services)** would be Medicare Supplemental Benefits. EOHHS will provide more information about how the Additional Community-Based Services (**Appendix C, Exhibit 3**) will be covered in One Care with sufficient time for Plans to meet 2026 Medicare Application Deadlines.

   In addition, EOHHS will provide information about any offerings it will require Plans to cover as Medicare Supplemental Benefits as indicated in **Section 2.7.1.8.3** of the Model Contracts with sufficient time for Plans to meet annual Medicare submission deadlines.

9. **Question:** Does EOHHS intend to utilize the State Medicaid Agency Contract (SMAC) process to define specific benefits that should be covered as Medicare supplemental benefit expenses?

   Response: As indicated in **Section 2.7.1.8.3** of the Model Contracts, EOHHS may require Plans to cover certain services as Medicare Supplemental Benefits. EOHHS may provide such requirements through the SMAC, through Model of Care requirements, or through separate communications as needed.

10. **Question:** In **Section 5.9.G** of the RFR, do Medicare Supplemental Benefits represent the medical services provided outside of traditional Medicare FFS benefits only, or do they also include any enhanced traditional Medicare FFS benefits?

Response: See the Medicare Managed Care Manual Chapter 4, Section 30[1]. An offering may be designated as a Supplemental Benefit when it is a primarily health related benefit that is not covered by Medicare Part A and Part B benefits and the Medicare Advantage plan must incur a non-zero direct medical cost. Plans may alternatively include such additions and enhancements in a Plan Benefit Package (PBP) without designating them as Supplemental Benefits.

11. **Question:** How are Flexible Benefits (see **Section 1.76**, **Section 2.5.3.4.2**, and **Appendix C** of the Model Contracts) different than Medicare Supplemental Benefits?

    Response: See **Section 1.76** of the Model Contracts. Medicare Supplemental Benefits are specific defined offerings available to all Enrollees. Flexible Benefits are individualized based on an Enrollee's needs and goals, and in accordance with an Enrollee's Care Plan.

Business Response (Misc.)

12. **Question:** In RFR **Section 8.2.B**, could EOHHS confirm that Bidders should provide Star Rating and Medical Loss Ratio information for all lines of business operated by the Bidder?

    Response: Yes. **Section 8.2.B** of the RFR requests: Annual Medicare Advantage Star Ratings for each of Part C and Part D, and overall, for all Medicare Advantage Plans, Medicare Advantage Part D Plans, and Medicare Advantage Dual Eligible Special Needs Plans (D-SNPs) that the Bidding entity or its parent or subsidiary organization has operated since the 2019 Plan Year.

13. **Question: Question 8.2.B.2** of the RFR states to use the column on **Stars Rating & MLR tab of Attachment H - Exhibit 1**. Within **Attachment H** there is only a tab titled "Stars Rating" and does not include Medical Loss Ratio (MLR) nor does it include MLR related columns. Could EOHHS please confirm where this information should be entered?

    Response: The Medicare MLR values should be entered on the **Stars Rating & MLR tab** of **Attachment H, Exhibit 1**. See the 1st Amended and Restated RFR ("Amended RFR") for an updated **Attachment H**.

14. **Question:** RFR **Section 8.3.A.1.a** states, "The Bidder shall state whether the Bidder, its parent, subsidiary, affiliate, or Material Subcontractor is the subject of any current litigation or findings of non-compliance under state or federal law." Please clarify the definition of "current" in terms of the look-back period required for findings of non-compliance under state or federal law.

    Response: This question asks whether the Bidder, its parent, subsidiary, affiliate, or Material Subcontractor is the subject of any current investigations into potential

[1] https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/mc86c04.pdf

findings of non-compliance under state or federal law. Please see the Amended RFR.

15. **Question:** For audits requested in **Section 8.4** of the RFR, should audit reports such as the Centers for Medicare and Medicaid Services (CMS) bid audits and the 1/3rd financial audits from CMS be included, or just the regular yearly financial audit?

    Response: Section 8.4 of the RFR requests audit reports. This would include any CMS audits, along with any audit by any entity performed during the time period specified in the question.

16. **Question:** Given the five (5) page limit outlined in RFR **Section 8.6** for the Bidder's response, is it acceptable to submit responses to **Section 8.6** of the RFR as an attachment to ensure enough detail is included?

    Response: As indicated in **Section 8.6** of the RFR, specified subsections are permitted to be submitted as attachments. See also the Amended RFR.

17. **Question: Section 8.6.A.1.b.** of the RFR asks for "Hardware and system architecture specifications for all systems that would be used to support the Bidder's operational processes (i.e., enrollment, Claims processing, customer service systems, Utilization Management/service authorization, care management/care coordination, and financial systems." Is this directed only at systems hosted on premises by the Bidder, or does this also apply to Material Subcontractors?

    Response: This also applies to Material Subcontractors. Please provide specifications for all systems that would be used to support operational processes.

18. **Question:** Would the Commonwealth consider limiting RFR **Section 8.6.C.4** to the state of Massachusetts or those breaches of the security, confidentiality, or integrity of a customer's data for Medicare and/or Medicaid, or consider a material threshold of 500 individuals impacted? May the response to this question be submitted as a separate attachment?

    Response: In the Amended RFR, EOHHS has removed the requirement that Bidders include a summary of preventive steps taken to address system gaps after the incident for any incident that occurred outside Massachusetts.

    This response may be submitted as a separate attachment (see Amended RFR).

19. **Question:** For RFR **Section 8.10** and **Attachment H, Exhibit 5**: Our understanding is the financial projections should not include modeling of the new Medicaid risk corridor, is that correct? Additionally, should Medical expenses include prescription drug expenses?

    Response: Financial projections should not include risk corridor modeling. Total Medical expenses should be inclusive of Pharmacy expenses, including Medicare Part D expenses.

Care Coordination and Care Model

20. **Question:** Please confirm whether EOHHS expects that clinical care managers shall be licensed registered nurses or licensed behavioral health professionals/practitioners, as specified in **Section 2.6.1.6.2** of the One Care Model Contract.

    Response: Yes, EOHHS expects that One Care Clinical Care Managers shall be licensed registered nurses or licensed behavioral health professionals as outlined in **Section 2.6.1.6.2.1 – Section 2.6.1.6.2.6** of the One Care Model Contract.

21. **Question:** Can Contractors use licensed social workers (LICSWs), licensed mental health counselors (LMHCs), or Community Health Workers (CHWs) to complete the required post-discharge follow-up activities described in **Section 2.6.3.2.2** of the Model Contracts for an Enrollee discharged from a medical or behavioral health setting?

    Response: Section 2.6.3.2 of the Model Contracts outlines EOHHS' follow-up requirements post-discharge. The Contractor can use individuals with appropriate licenses and credentials to complete each post-discharge activity.

22. **Question:** Related to **Section 2.6.1.1.1** of the SCO Model Contract, can the plan employ care coordination staff for some of the administrative activities in lieu of the GSSC performing them on behalf of the plan?

    Response: Section 2.6.1.4.1 of the SCO Model Contract states the Contractor shall assign GSSCs and other care coordination staff to perform required administrative activities. **Section 2.6.1.6** of the SCO Model Contract describes requirements for GSSCs.

    EOHHS notes that the GSSC role is specific to SCO and is not part of the care model for One Care.

23. **Question: Section 2.6.5.1.1** of the SCO Model Contract references a 90-day Continuity of Care (COC) period, whereas **Section 2.6.5.3.3** references a 30-day COC period. Can you confirm the COC time period for SCO?

    Response: The Continuity of Care period for SCO is 90 days, except as provided for in **Section 2.6.5.1**. EOHHS anticipates clarifying this in **Section 2.6.5.3.3** in an upcoming amendment to the SCO Model Contract.

Claims

24. **Question:** For RFR **Question 6.8.A.5** and RFR **Attachment D – Programmatic Response Template**, should the Bidders include all claims data or only claims data for One Care and/or SCO plans currently operated by the Bidder?

    Response: See revised **Attachment D – Programmatic Response** template in the Amended RFR.

25. **Question**: Related to **Question 6.8.A.3** of the RFR, can EOHHS clarify if this section on "appeals" refers to both Member Appeals and Provider Appeals?

    Response: This question requests information about how the Bidder would address Provider appeals of denied claims. Please see the Amended RFR for further information.

26. **Question**: Related to **Question 6.8.A.3** of the RFR, can EOHHS provide guidance as to whether the Appeal Process Flowchart may be submitted as an attachment?

    Response: In the narrative response to **Question 6.8.A.3** of the RFR, Bidders may reference the flow chart requested in response to **Question 5.11.A.3**, but the response to **Question 6.8.A.3** should be narrative.

Compliance/Legal

27. **Question**: EOHHS has posted a procurement for an Independent Assessment Entity (IAE), which can be found on COMMBUYS here: COMMBUYS - Bid Solicitation. What impact if any will the IAE procurement have on the SCO and One Care Model Contracts?

    Response: EOHHS anticipates that once the IAE is operational, the IAE will conduct assessments of SCO and One Care enrollees for purposes of rating category assignment. EOHHS will amend SCO and One Care Model Contracts, as needed, once the IAE is in place.

28. **Question:** Regarding **Section 2.15.8.2.1.3** of the Model Contracts, what is the definition of “breach of contract”? What are the implications of a breach of contract as defined in this section?

    Response: Breach of contract generally describes a failure by a party to a contract to satisfy a contractual obligation. Intermediate Sanctions and Civil Monetary Penalties are addressed in **Section 5.3.14** of the Model Contracts.

29. **Question:** Regarding **Section 6.1.B (Program Integrity)** of the RFR, what lines of business should be included/excluded from the requested summary report? That is, is the report requested only for a duals line of business or should the report also include Medicaid and/or Medicare lines of business for all states in which the Bidder does business?

    Response: The summary report should include any complaints of suggested Fraud or Abuse against the Bidder, its parent, subsidiary, affiliate, proposed Material Subcontractors, contracted Providers, or Members. Please see Amended RFR.

30. **Question:** Regarding **Section 6.1.B (Program Integrity)** of the RFR, is the requested report specific only to complaints that were filed and received, or is the requested report

intended to also include fraud and abuse investigations that were initiated as the result of internal claims analysis?

Response: As stated in **Section 6.1.B**, the summary report should include any complaints of suggested Fraud or Abuse against the Bidder, proposed Material Subcontractors, contracted Providers, or Members filed between January 1, 2020, and the date of the Bidder's Response.

31. **Question:** Regarding RFR **Section 10.11**, should Bidders submit redacted versions of documents along with non-redacted versions of documents?

    Response: Bidders should not submit redacted versions of documents.

Division of Insurance (DOI) License

32. **Question:** Will EOHHS accept responses from applicants who have submitted licensing and accreditation applications and are awaiting final approval (to be obtained prior to January 1, 2026)? If not, the length of the Division of Insurance (DOI) licensure process may effectively prohibit new entrant bids.

    Response: Yes, **Section 9.2.A** of the RFR provides that Bidders may demonstrate that they hold, or are on track to hold by January 1, 2026, a license with DOI.

33. **Question:** RFR **Sections 3.7** and **9.2.A** require a Bidder to be licensed by the Massachusetts Division of Insurance to operate a health plan in Massachusetts.

    In addition, **Section 2.16.2.1** of the Model Contracts states that the Contractor "shall be licensed as a Health Maintenance Organization (HMO) by the Massachusetts Division of Insurance (DOI)." Does a Bidder currently operating as a Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP) with an active Massachusetts Insurance Company Certificate of Authority meet the requirements of **RFR Section 3.7 and 9.2.A?** If a DOI HMO license is required, please confirm when compliance with SCO Model Contract **Section 2.16.2.1** will be required.

    Response: As stated in RFR **Section 9.2.A**, Bidders shall demonstrate that they hold, or are on track to hold by January 1, 2026, a license with DOI consistent with the requirements of 211 CMR 43.00. Please see the Amended RFR, which clarifies that the required DOI license is a license to operate as an HMO.

Electronic Health Record (EHR)

34. **Question: Section 2.15.6.3.2** of the Model Contracts requires the Contractor to ensure that its Network Primary Care Providers (PCPs) enable and utilize Query and Retrieve functionality that is natively available in the Network PCPs' Electronic Health Records (EHRs), as further specified by EOHHS. Please confirm EOHHS' intent for this requirement.

Response: Query and retrieve EHR functionality must be activated for the provider to participate in the Statewide Event Notification Service (ENS) framework and for such notifications to be integrated into the appropriate care management workflows. Contractors shall ensure that its Network PCPs are able to access or receive event notifications from an EOHHS Certified ENS Vendor participating in the Statewide ENS Framework.

35. **Question:** Can EOHHS provide a list of all Certified Event Notification System (ENS) Vendors (**Section 2.15.6.3** of the Model Contracts)?

    Response: For information regarding current EOHHS Certified ENS Vendors, please see information provided on the Mass HIway informational page - https://ehs-hie-dru.ehs.mass.gov/Services/Statewide_ENS_Framework.

36. **Question:** Related to **Section 6.7.A** of the RFR, can EOHHS confirm if the online portal for Enrollees is required to contain secure communication functionality, appeals and grievance submission capability and/or care plan/clinical data? If so, please elaborate on those requirements as they pertain to the Model Contracts.

    Response: Yes, secure communication functionality, appeals and grievance submission capability, and/or care plan/clinical data must be described as part of the Bidder's online portal functionality for enrollees and providers.

37. **Question: Section 6.7.B.2** of the RFR asks Bidders to "List the different Electronic Health Record (EHR) systems used by the Bidder's Network Providers." Given there are thousands of network providers, does EOHHS intend for Bidders to list every EHR system used by these providers or is a generally accepted list of EHR systems permissible?

    Response: A generally accepted list of EHR systems used by the bidder's network providers is acceptable.

38. **Question:** For RFR **Section 6.7.B.3,** please clarify the intent of addressing gaps to ensure integration of EHR data and interoperability by the contract start date. Does integration require bi-directional data flow, or can it be one way (e.g., data lake)?

    Response: The intent of EHR interoperability is to enable better workflows between healthcare systems and providers that work closely with the Bidder's Care Coordinators/Care Managers to improve the health care provided to Enrollees.

Eligibility & Enrollment

39. **Question:** Are One Care members eligible to remain in One Care after they turn 65? Would they be able to remain enrolled in One Care if they were eligible for MassHealth Standard through the FEW?

Response: Please see **Section 2.4.1.2** of the One Care Model Contract. An individual cannot be enrolled in the Frail Elder Waiver and in One Care simultaneously.

40. **Question:** Is EOHHS considering expanding SCO eligibility to include other Home and Community-based Services (HCBS) waiver populations?

    Response: Not at this time.

41. **Question:** Can EOHHS elaborate on what constitutes "alternative means of consent" respective to both enrollment and disenrollment (**Section 2.4.6.2.2.4** of the Model Contracts)?

    Response: See **Section 2.4.6.2.2** of the Model Contracts.

42. **Question:** Related to **Section 2.4.8** of the Model Contracts, are all SCO and One Care enrollees subject to the 30-day period of deemed eligibility, or will EOHHS define criteria for providing Deemed Eligibility and communicate those criteria to plans?

    Response: Section 2.4.8 of the Model Contracts indicates that EOHHS may require Plans to provide Deemed Eligibility for Enrollees who lose eligibility, as directed by EOHHS. EOHHS will communicate additional information about deeming policy in advance of the 2026 Contract Year.

43. **Question:** Is there a formal application process or timeframe for requesting default enrollment (**Section 2.4.9** of the Model Contracts) into SCO or One Care? If so, can this be further defined by EOHHS?

    Response: EOHHS has not established a formal application process or timeline for requesting default enrollment. EOHHS will provide more information about default enrollment, including a future process for default enrollment requests, to Contractors.

44. **Question:** Does **Section 2.4.10.4** of the SCO Model Contract intend to phase out the enrollment of the current Medicaid-only population?

    Response: No.

45. **Question:** Will **Section 2.4.11.1** of the Model Contracts be altered pending the finalization of the proposed CMS rule to create a Special Election Period (SEP) for dual eligible beneficiaries?

    Response: As described in **Section 3.6.A** of the RFR, EOHHS may modify the Model Contracts to incorporate any federal policy updates prior to their execution. After Contracts are executed, any such updates would be made through the Contract Amendment process.

46. **Question: Section 2.12.1.2.1** of the Model Contracts describes limitations on volume-based compensation for Plan employees responsible for marketing and enrollment. Please clarify whether Contractors may develop other forms of incentive-based compensation.

    Response: EOHHS may approve other forms of incentive-based compensation. EOHHS intends to amend the Model Contracts to reflect this under the "Marketing, Outreach, and Enrollee Communications Standards" section.

47. **Question: Section 2.12.1.2.1** of the Model Contracts describes limits on using third-party Agents or Independent Agents/Brokers for One Care and SCO enrollments unless prior approved by EOHHS. Please clarify how EOHHS will consider exception requests for Contractors to work with third-party Agents or Independent Agents/Brokers.

    Response: As indicated in **Section 2.12.1.2.1** of the Model Contracts, EOHHS may consider exceptions for Contractors to work with third-party Agents or Independent Brokers for One Care and/or SCO. Any exceptions granted would be subject to additional monitoring and oversight requirements. EOHHS will amend the Model Contracts to reflect this. See also **Section 6.3** of the Amended RFR.

Enrollee Scenarios

48. **Question:** In **Section 5.13** (**Enrollee Scenarios**) of the RFR, for **Scenario B** (**Joy, SCO Scenario #1**), **question 1** and **question 3** and **3.a** require Bidders to outline the key components of the SCO transition of care policies. Based upon the scenario for Joy, is transition of care intended to be continuity of care policies? While this enrollee is not admitted to an inpatient facility, emergency department (ED), or nursing facility, where transition of care policies would apply, she does have continuity of care needs based upon her recent enrollment with SCO.

    Response: EOHHS intended to ask Bidders to address key components of the SCO Continuity of Care policies as they are outlined in **Section 2.6.5** in the SCO Model Contract. See the Amended RFR.

Finance & Data Books

49. **Question:** Please clarify the submission requirements with respect to **Section 2.16.8** of the Model Contracts and confirm that one Service Organizations Control (SOC1) report can be submitted for both One Care and SCO?

    Response: SOC1 reports must be distinct submissions for each contract held by a given plan.

50. **Question:** Related to **Section 8.4** of the RFR, for material subcontractors, is EOHHS looking for the yearly financial audit reports for each or is this asking for Service Organizations Control (SOC1) reports and other types of audit reports?

Response: Section 8.4 Responses must include all applicable financial audit reports either concluded or ongoing in the past two years for each material subcontractor. SOC1 reports for material subcontractors are not required in response to this section.

51. **Question:** Does EOHHS have projections for the expected impact of new encounter data and risk corridor methodology on One Care rates and, if so, when and how will the expected impact be shared?

    Response: EOHHS anticipates releasing Information Sharing materials for CY2026 rates for selected bidders in early Spring 2025. These materials will include information on the use of encounter data in rate-setting as appropriate. Risk corridor terms will not have an impact on the rate-setting process.

52. **Question:** Please explain EOHHS' plans for Medicaid risk adjustment in the One Care product.

    Response: EOHHS may apply risk adjustment to certain One Care rating cells during the contract term. Additional details on the development of the applicable risk adjustment model would be made available to Contractors in advance of implementation.

53. **Question:** How will EOHHS develop SCO rates?

    Response: See **Section 4.2.2** of the SCO Model Contract. Rate development for SCO will use encounter base data; and will be in accordance with generally accepted actuarial principles and practices and with federal actuarial soundness requirements.

54. **Question:** Please describe how EOHHS will determine measures for the Medicaid Quality Withhold and how these measures compare or relate to Medicare Star Ratings and measures.

    Response: Medicaid Quality Withhold (QW) measures will not be based on the Plan's Star Rating, although the Medicaid QW measures and the measures used to calculate a Plan's Medicare Star Rating may sometimes overlap. EOHHS anticipates updating the QW measure set periodically, potentially including in future amendments to the Model Contracts prior to execution.

55. **Question:** On the combined profitability triggers for both programs' risk sharing, how will overall profitability be measured? For example: Total profitability including plan administrative expense, MLR targets, other?

    Response: The risk corridor will evaluate the scope and directionality of Medicaid medical expenses and Medicare A/B (excluding Part D) medical expenses to determine overall profit/loss.

56. **Question**: Can EOHHS provide to Bidders the model contract language describing the integrated risk corridor?

    Response: EOHHS intends to provide this in upcoming amendments to the Model Contracts.

57. **Question:** Is cost data on Flexible Benefits included in the encounter data books released on December 19, 2023? Is it captured under the "all other" category?

    Response: The One Care Encounter Data Book may include information on Flexible Benefits, to the extent that One Care Plans have historically provided them and captured them in Encounter Data reported to EOHHS.

Forms & Certifications

58. **Question**: In RFR **Attachment I, FRDF**, what types of PID/SLs is EOHHS looking for us to provide as part of this requirement: "Provider ID/service location (PID/SL) for existing MassHealth providers"?

    Response: The Federally Required Disclosure Form (FRDF) item that requires PID/SL is specific to providers and does not apply to managed care entities.

59. **Question:** RFR **Sections 8.5 and 8.7.A.4**: Should we submit the Supplier Diversity Plan (SDP) Form as part of the response to **Section 8.5** or **8.7.A.4**? Is there a difference in what is expected from our responses to each of these two sections?

    Response: Bidders should submit the SDP Form as part of the response to **Section 8.7.A.4** of the RFR. See also the Amended RFR.

60. **Question:** In **Section 10.15.A** of the RFR, please confirm the correct Executive Order reference is 565 and not 599.

    Response: The correct Executive Order reference is Executive Order 599. Please see Amended RFR **Section 10.15.A** for the correction.

61. **Question:** Regarding RFR **Section 10.5.B**, please clarify whether the one percent (1%) commitment excludes health care provider-related spend and services related to medical services for enrollees.

    Response: As noted in RFR **Section 10.15.B**, the SDP Commitment must be expressed as a percentage of contract sales resulting from this solicitation that would be spent with the SDP Partner(s). A description of eligible SDP partner categories and business-to-business relationships follows in **Sections 10.15.C-D**.

62. **Question:** Veteran Non-Profit Organizations (V/NPOs) are not included in the eligible SDP partners listed in RFR **Sections 8.9.A.4** and **10.15.C**. They are, however, included as part of the Mass.gov SDP business available for SDP partnerships. Please confirm

V/NPOs are an eligible SDP partner and under which category we should include them in the SDP Plan Form.

Response: The V/NPO category was inadvertently omitted from the certification categories listed in RFR **Sections 8.9.A.4. and 10.15.C**. This omission is corrected in the Amended RFR. V/NPO is its own category in the SDP Plan form.

63. **Question: Section 10.15.E** of the RFR describes an "SDP Focus Statement." Where within the RFR response should Bidders provide their SDP Focus Statement?

    Response: The SDP Focus Statement may be provided as an attachment to the SDP Plan Form. See Amended RFR.

64. **Question: Section 10.15.E** refers to the responsibility of Contractors "... to ensure their proposed SDP Partners obtain such certification or recognition by the Supplier Diversity Office (SDO) after contract award." Please confirm it is acceptable to include proposed SDP Partners in the SDP Plan Form, Part III, that have not yet received certification or recognition by the SDO but are planning to achieve such certification or recognition in advance of the contract effective date.

    Response: As noted in RFR **Section 10.15.E,** it is acceptable to include proposed SDP Partners that have not yet received certification or recognition by the SDO, and it is the responsibility of Contractors to ensure that such SDP Partners do so.

65. **Question: Section 10.15.F** indicates SDP plans will be reviewed and ranked based on the percentage commitment to SDP partners and "…the quality of the narrative Response." Please confirm what narrative Response this evaluation is referencing.

    Response: The narrative response includes the materials described in **Section 10.15.E**, including the SDP Focus Statement and additional creative initiatives.

Governance and Personnel

66. **Question:** Does a Bidders' Board of Directors need to directly include a One Care and/or SCO member? Alternatively, can they be a member of a sub-committee with voting rights?

    Response: Section 2.3.1.1.2.1 of the Model Contracts indicates that the Contractor's Governing Board shall include at least one MassHealth consumer or MassHealth consumer advocate as a voting Member. Such individuals are not required to be enrolled in One Care or in SCO.

67. **Question:** Are staff able to work across both the One Care Plan and SCO Plan Contracts, or are delegated staff needed by Contract? Can a single individual fulfill more than one Key Personnel role?

    Response: Yes, staff are able to work across both a One Care and SCO plan. Yes, a single individual may fulfill more than one Key Personnel role to the extent they

can satisfy the requirements of **Section 2.3.1.2.4.3.** In **Section 2.3.1.2.4.9** of the **Model Contracts**, staffing and resources shall be sufficient to carry out all functions and activities necessary or required under each Contract. See Amended RFR.

68. **Question:** Given the breadth of Key Personnel included under this requirement, will the State consider permitting Key Personnel to be based in contiguous states? Please confirm that the state is not establishing a residency requirement for health plan staff in RFR **Section 8.8.B.2.2**.

    Response: Section 2.3.1.2.4.1 of the Model Contracts requires that Key Personnel be based in Massachusetts to ensure local control. The Massachusetts health care delivery system is unique compared to other states. Terminology, breadth of Medicaid services, policy and standards, infrastructure, and state regulations/laws vary substantially from state to state. Massachusetts is a national leader in Medicare-Medicaid integration and in serving dual eligible individuals.

    While the Model Contracts do not currently include a residency requirement, EOHHS expects most Key Personnel to be physically present within the Commonwealth on a regular basis. EOHHS intends to clarify in future amendments to the Model Contracts that the Chief Financial Officer, Chief Operations Officer, and Chief Data Officer do not need to be based in Massachusetts. See the Amended RFR.

69. **Question:** Is the Director of Behavioral Health required to be a licensed clinician?

    Response: No.

70. **Question:** In **Section 5.3.C** of the RFR, can EOHHS provide clarification on the definition of the centralized business functions? Should plans assume this is the same as core functions that may be delegated to Material Subcontractors?

    Response: Centralized business functions are not the same as functions that may be delegated to Material Subcontractors. EOHHS uses the term “centralized business functions” to refer to any organizational structures and activities that are handled centrally for an organization across multiple products, including for products operating in other states.

Material Subcontractors

Please Note – EOHHS has revised **Section 7** in the Amended RFR, including by eliminating **Attachment G**. All Bidders are advised to review the amended **Section 7** carefully.

71. **Question**: Can EOHHS clarify when a Plan must contract with Aging Services Access Points (ASAPs) as Material Subcontractors rather than as Network Providers? Would a Plan potentially hold both kinds of contracts with an ASAP? Plans have historically contracted with ASAPs as providers and not material subcontractors.

Response: Yes, a Plan may have both a Material Subcontracting arrangement and a Network Provider contract with an ASAP, depending upon what the contracted functions are. See **Section 2.6.1.6.9** of the SCO Model Contract.

When an ASAP is performing Administrative Services (e.g. subcontracting with direct service Providers; confirming Provider qualifications and credentials, submitting claims (encounters) on behalf of Providers, etc.), the ASAP should be contracted with the Plan as a Material Subcontractor. See **Section 1.96 (Material Subcontractor)** of the Model Contracts. Conducting assessments and providing Care Coordination, including through a GSSC (as described in **Sections 2.5**, **2.6**, and **2.9.8.6** of the SCO Model Contract), would also be activities an ASAP performs for the Plan as a Material Subcontractor. See also instructions in **Section 7.1** of the RFR for Material Subcontractors. All SCO Bidders must respond to **Section 7** for any such relationships with one or more ASAPs.

When an ASAP is directly providing a Covered Service as described in **Section 1.107 (Network Provider)** of the Model Contracts, the ASAP should be contracted as a Network Provider. In this arrangement, the ASAP would be listed in the Provider Directory as a Provider of the Covered Service(s) (see **Section 2.8.7** of the Model Contracts).

72. **Question:** With respect to ASAPs that are Material Subcontractors, should Bidders complete the ASAP section (**Section 7.3.C** in the Amended RFR), with respect to only those services that go beyond MGL c. 118E, s. 9D? May Bidders submit a consolidated response covering all 25 ASAPs rather than submitting individual 4-page responses for each of the 25 ASAPs?

    Response: Bidders shall complete **Section 7** of the RFR for all Material Subcontractors, including Aging Services Access Points (ASAPs). As indicated in the instructions for **Section 7.3.C** of the Amended RFR, Bidders may submit one response for all its contracted ASAPs but must describe any differences across its ASAP subcontracts.

73. **Question:** Can EOHHS clarify what selected Bidders would submit for Material Subcontracts post-award?

    Response: Selected Bidders will be required to submit **Appendix K** of the Model Contracts for each Material Subcontractor as part of the Readiness Review, and during the Contract Term for any changes in Material Subcontractors. See the Amended RFR and future amendments to the Model Contracts.

74. **Question:** Within the Care Coordination/Care Management Material Subcontractor questions, EOHHS asks how Bidders will minimize disruption to Enrollees and their care management systems (**Section 2.C** in **Attachment G** to the RFR). Please confirm that EOHHS is asking about disruptions to continuity of care due to changes when moving from one health plan to another.

Response: EOHHS is asking about disruptions to a new Enrollee's established care management arrangements (such as working with a care coordinator at their prior health plan or a community agency) that may occur at Enrollment when a Bidder has a delegated Care Coordination/Care Management arrangement with a Material Subcontractor. See **Section 7.3** of the Amended RFR.

75. **Question:** Can EOHHS confirm if letters of intent (LOIs) will be needed for all material subcontractors for One Care and SCO (**Section 4.1.D** of the RFR)?

    Response: Only organizations planning to submit a Response to the RFR are requested to submit an LOI.

Member Communications

76. **Question:** For Material Translation, EOHHS outlines 9 languages that are prevalent. Is the expectation that all One Care and SCO marketing materials need to be translated into each of these languages?"

    Response: Yes. As indicated in **Section 2.12.5.5** of the Model Contracts, Bidders are expected to ensure that all information provided to Enrollees and eligible MassHealth Members is provided in a manner and format that is easily understood. Such material must be made available in the Prevalent Languages as described in the Model Contracts. See also **Section 1.122** of the One Care Model Contract and **Section 1.116** of the SCO Model Contract.

Network Adequacy

77. **Question:** The Model Contracts at **Section 2.10.4.2** require that for all non-pharmacy providers, the Contractor's Provider Network must meet the stricter of either CMS' Medicare Advantage standards (see **Section 2.10.4.2.1**) or the EOHHS standards in **Section 2.10.4.2.2**. Currently, CMS does not provide access and adequacy standards related to time and distance for certain specialties, including: Anesthesiology, Audiology, Emergency Medicine, Hematology, Oral Surgery, Chronic/Rehab Hospitals and Urgent Care. Can EOHHS please confirm that these specialties must be included in the required attachments in response to **Section 6.2.A.1.b** of the **RFR** and, if so, please provide the access and adequacy standards Bidders should use to complete **Attachment F4** of the RFR for these providers.

    Response: Bidders should refer to the updated **Attachment F** templates for time and distance standards for medical specialists that are not specified in CMS Medicare Advantage guidance or **Section 2.10.4.2.2** of the Model Contracts. EOHHS plans to reflect these updates in upcoming amendments to the Model Contracts.

78. **Question:** Is EOHHS expecting Bidders to demonstrate **"Adult PCP"** Network Adequacy in **Attachment F1** and in **Attachment F2** to include Family Practice, Internal Medicine, General Practice, Geriatrics, Obstetrics/Gynecology, Registered Nurses,

Advanced Practice Nurses, and Physician Assistants; and for **"Family PCP"** to include only Family Practice, General Practice, Family Nurse Practitioners?

Response: Network Adequacy evaluations of "Adult PCP" should include CMS' most current Medicare Advantage network adequacy standards, including time and distance standards, as they apply to the Contractor's Service Area. Please refer to the annual CMS (Health Service Delivery (HSD) reference file for more information. (The 2024 HSD Reference File is available from https://www.cms.gov/medicare/health-drug-plans/medicare-advantage-application; CMS releases annual updates to the file).

Adult PCPs include the following: Family Practice, Internal Medicine, General Practice, Geriatrics, Nurse Practitioners, and Physician Assistants. EOHHS requires Bidders to also include OBGYNs acting in the capacity of a PCP in their evaluation.

References to "Family PCP" have been removed. See the Amended RFR.

79. **Question:** For RFR **Section 6.2.A** and completing the **Attachment F** templates for Network Adequacy, can EOHHS clarify what requirements should be leveraged (Medicare or State-defined) within each response cell? Currently the template is set up to reference one answer.

    Response: Completion of **Attachments F1-F9** of the RFR should demonstrate whether the Bidder's Provider Network complies with **Section 2.8** and **Section 2.10** of the Model Contracts.

80. **Question:** For **Section 6.2.A.1.c** of the RFR, could EOHHS please confirm that Bidders shall base estimates on MassHealth members ages 21-64 for One Care and/or 65+ for SCO for each county the Bidder proposed to cover and their residential zip code? If so, could EOHHS please confirm that the base estimates that should be used are included in the SCO/One Care Encounters Data Books that EOHHS published, and if not, will EOHHS be providing the MassHealth base estimates?

    Response: Estimates should be based on the Bidder's proposed coverage for both One Care and SCO. Please see the Encounter Data Books for Eligible population data by Region and **Section 3.3** of Amendment 1 to the RFR for Eligible population data by County.

81. **Question: Section 2.10.4.2.1** in the SCO Model Contract requires that a Contractor meet the current Medicare Advantage network adequacy requirements. In determining compliance with those requirements, CMS uses a standard Medicare beneficiary population distribution for each county. However, **Section 6.2.A.1.c** of the RFR states that Bidders should base their network adequacy analysis on the MassHealth population distribution in each county and do so separately for One Care and SCO if the population density varies between the two programs.

    Please clarify whether bidders are to measure using (1) the Medicare population distribution, (2) the MassHealth population distribution, or (3) both.

Response: Bidders should use the MassHealth population estimates to complete the tables in **Attachment F** for their RFR Response.

82. **Question:** For **Attachment F,** please confirm that for the network adequacy tables, Bidders are to report the average time and distance for the beneficiaries in each county to the nearest provider, then average time and distance to the 2nd nearest provider and so forth.

    Response: Yes, this is how Bidders should complete RFR **Attachment F** network adequacy tables.

83. **Question:** Please confirm that for pharmacies, Bidders are to report only distance, as CMS has not established time standards for pharmacies (**Section 6.2.A** and **Attachment F6** of the RFR).

    Response: Bidders should complete **Attachment F6** for pharmacies in their proposed network, including by providing information for both distance and time.

Pharmacy

84. **Question:** Please confirm that a Bidder with a compliant Part D Formulary is not expected to cover a prescription drug that (1) is on the MassHealth Drug list but (2) is not on the Bidder's Part D formulary because the Bidder covers other prescription drugs in the same therapeutic class.

    Response: No, **Section 2.7.6.3.1.1** of the Model Contracts requires Bidders to cover all prescription drugs, Non-Drug Pharmacy Products, and over-the-counter drugs uniformly with how EOHHS covers them on the MassHealth Drug List.

85. **Question:** Regarding **Section 2.15.4.1** of the Model Contract:

    a. What is the scope of Medicaid drug rebating referenced under **Section 2.15.4.1**?

    b. What is the entire scope of **Section 5.1.11.1** of the Model Contracts?

    Response: As indicated in **Section 5.1.11.1**, the scope of pharmacy to which the rebate requirements apply is drugs provided that are not under Part D coverage. The state collects rebates on outpatient drug claims except those where Medicare Part D is the primary payer. Pursuant to **Section 2.15.3 and Appendix Q** of the Model Contracts, Plans must report all their drug utilization (retail and outpatient).

    For Medicaid-only members enrolled in SCO, this provision would be applicable to all outpatient drugs provided to such Enrollees.

RFR Submission Instructions

86. **Question:** Regarding the instructions in **Section 4.2** of the RFR, can EOHHS confirm if restating a question is required, and if it counts towards the page limit?

    Response: The RFR response guidelines do not require restating the question.

87. **Question:** RFR **Section 4.2** and **Sections 5-8**: Can EOHHS specify whether tables, charts, graphs, and other images count toward page limits?

    Response: Tables, charts, graphs, and other images count toward page limits unless they are specifically requested in the RFR as attachments. Attachments and other supporting documentation specifically permitted or required by the RFR are not counted in calculating the Bidder's page limit, unless otherwise specified.

88. **Question:** Will EOHHS confirm if the Response Tables of Contents described in **Section 4.2.E.6** and **4.2.E.7** of the RFR will be excluded from page limit? Is a primary, secondary, and tertiary section needed in the table of contents at the beginning of the response?

    Response: The Table of Contents described in RFR **Section 4.2.E.6** will be excluded from the page limit. Please include in this Table of Contents each primary, secondary, and tertiary section and page number. EOHHS is removing the instruction that the Response to each section also include its own Table of Contents in **Section 4.2.E.7** of the RFR. See also the Amended RFR.

89. **Question:** Can EOHHS please expand on the screen reader technology requirements as listed in **Section 4.2.E.10** of the RFR and clarify if this is the equivalent of 508 Compliant? Are requirements applicable to both the narrative response and attachments?

    Response: Ensuring materials are screen reader accessible is an aspect of 508 compliance. Yes, accessibility requirements are applicable to both the narrative responses and the attachments.

90. **Question:** We would like to clarify how attachments should be included in our final submission.

    Does RFR **Section 4.2.F** indicate that Bidders should include all relevant attachments at the end of each subsection before beginning the narrative response to the next subsection? As such, submitted files would be structured as follows: Section 5.1 Narrative, Section 5.1 Attachments, Section 5.2 Narrative, Section 5.2 Attachments, etc. This would further mean that a complete submission would consist of three distinct files: aligned, SCO-only, and One Care-only.

    However, at the Bidders' conference, EOHHS indicated that attachments were meant to be supplied in entirely separate files. This would add an additional three files to those

listed above: aligned attachments, SCO-only attachments, and One Care-only attachments.

Can EOHHS please clarify which method of incorporating attachments is correct?

Response: In accordance with **Section 4.3** of the RFR, Bidders shall submit the required narratives to address both One Care and SCO together. Attachments shall be submitted in three separate file(s) corresponding to the appropriate narrative response. Attachments shall be organized and submitted under the following categories: Aligned, One Care-only, and SCO-only. If it is technically challenging for the Bidder to combine attachments, EOHHS will accept separate attachments. See also updated instructions in the Amended RFR.

91. **Question:** Can EOHHS please confirm if the programmatic response and the business response should be submitted as 1 combined document or 2 separate documents?

    Response: The Programmatic Response shall be submitted as described in **Section 4.3** of the RFR. The Business Response shall be submitted as described in **Section 4.4** of the RFR, which instructs that it be in a separate document than the Programmatic Response. See also the Amended RFR.

92. **Question:** Please confirm that RFR **Section 5.9.I** applies to One Care only and not both One Care and SCO.

    Response: Section 5.9.I of the RFR applies to One Care only. Similarly, **Section 5.9.J** of the RFR applies to SCO only. As indicated in RFR **Section 4.3** instructions, EOHHS is requesting Bidders list the Section number and "N/A" for **Section 5.9.I** or **Section 5.9.J**, according to which of the One Care Supplement or SCO Supplement they are responding.

93. **Question:** For the various responses that require Excel files, is it the Commonwealth's intent to have these items submitted in the native Excel format as well as within the requested Attachment files as outlined in **Section 4** of the RFR?

    Response: Response components requiring Excel files, including templates provided as RFR Attachments, must be submitted as native Excel files. Bidders must title and organize Attachments to submit and easily sort them in order by RFR question. Attachments must otherwise be submitted in the order and format in which the information is requested.

Utilization Management

94. **Question:** Can EOHHS elaborate on what it means by pre-certification of services and responses to Member and Provider inquiries in RFR **Section 6.8.A.2**? Is EOHHS looking for general turnaround times for prior authorization requests?

Response: Yes, EOHHS is looking for turnaround times for prior authorization requests for CY2022.

95. **Question:** Please clarify if the expectation for Massachusetts licensed staff also applies to Utilization Management staff.

    Response: Yes, Massachusetts licensed staff expectations apply to Utilization Management staff. See **Sections 2.10.12.1.2** and **2.10.12.1.4** of the Model Contracts.