

**OFFICE OF GROUP BENEFITS  
MEDICAL HOME HEALTH PLAN NIC  
QUESTIONS AND ANSWERS**

1. **Attachment 1- Sample Contract**  
**Section 1.0 Definitions (pg. 28)**

This section does not contain a definition of a Plan Participant. Vantage believes such a definition would be appropriate and recommends that Section 1.0 be revised to include:

- c. "Plan Participant" means a state employee or retiree who is entitled to benefits under the Plan or any dependent of the employee or retiree who is entitled to benefits under the Plan.

**ANSWER: Item c. will be added to Section 1.0 Definitions as follows:**

- c. "Plan Participant" means an employee or retiree who is entitled to benefits under the Plan or any dependent of the employee or retiree who is entitled to benefits under the Plan.**

2. **Section 2.0 Scope of Services**

Item 9 (pg. 29) in Section 2.0 refers to "required reports." Are these "required reports" referencing those listed in *Attachment 3 Reporting Requirements*? Please clarify the reports to which OGB is referring.

**ANSWER: Yes**

3. Item 10 (pg. 29) in Section 2.0 refers to "informational and enrollment meetings as scheduled by OGB."

- a. Will OGB be conducting information and enrollment meetings during this Open Enrollment?
- b. If so, will Vantage representatives be allowed to market at these OGB-conducted meetings and be allowed to explain the Medical Home Model?
- c. If possible, may we obtain a list of dates and locations of the meetings to be held?
- d. Will Vantage be permitted to organize and hold informational and enrollment meetings for interested eligibles?
- e. Will Vantage be permitted to use direct mailing (including the mailing of enrollment forms) and calling to contact eligibles to inform them of upcoming meetings and/or give plan information or answer questions pertaining to the Medical Home Model?
- f. Will Vantage be permitted to have eligibles return enrollment applications directly to Vantage for processing before submission of the files to OGB?

**ANSWER:**

- a. **Yes, OGB will hold 2-3 informational meetings between July 15-31, 2009.**
- b. **OGB personnel will conduct the informational meetings. Representatives from the successful proposer will be required to attend and may be invited to answer questions.**
- c. **Yes, a schedule will be provided once meetings have been scheduled.**
- d. **No**
- e. **Yes, with the exception of enrollment forms. All materials which will be sent to members must be approved by OGB staff prior to distribution. It is not acceptable to contact members via telephone.**
- f. **No, enrollment materials must be submitted to OGB.**

4. Section 6.0 OGB Plan Responsibility (pg. 30)

Vantage believes that this section should be expanded to include subparts c. and d., which read as follows:

- c. OGB shall advise Contractor of all matters regarding potential legal action involving the Plan or this Contract and shall promptly advise Contractor of any legal actions instituted against them which relate to the Plan or this Contract.
- d. OGB shall for all purposes be the "Administrator" and the "named fiduciary" of the Plan and shall assume fiduciary responsibilities for all operations of the Plan. Contractor shall act in a fiduciary capacity only with respect to the administrative duties delegated to it under this Contract.

**ANSWER: Section 6.0 OGB Plan Responsibility will be deleted in its entirety.**

5. Section 7.0 Single Program, Right to Assess All Members (pg. 30)

The caption for this section should be revised. There is no mention of any type of assessment against a member. Also, this section does not reference Vantage being available to all eligible employees, in addition to retirees. Vantage recommends that this section be revised to read:

**7.0 SINGLE PROGRAM**

The OGB seeks to make the Plan available to all eligible employees and retirees who wish to choose such means of acquiring health care services. However, eligible employees and retirees who enroll in the Plan are members of the OGB.

**ANSWER: Section 7.0 Single Program, Right to Assess All Members (pg. 30) will be replaced with the above language.**

6. Section 9.0 Liability for Damages by the Contractor (pg. 31)

At Item C, there is a reference to the HMO Plan. Vantage recommends that 'HMO Plan' be substituted with 'HMO Medical Home Health Plan.'

**ANSWER: Item C reference to 'HMO Plan' will be changed to 'HMO Medical Home Health Plan'.**

7. Section 18.0 Project Management/Monitoring Plan (pg. 34)

At Item C, there appears to be a typographical error ("G.") that should be deleted.

**ANSWER: Letter "G" will be removed.**

8. Attachment 2- Performance Standards (pg. 39)

Vantage adopts the performance standards as required by the Centers for Medicare and Medicaid Services, including answering speed, inquiry and data submission timeliness, and financial, claims and eligibility accuracy. If OGB has any concerns regarding this interpretation and adoption, please advise.

**ANSWER: The OGB Performance Standards will remain as stated.**

9. Data Submission (pp. 41-42)- In Attachment 3 Reporting Requirements, data submission and reporting requires submission to OGB within fifteen (15) days of the following month, as evidenced by the stated due dates on page 44. Is the definition of *Data Submission (Timeliness)* correct as written on page 41 (Item 4: Data Submission (Timeliness)) and page 42 (Item 7: Data Reporting Timeliness) as five (5) days, or is the intent to report within fifteen (15) days of the following month, consistent with Attachment 3?

**ANSWER: Yes, submission should be fifteen (15) days, not five (5) days.**

10. Attachment 3- Reporting Requirements

Section A Monthly Reports (pg. 43)

Vantage will provide claims level data and financial information (1<sup>st</sup> bullet point) electronically for monthly reporting. Will all claims level data and financial information, including but not limited to capitation rates, pay-for-performance payments, Medical Home incentive payments, as well as payment data requested in Section B, items 1b, 1c and 1d, be kept confidential, for use only by the OGB? If some or all of this information will not be held in a confidential manner, please advise.

**ANSWER: If the contractor considers this information proprietary and confidential, the OGB will treat this information as confidential.**

**11. Attachment 4- Eligible Members by Plans**

Vantage would ask that a file of eligible members' contact information (including current address and phone number) be made available *immediately* for marketing preparation.

Vantage would also ask that file of eligible members' demographic data (including sex, date of birth and current coverage tier) and claims data be made available *immediately* so that Vantage may provide an accurate premium and rate quotation.

**ANSWER: Following the announcement of the award of contract, the eligible members' contact information will be released to the winning proposer, with the exception of the member's phone number.**

**12. Attachment 7- Data File Requirements and Layout**

Item #4 Drug Subsidy Interim Monthly file (pg. 48)

This item indicates that the Drug Subsidy Interim Monthly file should be sent to OGB at the beginning of the month for the previous month's drugs. Vantage proposes a monthly due date of the 15<sup>th</sup> of the month to allow for month-end data collection and submission. Please advise if this revision is acceptable.

**ANSWER: Data submission on the 15<sup>th</sup> of the month is acceptable.**

**13. Items #6 and #7 Eligibility Files for Contract Holders and Dependents (pg. 49)**

These items indicate that the eligibility files should be posted to Vantage's system "before the next day."

Please clarify this time frame for the posting of eligibility files. Depending on the time the file is received by Vantage, posting before the next day may not be feasible. Vantage will strive to post the eligibility files within forty-eight (48) hours of our receipt of these files. Please advise if this revision is acceptable.

**ANSWER: Eligibility files should be posted by the next business day.**