

REQUEST FOR APPLICATIONS

Community Health Centers Path2Health Pilot Project

COUNTY MEDICAL SERVICES PROGRAM GOVERNING BOARD

I. ABOUT THE COUNTY MEDICAL SERVICES PROGRAM

The County Medical Services Program (CMSP) was established in January 1983, when California law transferred responsibility for providing health care services to indigent adults from the State of California to California counties. This law recognized that many smaller, rural counties were not in the position to assume this new responsibility. As a result, the law also provided counties with a population of 300,000 or fewer with the option of contracting back with the California Department of Health Services (DHS) to provide health care services to indigent adults. DHS utilized the administrative infrastructure of Medi-Cal's fee-for-service program to establish and administer the CMSP program.

In April 1995, California law was amended to establish the County Medical Services Program Governing Board (Governing Board). The CMSP Governing Board, composed of ten county officials and one ex-officio representative of the Secretary of the California Health and Human Services Agency, is authorized to set overall program and fiscal policy for CMSP. This law also authorized the Governing Board to contract with DHS or an alternative contractor to administer the benefit delivery under the program. Between 1995 and 2005, the Governing Board contracted with DHS to administer CMSP benefit coverage. From 2005 to 2014, the Governing Board contracted with Anthem Blue Cross Life & Health (Anthem). Advanced Medical Management (AMM) assumed benefit administration responsibility in 2014 and currently serves in this role. MedImpact Healthcare Systems, Inc. (MedImpact) assumed administrative responsibility for CMSP pharmacy benefits beginning April 1, 2003 and continues to serve in this role.

Thirty-five counties throughout California now participate in CMSP: Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Imperial, Inyo, Kings, Lake, Lassen, Madera, Marin, Mariposa, Mendocino, Modoc, Mono, Napa, Nevada, Plumas, San Benito, Shasta, Sierra, Siskiyou, Solano, Sonoma, Sutter, Tehama, Trinity, Tuolumne, Yolo and Yuba.

CMSP is funded by State Program Realignment revenue received by the CMSP Governing Board and county general purpose revenue provided in the form of County Participation Fees. CMSP members are medically indigent adults, ages 21 through 64, who meet all of CMSP's eligibility criteria and are not otherwise eligible for Medi-Cal or

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Covered California. Enrollment in CMSP is handled by county welfare departments located in the 35 participating counties. All CMSP members must be residents of a CMSP county and their incomes must be less than or equal to 300% of the Federal Poverty Level (based on net nonexempt income).

As currently constructed, CMSP enrollees fall into two categories: Non Share of Cost (No-SOC) members, who have no financial responsibility for the cost of benefits; and, Share of Cost (SOC) members, who have some financial responsibility for the cost of benefits. For No-SOC members, CMSP provides coverage for medically necessary inpatient, outpatient, vision, dental, and prescription drug services based upon a defined benefit package that is determined by the Governing Board.

For SOC members, CMSP provides two levels of benefit coverage. For undocumented CMSP SOC members, CMSP provides coverage for medically necessary emergency care services only, including prescription drug services, after the share of cost has been paid. CMSP also provides a limited primary care benefit with no share of cost to these members. For legal resident CMSP SOC members, CMSP provides coverage for medically necessary inpatient, outpatient, vision, dental, and prescription drug services based upon a defined benefit package that is determined by the Governing Board after the share of cost has been paid. CMSP also provides a limited primary care benefit with no share of cost to these members.

II. ABOUT THE PATH2HEALTH PILOT PROJECT

Under the Path2Health Pilot Project (“Pilot Project”), the CMSP Governing Board seeks to test the effectiveness of providing primary and preventive services to low-income, undocumented county residents that are not otherwise eligible for CMSP and are eligible for and enrolled in emergency medical services under the Medi-Cal program. The target population for the Pilot Project is up to 25,000 undocumented adults ages 21-64 that are enrolled in an emergency services only Medi-Cal program aid code and reside in one of the thirty-five CMSP counties. The goal of the Pilot Project is to promote timely delivery of necessary primary and preventive medical services to the target populations to improve health outcomes for the target population, reduce the incidence of emergency services utilization and inpatient hospitalization by the target population, and enable contracting Community Health Centers to redirect resources otherwise dedicated to providing services to the target population to other needs of high priority in the Community Health Center’s service area, including but not limited to assuring delivery of medically necessary services to CMSP enrollees and remaining uninsured county residents.

As part of the Medi-Cal enrollment process, Pilot Project participants will be enrolled in the Medi-Cal program through the existing Statewide Automated Welfare System at the county and/or the Hospital Presumptive Eligibility (HPE) process. As part of the Pilot Project enrollment process, Community Health Centers will be responsible for registering the patient’s information through a secure registration/enrollment online portal maintained by Governing Board and for obtaining the patient’s consent to participate in the Pilot Project. Governing Board, or its vendor, will train Community

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Health Centers users how to use the secure registration/enrollment online portal. Community Health Centers will not be required to collect information regarding the patient's income or assets for the Pilot Project. Path2Health members may renew their enrollments in the Pilot Project every six months. In addition, Community Health Centers will be responsible for providing applicants with information about local immigration legal resources available to assist residents in obtaining lawful immigration status.

Following enrollment in the Pilot Project, AMM will mail the Path2Health member a Path2Health identification card and program guide. The Community Health Center will bill AMM and receive reimbursement for designated primary and preventative care services rendered to the Path2Health member. Please see Attachment A for a general sample of Path2Health designated services under the new primary care benefit. The Community Health Center will bill Medi-Cal for any emergency services rendered to the Path2Health member. For retail pharmacy services, the Path2Health member will present the Path2Health identification card to any participating CMSP retail pharmacy. The Path2Health member will be eligible to receive covered medications for a \$5 copayment per prescription. Prescription coverage is limited to a maximum of \$500 per claim and a \$1,500 maximum benefit per Path2Health enrollment period under the new primary care benefit. Retail pharmacies will bill MedImpact Health Systems for Path2Health covered medications.

III. PILOT PROJECT APPLICANTS

Lead Agency Applicant Requirements

Applicant Contractors participating in the Pilot Project may focus within one CMSP County or two or more counties that participate in CMSP and are served by the Applicant Contractor. The Lead Agency Applicant for the Pilot Project must be a Federally Qualified Health Center (FQHC), Tribal Health Clinic, or Rural Health Clinic (RHC) that has an existing provider contract with the Governing Board to serve CMSP members or will, at the time the Pilot Project commences, have a provider contract with the Governing Board. Lead Applicants must demonstrate evidence of Partner Collaboration and Support with both the County Health Department and the County Social Services Department, in the CMSP County or counties to be served through the Pilot Project.

IV. PILOT PROJECT TIMELINE

The following tentative timeline shall guide the Pilot Project:

August 1, 2018:	Pilot Project Request for Applications (RFA) Released
August 7, 2018:	RFA Assistance Teleconference at 1:00 PM (888) 296-6500, participate code 738196
August 15, 2018:	Pilot Project Letters of Intent (LOI) Due
September 14, 2018:	Pilot Project Applications Due

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October 11, 2018:	Pilot Project Applications Reviewed and Approved
October 15, 2018:	Pilot Project Awards Announced Via Letter
November 16, 2018:	Pilot Project Provider Contract Amendments Executed
DATES TBD:	Registration/Enrollment Online Portal Training
February 1, 2019:	Projects Begin Implementation
March 1, 2019:	Pilot Outreach and In-reach Efforts Commence
June 30, 2021:	Pilot Projects End (unless extended)

V. FUNDING APPROVAL

The Governing Board, within its sole discretion, may select one or more contracting providers to participate in the Pilot Project and provide funding to these contractors to provide designated health care services to Path2Health members. Total funding provided by the Governing Board for the Pilot Project may equal up to \$25 million over the two and one-half year period. The Governing Board shall have no obligation to provide Pilot Project funding or continue to provide Pilot Project funding at any time.

Following the Governing Board's approval of an applicant's Pilot Project Application, determining of the number of members to be served by the applicant, and amendments to the provider's CMSP provider contract, the approved provider will receive reimbursement for designated health care services through the provider's CMSP provider contract. The provider's initial and continued participation in the Pilot Project will be dependent on the provider fulfilling all contractual requirements set forth in the provider agreement and the amendment pertaining to the Pilot Project.

VI. FUNDING AWARDS – METHODOLOGY FOR REVIEW AND SCORING

The Governing Board shall have sole discretion whether or not to award funding for the Pilot Project. Pilot Project Applications shall be reviewed and scored to assure that the Applications meet minimum standards for provider participation. Pilot Project Applications will be reviewed and scored based upon the following criteria:

Project Application **(85%)**

- Statement of Need within Community (25%)
- Local Health Care Delivery System Landscape (25%)
- Organization and Staffing (15%)
- Implementation Work Plan (20%)

Letters of Commitment and Support **(15%)**

The foregoing criteria are for general guidance only. If the Pilot Project Applications are scored, the scoring will be for guidance and informational purposes only. The Governing Board will award funding based on the Applications the Governing Board determines, in its sole discretion, are in the best interest of CMSP and the Governing Board.

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Pilot Project Applications which, in the Governing Board's sole and absolute discretion, are deficient, are not competitive, are non-responsive, do not meet minimum standards or are otherwise lacking in one or more categories may be rejected without further consideration.

In order for the Governing Board to consider approval, the application must achieve a minimum score of seventy-five percent (75%).

VII. APPLICATION ASSISTANCE

A. RFA Assistance Teleconference Information

To assist potential applicants, Governing Board staff will conduct an RFA assistance teleconference on Tuesday, August 7th at 1:00 PM. Applicants are encouraged to "save the date" for this teleconference, participate on the teleconference, and bring any questions they have regarding Pilot Project requirements and the application process. The RFA assistance teleconference can be accessed by dialing (888) 296-6500, participate code 738196.

B. Frequently Asked Questions (FAQ)

Once the application process gets underway, questions that are received by the Governing Board within the time period indicated by the Governing Board will be given written answers and these questions and answers will be organized into a Frequently Asked Questions (FAQ) document that will be posted on the Path2Health website at <http://mypath2health.org/Participant.html>.

C. Letter of Intent (LOI)

The Governing Board requests that all Pilot Project funding applicants intending to submit an application provide a brief Letter of Intent (LOI) to the Governing Board that is presented on the letterhead of the applicant organization. While the LOI is not required, receipt of an LOI from all likely applicants will assist the Governing Board in planning for application review and related processing. Please submit the LOI no later than August 15, 2018 by 5:00 p.m. PST. The LOI may be submitted by e-mail or fax to the addresses listed below:

Via E-Mail: akellen@cmspcounties.org
SUBJECT: Path2Health Pilot Project RFA

Via Fax: CMSP Governing Board
ATTN: Alison Kellen, Program Manager
SUBJECT: Path2Health Pilot Project RFA
916-649-2606

D. Pilot Project Contact Information

Please direct any questions regarding the RFA to Alison Kellen, Program Manager at akellen@cmspcounties.org.

VIII. PILOT PROJECT APPLICATION FORMAT AND REQUIREMENTS

A. Application Cover Sheet

Using the form provided, please include the county name or names (if counties are acting jointly), identified Lead County Applicant and Lead Applicant's contact name(s), address, telephone, and e-mail contact information. Additionally, the Governing Board is seeking several sites willing to serve as Beta testers on the Registration/Enrollment Portal. Please indicate if your site is willing to serve in the capacity. The application cover sheet (Attachment B) is available for download on the Path2Health website at <http://mypath2health.org/Participant.html>.

B. Project Summary (no longer than 1 page)

Describe the community health center's proposed structure and process for the delivery of primary care services to the target population.

C. Project Proposal (no longer than 5 pages)

1. *Statement of Need Within Community*

Please provide estimates, along with your methodology for deriving these estimates, of all of the following:

- Total undocumented populations, delineated between children (up to age 20) and adults (age 21-64) currently receiving health care services at the health center
- Total undocumented adults that are Medi-Cal enrollees receiving health care services at the health center
- Proposed number of undocumented adults to be served by health center
- Current financial resources the health center projects will be freed up and available for redirection to other priority services of the health center as a result of new primary care benefit coverage
- Health center's expected priority areas for reinvestment of "freed-up" resources and anticipated use of such resources

NOTE: If the health center will be serving clients in more than one health center location, please provide estimates for each health center location.

2. *Local Health Care Delivery System Landscape*

Describe the health center's role in the delivery of health care services to CMSP enrollees, undocumented persons, and publicly sponsored populations and include discussion of all of the following:

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- The health center's formal and informal partnering relationships with other health care providers in the County
- How these partnering relationships will be utilized to facilitate outreach and referral of undocumented persons to the health care center for enrollment in Path2Health primary benefit coverage
- Local legal resources that Path2Health applicants will be informed of to assist them in obtaining lawful immigration status and the health center's proposed method(s) for distributing this information.

3. Organization and Staffing

Describe the health center's organizational capability to implement, operate, and fully participate in the Pilot Project. Include all of the following components:

- An organizational chart and a written description of the health center's organizational structure, lines of supervision and management oversight for the proposed Pilot Project;
- Identification of the key personnel that will be dedicated to the Pilot Project, including:
 - Project Manager with day-to-day responsibility for key tasks, which include leadership, monitoring ongoing progress, assuring timely and accurate beneficiary enrollment, preparing project reports, and communicating with local partners and the CMSP administrative office;
 - Key direct and indirect administrative personnel to support program enrollees.

4. Implementation Work Plan

Prepare a 1-2 page Project Implementation Work Plan that shows all required tasks for health center participation in the Pilot Project. The Work Plan shall include but not be limited to CMSP provider contract execution to enable Pilot Project participation; administrative changes to enable delivery, claim reimbursement, and receive payment for health care services to Path2Health enrollees; development of the "in-reach" and "outreach" strategies for reaching eligible Path2Health enrollees; partnering with local health care providers and the County; and, health center employee training associated with the Pilot Project.

D. Letters of Commitment and Support

Letters of partnering support from local health care partners, including at a minimum one local hospital, and the CMSP County pertaining to outreach and referral are required. Such letters should outline the specific roles of each partner and the steps that each partner has agreed to take to facilitate referral to the health center of potential Pilot Project enrollees.

E. Other Information

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The Governing Board may request any other information that it deems in its sole discretion is necessary or useful in order to provide funding. The Governing Board reserves the right to contact Applicants informally to receive additional information.

IX. APPLICATION INSTRUCTIONS

- A. All Pilot Project applications must be complete at the time of submission and must follow the required format and use the forms and examples provided:
 - 1. The type font must be Arial, size 12 point.
 - 2. Text must appear on a single side of the page only.
 - 3. Assemble the application in the order and within the page number limits listed with the Proposal Format & Requirements sections.
 - 4. Clearly paginate each page.
- B. Applications transmitted by facsimile (fax) or e-mail will not be accepted.
- C. The application shall be signed by a person with the authority to legally obligate the Applicant.
- D. Provide one original hard-copy Pilot Project application clearly marked original, and two (2) hard copies.
- E. Provide an electronic copy (CD or flash drive) of the following components of the application: 1) Application Cover Sheet, 2) Project Summary (as a Word Document), 3) Project Proposal (as a Word Document), and 4) Letters of Commitment and Support
- F. Do not provide any materials that are not requested, as reviewers will not consider the materials.
- G. Folders and binders are not necessary or desired; please securely staple or clip the application in the upper left corner.
- H. Applications must be received in the CMSP office no later than 5:00 p.m. PST on September 14, 2018.

CMSP Governing Board
ATT: Alison Kellen, Program Manager
1545 River Park Drive, Suite 435
Sacramento, CA 95815

X. GENERAL INFORMATION

- A. All Applications become the property of the Governing Board and will not be returned to the Applicant unless otherwise determined by the Governing Board in its sole discretion.
- B. Any costs incurred by the responding Applicant for developing a proposal are the sole responsibility of the responding Applicant and the Governing Board shall have no obligation to compensate any responding Applicant for any costs incurred in responding to this RFA.
- C. Proposals may remain confidential during this process only until such time as determined by the Governing Board in its sole discretion. Thereafter, all information submitted by a responding Applicant may be treated as a public record by the Governing Board. The Governing Board makes no guarantee that any or all of a proposal will be kept confidential, even if the proposal is marked “confidential,” “proprietary,” etc.
- D. The Governing Board reserves the right to do the following at any time, at the Governing Board’s sole discretion:
 - 1. Reject any and all applications, or cancel this RFA.
 - 2. Waive or correct any minor or inadvertent defect, irregularity or technical error in any application.
 - 3. Request that certain or all Applicants supplement or modify all or certain aspects of their respective applications or other materials submitted.
 - 4. Modify the specifications or requirements for the Pilot Project in this RFA, or the required contents or format of the applications prior to the due date.
 - 5. Extend the deadlines specified in this RFA, including the deadline for accepting applications.
 - 6. Award or not award funding to any Applicant.