

**CMSP Evaluation Vendor
Request for Proposals (RFP)**

**Frequently Asked Questions
October 24, 2018**

Q1) How many and which community health center (CHC) applications were approved for participation in the Path2Health Pilot Project?

R1) Ten (10) Community Health Centers applied and proposed serving fourteen (14) counties and roughly 15,700 potential enrollees. These 10 CHCs were approved by the Governing Board at the Board's October 11, 2018 meeting. These CHCs include all of the following:

| # | Applicant | County(ies) | Requested Enrollment |
|--------------|------------------------------------|--|----------------------|
| 1 | Ampla Health | Butte, Colusa, Glenn, Sutter, Tehama, & Yuba | 890 |
| 2 | Coastal Health Alliance | Marin | 400 |
| 3 | CommuniCare Health Centers | Yolo | 436 |
| 4 | Community Medical Centers | Solano & Yolo | 1,500 |
| 5 | La Clinica de la Raza | Solano | 1,150 |
| 6 | Marin Community Clinics | Marin | 4,000 |
| 7 | OLE Health | Napa & Solano | 3,188 |
| 8 | Petaluma Health Center | Sonoma | 2,500 |
| 9 | Santa Rosa Community Health Center | Sonoma | 1,200 |
| 10 | Shasta Community Health Center | Shasta | 400 |
| TOTAL | | | 15,664 |

Three (3) additional CHC applicants were not approved due to deficiencies in their applications, but the Governing Board will offer these applicants the opportunity to address the deficiencies and be reconsidered. If these 3 CHCs are approved, we expect two (2) additional counties would be covered and up to 5,000 additional enrollees could be served.

Q2) Is there a budget range for this proposal?

R2) There is no specific budget range. The Governing Board expects that proposals will address the proposed scope of work and present a reasonable proposed budget.

Q3) Will CMSP direct Advanced Medical Management (AMM) to provide contractor access to Path2Health claims data for project analysis?

R3) To the extent the data is available, the Governing Board will provide the evaluator with this data.

Q4) Will CMSP direct AMM to provide contractor access to CMSP-Medi-Cal claims data for Path2Health CHC sites, including historical data?

R4) Medi-Cal health care claims for restricted scope beneficiaries are processed through the California Department of Health Care Services' vendor and not AMM. To the extent the data is available, the Governing Board will provide the evaluator with this data.

Q5) Will CMSP direct MedImpact Health Systems (MedImpact) to provide contractor access to Path2Health pharmacy claims data for project analysis?

R5) To the extent the data is available, the Governing Board will provide the evaluator with this data.

Q6) Will CMSP direct MedImpact to provide contractor access to CMSP Medi-Cal pharmacy claims for Path2Health CHC sites, including historical data?

R6) Medi-Cal pharmacy claims for restricted scope beneficiaries are processed through the California Department of Health Care Services' vendor and not MedImpact. To the extent the data is available, the Governing Board will provide the evaluator with this data.

Q7) Does the Governing Board anticipate there being costs for data extractions from AMM (the health benefits administrator that hosts the primary care and preventive service utilization data) and from MedImpact (the vendor that hosts the prescription data)? If so, whom should we contact for cost estimates from each vendor?

R7) The Governing Board does not anticipate the evaluation vendor being required to assume costs for data extractions from either AMM or MedImpact. To the extent the data is available, the Governing Board will provide the evaluator with this data.

Q8) Is there a restriction or cap on payment and/or gift cards for focus group and interview participants?

R8) The Governing Board will consider nominal payments that are reasonable, but the Board reserves the right to preclude such payments following legal review.

Q9) The RFP requires "brief resumes detailing the education and relevant experience of the key personnel..." and requires that the Management Proposal Response not exceed 5 pages. Can the resumes be included as an appendix, in addition to the five-page limit for the Management Proposal?

R9) Yes.

Q10) The Proposal Format Instructions specify that the type font must be Arial, size 12 point. Can the proposal include a smaller font for tables or exhibits?

R10) Yes.

Q11) Please describe how eligibility for CMSP emergency coverage is determined (Aid Code 50 – CMSP)? For example, page 2 of Attachment A specifies, “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.”

R11) CMSP Aid Code 50 is given to CMSP members that are not eligible for Medi-Cal, are not eligible for CMSP full-scope benefit coverage due to not meeting legal residency requirements, and have incomes above 138% FPL up to 300% FPL. These CMSP members receive health coverage for emergency services, including prescription drug services. These CMSP members also receive a set of primary care services, including prescription drug services, which are similar to the benefit coverage that will be provided under Path2Health.

| Income | Emergency Services Coverage | Primary & Preventative Coverage |
|-----------------|------------------------------------|---|
| 0 – 138% FPL | Medi-Cal | None currently. Effective 2/2019: Path2Health with certain limitations |
| 139% – 300% FPL | CMSP | CMSP under Primary Care Benefit with certain limitations |

Q12) Pages 2-3 of the Evaluation RFP specifies P2H eligibility, “undocumented adults ages 21-64 that are enrolled in emergency services only Medi-Cal aid code and reside in one of the 35 CMSP counties.” Emergency services only Medi-Cal is time limited. Are P2H members eligible to continue P2H after their Medi-Cal emergency eligibility ends, given that P2H enrollment is for 6 months? Are P2H members allowed to re-enroll if they are no longer eligible for emergency Medi-Cal?

R12) Enrollment in Path2Health will be linked to enrollment in an emergency services only Medi-Cal Aid Code at the time the applicant enrolls in Path2Health. A confirmation of the applicant’s current enrollment in Medi-Cal will be made through Medi-Cal. From that enrollment date, the applicant will be granted a 6-month Path2Health enrollment term. If the Path2Health enrollee’s Medi-Cal eligibility ends during this 6-month term, it will have no effect on the Path2Health enrollee’s approved term date. If the Path2Health enrollee returns to extend their enrollment for an additional 6-month term, the enrollee’s current eligibility for Medi-Cal will be verified at that time. If the Path2Health enrollee’s Medi-Cal eligibility cannot be confirmed because Medi-Cal eligibility has ended, the Path2Health enrollee’s eligibility for a renewed Path2Health term will not be approved and the applicant will be referred back to the county to re-establish their Medi-Cal coverage.

Q13) Please indicate which types of patient-level data will be made available by CMSP to the evaluator. Will it include:

- a. Claims before the program begins (to develop a baseline)**
- b. Inpatient and emergency department claims (including those that may end up being paid by Medi-Cal)**

R13a) It is unlikely that there will be any claims data on the newly enrolled Path2Health population because these persons are not currently enrolled in any CMSP program.

R13b) It is uncertain whether there will be any claims data on the newly enrolled Path2Health population available from the Medi-Cal program. Discussions about data sharing on the enrollee population are underway with the California Department of Health Care Services, but no agreements have been reached as of this date. If the evaluation firm has experience with the Data Use Agreement process with DHCS, please indicate this in your proposal.

Q14) Page 3 of the Evaluation RFP states “The Community Health Center will bill Medi-Cal for any emergency services rendered to the Path2Health member.” Does CMSP have access to emergency Medi-Cal claims? Can CMSP share that data with the evaluator?

R14) The answer is the same as immediately above. It is uncertain whether there will be any claims data on the newly enrolled Path2Health population available from the Medi-Cal program. Discussions about data sharing on the enrollee population are underway with the California Department of Health Care Services, but no agreements have been reached as of this date.

Q15) Does CMSP ever pay for emergency department visits?

R15) CMSP pays for emergency department visits for enrolled CMSP members in all three existing CMSP Aid Codes: 50 (enrolled undocumented persons, with a SOC); 88 (enrolled legal residents, with no SOC); and 89 (enrolled legal residents with a SOC). The monthly CMSP SOC is based on the same calculation as used for Medi-Cal, but the amount owed is discounted by 75%.

Q16) On page 5 the Evaluation RFP indicates “To the extent it can be obtained with appropriate health information privacy protections, other healthcare utilization data on program enrollees, including emergency related hospital services and associated follow up services” What entity/entities does CMSP anticipate would be able to provide this type of patient-level data?

R16) These data may be available from two key sources: the participating Community Health Center and the Medi-Cal program. However, the availability of such data is

uncertain. In addition, at the time of enrollment the applicant will be asked a short set of questions about health care services utilization, including emergency related hospital services.

Q17) Page 5 of the Evaluation RFP indicates (the following data is expected to be collected) “Medi-Cal enrollment information, including CIN, and basic demographic information” Can you please share the type of demographic data that is anticipated to be collected?

R17) The Path2Health enrollment system will capture the following demographics: Age (calculated from DOB), Gender, Ethnicity, Preferred Spoken Language, Preferred Written Language, and County of Residence.

Q18) Are the sites are aware of their responsibility to potentially participate in the evaluation? For example, participation in focus groups and key informant interviews?

R18) The sites’ provider agreement includes the following requirements regarding reporting and participation in the evaluation:

Reports. “Provider shall submit all periodic reports required by Governing Board necessary to comply with requirements for the Path2Health Benefit Plan. Such periodic reports shall include a calculation of the amount of Freed Up Resources the Provider has experienced as a result of receiving reimbursement for Medical Services for Path2Health Members through the Pilot Project and a description of the activities or services that were funded by the Provider through the redirection of these Freed Up Resources.”

Pilot Project Evaluation. “Provider shall fully participate in and assist with the Pilot Project Evaluation. Provider shall cooperate with and provide such information requested by the third party evaluator consultant or firm retained by Governing Board to conduct the Pilot Project Evaluation.”

Further, the RFP requires the evaluator to propose “a strategy for conducting a set of “focused studies” in five (5) to seven (7) participating community health centers to assess and analyze both of the following: a) underlying health conditions of program enrollees, their dynamics of care, and their utilization of emergency and other health care services, including hospitalization; and, b) barriers to participation among eligible, but not enrolled, persons, and persons eligible for Medi-Cal, but not enrolled in Medi-Cal. Such strategy shall consider the use of key informants, focus groups, and community meetings.” The Governing Board expects to work with the evaluator and the contracting CHCs to identify 5 to 7 CHCs where these focused studies will take place.

Governing Board staff will work with the evaluator to communicate the finalized evaluation plan to the CHCs.