

Reference Number	Question(s) Included	RFP Questions	Totals	170.86	160.86	167.14	128.71
			Points Available	AmeriHealth Caritas New Hampshire, Inc.	Boston Medical Center Health Plan, Inc. dba Well Sense Health Plan	Granite State Health Plan, Inc. dba NH Healthy Families (Centene Corporation as a parent company)	WellCare Health Plans, Inc. WellCare of New Hampshire
1	Q105 - Q120	<p>Q105. For each of the managed care strategies proposed by the Respondent in the answers to questions in sections 10 (Utilization Management), 12 (Care Coordination and Care Management) and 13 (Behavioral Health) of the Technical Proposal (Appendix D), quantify the estimated reduction in overall per member per month (PMPM) service cost resulting from successful implementation of the Respondent’s care management strategies to reduce service utilization and/or move care to more cost-effective settings.</p> <p>Q106. With respect to the estimated cost reduction described in Q105 above, specifically focusing on emergency department (ED) visits, provide the following information: 1) List and describe care management activities aimed at reducing emergency room visits. Include comments related to reducing utilization of non-emergent ED visits as well as programs that proactively prevent emergent ED visits. 2) Describe components of those activities that have been driving positive results. 3) Provide estimates of emergency room visits reduction percentages achieved through these activities in other states.</p> <p>Q107. With respect to the estimated cost reduction described in Q105 above, specifically focusing on avoidable hospital readmissions, provide the following information: 1) List and describe care management activities aimed at reducing avoidable hospital readmissions. 2) Describe components of those activities that have been driving positive results. 3) Provide estimates of hospital readmission rate reduction percentages achieved through these activities in other states.</p> <p>Q108. With respect to the estimated cost reduction described in Q105 above, specifically focusing on avoidable hospital admissions, provide the following information: 1) List and describe care management activities aimed at reducing avoidable hospital admissions. 2) Describe components of those activities that have been driving positive results. 3) Provide estimates of hospital admission rate reduction percentages achieved through these activities in other states.</p> <p>Q109. With respect to the estimated cost reduction described in Q105 above, specifically focusing on substance use disorder/opioid addiction treatment, provide the following information: 1) List and describe care management activities aimed at improving access and outcomes for substance use disorder/opioid treatment. 2) Describe components of those activities that have been driving positive results. 3) Provide estimated cost savings achieved through these activities in other states. 4) Identify the types of services where savings can be attained vs. types of services that may increase due to improved access to SUD services.</p> <p>Q110. With respect to the estimated cost reduction described in Q105 above, specifically focusing on the integrated management of physical and behavioral health services, provide the following information: 1) List and describe care management activities aimed at improving access and outcomes for members with a behavioral health condition. 2) Describe components of those activities that have been driving positive results. 3) Provide estimated cost savings achieved through these activities in other states. 4) Identify the types of services where savings can be attained vs. types of services that may increase due to the integrated management of physical and behavioral health services.</p> <p>Q111. Based on the Respondent’s review of the SFY 2019 MCM program and NHHPP capitation rate reports, what areas appear to offer the greatest potential for successful care management activities and overall cost savings?</p> <p>Q112. Describe the Respondent’s strategy to manage pharmacy utilization, maximize the generic dispensing rate (GDR), and optimize the prescription drug benefit under the state Preferred Drug List structure expected to be implemented effective July 1, 2019. Provide examples of how the Respondent successfully realized similar results in other states including the observed GDR in each state. Also indicate whether the MCOs or the state manages the PDL in each state.</p>	120	104.14	92.29	101.29	67.14

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		<p>Q113. Additionally, provide examples of how the Respondent has promoted appropriate utilization and cost efficiency in other states for the following drug classes: 1) Dibenzapines / Quinolinone Derivatives / Benzisoxazoles 2) Anticonvulsants 3) Fibromyalgia agents 4) Extended release opioid agonists</p> <p>Q114. Based on Respondent's ongoing contracting efforts with providers, indicate the expected reimbursement level as a percent of New Hampshire Medicaid fee-for-service reimbursement for in-state and out-of-state providers by service category using Table A included in the provided template.</p> <p>Q115. Provide the following information for each alternative payment model (APM) included in the response to Q78 of Section 17 (Alternative Payment Models) of the Technical Proposal (Appendix D): 1) Quantify how the APM reduced cost and/or bent the cost curve. 2) Describe the features of the APM that have been key to successful implementation. 3) Describe how Respondent has monitored the impact of the APM on quality, outcomes and overall costs.</p> <p>Q116. Describe the Respondent's strategy related to the use of predictive modeling and other advanced analytical techniques to identify high-risk/high-need members and supplement the Comprehensive Assessment. How will the Respondent integrate predictive modeling results into its care management initiatives?</p> <p>Q117. Identify potential program changes that New Hampshire could make to support care management initiatives and make them more effective.</p> <p>Q118. How will local care management staff in New Hampshire, as opposed to remote staff, add value to overall utilization reduction? What utilization and cost savings has the Respondent observed in other states by employing a local care management staff?</p> <p>Q119. What care management programs does the Respondent plan to implement to specifically address some of the most pressing issues in New Hampshire? Quantify the expected savings for these programs: 1) Initiatives related to reducing high costs associated with Neonatal Abstinence Syndrome (NAS) babies resulting from mothers addicted to opioids. 2) Initiatives related to reducing psychiatric boarding stays in the ED and in medical wards.</p> <p>Q120. Quantify the expected utilization savings generated by the member education and incentives discussed in the responses to Section 11 of the Technical Proposal (Appendix D).</p>					
2	Q121-Q123	<p>Q121. Consistent with the responses provided in Section 21 of the Technical Proposal (Appendix D), quantify the Respondent's TPL recovery levels in Medicaid managed care programs in other states using Table B in the provided template. The response should reflect Medicaid total funds paid, rather than billed charges.</p> <p>Q122. Quantify the Respondent's COB and cost avoidance rates in Medicaid managed care programs in other states using Table C. The response should reflect Medicaid total funds paid, rather than billed charges.</p> <p>Q123. Quantify the subrogation (Accident and Trauma cases) rates in Medicaid managed care programs in other states using Table H. The response should reflect the number of cases completed and funds recovered.</p>	20	18.71	17.57	17.86	17.29
3	Q124-Q125	<p>Q124. Consistent with the responses in Section 20 of the Technical Proposal (Appendix D), quantify the identification and recovery of provider overpayments in Medicaid managed care programs in other states due to fraud, waste, and abuse using Table D.</p> <p>Q125. Provide the requested information related to Provider recoveries related to suspected provider fraud or abuse in Table E for each state where the Respondent currently operates a Medicaid managed care program.</p>	20	18.14	18.00	17.86	16.86

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4	Q126-Q130	<p>Q126. Provide the Respondent's administrative budget to operate as an MCO under this contract for SFY 2020 using Table F of the provided template.</p> <p>1) Include the budgeted Per Member Per Month (PMPM) cost for the administrative expense categories defined in Table G of the provided template.</p> <p>2) The administrative budget for each category should be reported separately for administrative services performed by the follow entities:</p> <p>a) Local New Hampshire MCO staff</p> <p>b) Related corporate entities (such as a parent corporation or a related entity subcontractor)</p> <p>c) Unrelated subcontractors</p> <p>3) Also include a narrative description of the methodology used to develop the budgeted amounts.</p> <p>Q127. Provide the Respondent's anticipated number of covered lives under this contract.</p> <p>1) How sensitive is the Respondent's administrative budget to changes in the number of covered lives?</p> <p>2) Provide examples of the administrative budget impact of both lower and higher enrollment compared to the Respondent's anticipated number of covered lives.</p> <p>Q128. Compare the Respondent's administrative budget to operate as an MCO under this contract in SFY 2020 to the Respondent's actual administrative costs serving members in Medicaid managed care programs in other states. Include the state, number of member months, time period, and total PMPM administrative cost for each comparison state. Provide relevant information regarding why the Respondent's budgeted PMPM administrative costs in New Hampshire are below or above the Respondent's experience in other states.</p> <p>Q129. Provide a description of the Respondent's current approach to allocate administrative costs between states and markets (e.g., commercial, Medicare Advantage, and Medicaid).</p> <p>Q130. Describe the Respondent's approach to balancing the need to make administrative investments that improve outcomes and manage medical costs with the need to limit administrative expenditures.</p>	40	29.86	33.00	30.14	27.43
Totals			200.00	170.86	160.86	167.14	128.71