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Compliance with County Involvement in Procurement for the Medical Assistance Prepayment Program

Health Care Administration

Managed Care & Payment Policy

December 2010



Legislative Report

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**Compliance with County Involvement in Procurement for
the Medical Assistance Prepayment Program.**

Report to the Minnesota Legislature
December 2010

Prepared by:

Minnesota Department of Human Services
Health Care Administration – Managed Care Development and Payment Policy

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Cost of Report

Pursuant to Minnesota Statutes, §3.195 the total cost of preparation of this report is \$444.64.

Two staff persons from the Managed Care Development and Payment Policy Division participated in the development of this report. It is estimated that 8 combined hours of time was spent in gathering the information, drafting and reviewing the report. The cost of salaries, including fringe benefits is \$428.64, and non-salary administrative costs such as printing, and supplies incurred in development and preparation of this report is \$16.00.

Copy costs are 25 cents per page. Eight copies of this eight-page report were prepared at 25 cents per page, a cost of \$16.00.

Introduction

Minnesota Statutes, § 256B.69, subd. 3a (h) requires the Department of Human Services (DHS) to provide a written report that details the activities undertaken by DHS to ensure full compliance with Minnesota Statutes, § 256B.69, subd. 3a and include an explanation of any decisions made by the DHS not to accept the recommendations of a county or group of counties required to be consulted under this section. The report is due at least 30 days prior to the effective date of a new or renewed prepaid or managed care contract for the county in which the procurement was solicited.

Background

In 2010, DHS issued two separate Requests for Proposals (RFPs) to provide health care services through managed care organizations (MCOs) to enrollees effective January 1, 2011.

The first RFP was issued March 29, 2010 to provide health care services to eligible Medical Assistance (MA) and MinnesotaCare recipients in Becker, Clay, LeSueur, Nicollet, Otter Tail, Rice, and Wilkin counties. This procurement was in accordance with the published 5-year Procurement Schedule (Attachment A).

The second RFP was issued June 21, 2010 to provide health care services to eligible Medical Assistance (MA) including Minnesota Senior Care Plus (MSC+) and MinnesotaCare enrollees in Cass and Crow Wing Counties. These counties were scheduled for procurement for 2012. Both the Cass and Crow Wing County Boards passed resolutions to withdraw from South Country Health Alliance (SCHA) effective December 31, 2010. Since SCHA was the sole entity administering MA for Families and Children and MSC+, and was one of three other MCOs administering MinnesotaCare, it was necessary to procure to ensure that health care services continued to be available to enrollees in these two counties. To meet the deadlines for annual open enrollment and managed care contracting, the RFP was issued with shortened timelines.

Procurement Process

1. Development and Issuance of the RFP

A letter was mailed on September 18, 2009 to all counties identified in the 2011 procurement with a request for any county interested in pursuing County-Based Purchasing (CBP) to notify DHS and to submit a Board Resolution no later than October 15, 2009. The letter also explained that in accordance with Minnesota Statutes 16B.98, subd. 5(b), DHS established a five-year procurement schedule for Prepaid Medical Assistance Program (PMAP) and MinnesotaCare that places a five-year limitation on procurement of grants, including the managed care contracts. The letter informed the county that DHS staff would contact them within the next month to set up meetings with the counties to start the 2011 procurement process. At those meetings, DHS staff

discussed timelines, county input for development of the RFP and the goal to have the RFP ready for issuance no later than the early part of February 2010.

No counties involved in the 2011 procurement notified DHS of any interest in pursuing County-Based Purchasing, so DHS went forward with the procurement process according to the published timeline.

During November and December 2009, DHS staff traveled to each county or group of counties included in the first RFP of the 2011 procurement to discuss the procurement process, timelines (Attachment B) and the role that the county plays in the development of the RFP. These meetings involved the county director and several county staff members. DHS provided the county with an RFP template that included a number of sections that the county was responsible to provide. Each county section must include information regarding its county administration, demographics, detailed description of how services are provided and a list of providers available for county recipients to access. The county is also asked to provide county-specific information about general service delivery, dental, chemical dependency, mental health (adults and children), transportation and public health services including special programs, and any other health-related issues or concerns the county has identified, such as access to services or the availability of specific providers. The information provided from each county is included in its own county specific section of the RFP. In addition, information from various policy areas within the Department (i.e. chemical dependency, mental health, public health and performance measurement and quality improvement) is also incorporated into the RFP.

In May, DHS met with the counties regarding the 2nd RFP. The same information that was requested for the 1st RFP was requested for the 2nd RFP.

As a matter of practice, the final draft of the RFP is reviewed by the Appeals and Regulation Division of the Department to ensure that the RFP meets legal requirements. The RFP is then put in final form and a notice is published in the State Register with a link to the RFP. The notice includes very specific information about the purpose of the RFP, the list of counties involved in the procurement, and also indicates how to access the RFP electronically or request a paper copy.

Within two weeks of the RFP's posting on the DHS public website, a responders' conference is scheduled to be held at the Department. Potential responders can submit questions or seek clarification regarding the RFP. If the question or request for clarification is county specific, the county is contacted and asked to respond. Answers to the questions asked by the responders are provided verbally at the conference and are also posted as a Questions and Answers (Q&A) document on the DHS public website within a week of the responder's conference. Any questions received at the responder's conference are answered and the responses are posted on the DHS public website, usually within 10 business days after the responder's conference. Potential responders are notified when the Q&A document or additional information is posted on the DHS public website. During the second RFP, a responder's conference was not held. There were

questions received from the MCOs throughout the RFP process and a Q&A document was posted on the DHS public website with the responses.

2. RFP Submission and Evaluation

A timeline is included in the RFP which includes the date the proposals are due. There are a number of instructions regarding the submission and completeness of the Proposal and failure to follow the instructions can mean that the proposal will be disqualified for noncompliance.

The proposer must be licensed or certified by the Minnesota Department of Health (MDH) in the county or counties for which it is submitting a proposal. The licensure or certification must be complete in accordance with the MDH regulatory checklist (Attachment C). If the proposer is expanding its service area, the proposer must get approval from MDH for the expansion area.

All proposals received by the due date are reviewed for completeness in following the instructions. For each county for which the MCO submits a proposal, a separate compact disk (CD) must be included. The CD is an electronic version of the complete proposal. A CD of each accepted proposal, a copy of the original RFP and the proposal scoring tool including instructions are mailed electronically to each county director to be distributed to county appointed reviewer(s). The appointed county staff reviews and scores the sections containing responses to the county information and are reminded that the information contained in the proposals is to be kept confidential until there is a final contract executed. They are required to sign a confidentiality agreement that includes a statement indicating that they have no conflict of interest. This becomes even more important when the counties are part of a joint powers agreement that make up a CBP and the CBP has submitted a proposal that must be reviewed and evaluated. DHS, as a participant in the federal Medicaid program, must safeguard against conflicts of interest in the Medicaid procurement process in accordance with U.S. Code, title 42, sections 1396a(a)(4) and 1396u-2(d)(3); and Minnesota Statutes, section 256B.0914. The State must ensure that a person who participates in the review and evaluation of the RFP responses does not have a conflict of interest. Therefore, all reviewers are required to sign the agreement in order to participate as a member of the evaluation team.

At the same time, the RFP proposal information including the review/scoring tool is sent to a number of DHS targeted reviewers. The DHS staff members will review and score the sections pertinent to their policy area. They are also required to sign a confidentiality agreement. Both counties and DHS staff receive instructions on the review and evaluation of the proposals and are informed of the deadline for the scoring information to be returned to DHS.

When the counties complete the review of all of the proposals, they present the information to their County Board. The County Board then takes an official action to make its recommendation of the MCOs it selects to provide healthcare services to county enrollees. The County Board then submits its recommendation(s) to DHS.

Once the RFP reviews have been completed the scores are reported to DHS. The county and DHS scores are entered into a spreadsheet to determine a combined average score. The spreadsheet results and County Board resolutions are provided to the Medicaid Director for a final decision.

Analysis

A meeting is scheduled with the Medicaid Director and the Director of Managed Care and Payment Policy. Staff responsible for the managed care procurement activities presents the information from the RFP proposal evaluations.

Factors considered and discussed in making final decisions include, but are not limited to:

- County Board recommendations;
- the ability of the MCO to provide access to the entire county;
- the number of current enrollees in each program enrolled in the MCO;
- the value added by having one or more MCOs serve a specific county;
- legal requirements related to counties identified as Metropolitan Statistical Areas (MSAs) – these counties must have more than one choice of MCO;
- whether the MCO is also administering the integrated programs in the county;
- whether the MCO is new to the county or is currently operating in the county, if new, what is the added benefit of adding a new MCO, the viability of already existing MCOs and the added administrative burden to the county;
- if a single MCO is being proposed, what are the transition issues, such as continuity of care.

When decisions are finalized about the MCO selection, letters of intent to contract are mailed to the selected MCOs. Notification of the selected MCOs is also provided to the counties involved in the specific procurement. After completion of the procurement process, DHS facilitates pre-implementation meetings for new MCOs, county staff and health care providers serving county residents to promote good relationships and communications between all parties. Post-implementation meetings are scheduled with the MCOs two months following the implementation in the county to assess how things are going and to promote continued communications between the counties and the MCOs.

There were no challenges to the MCO selections made by the State and the counties involved in these two procurements. In the event of a disagreement the State would have followed the mediation process outlined in Minnesota Statutes, §256B.69, subd. 3a(d).

Final Decisions for Procurements conducted in 2010

RFP Issued March 29, 2010

County Board recommendations were accepted from Becker, Clay, LeSueur, Nicollet, Otter Tail, Rice, and Wilkin counties. The recommendations from the County Boards in these counties maintained the MCOs that were already operating in the specific county, with the exception of Becker and Clay counties. The County Board from Becker and

Clay counties recommended UCare as an additional MCO choice for PMAP and MinnesotaCare enrollees and DHS accepted the County Board's recommendation.

RFP Issued in June 21, 2010

This procurement was unscheduled. The RFP was issued in response to notification from Cass and Crow Wing counties that they were withdrawing from South Country Health Alliance.

County Board recommendations were accepted from Cass and Crow Wing selecting Blue Plus, Medica and UCare as MCO choices for PMAP including MSC+, and MinnesotaCare enrollees. DHS agreed with the recommendations for Cass and Crow Wing counties.

Contract Renewal

Annually, DHS sends a survey to 87 counties. This year an electronic version of the survey was provided to the counties on July 14, 2010. The survey was accompanied by a letter to the County Directors (Attachment D). The letter stated that the purpose of the survey was to obtain feedback from the counties regarding the performance of the MCOs operating in their county. Pursuant to Minnesota Statutes 256B.69, subd.3a, the Commissioner is required to seek input for contract requirements from the county or single entity representing a group of county boards at each contract renewal and incorporate those recommendations into the contract negotiation process.

The online survey tool was designed to obtain feedback from the counties regarding the performance of each MCO operating in their county and to identify any issues or concerns with access or service delivery. The 7 areas for feedback that were identified in the evaluation included overall service, dental, elderly waiver, mental health, pharmacy, public health and transportation services. The counties were asked to complete a survey for each MCO that served in their county. The counties were also given an opportunity to provide additional written comments and feedback.

Surveys were received from 46 counties which was an increase in participation of approximately 35% from the 16 counties that responded in 2009. In addition to an increase in the participation rate, the online survey eliminated costs of printing, copying and manually distributing hard copies of the survey to county staff for their input. The survey results were shared with the MCOs during their respective contract negotiations in the fall of 2010.

Conclusion

The Department of Human Services (DHS) is committed to making the Managed Care procurement, a fair and competitive process for all MCOs, whether the MCO is a licensed HMO or a CBP operating under a certification. DHS also wants to ensure that the counties are involved throughout the procurement process. Both the counties and DHS take seriously their respective responsibilities in providing accessible and affordable health care to the citizens of this state.

Barring unanticipated events, DHS has established a process that allows for the counties to be involved in the process of developing the RFP, participate in the review of the proposals and make recommendations to the Commissioner regarding the selection of successful responders.

Attachment A



Attach A -
Procurement 5-Year f

Attachment B



Attach B -
Procurement Strategy

Attachment C

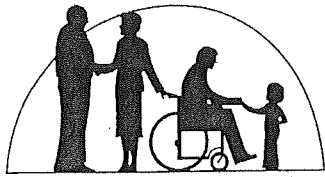


CBP MDH regulatory
compliance checklist 1

Attachment D



Attach C - County
Evaluation of MCOs_1



Managed Care 5-year Procurement Schedule by County (2008-2012)

DHS is required to procure for managed care every five years. The information below indicates the year of procurement for the counties listed. The year in parentheses indicates the last procurement in that county.

2008 Procurement (5 counties)

Beltrami (08)	Hubbard (08)	Olmsted (03)
Clearwater (08)	Lake of the Woods (08)	

2009 Procurement (25 counties)

Aitkin (98)	Koochiching (96)	Polk (05)
Benton (96)	Lake (96)	Red Lake (98)
Carlton (96)	Mahnomen (97)	Roseau (98)
Cook (96)	Marshall (98)	Sherburne (96)
Fillmore (98)	Mille Lacs (98)	St. Louis (96)
Houston (98)	Mower (05)	Stearns (96)
Isanti (97)	Norman (97)	Winona (99)
Itasca (85)	Pennington (98)	
Kittson (98)	Pine (99)	

2010 Procurement (19 counties)

Blue Earth (03)	Lac Qui Parle (98)	Rock (98)
Chippewa (98)	Lincoln	Swift (97)
Chisago (98)	Lyon (98)	Watsonwan (98)
Cottonwood (98)	Martin (97)	Wright (97)
Faribault (97)	Murray (98)	Yellow Medicine (98)
Jackson (98)	Nobles (98)	
Kandiyohi (97)	Redwood (98)	

2011 Procurement (9 counties)

Becker (97)	Crow Wing (07)	Ottertail (99)
Cass (07)	LeSueur (98)	Rice (99)
Clay (97)	Nicollet (98)	Wilkin (99)

2012 Procurement (19 counties)

Anoka (03)	Hennepin (03)	Steele (01)
Brown (01)	Kanabec (01)	Todd (07)
Carver (03)	Morrison (07)	Wabasha (06)
Dakota (03)	Ramsey (03)	Wadena (07)
Dodge (06)	Scott (03)	Waseca (01)
Freeborn (01)	Sibley (01)	Washington (03)
Goodhue (01)		



Minnesota Department of Health County-Based Purchasing Regulatory Compliance Checklist

County-Based Purchasing (CBP) arrangements do not need to obtain a Health Maintenance Organization (HMO) certificate of authority or a Community Integrated Service Network (CISN) license. However, Minnesota Statutes, section 256B.692 requires CBP arrangements to meet the regulatory requirements that apply to HMOs or CISNs. CBPs may choose which regulatory model they will follow.

The attached County-Based Purchasing Regulatory Compliance Checklist includes the items that prospective CBPs must submit to the Minnesota Department of Health (MDH) in order for MDH to determine whether the prospective CBP has satisfied the applicable regulatory requirements.

Prospective CBP arrangements must complete the checklist and submit all applicable information to MDH in accordance with the instructions on the attached form.

Instructions:

- Provide the contact information requested (page 1).
- Indicate whether the prospective CBP intends to meet the regulatory requirements that apply to HMOs or CISNs (page 1).
- Check the applicable box (CBP document, HMO document or N/A) for each item on the checklist (pages 2 – 9).
- Attach all relevant documents, including copies of any documents that will be provided by a contracted HMO and were previously approved by MDH.
- Clearly label all items submitted with section numbers that correspond to the items in the checklist.
- Submit three copies of the completed checklist and all related documents to:

Mailing address:

Mary Ann Fena
Minnesota Department of Health
Managed Care Systems Section
P.O. Box 64882-0882
St. Paul, MN 55164-0882

Courier address:

Mary Ann Fena
Minnesota Department of Health
Managed Care Systems Section
85 East Seventh Place, Suite 220
St. Paul, MN 55101

MDH regulatory review process:

- MDH will complete its review of the materials within 90 days of the receipt of a complete application.
- The 90-day review period will not begin until the prospective CBP submits the completed checklist and all required documents.
- MDH will notify the prospective CBP and the Minnesota Department of Human Services (DHS) when the 90-day review period begins.
- MDH may ask for additional information during the course of its review of the items submitted by the prospective CBP.
- MDH will inform the prospective CBP and DHS when 1) the review is complete, or 2) the 90-day review period ends, whichever comes first, about whether the prospective CBP arrangement is in compliance with all of the applicable statutes and rules.

Additional information:

Contact Mary Ann Fena at (651) 201-5164, maryann.fena@state.mn.us, or the mailing address listed above with any questions.

Minnesota Department of Health
County-Based Purchasing Regulatory Compliance Checklist

Applicant contact information

County-Based Purchaser

Organization name	
Address	
Telephone number	

Contact person

Name	
Title	
Address	
Telephone number	
Fax number	
E-mail address	
Signature	I hereby swear that information submitted with this application is true to the best of my knowledge.
Date	

Regulatory model

Indicate whether the CBP will comply with the HMO or CISN regulations by marking an "X" in the appropriate box.

Health Maintenance Organization		Community Integrated Service Network	
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Minnesota Department of Health County-Based Purchasing Regulatory Compliance Checklist

Mark an "X" in the box that applies:

Section	Item	Statute/Rule	CBP document	Contractor document	N/A
A.1	A copy of any basic organizational document (joint powers agreement and/or any other applicable documents) of the <i>county-based purchasing arrangement</i> , if such documents exist.	Minn. Stat. ' 62D.03, Subd. 4 (a)			
A.2	A copy of any basic organizational document (articles of incorporation and/or any other applicable documents) of each <i>major participating entity</i> .	Minn. Stat. ' 62D.02, Subd. 13			
B.1	A copy of any bylaws, rules and regulations (or other similar documents) that regulate the rules of conduct of the affairs of the <i>county-based purchasing arrangement</i> , if such documents exist.	Minn. Stat. ' 62D.03, Subd. 4 (b)			
B.2	A copy of any bylaws, rules and regulations (or other similar documents) that regulate the rules of conduct of the affairs of each <i>major participating entity</i> .	Minn. Stat. ' 62D.03, Subd. 4 (b)			
C.1	The names, addresses and official positions of all members of the governing board of the <i>county-based purchasing arrangement</i> .	Minn. Stat. ' 62D.03, Subd. 4 (c) (1)			
C.2	The names of the members of the governing body who own more than ten percent of any voting stock of any <i>major participating entity</i> .	Minn. Stat. ' 62D.03, Subd. 4 (c)			
C.3	The names of the principal officers of each major participating entity who own more than ten percent of any voting stock of any major participating entity.	Minn. Stat. ' 62D.03, Subd. 4 (c) (2)			

Minnesota Department of Health County-Based Purchasing Regulatory Compliance Checklist

Mark an "X" in the box that applies:

Section	Item	Statute/Rule	CBP document	Contractor document	N/A
C.4	An organizational chart for the county-based purchasing arrangement showing the names of staff members (who will perform functions related to the county-based purchasing arrangement) and their responsibilities.	Minn. Stat. ' 62D.03, Subd. 4 (u)			
D.1	A full disclosure of the extent and nature of any contract or financial arrangements between the CBP and the persons listed in Section C.1.	Minn. Stat. ' 62D.03, Subd. 4 (d) (1), and Minn. Rule 4685.0300, Subp. 2 (A) and (B)			
D.2	A full disclosure of the extent and nature of any contract or financial arrangements between the CBP and the persons listed in Section C.3.	Minn. Stat. ' 62D.03, Subd. 4 (d) (2), and Minn. Rule 4685.0300, Subp. 2 (A) and (B)			
D.3	A full disclosure of the extent and nature of any contract or financial arrangements between each <i>major participating entity</i> and the persons listed in Section C.1 concerning any financial relationships with the county-based purchasing arrangement.	Minn. Stat. ' 62D.03, Subd. 4 (d) (3), and Minn. Rule 4685.0300, Subp. 2 (A) and (B)			
D4	A full disclosure of the extent and nature of any contract or financial arrangements between each <i>major participating entity</i> and the persons listed in Section C.3 concerning any financial relationship with the county-based purchasing arrangement.	Minn. Stat. ' 62D.03, Subd. 4 (d) (4), and Minn. Rule 4685.0300, Subp. 2 (A) and (B)			
E.1	A copy of the conflict of interest policy applicable to all members of the governing board and principal officers of the county-based purchasing arrangement.	Minn. Stat. ' 317A.255, Subds. 1 and 2 and Minn. Stat. ' 62D.03, Subd. 4 (r)			
E.2	Evidence that each member of the governing board has signed the policy.	Minn. Stat. ' 317A.255, Subds. 1 and 2. Minn. Stat. ' 62D.03, Subd. 4 (r)			

**Minnesota Department of Health
County-Based Purchasing
Regulatory Compliance Checklist**

Mark an "X" in the box that applies:

Section	Item	Statute/Rule	CBP document	Contractor document	N/A
F.1	The name and address of each provider with which the proposed county-based purchasing arrangement has signed a contract.	Minn. Stat. ' 62N.25, Subd. 7			
F.2	A copy of each contract between each provider and the county-based purchasing arrangement. If the form of a provider contract is the same for multiple providers, the county-based purchasing arrangement needs to file only one copy of the contract.	Minn. Stat. ' 62D.123			
F.3	Evidence that the provider contracts have been signed. Acceptable evidence is a copy of the signature page of each provider contract, or a sworn affidavit from the CBP stating that the providers are under contract with the CBP.	Minn. Rules 4685.3300, Subp. 9 (G)			
G.1	A signed copy of each administrative or management services agreement between the administrative services provider and the county-based purchasing arrangement.	Minn. Stat. 62D.03, subd. 4(g)			
H.1	A description of the county-based purchasing arrangement=s health services contracts with its participating or owned facilities and personnel.	Minn. Stat. ' 62D.03, Subd. 4 (h)			
H.2	A description of the care delivery model (i.e. primary care gatekeeper, multi-specialty group practice, open choice within a network of providers, or a combination of more than one model) through which the county-based purchasing arrangement proposes to provide enrollees with comprehensive services.	Minn. Stat. ' 62D.03, Subd. 4 (h)			

Minnesota Department of Health County-Based Purchasing Regulatory Compliance Checklist

Mark an "X" in the box that applies:

Section	Item	Statute/Rule	CBP document	Contractor document	N/A
I.1	A copy of the form of each evidence of coverage (sometimes referred to as Acertificate of coverage") that the county-based purchasing arrangement proposes to issue to enrollees.	Minn. Stat. ' 62D.03, Subd. 4 (i) and Minn. Stat. ' 62D.07			
J.1	A description of how the county-based purchasing arrangement will meet the annual and quarterly reporting requirements of Minn. Stat. ' 62D.08. This response shall include a description of the administrative and computer systems that the county-based purchasing arrangement will use to generate these reports, a verification that the systems are in place, and evidence that the appropriate staff members have been trained in how to use the systems.	Minn. Stat. ' 62D.08			
K.1	Evidence that the county-based purchasing arrangement has deposited sufficient funds in an acceptable custodial or controlled account (i.e. a copy of the trust agreement or bank document and a dated statement showing balance of funds in the account).	Minn. Stat. ' 62D.03 and Minn. Stat. ' 62D.041, Subd. 3 and Subd. 9			
K.2	Evidence that the county-based purchasing arrangement has met the requirements for net worth by depositing sufficient funds in a restricted account.	Minn. Stat. ' 62D.042 and Minn. Stat. ' 62N.28			
L.1	A three-year projection of calendar year balance sheets, including admitted assets and liabilities, for the enterprise fund supporting the county-based purchasing arrangement.	Minn. Stat. ' 62D.03, Subd. 4 (k)			

Minnesota Department of Health County-Based Purchasing Regulatory Compliance Checklist

Mark an "X" in the box that applies:

Section	Item	Statute/Rule	CBP document	Contractor document	N/A
L.2	If an accredited capitated provider is to accept risk for the purpose of reducing the net worth and/or deposit requirements, provide a copy of the risk agreement, the calculation showing the risk accepted by the accredited capitated provider, and the total risk of the county-based purchasing arrangement. Submit a qualified actuarial statement to represent the expected direct costs to an accredited capitated provider for providing the contracted, covered health care services.	Minn. Stat. ' 62N.31 and Minn. Stat. ' 62N.28, Subd. 6.			
L.3	If the net worth requirement has been reduced by reinsurance, provide a copy of the reinsurance, stop-loss or other insurance agreement and evidence of the annual premium.	Minn. Stat. ' 62N.28, Subd. 3			
L.4	A description of the proposed method to establish a separate enterprise fund for the county-based purchasing activity.	Minn. Stat. ' 62D.03, Subd. 4 (u)			
L.5	A description of the source of funds for payment of unexpected services and claims. This source is separate from the source for expected claims and incurred but not reported (IBNR), predictable claims.	Minn. Stat. ' 62D.03, Subd. 4 (u)			
L.6	A three-year projection of calendar year income statements for the enterprise fund, including projected monthly enrollment.	Minn. Stat. ' 62D.03, Subd. 4 (u)			
L.7	A detailed operating plan that includes a three-year projection of the income and expenses for the enterprise fund and other sources of future capital, including projected monthly enrollment.	Minn. Stat. ' 62D.03; Minn. Stat. ' 62D.041, Subd. 3 and 9; and, Minn. Stat. ' 62N.25, Subd. 6			

Minnesota Department of Health County-Based Purchasing Regulatory Compliance Checklist

Mark an "X" in the box that applies:

Section	Item	Statute/Rule	CBP document	Contractor document	N/A
M.1	A copy of board resolution indicating that the county or counties will agree to act as a guarantee organization, thereby agreeing to assume responsibility for meeting the net worth and deposit requirements (only if following the CISN regulatory model).	Minn. Stat. ' 62N.29			
M.2	The most recent audited financial statement for the preceding year for each county involved in the county-based purchasing arrangement.	Minn. Stat. ' 62D.03, Subd. 4 (u)			
M.3	A monthly cash-flow analysis showing the fund balance for the general fund for the previous two years for each county involved in the county-based purchasing arrangement.	Minn. Stat. ' 62D.03, Subd. 4 (u)			
M.4	The tax capacity, including the tax levy limit (dollar amount and percentage), that applies to each county involved in the county-based purchasing arrangement.	Minn. Stat. ' 62D.03, Subd. 4 (u) and Minn. Stat. ' 275.70 – 275.74			
M.5	A copy of the signed guarantee agreement, letter of credit, fully subordinated note, grant, or other documentation showing that another organization has agreed to accept liability (only if following the CISN regulatory model).	Minn. Stat. ' 62D.03, Subd. 4 (u) and Minn. Stat. ' 62N.29			
M.6	An audited financial statement for the proposed non-governmental guarantee organization for the previous year.	Minn. Stat. ' 62D.03, Subd. 4 (u) and Minn. Stat. ' 62N.29			
N.1	A detailed map with the proposed service area outlined.	Minn. Stat. ' 62D.03, Subd. 4 (m), Minn. Stat. ' 62D.124, Minn. Rules 4685.3300, Subp. 9			

Minnesota Department of Health County-Based Purchasing Regulatory Compliance Checklist

Mark an "X" in the box that applies:

Section	Item	Statute/Rule	CBP document	Contractor document	N/A
N.2	Provider locations charted on the map.	Minn. Stat. ' 62D.03, Subd. 4 (m), Minn. Stat. ' 62D.124, Minn. Rules 4685.3300, Subp. 9			
N.3	A description of the driving distances, using major transportation routes, from the borders of the proposed service area to the participating providers.	Minn. Stat. ' 62D.03, Subd. 4 (m), Minn. Stat. ' 62D.124, Minn. Rules 4685.3300, Subp. 9 (C) and Minn. Rules 4685.1010, Subp. 3			
N.4	A description of the providers= hours of operation.	Minn. Stat. ' 62D.03, Subd. 4 (m), Minn. Stat. ' 62D.124, Minn. Rules 4685.3300, Subp. 9 (D)			
N.5	Evidence that the physicians have admitting privileges at the hospitals that enrollees in the proposed service area will use.	Minn. Stat. ' 62D.03, Subd. 4 (m), Minn. Stat. ' 62D.124, Minn. Rules 4685.3300, Subp. 9 (E)			
N.6	The name, address and specialty of each provider in the proposed service area.	Minn. Stat. ' 62D.03, Subd. 4 (m), Minn. Stat. ' 62D.124, Minn. Rules 4685.3300, Subp. 9 (F) and Minn. Rules 4685.1010.			
N.7	Evidence that comprehensive health maintenance services are available to enrollees on a 24-hour per day, seven days per week basis within the proposed service area.	Minn. Stat. ' 62D.03, Subd. 4 (m), Minn. Stat. ' 62D.124, Minn. Rules 4685.1010, Subp. 1 (A) and Subp. 1 (B).			
O.1	A written quality assurance plan that includes each of the requirements listed in Minn. Rules 4685.1110, Subp. 1 - 13.	Minn. Rules 4685.1110, Subp. 1 - 13			

Minnesota Department of Health County-Based Purchasing Regulatory Compliance Checklist

Mark an "X" in the box that applies:

Section	Item	Statute/Rule	CBP document	Contractor document	N/A
O.2	A description of how the CBP arrangement will conduct ongoing quality evaluation activities, including problem identification, problem selection, corrective action and evaluation of corrective action.	Minn. Rules Chapter 4685.1120 and Minn. Rules Chapter 4685.1115			
P.1	A description of the CBP arrangement=s internal grievance and appeal procedures.	42 CFR 438.400, 402, 404, 406, 408, 410, 414, 416, 420 and 424; DHS/MCO Contract sections 8.1 – 8.7; Minn. Rules Chapters 4685.1900 and 9500.1462			
P.2	A description of the CBP arrangement=s plans for meeting the utilization review requirements of Minn. Stat. ' 62M.	Minn. Stat. ' 62M.04 – 62M.12.			
P.3	A copy of the county-based purchasing arrangement=s prior authorization procedures.	Minn. Stat. ' 62M.07 and Minn. Stat. ' 62D.03, Subd. 4 (s)			
Q.1	A description of the mechanism by which enrollees will be afforded an opportunity to participate in matters of policy operation.	Minn. Stat. ' 62D.06			
R.1	Evidence that the proposed county-based purchasing arrangement will meet the requirements of Minn. Stat. ' 72A.201, concerning the regulation of claims practices. If the county-based purchasing arrangement will purchase claims processing services from another entity, include a copy of the signed contract between the county-based purchasing arrangement and the claims processing entity.	Minn. Stat. ' 72A.201			

Date: July, 14, 2010
To: County Directors
From: Karen Peed, Managed Care and Payment Policy Division Director
Subject: County Input for 2011 Contracts

Dear County Director:

The purpose of this letter is to obtain feedback from you and your staff regarding the performance of the Managed Care Organizations (MCOs) operating in your county. Pursuant to Minnesota Statutes 256B.69, subd.3a, the commissioner is required to seek input for contract requirements from the county or single entity representing a group of county boards at each contract renewal and incorporate those recommendations into the contract negotiation process.

Beginning in September, DHS will be negotiating with the MCOs for renewal contracts effective January 1, 2011 to December 31, 2011 for the following contracts:

- Families and Children's (MA)
- MinnesotaCare
- Minnesota Senior Care Plus (MSC+)
- Minnesota Senior Health Options (MSHO)
- Minnesota Special Needs Basic Care (SNBC)

You may review the current 2010 model contracts on the DHS website at

*Family and Children's

http://www.dhs.state.mn.us/main/groups/healthcare/documents/pub/dhs_id_054907.pdf

*MSHO/MSC+

http://www.dhs.state.mn.us/main/groups/healthcare/documents/pub/dhs_id_054908.pdf

*SNBC

http://www.dhs.state.mn.us/main/groups/business_partners/documents/pub/dhs16_139481.pdf

We are soliciting your input about the areas of concern in your county through this survey. Survey responses from all responding counties will be collected and presented to individual MCOs during contract negotiations. The survey questions pertain to but are not limited to timeliness, access and quality of service in targeted service areas. If a question does not address your specific concern, you may provide your additional comments in the space provided on the survey. Please provide comments about what the MCO has done well in your county and also the areas that may need improvement. Your feedback on the service you have received from the MCOs will be provided to the MCOs during contract negotiations.

We have identified seven areas for feedback: overall service, dental, elderly waiver, mental health, pharmacy, public health and transportation. There is a separate page for each of the seven areas in the survey. Please complete a survey for each MCO that serves in your county in all the seven areas.

Please complete the evaluation for all of the identified areas. You may forward this email to the person or persons in your county best able to answer questions in these areas and ask them to complete the appropriate evaluation, below:

* To access the evaluation of **overall service**:

<<overall survey link>>

* To access the evaluation of **dental service**:

<<dental survey link>>

* To access the evaluation of **elderly waiver service**:

<<elderly waiver survey link>>

* To access the evaluation of **mental health service**:

<<mental health survey link>>

* To access the evaluation of **pharmacy service**:

<<pharmacy survey link>>

* To access the evaluation of **public health service**:

<<public health survey link>>

* To access the evaluation of **transportation service**:

<<transportation survey link>>

Also, if your county intends to recommend public health goals for possible inclusion in the contract, please list your county's public health goals in the space provided on the survey.

If you have any other county issues that you would like to discuss further, you may contact Pam Olson at pam.r.olson@state.mn.us or by regular mail at: P.O. Box 64984, St. Paul MN 55164-0984 or by FAX at 651-431-7426.

Note: You do not need a password or user ID to access these evaluations. If one is requested, it is likely the link, above, split. Copy the entire link and paste it into the address line on your browser.

The links will close on July 30th, so please complete the evaluations before that date.

It is important for us to hear from as many counties as possible and we need to get feedback on each MCO.

We appreciate your feedback and looking forward to receiving your comments about these important issues affecting our enrollees.



County Evaluation of MCOs: [Version]

The Minnesota Department of Human Services will soon begin negotiations with health plans for renewal of Prepaid Medical Assistance Program and MinnesotaCare contracts in your county.

Your feedback on the service you have received from the MCOs will help us prepare for negotiations.

It's important that we hear from as many counties as possible, so please take a few minutes to provide your feedback. Each County should complete an evaluation for each MCO operating in their County. There is a separate page for each section for every MCO. Please make sure that you complete each section in the survey for each MCO serving in your County.

- * If you wish to exit the evaluation, just click **SAVE**. You will be prompted for your e-mail address and sent a unique link which you can use when you are ready to begin again.
- * To navigate between pages, use the **BACK** and **NEXT** buttons at the bottom of each page. **DO NOT USE THE BACK BUTTON ON YOUR BROWSER.**
- * When you have completed the evaluation, be sure to click **SUBMIT** at the end of the last screen.
- * If you would like to print a copy of your responses to the questionnaire, click the **PRINT** button at the bottom of the last page.
- * If you would like to open a **blank PDF** version of the questionnaire so you can review the questions before beginning the questionnaire, click **HERE**.

--- PAGE BREAK ---

Q1. The following questions ask about you to evaluate **[VERSION]**.

To evaluate **[VERSION]** click **NEXT** at the bottom of the screen.
If you have accessed this version by mistake, please close your browser.

[VERSIONS INCLUDE:
OVERALL SERVICE
DENTAL SERVICE
ELDERLY WAIVER SERVICE
MENTAL HEALTH SERVICE
PHARMACY SERVICE
PUBLIC HEALTH SERVICE
TRANSPORTATION SERVICE]

Q2. Please select your county:

[COUNTY DROP DOWN BOX]

--- PAGE BREAK ---

Q3. [IF VERSION = OVERALL, CONTINUE; OTHERWISE, SKIP TO Q3.5]

Which of the following MCOs has [COUNTY FROM Q2] received service from in the past year?

- ☐ Blue Plus
- ☐ HealthPartners
- ☐ IMCare
- ☐ Medica
- ☐ MHP
- ☐ PrimeWest
- ☐ SCHA
- ☐ UCare

Q3.5 [IF VERSION ≠ OVERALL, CONTINUE; OTHERWISE, SKIP TO Q4]

Which of the following MCOs can you evaluate on [VERSION]?

- ☐ Blue Plus
- ☐ HealthPartners
- ☐ IMCare
- ☐ Medica
- ☐ MHP
- ☐ PrimeWest
- ☐ SCHA
- ☐ UCare

--- PAGE BREAK ---

Q4. [ASK Q4 FOR EACH MCO SELECTED IN Q3]

[MCO SELECTED IN Q3]:

Please indicate how much you agree or disagree with each item. For [VERSION] would you say the MCO...

[RANDOM ORDER WITHIN SECTIONS]

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
...is easy to work with					
...has accurate, up-to-date information					
...has courteous representatives					
...understands your needs related to [version]					
...is able to answer your questions and resolve issues related to [version]					
...is easy to reach when you need to get information about a specific client or follow up on a case					
...has policies and procedures that are clear and easy to follow (for example, how to obtain authorization for service)					
...provides timely and accurate assistance on issues such as resolving billing and coverage issues					

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
...has enough [version] providers					
...coverage and process are easy for recipients to understand					
...covers what needs to be covered for recipients					
...adheres to contract requirements when providing service					
[DO NOT ASK IN TRANSPORTATION VERSION]					
...providers are in convenient locations for recipients					
[DO NOT ASK IN TRANSPORTATION VERSION]					
...appointments are available at times convenient to recipients					
[DO NOT ASK IN TRANSPORTATION VERSION]					
...provides good quality care					
[TRANSPORTATION VERSION ONLY]					
...scheduling is convenient for recipients					
[TRANSPORTATION VERSION ONLY]					
...provides dependable service (are there when they say they will be)					
[TRANSPORTATION VERSION ONLY]					
...lead time for scheduling meets client needs					

Q5. All things considered, how satisfied are you with [MCO SELECTED IN Q3] in regards to [VERSION]?

- ☐ Completely satisfied
- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied
- ☐ Completely dissatisfied

Q6. What changes would most improve the service you receive from [MCO SELECTED IN Q3] in regards to [VERSION]? [VERBATIM RESPONSE]

--- PAGE BREAK ---

Q7. Please provide your name and contact information for any clarification we may need:

Name: _____
Phone: _____
Email: _____

--- PAGE BREAK ---

Q8. Thank you for taking the time to share your opinions.

If you have any other comments about service provided by the MCOs regarding [VERSION], please include them here.

Q9. For additional feedback about the most important change you would like to see in your County please provide your comments below.

If there is an issue that differentially affects one population in your County as opposed to another or that affects a specific subset of the population [VERSION], please include your comments here. (For example, it is more difficult to find psychiatric services for children than for adults or MinnesotaCare adults experience longer waiting periods to access dental services.)

Estimated DHS 2011 Procurement Timeline

(Subject to Change)

MAJOR TIMELINE TASKS	START DATES	FINISH DATES
Procurement Strategy	November 2009	January 2011
Notice to DHS		October 2009
DHS/MDH Meeting		November 2009
Meeting with Counties/DHS/MDH		November 2009
Identify County Project Manager		December 2009
Arrange Individual/Group County Meetings		November 2009
Meet with Individual/Group Counties	November 2009	December 2009
RFP Development	November 2009	January 2010
Issue RFP		January 2010
Bidder's Conference		February 2010
Complete Submission Sent to MDH for Certification Approval		March 2010
60-day Review	March 2010	June 2010
RFP Proposals Due		March 2010
Review and Evaluate Proposals	April 2010	May 2010
Status on MDH Approval Process		May 2010
Formal Notice of MDH Approval	May 2010	June 2010
Notice to Winning Bidder(s) and all other Bidders not Selected		June 2010
Open Enrollment (OE) for 2011	July 2010	January 2010
PCNL Submission, Review and Approval		August 2010
County and Provider Informational Meetings w/Successful Bidder(s)	September 2010	October 2010
Contract Negotiations for 2011	September 2010	November 2010
Negotiation Letter and Model Contract Sent to Prospective Contractors		August 2010
Negotiations Sessions	September 2010	November 2010
Services begin January 1, 2011	January 2011	
Post Implementation Meetings with Counties		February 2011