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Illinois Department of  
Healthcare and Family Services

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## MPCEO RFA Q & A

1. **Q: I received a RFA for the position above. Can you send over the job description?**

A: The MPCEO RFA is a bidding opportunity for organizations to apply to deliver the services outlined in the RFA. This is not an individual job description.

2. **Q: I received notice about the RFA for the Illinois Medicaid Preventive Care and Education Organization (MPCEO). I would like to know if there is a need for a team who can provide health literacy and cultural humility training. I lead a team of faculty members from the University of Illinois Chicago who are experts in these areas. We have provided training on health literacy and cultural humility strategies for municipalities and state agencies in Illinois.**

A: HFS intends for the MPCEO services to be delivered in a manner that accounts for the health literacy needs of Medicaid customers. HFS has outlined expectations for services to be delivered with cultural humility. Whether or not an applicant organization has need of a team to deliver health literacy and cultural humility trainings will depend on the applicant organization's capacity and needs. Please consult the RFA for the complete scope of work for this program.

3. **Q: Is there a way to ask if there are applicants wishing to enhance their capacity in terms of health literacy and cultural humility training?**

A: The Department is not asking this information from applicants during the application phase.

4. **Q: Can a government entity apply for this?**

A: Yes, government entities who are able to provide these services may apply.

5. **Q: How do you handle the MBE/WBE requirements for government applicants?**

A: Government entities are asked to include the information about organizational leadership like all applicants. As government entities, the preference points for minority participation do not apply. If a government entity is awarded the contract, the BEP targets for contracting will be addressed as part of the contract drafting as they would for any other awardee.



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6. **Q: Cook County Health is an organization that is comprised of both CountyCare and as a Provider? It says Managed Care organizations cannot apply – does this apply to us since CountyCare is part of our organization?**  
A: Yes. Any MCO, including an MCO’s “parent company,” is ineligible for this award.
7. **Q: Can we apply to service more than one (1) service area?**  
A: Yes, you can apply to serve more than one area. Please refer to section 5 of the RFA.
8. **Q: We want to meet the needs of eligible members for the service areas. Can we also, describe a partitioned focus of work on a segment of members particularly, mental/behavioral health, reentry, unsheltered and Medicaid eligible men?**  
A: You are welcome to go into as much detail as possible regarding the population you intend to serve. Please refer to section 4 of the RFA.
9. **Q: For sustainability, replication and sharing of information with the state, partners, can we budget for evaluation, data collection and outcomes reporting (e.g., economics, costs of care, qualitative)?**  
A: As long as you are able to perform the duties outlined in the RFA, you are welcome to build in additional functions within the price you bid. Please refer to the price bid form in Exhibit A.
10. **Q: If we are working as a vendor with a current MCO, can we use the grant to expand services to that population related to scope of the RFP?**  
A: Awardees must serve all members assigned to them regardless of which MCO the member is enrolled with. HFS reserves the right to determine who is enrolled with an awardee. Any awarded work under this project must be separate and distinct from work pursuant to any preexisting contract with an MCO.
11. **Q: Are we able to use telehealth and telephone engagement in addition to face-to-face engagement?**  
A: Yes
12. **Q: Are we required to take a subsection of the areas you identified, or certain zip codes, or the entire cook county?**  
A: Awardees are expected to serve all of the service area(s) in which they bid as identified in the RFA. Please refer to section 5 of the RFA.
13. **Q: Can a letter of Support come from an MCO?**  
A: The Department has no opinion on sources for Letters of Support.



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14. **Q: What percentage of the population in each zip code or county are FFS vs enrolled in Managed Care? Section 5, pg. 8**  
A: For this program, HFS anticipates that participants will primarily be in managed care. Customers may be enrolled in FFS while awaiting assignment to an MCO; but it is anticipated that most Medicaid FFS customers will not meet the criteria for participation in the program.
15. **Q: Will HFS send an eligibility file to the MPCEO? If so, what is the frequency? Section 8, pg. 9**  
A: Eligibility files will come from either HFS or MCOs. The frequency will be determined by the Department during the contracting process.
16. **Q: Does the MPCEO need to get consent and enroll members in this program?**  
A: No
17. **Q: Page 8: Can a CHW play the roles of Personal Health Care Consultants and Patient Navigators?**  
A: Yes.
18. **Q: Page 8, 6.3: Is there a standardized assessment tool that we have to use for health behavior risk factor screening and HRSN?**  
A: Specifics regarding assessment tools will be determined during the contracting process.
19. **Q: For social needs identified from the HRSN assessment, should the referrals be sent to the MCO?**  
A: Yes
20. **Q: For preventive health services, should the member be utilizing services exclusively from their MCO's provider network?**  
A: Yes
21. **Q: How many monthly qualifying interactions should the MPCEO have with its members?**  
A: There is no set number, the goal is to have the interactions necessary to close preventive care gaps.
22. **Q: Are there conditions under which a member is disenrolled from the MPCEO?**  
A: The specifics regarding the terms of disenrollment from the MPCEO will be negotiated with awardees during the contracting process.



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- 23. Q: Will claims data including pharmacy claims be made available?**  
A: The amount of data shared will be dependent on file capabilities of the parties. The goal of the program is to focus on preventive care gaps, so limited claims data will be needed for most enrollees.
- 24. Q: For those members within an MCO will their PCP Medical Home information be shared?**  
A: Yes. Assuring access to primary care along with preventive care is a core function of the MPCEO.
- 25. Q: Will the HBIA and HBIS population be included in the target population? Section 4 page 7**  
A: Yes
- 26. Q: Will the Department consider expanding zip codes in Cook County to include other parts of Chicago and Cook County in the Southwest, West, and North Cook County. For example zip codes to include 60623. Section 5 pg. 8**  
A: The Department is not making changes to the target zip codes at this time.
- 27. Q: Does the Department see an intersection between the Illinois MPCEO program and future Illinois Department of Public Health certification programs?**  
A: Any determination regarding interaction with IDPH certification programs will be dependent on the finalization of IDPH certification processes and will be addressed in the contracting process.
- 28. Q: Noting that our understanding, when the program was originally authorized in legislation, was that it would only apply to individuals covered under fee-for-service. Given the change of intent in the RFA, we're asking the following:**  
A: Pursuant to the terms of the RFA, this solicitation is not limited to individuals covered under FFS.
- 29. How does the Department envision the MPCEO(s) will work with managed care organization (MCO) members?**
- 29. a Q: Will MCOs be required to contract with the awardee(s)?**  
A: MCOs will be required to coordinate with the awardee(s). HFS will not require a contract. If a plan believes a contract is necessary, HFS will review and, if necessary, require the awardee to work in good faith with the plan to get one in place.



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- 29. b Q: If the MCOs are required to contract with the awardee(s), will HFS mandate the MCOs delegate care coordination to the awardee(s)?**  
A: See answer to 29(a).
- 29. c Q: With the model including “patient navigators that manage care,” how can we ensure that this model supplements our existing managed care model, and that care coordinators and patient navigators will not be duplicating services with the same member?**  
A: MCOs are expected to coordinate with awardees to ensure there is not duplication of services. Awardees are expected to assist the MCOs in engaging members to close preventative care gaps.
- 29. d Q: If MCOs are required to delegate care coordination to the awardee(s), will HFS continue to mandate that MCOs remain responsible for the performance of the delegated responsibilities?**  
A: See answer to 29(a)
- 29. e Q: If the MCOs are required to delegate care coordination to the awardee(s), will the delegated members be included in the MCO quality calculations for the MCO scorecard and quality withhold earn back?**  
A: See answer to 29(a)
- 30. Q: The RFA outlines that MPCEOs will be required to conduct “health behavior risk factor screening/assessment to identify customer needs” and that they will “use the results of that screening/assessment to develop preventive health care plans.” How can we ensure that assessments and care plans are coordinated between MPCEOs and MCOs and that we will not be duplicating services with the same member?**  
A: MPCEOs must share identified needs and plans with MCOs. The two entities are expected to coordinate outreach and customer engagement.
- 31. Q: Will there be any data sharing requirements for the MCOs to the MPCEOs?**  
A: Yes.
- 31. a Q: If so, how will the department attribute membership to the MPCEOs (so that MCOs can ensure the minimum necessary is shared)?**  
A: MCOs will identify members with preventive care gaps and share with the MPCEOs only such data as is necessary to close the gap.
- 32. Q: Will HFS require the same HRQ & SDoH forms for all MCOs and the MPCEO?**  
A: Yes



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- 33. Q: Will there be a standardized referral process developed between MCOs and MPCEO?**  
A: HFS will work with plans on the referral process, although we anticipate that plans may have different approaches to whom they assign. All referral processes must be approved by HFS.
- 34. Q: Can members opt out of MPCEO(s)?**  
A: Yes.
- 35. Q: Will a member be assigned to an MCO, MPCEO, and a healthcare transformation collaborative or FQHC participating in an APM?**  
A: The details regarding member assignment will be determined during implementation. The zip codes identified in the RFA do not include areas served by HTC's.
- 36. Q: Will members in a risk-based or capitated value-based arrangement with providers be excluded from assignment to an MPCEO?**  
A: The details regarding member assignment, including any proposed exclusions, will be determined during implementation.
- 37. Q: What eligibility criteria will be used for member participation in MPCEO(s)? For example, will they focus exclusively on adults, or will they also serve children? Will dual-eligible members or members with waiver services be assigned?**  
A: Eligibility will extend to all Medicaid primary enrollees excluding nursing home residents. Dual-eligibles will only be eligible for MPCEO enrollment if they are enrolled in MMAI or FIDE-SNP.
- 38. Q: Approximately how many members will be eligible to participate in MPCEO(s)?**  
A: The number of MCO enrollees in each service area is listed in the RFA. An awardee is not required to serve all eligible enrollees in an area.
- 39. Q: Will HFS consider the awardee a 1) provider and 2) a provider mandated to be enrolled in IMPACT or will HFS consider the awardee a vendor?**  
A: The awardee(s) will be considered a vendor(s).
- 40. Q: How would MPCEO overlap and interplay with the new CMS AHEAD Model if Illinois were to be awarded?**  
A: None at this time. Illinois did not apply for the CMS AHEAD Model.
- 41. Q: Is MPCEO meant to be a total cost of care model?**  
A: No.



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42. **Q: How does the state expect participants to use their PMPM payments as we theorize the best rate internally?**  
A: The PMPM is meant to cover the cost of the specific services listed in the RFA.
43. **Q: Section 3 – Purpose and Background  
Has Illinois invested in any Social Determinants of Health (SDOH) or Health Related Social Needs (HRSN) independent of this contract?**  
A: HFS has made significant investments, including but not limited to investment in Healthcare Transformation Collaboratives, which address SDOH. HTC's operate in service areas other than those listed in the RFA. HFS also has a pending 1115 waiver requesting authority to cover HRSNs.
44. **Q: Section 3 – Purpose and Background  
Does Illinois collect Race, Ethnicity, Language, and Disability (REALD) and Sexual Orientation and Gender Identity (SOGI) from members? Please provide available demographics for Illinois' members.**  
A: HFS will work with awardee(s) to provide demographics for the service areas.
45. **Q: Section 7 – Required Plans, 7.4 Community Outreach and Engagement Plan  
Please clarify HFS' definition of outreach and engagement.**  
A: Activities that will result in closing the preventive care gap. Outreach and engagement may include, but is not limited to, specific strategies to reach target populations such as communication plans, partnerships with stakeholders and organizations, and other strategies defined by the applicant.
46. **Q: Section 6 – Service Requirements, 6.6 Language Access  
  
Please clarify the level of language translation needed. For example:**  
a. **How many languages would be needed for calls and letters?**  
b. **What translation would be needed on the website?**  
c. **Is the language access requirement only for internal translation for outreach and engagement?**  
d. **Does HFS share the language preference of members?**  
A: HFS asks responding entities to describe their plans to provide meaningful access to persons with limited English proficiency or in need of ASL, Visual Aids. HFS does not have specific requirements about how many languages or what materials will be needed. However, if an organization proposes to serve a region that has a high percentage of LEP individuals, the organization should describe its plans. HFS will instruct MCOs to provide language preference if it is noted.