

MMAI RFA 2024-24-001: Questions and Answers as of November 30, 2022

RFA Section/Page(s)	Zing Health Question	Response
Cover Page	The Application Due Date is listed as Friday January 25, 2023. As January 25 is a Wednesday, please confirm if the due date is Wednesday January 25 or Friday January 27	The MMAI application due date is Wednesday, January 25, 2022 at 12:00pm
2.2.3 Population and Geographic Coverage Page 9	2.2.3 states that ‘The Illinois Department of Healthcare and Family Services intends to add a minority led Plan(s) for dual eligible beneficiaries in Cook County or statewide’ HFS has indicated that they are seeking to provide services to underserved populations, would HFS also consider Monroe, Madison, and St. Clair counties in addition to Cook County in lieu of going statewide as those counties have a demographic similar to Cook County?	The geographic region is Cook County or statewide only. No other alternatives will be approved.
2.2.2 Participant Eligibility Page 9	2.2.2.1.iii states that eligible participants “are enrolled in the Medicaid Aid to the Aged, Blind, and Disabled (AABD) category of assistance”. Would an awarded plan receive membership for that waiver category (AABD) only? Are members residing in Long Term Care facilities excluded from passive enrollment in the demonstration?	The AABD category of assistance is an eligibility requirement for participation in the MMAI program. Eligible dual enrollees residing in Long Term Care facilities are included in MMAI passive enrollment. The current algorithm considers nursing facility when determining the best-fit plan for passive enrollment. A link to the current MMAI algorithm steps can be found on the HFS MMAI webpage at: https://www2.illinois.gov/hfs/SiteCollectionDocuments/AlgorithmMMAIProgram03112021.pdf .

<p>2.2.5 Care Delivery Model Page 10</p>	<p>2.2.5.1 states that “beneficiaries... choose a medical home that delivers evidence-based primary care”. Are there state certified medical homes that members must be aligned to or is PCP assignment indicative of medical home assignment?</p>	<p>PCP assignment is indicative of medical home assignment. Illinois does not have state certified medical homes, but MMAI plans are required to have a process in place to facilitate medical homes advancing towards NCQA certification. Medical homes are providers that act as medical homes, with a focus on FQHCs, CMHCs and multi-specialty PCP-centered medical groups and private practice PCP offices.</p>
<p>2.2.5 Care Delivery Model Page 10</p>	<p>2.2.5.3 states “Plans must assign all Enrollees who are receiving care management to an interdisciplinary care team”. Are low risk members required to be part of an ICT?</p>	<p>All Enrollees (including low risk enrollees) who receive care management will be assigned a Care Coordinator and will have access to an Interdisciplinary Care Team (ICT).</p>
<p>2.2.5 Care Delivery Model Page 10</p>	<p>Is it correct to assume that all members will be assigned to a care coordinator and receive some level of care management services?</p>	<p>The Contractor shall offer Care Management services to all Enrollees to ensure effective linkages and coordination between the medical home and other Providers and services and to coordinate the full range of medical and social supports, as needed. As soon as the Contractor reaches the Enrollee, the Contractor shall assign a Care Coordinator and begin offering Care Management services to the Enrollee. All Enrollees who receive care management will be assigned a Care Coordinator and will have access to an Interdisciplinary Care Team (ICT). There may be occasions when the Contractor does not assign a Care Coordinator if the contractor has not been in touch with the member. Refer to the MMAI contract for details on contractual requirements for contact standards.</p>

<p>6. MMAI Capitation Rates Pages 26-27</p>	<p>Is it possible to get either a preliminary 2023 rate document or a copy of the 2022 rate document so we can better understand how the rates work?</p>	<p>*HFS provided the 2022 MMAI capitation rates with the applicant via email. The 2023 rates will be provided once complete.</p>
<p>6. MMAI Capitation Rates Pages 26-28</p>	<p>Is there additional information available about the quality withhold? How it works, how the targets are determined, how it is measured, what metrics are included, etc.?</p>	<p>Under the MMAI Demonstration, both CMS and the Department will withhold a percentage of their respective components of the Capitation Rate, with the exception of the Part D Component amounts. The withheld amounts will be repaid subject to the Contractor's performance consistent with established quality thresholds. CMS and the Department will evaluate the Contractor's performance according to the specified metrics required in order to earn back the quality withhold for a given year. Link to the Medicare-Medicaid Plan (MMP) Quality Withhold Methodology & Technical Notes can be found here: https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/MMPIinformationandGuidance/MMPQualityWithholdMethodologyandTechnicalNotes</p>
<p>6. MMAI Capitation Rates Pages 26-28</p>	<p>How is the 85% minimum MLR calculation defined? What components are included in the numerator and denominator of MLR, does it reflect QIP the same way that the CMS minimum MLR requirement does, etc.</p>	<p>The Contractor has a Target Medical Loss Ratio of eighty-eight percent (88%) for Demonstration Years 8 (CY21) and 9 (CY22). HFS and CMS shall calculate the Medical Loss Ratio in a timely manner by dividing the Benefit Expense by the Revenue. The Medical Loss Ratio shall be expressed as a percentage rounded to the second decimal point.</p>

<p>2.2.5.8: Ongoing Consumer Involvement</p>	<p>Is there a more detailed definition of “meaningful consumer input processes”? We’re assuming this is not clinically related as that is referenced in other sub-Sections of 2.2.5</p>	<p>"Meaningful consumer input processes" is not clinically related. Applicant must outline it's plan for establishing a Consumer Advisory Committee and Community Stakeholder Committee. MMAI plans are required to have a Consumer Advisory Committee and Community Stakeholder Committee that will provide feedback to the QAP Committee on the Plan’s performance from Enrollee and community perspectives that meet at least quarterly throughout the Demonstration.</p>
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