SUMMARY CHANGES – ALTCS EPD Solicitation YH12-0001
January 31, 2011

This summary is provided as a convenience to the Offeror and does not supersede the revised text of the actual ALTCS EPD YH12-0001 Solicitation. The summary provides a general description of the differences or notes that there was a contract change between the CYE 2011 ALTCS EPD contract and the ALTCS EPD Solicitation released on January 31, 2011. This summary is believed to be an accurate summary of changes; however, any conflict between the summary and the Solicitation will be resolved in favor of the Solicitation. Changes to punctuation, grammar and style have been made throughout the solicitation and are not noted in the summary document.

PARA #	PARAGRAPH TITLE	SUMMARY OF CHANGE OR CLARIFICATION
		"Program Contractor" has been replaced with "Contractor" throughout the document.
Section C	Definitions	
C	CRS (Children's Rehabilitative Services)	Revised definition.
	FQHC Look-Alike	Added definition for FQHC Look-Alike organizations.
	Title XXI	Deleted as Title XXI are not enrolled in ATLCS.
	WWHP	Deleted as Well Woman Health Check Program (WWHP) is not applicable to the ALTCS.
Section D	Program Requirements	
2	Introduction, The ALTCS Program	Revised enrollment number and percents.
3	Enrollment and Disenrollment, Provider Refund Payments	Retitled "Nursing Refund Payments" to "Provider Refund Payments" and added language about in-home and Alternative Residential Setting providers refunding members or family members.
3	Enrollment and Disenrollment, Member Identification Cards	Added to last subparagraph of this section information regarding Contractor requirements to pay for member identification cards.
4	Open/Annual Enrollment	Deleted all the contract language about enrollment methodologies after the first subparagraph of "Annual Enrollment Choice". See Section I for enrollment methodologies applicable to this solicitation.
5	Enrollment Hierarchy	Modified the first subparagraph of "Auto-Assignment Algorithm" by removing the specific percentages regarding the auto-assignment algorithm.
8	Transition Activities	"Contract Termination", the last sentence in g. is modified.
10 (Covered Services)		**Section 10 provides only limited information about covered services. Offerors must refer to the AHCCCS Medical Policy Manual for detailed information related to covered services.**
10	American Indian Health Program	Added to Acute Care Services section.
10	Behavioral Health	Revised language to indicate that Acute Care Only ALTCS members have access to the same behavioral health services as all other ALTCS members.
10	Early Detection Health Risk Assessment, Screening, Treatment and Primary Prevention	Added language to clarify that well exams are not a covered benefit. Refer to AMPM for information related to covered services.
10	Foot and Ankle Services Adults	Clarified the type of services that are covered. Refer to AMPM for information related to covered services.

10	Immunizations	Added "medically necessary diphtheria, tetanus, pertussis vaccine (DTaP)" and deleted "diphtheria-tetanus". Added "hepatitis A (Hep A), Human Pappiloma virus (HPV) through age 20 for both males and females". Refer to AMPM for information related to covered services.
10	Maternity	Language was modified to match the Acute Contractor contract language. Refer to AMPM for information related to covered services.
10	Medical Supplies, Durable Medical Equipment (DME), and Prosthetic Devices	Clarified language on coverage of prosthetics devices. Refer to AMPM for information related to covered services.
10	Oral Health	Clarified coverage of medical and surgical services when provided by a dentist. Refer to AMPM for information related to covered services.
10	Orthotics	Clarified when the orthotic component could be replaced. Refer to AMPM for information related to covered services.
10	Vision Services / Ophthalmology / Optometry	Clarified coverage on prescriptive lenses and the inclusion of frames. Refer to AMPM for information related to covered services.
10	Community Transition Services	Added description of this service.
10	Hospice	Clarified coverage of duplicative services.
10	Long Term Care – Institutional Settings	Deleted "Behavioral Health Level I" and replaced with "Level I Psychiatric Acute Hospital". Deleted "Inpatient Psychiatric Residential" and replaced with "Level 1 Residential Treatment Center". Added description of Level 1 Sub-Acute Facility None of these revisions represent any coverage change to behavioral health services.
10	Long Term Care – HCBS Alternative Residential Settings	Second subparagraph added to clarify the responsibility of members to pay room and board in alternative residential settings. Deleted "Behavioral Health Therapeutic Home" and replaced with "Home Care Training to Home Care". The language for this setting, including "Adult" and "Child", was revised to align with this change. Revised the name of "Behavioral Health Level II" to "Level II Behavioral Health Residential Agency". Revised the name of "Behavioral Health Level III" to "Level III Behavioral Health Residential Agency". Also revised the description for this service setting. None of these revisions represent any coverage change to behavioral health services.

12	Behavioral Health	Revisions made to a., i. and s. to correspond with the changes made in Section D, Paragraph 10, Covered Services - Long Term Care – Institutional Settings and Long Term Care – HCBS Alternative Residential Settings. Added a second subparagraph to the "Training" section regarding training and education of Primary Care Physicians (PCPs). Added a second subparagraph to "Coordination of Care" section regarding the need for the PCP to establish a separate record for behavioral health information. Added language to the third subparagraph by referencing an AMPM draft policy regarding members residing in a non-behavioral health unit who present with behaviors that may be a danger to self or danger to others. Added the following subparagraph before the "Co-Morbidities" section: "The Contractor shall ensure that its quality management program incorporates monitoring of the PCP's referral to, coordination of care with, and transfer of care to behavioral health providers as required under this contract." Added clarifying language on Contractor responsibilities to the "Crisis Services" section.
13	Children's Rehabilitative Services	Multiple revisions made due to the transfer of administration of the CRS program to AHCCCS.
16	Case Management	"l." and a last subparagraph of this paragraph were added regarding Contractor responsibilities related to independent living goals, housing, education and employment.
20	Quality Management	"I. Performance Measures" has revised language to the first subparagraph. The performance measures table has been revised. "II. Performance Improvement Program" has revised language to the second subparagraph.
21	Medical Management	Additional language and clarification has been added to the first subparagraph. Deleted "Quarterly Utilization Management Report" from the list of Medical Management (MM) activities. Also added "and workplan" to the "MM plan" language in last subparagraph.
24	Member Councils	Deleted "Provider" from the paragraph name. Added language requiring members/families/significant others and member advocacy groups must represent at least 50% of the Member Council membership.
25	Staff Requirements and Support Services	Added clarifying language to the second and third subparagraphs. Added to the subparagraph before the "Key Staff Positions" a requirement that a Contractor staff member can not occupy more than two Key Staff positions, unless prior approved by AHCCCS. Also added a requirement that a revised Organization Chart complete with Key Staff time allocation must be submitted when a new hire has taken place for a Key Staff position. Added primary functions to j., k., l., m., n. p. and q. Added minimum management/supervisory experience to r. Grievance Manager name revised to Dispute and Appeal Manager.
27	Medical Director	Added credentialing related language to d. and g.

28	Network Development	The "Dual Eligibles" section was revised to require an Offeror to be a Medicare Advantage (MA) Plan and/or MA Special Needs Plan (SNP).
29	Network Management	Added "negotiate" to a.
31	Provider Registration	Modified language in first subparagraph by referring the reader to the AHCCCS website for provider registration information.
33	Subcontracts	Added examples to the "Administrative Services Subcontracts", sections a., 1. Added additional reporting and annual review requirements to the subparagraph beginning with "Before entering …" Added a requirement to inform AHCCCS within thirty days if a subcontractor is determined to be in significant non-compliance to the subparagraph beginning with "The Contractor shall inform AHCCCS …".
35	Specialty Contracts	Added clarify language to the last subparagraph.
37	Primary Care Provider Standards	Clarified language in fourth a subparagraph on the use of the AHCCCS EPSDT Tracking forms. Added e. and f. to the sixth subparagraph. Deleted the school based clinic subparagraph.
38	Appointment Standards	Deleted from the "medically necessary non-emergent transportation" subparagraph "does not have to wait more than one hour after calling for transportation after the conclusion of the appointment to be picked up".
39	Physician Incentives / Pay for Performance	Deleted the "Value Driven" and "Public Reporting" subparagraphs.
44	Claims Payment / Health Information System	This paragraph has been reordered to more accurately follow processes. Headers have been added for clarity. The following new requirements have been added: • The discontinuance of Roster Billing for Nursing Facilities effective 10/1/2011. • The discontinuance of Roster Billing for all other providers by 9/30/2012. • Benchmarks have been set for the rural Geographic Service Areas (GSAs) in regard to electronic claims submission requirements. • If any Contractor does not meet the 60% claims submission and 60% electronic funds transfer requirements, an annual report must be submitted which must include measureable goals, the success of previous interventions, barriers to achieving goals, the action/tasks the Contractor will take to facilitate meeting goals and the anticipated timeframe to accomplish goals.
45	Minimum Capitalization Requirements	Revised the Minimum Capitalization amounts.

56	Compensation	"Reconciliation of PPC Costs to Reimbursement" - deletes "10%" and replaces with "5%". HCBS Assumed Mix and Recoupment – the "over-/under-" and "recouped/reimbursed" percentages have been revised. "Share of Cost Reconciliation" – new subparagraph based on language deleted in Paragraph 60, Member Share of Cost. "Provider Rate Requirements" – language has been revised.
58	Reinsurance	"Regular Reinsurance" – a member must have an inpatient stay to qualify for regular reinsurance. "Catastrophic Reinsurance" – clarifying language added to the first sentence. "Biotech Drugs Reinsurance" – Cerazyme will no longer be covered but will be included in the Gaucher's Disease case type. "Encounter Submissions" – language revised regarding "disputed matters". "Reinsurance Audits" – language revised.
59	Capitation Adjustments	"Rate Adjustments" – added clarifying language.
74	Encounter Data Reporting	"Encounter Reporting" and "Pended Encounter Corrections" – revised language and added references to the AHCCCS *Encounter Manual*. "Encounter Corrections" – Add a new subparagraph requiring Contractor to monitor and resolve encounter issues. Ongoing performance may result in a required Corrective Action Plan.
76	Requests for Information	A new subparagraph was added regarding requests for information that may contain a Contractor's confidential information.
79	Operational and Financial Reviews	The language was revised but it does not reflex any substantive change.
80	Sanctions	The language was revised for clarity.
82	Pending Legislation and Program Changes	Added information on "Community First Choice", "Enrollment Choice Requests", "Payment Innovation", Health Information Technology for Economic and Clinical Health Act" and "Healthcare Acquired Conditions". Deleted the information on "Arizona Direct Care Workforce".
84	Medical Records	Added clarifying language that medical records include those maintained by PCPs or other providers, as well as but not limited to those kept in placement settings (e.g., nursing facilities).
87	Technology Advancement	All the language was deleted except for the first sentence.
Section E	Contract Terms and Conditions	
37	Confidentiality and Disclosure of Confidential Information	The legal references were updated.

46	Federal Immigration and Nationality Act	New sections were added: • "Compliance with the Federal Immigration and Nationality Act (FINA) and All Other Federal Immigration Laws and Regulations related to Immigration Status of its Employees". • "Compliance Requirements for A.R.S. 41-4401, Government Procurement: E-Verify Requirement" were added.
Section F	Attachment A – Minimum Subcontract Provisions	
8	Confidentiality Requirement	Language revised to match the Acute contract.
10	Contract Claims and Disputes	Language revised to match the Acute contract.
27	Federal Immigration and Nationality Act	New sections were added: • "Compliance with the Federal Immigration and Nationality Act (FINA) and All Other Federal Immigration Laws and Regulations related to Immigration Status of its Employees". • "Compliance Requirements for A.R.S. 41-4401, Government Procurement: E-Verify Requirement" were added.
Attach D	Chart of Deliverables	No summary is being provided for this attachment. Please review in its entirety. Note the list of deliverable suspensions specified at the end of the deliverable chart.