October 15, 2018

Prospective Vendor(s):

Subject: Solicitation Number: AHCA ITN 003–18/19 – Region 3

Title: Statewide Medicaid Managed Care Program: Managed Medical Assistance
           Provider Service Network

           Addendum No. 1

The enclosed information has been provided for consideration in the preparation of your response to the above mentioned solicitation.

All other terms and conditions of the solicitation remain in effect.

To the extent this Addendum gives rise to a protest, failure to file a protest within the time prescribed in Section 120.57(3), Florida Statutes, shall constitute a waiver of proceedings under Chapter 120, Florida Statutes.

Sincerely,

Crystal Demott

Crystal Demott
Procurement Director

Enclosure: Questions and Answers

2727 Mahan Drive • Mail Stop #15
Tallahassee, FL 32308
AHCA.MyFlorida.com

Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

VENDOR NAME	ATTACHMENT IDENTIFIER	SECTION IDENTIFIER	SUB-SECTION REFERENCE	ITEM REFERENCE	ATTACHMENT EXHIBIT	PAGE NUMBER	QUESTION	ANSWER
OrlandoHealth	Attachment A	B	2	a	A-2-b	23	Last summer the ITN process required a non-binding letter of intent; however is ITN requires a binding letter of intent to be submitted by October 19. What would an applicant be bound to do, that was not binding last year?	The Binding Letter of Intent Certification commits the respondent to submit a reply, and it makes the respondent eligible to submit a response to this solicitation. (Refer to Attachment A. Instructions and Special Conditions, Section B. Response Preparation and Content, Sub-Section 2. Mandatory Response Content, Item a. Exhibit A-2-a Binding Letter of Intent.)
OrlandoHealth							Since the new contract period for comprehensive MMA plans goes into effect in region 7 on 1/1/19, what is the plan to help any awarded PSN achieve a critical mass of membership if approved for a 10/1/19 go-live?	The Agency does not guarantee any particular enrollment level for any plan. Further, the Agency's enrollment process will not be modified to ensure a guaranteed enrollment level for any plan. (Refer to Attachment A. Instructions and Special Conditions, Section E. Contract Implementation, Sub-Section 2. Enrollment Levels.)
OrlandoHealth	Attachment A	A	17			9	ITN Attachment A, Page 9 of 33, clearly delineates between a capitated managed care plan and a fee-for-service PSN. Is it AHCA's intention to award only capitated plans, or will fee-for-service plans be considered?	Yes, the Agency will consider awarding a contract to a fee-for-service (FFS) PSN that submits a responsive and responsible reply to this solicitation and is determined to provide best value to the State as described in Attachment A. Instructions and Special Conditions, Section D. Response Evaluation, Negotiations, and Contract Award, Sub-Section 6. Selection Criteria for Determining Best Value.

However, a FFS PSN that is awarded a Contract under this soliciation will only have this option for the first two (2) years of operations and must transition to a Capitated Managed Care Plan by the end of the second year of its operations. The first year of operation is considered the year that the respondent was organized in accordance with its articles of incorporation, articles of organization, partnership agreement, certificate of limited partnership, or other formation documentation demonstrating the first year of operation. (Refer to Attachment A. Instructions and Special Conditions, Section A. Overview, Sub-Section 17. Type of Contract Contemplated, Item b. Fee-for-Service Provider Service Network (PSN).) |