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GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

March 19, 2013

Prospective Vendor:

Subject: Solicitation Number: AHCA ITN 018-12/13
Title: Statewide Medicaid Managed Care (SMMC)
Managed Medical Assistance (MMA) – Region 2
Addendum No. 3

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

All other terms and conditions of the ITN 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,

Jennifer Barrett

Jennifer Barrett, Chief
Bureau of Support Services

Enclosure

Addendum No. 3 (4 Pages)
Exhibit E-3-A, Required Number of Providers



AHCA ITN 018-12/13

STATEWIDE MEDICAID MANAGED CARE (SMMC) MANAGED MEDICAL ASSISTANCE (MMA) – REGION 2

ADDENDUM NO. 3

Item #1

Attachment D, Scope of Services - Core Provisions, Section I, Definitions and Acronyms, the definition Assistive Care Services is hereby deleted in its entirety.

Item #2

Attachment E, Technical Proposal Instructions, is hereby amended to include the following:

AHCA PROVIDER NETWORK EVALUATION TOOL

INTRODUCTION

This document is intended as supplementary material to facilitate the use of the Provider Network Evaluation Tool, in relation to the Statewide Medicaid Managed Care (SMMC) Managed Medical Assistance (MMA) ITN, Exhibit E-3, Provider Network File.

OVERVIEW OF THE PROVIDER NETWORK EVALUATION TOOL

The Provider Network Evaluation Tool is an Excel workbook tool with three spreadsheets, 'Score Summary', 'Data Tables', and 'IMPORT NETWORK FILE HERE'. The tool analyzes the respondent's network file as prepared and submitted according to instructions found in Attachment E, Technical Proposal Instructions, and awards points according to the scoring rubric defined in SRC #29 – SRC #30, where applicable.

STEPS USING THE TOOL

- Open the Provider Network Evaluation Tool using Excel 2010.
- Open the 'IMPORT NETWORK FILE HERE' spreadsheet. Open the "import external data from text" window using the Data/From Text.
- Select the network file (.txt format) to evaluate and select the 'import' button.
- Import the file in its entirety, in cell A1, including headers, with all columns as text.
- Ensure the columns are in order as described in Attachment E, Technical Proposal Instructions. *If the data elements are out of order, or are formatted incorrectly, the Provider Network Evaluation Tool may display an inaccurate score or a score of zero (0).*
- Once the file has been imported, open the 'Score Summary' spreadsheet. In the 'INPUT REGION' cell (C6) type the region for which a response is being submitted.

AHCA ITN 018-12/13

STATEWIDE MEDICAID MANAGED CARE (SMMC) MANAGED MEDICAL ASSISTANCE (MMA) – REGION 2

ADDENDUM NO. 3

NOTES ON THE 'DATA TABLES' WORKSHEET

All calculations are performed on the 'Data Tables' worksheet. There are 17 data tables, each of which derives certain totals and calculations based solely on the respondent's imported provider network file as imported to the 'IMPORT NETWORK FILE HERE' worksheet. The shaded cells represent cells that contain formulas, while the non-shaded cells are informational.

TABLE 1 collects and formats the essential fields from the imported network file. Although many fields are collected for verification reasons, only these essential fields are used in scoring.

TABLE 2 shows the types of providers being evaluated. The 'PCP' Provider Type category on TABLE 2 is determined by TABLE 3 and TABLE 4, and is a weighted count of several different provider types, 009, 011, 018, 035, 929, and 930. The "Required Amount" column is based on the informational ratios in TABLE 2, and on the regional populations from TABLE 17. *This is the maximum amount of providers for each provider type that are used in calculations to determine awarded points, as shown in the "Amount counted toward points" column.*

TABLE 3 combines family practice, general practice, pediatrics, and internal medicine into group 999 and ARNPs and PAs into group 998. Each provider group is weighted in TABLE 4 and assigned the categorical provider type "PCP" for use in TABLE 1.

TABLE 8 weights and scores the number of contracts, letters of agreement, and letters of intent for providers in each region. The maximum number of providers for each provider type applies to this calculation, but all contracted relationships with providers are counted toward this limit before any letters of agreement or letters of intent are applied.

TABLE 11 scores the total providers in the respondent's provider network file using EHR *without* observing the provider type limit. The total amount of EHR-using providers is divided by the *total number of providers across all provider types* to achieve a percent score.

Item #3

Exhibit E-1, Standard Submission Requirements and Evaluation Criteria, Category: Provider Network, SRC #29 Evaluation Criteria, is hereby amended as follows:

- Item 4 scoring is hereby amended to now read:

For Item 4, a total of 5 points are available:

AHCA ITN 018-12/13

STATEWIDE MEDICAID MANAGED CARE (SMMC) MANAGED MEDICAL ASSISTANCE (MMA) – REGION 2

ADDENDUM NO. 3

- (a) 5 points if the respondent has signed Contracts with five (5) or more statewide essential providers;
- (b) 3 points if the respondent has signed Contracts with three (3) to four (4) statewide essential providers;
- (c) 1 point if the respondent has signed Contracts with one (1) to two (2) statewide essential providers;
- (d) 0 points if the respondent has signed Contracts with zero (0) statewide essential providers.

Item #4

Exhibit E-3-A, Number of Required Providers, is hereby deleted in its entirety and replaced with Exhibit E-3-A, Number of Required Providers, attached hereto, and made a part of the ITN.

Item #5

Exhibit E-3-B, Provider Network Evaluation Tool, is hereby made a part of the ITN:

EXHIBIT E-3-B, PROVIDER NETWORK EVALUATION TOOL IS AVAILABLE FOR RESPONDENTS TO DOWNLOAD AT: <http://ahca.myflorida.com/Procurements/index.shtml>

Item #6

Exhibit E-4, Specialty Submission Requirements and Evaluation Criteria, Category: Eligibility and Enrollment, SRC #2, is hereby amended as follows:

SRC #2 Evaluation Criteria:

1. *The extent to which the proposed criterion produces a clearly defined and readily identifiable target population.*
2. *The extent to which the proposed criterion results in a specialty population that does not exceed ten (10) percent of the total population of MMA eligible recipients.*

Score: This section is worth a maximum of 40 raw points as indicated below.

For Item 1:

- (a) *20 points if the proposed criterion produces a clear target population that is data driven and not dependent on assessment or referral;*
- (b) *10 points if the proposed criterion produces a clear target population that is in any way dependent on assessment or referral;*
- (c) *0 points if the proposed criterion does not produce a clear target population that can readily be identified.*

AHCA ITN 018-12/13

**STATEWIDE MEDICAID MANAGED CARE (SMMC)
MANAGED MEDICAL ASSISTANCE (MMA) – REGION 2**

ADDENDUM NO. 3

For Item 2:

- (a) 20 points if the estimated size of the specialty population does not exceed ten percent (10%) of the estimated total population of MMA recipients;*
- (b) 0 points if the estimated size of the specialty population exceeds ten percent (10%) of the estimated total population of MMA recipients.*

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**EXHIBIT E-3-A
NUMBER OF REQUIRED PROVIDERS**

Managed Medical Assistance Provider Network Standards Table		
	Regional Provider Ratios	Actual Required: Region 2
Required Providers	<i>Providers per Recipient</i>	
Primary Care Provider	1:1,500	67
Specialists		
Adolescent Medicine	1:31,200	3
Allergy	1:20,000	5
Anesthesiology	1:1,500	67
Cardiology	1:3,700	27
Cardiology (PEDS)	1:16,667	6
Cardiovascular Surgery	1:10,000	10
Chiropractic	1:10,000	10
Dermatology	1:7,900	13
Endocrinology	1:25,000	4
Endocrinology (PEDS)	1:20,000	5
Gastroenterology	1:8,333	12
General Dentist	1:1,500	67
General Surgery	1:3,500	29
Infectious Diseases	1:6,250	16
Midwife	1:33,400	3
Nephrology	1:11,100	9
Nephrology (PEDS)	1:39,600	3
Neurology	1:8,300	12
Neurology (PEDS)	1:22,800	4
Neurosurgery	1:10,000	10
Obstetrics/Gynecology	1:1,500	67
Oncology	1:5,200	19
Ophthalmology	1:4,100	24
Optometry	1:1,700	59
Oral Surgery	1:20,600	5
Orthodontist	1:38,500	3
Orthopedic Surgery	1:5,000	20
Otolaryngology	1:3,500	29
Pathology	1:3,700	27

**EXHIBIT E-3-A
NUMBER OF REQUIRED PROVIDERS**

Managed Medical Assistance Provider Network Standards Table		
	Regional Provider Ratios	Actual Required: Region 2
Required Providers	<i>Providers per Recipient</i>	
Pediatrics	1:1,500	67
Podiatry	1:5,200	19
Pedodontist	1:13,900	7
Pulmonology	1:7,600	13
Rheumatology	1:14,400	7
Therapist (Occupational)	1:1,500	67
Therapist (Speech)	1:1,500	67
Therapist (Physical)	1:1,500	67
Therapist (Respiratory)	1:8,600	12
Urology	1:10,000	10
Pharmacy	1:2,500	40
Behavioral Health		
Board Certified or Board Eligible Adult Psychiatrists	1:1,500	67
Board Certified or Board Eligible Child Psychiatrists	1:7,100	14
Licensed Practitioners of the Healing Arts	1:1,500	67
Inpatient Substance Abuse Detoxification Units	1 bed:4,000	25 (Beds)
Fully Accredited Psychiatric Community Hospital or Crisis Stabilization Units (CSU)/ Freestanding Psychiatric Specialty Hospital for capitated plans only (Adult)	1 bed:2,000	50 (Beds)
Fully Accredited Psychiatric Community Hospital or Crisis Stabilization Units (CSU)/ Freestanding Psychiatric Specialty Hospital for capitated plans only (Child)	1 bed:4,000	25 (Beds)