

OHIO DEPARTMENT OF MEDICAID
Selective Contracting Questionnaire

Service or product being procured _____

Procurement method

1. ODM or MCO will select the contractor in the following manner:

- Competitive Procurement Non-competitive Multi source _____ (*quantity*)
 Sole source procurement Other (*please describe*)

2. The term of the contract will be _____ .

Reimbursement method

1. Payment for the selective contracting program is?

- The same as stipulated in the State plan. Different then the State plan (*if so then describe below*)
Please Describe

2. Are there incentive payments in the contracting design? Yes (*if yes please describe*) No
Please Describe

3. If rent to purchase, how will rent-to-purchase be transitioned to new vendor(s)?

Geography

1. Is it Statewide or Regional? Statewide Regional (*if regional specify*)

2. What are the limitations?

<input type="checkbox"/> Limited to a single provider in their service area <input type="checkbox"/> Given a choice of providers in their service areas														
3. What are the included populations? <table border="0"> <tr> <td><input type="checkbox"/> Children and related populations</td> <td><input type="checkbox"/> Adults and related populations</td> </tr> <tr> <td><input type="checkbox"/> Blind/Disabled adults and related populations</td> <td><input type="checkbox"/> Blind/Disabled children and related populations</td> </tr> <tr> <td><input type="checkbox"/> Aged and related populations</td> <td><input type="checkbox"/> Foster care children</td> </tr> <tr> <td><input type="checkbox"/> Title XXI CHIP children</td> <td><input type="checkbox"/> Individuals residing in a nursing facility or ICF/MR</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Individuals participating in a HCBS waiver program</td> </tr> <tr> <td><input type="checkbox"/> American Indians/Alaskan Natives</td> <td><input type="checkbox"/> Special needs Children (<i>State defined</i>)</td> </tr> <tr> <td><input type="checkbox"/> Individuals receiving retroactive eligibility</td> <td><input type="checkbox"/> Other (<i>please define</i>)</td> </tr> </table>	<input type="checkbox"/> Children and related populations	<input type="checkbox"/> Adults and related populations	<input type="checkbox"/> Blind/Disabled adults and related populations	<input type="checkbox"/> Blind/Disabled children and related populations	<input type="checkbox"/> Aged and related populations	<input type="checkbox"/> Foster care children	<input type="checkbox"/> Title XXI CHIP children	<input type="checkbox"/> Individuals residing in a nursing facility or ICF/MR	<input type="checkbox"/> Individuals participating in a HCBS waiver program		<input type="checkbox"/> American Indians/Alaskan Natives	<input type="checkbox"/> Special needs Children (<i>State defined</i>)	<input type="checkbox"/> Individuals receiving retroactive eligibility	<input type="checkbox"/> Other (<i>please define</i>)
<input type="checkbox"/> Children and related populations	<input type="checkbox"/> Adults and related populations													
<input type="checkbox"/> Blind/Disabled adults and related populations	<input type="checkbox"/> Blind/Disabled children and related populations													
<input type="checkbox"/> Aged and related populations	<input type="checkbox"/> Foster care children													
<input type="checkbox"/> Title XXI CHIP children	<input type="checkbox"/> Individuals residing in a nursing facility or ICF/MR													
<input type="checkbox"/> Individuals participating in a HCBS waiver program														
<input type="checkbox"/> American Indians/Alaskan Natives	<input type="checkbox"/> Special needs Children (<i>State defined</i>)													
<input type="checkbox"/> Individuals receiving retroactive eligibility	<input type="checkbox"/> Other (<i>please define</i>)													
4. What are the excluded populations? <table border="0"> <tr> <td><input type="checkbox"/> Dual eligible</td> <td><input type="checkbox"/> Poverty level pregnant women</td> <td><input type="checkbox"/> Individuals with other insurance</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other (<i>please define</i>)</td> </tr> </table>	<input type="checkbox"/> Dual eligible	<input type="checkbox"/> Poverty level pregnant women	<input type="checkbox"/> Individuals with other insurance	<input type="checkbox"/> Other (<i>please define</i>)										
<input type="checkbox"/> Dual eligible	<input type="checkbox"/> Poverty level pregnant women	<input type="checkbox"/> Individuals with other insurance												
<input type="checkbox"/> Other (<i>please define</i>)														
Timely Access to Services														
1. How does the state or MCO measure the timeliness of Medicaid beneficiaries' access to the services covered under the selective contracting?														
2. Describe the remedies for Medicaid beneficiaries the State or MCO has or will put in place in the event that Medicaid beneficiaries are unable to access the contracted services in a timely fashion.														
3. Describe how the State or MCO will ensure that its selective contracting provides enough supply of contracted providers to meet the Medicaid beneficiaries' needs.														
4. Provide a detailed capacity analysis of the number of providers or vehicles needed per location or region to assure enough capacity under the selective contract.														

5. Describe how the State or MCO will evaluate and ensure on an ongoing basis that providers are appropriately distributed throughout the geographic regions covered by the selective contracting programs so that Medicaid beneficiaries have enough and timely access throughout the regions affected by the program.
Ancillary Impact
1. Is the selective contracting for a product or services that is commonly delivered concurrently with other ancillary or related products or services bundled in delivery though not in payment?
2. Is this the selective contract of a size that will have an impact on competing product or service providers in the region?
3. What is the state's or MCO's remedy in the event the selected product or service provider is no longer able or willing to deliver under the selected contract?
4. Describe how the MCO assures that coordination and continuity of care is not negatively impacted by the selective contracting program.
5. Describe how beneficiaries will get information about the selective contracting program.
6. What is the transition of care timeframe?

7. Does the MCO have an option for members to receive the product or service from a different vendor if there was a reason?
8. How many members have opted out of receiving the product of service from the selected vendor?
9. Is there an opt out process if there is then why if not then why, please describe?
10. Would the selective contracting for this product or service have an impact on the hospital or facility discharge process? If so, please detail the changes a discharge planner must make and how the stakeholders, including physicians, hospitals and other referral sources have been informed in a timely manner regarding the process.
11. Is there a process in place if the selective contractor does not carry the products and supplies the patient wants?
12. How will the transfer of medical documentation happen? Will the physicians need to write new scripts?
Monitoring
1. MCO to report the expenditures from year one to trend rate from current expenditures to gather the percentage of the projected costs.
2. Bi-annual review of cost-effectiveness.

3. Initial 4-month review of trending of products and regions specific monitoring of grievances.

4. Collect quality outcomes.

Monitoring Tools

What tools will you use to monitor?

EQRO to evaluate compliance Accreditation MA-PD surveys

Beneficiary monitoring committee Medicaid consumer hotline Review of grievances

Care management data Submission of quarterly improvement survey

Independent assessment of program impact, access, quality, and cost-effectiveness

Other (*please describe*)