

Alabama Medicaid Agency  
PCNA RFP Questions and Answers  
May 4, 2012

1. Please clarify whether the bylaws required for submission with the RFP must be board adopted or can it be pending board approval.

Bylaws should be approved in order to be official Bylaws. Given the short time period for this response Medicaid will allow pending Bylaws to be submitted. Bylaws must be approved prior to contract award.

2. Please provide the provider listing for Mobile and Washington counties.

List provided on separate spreadsheet.

3. It is my understanding that a Certificate of Authority requirement is only applicable for foreign corporations. Please confirm.

Yes, a Certificate of Authority is only required for foreign corporations.

4. Please provide clarification as to the format for proposed budget submission – is there a financial/budget form that should be used?

PCNA Budget Categories:

- A. Personnel w Benefits
  1. ED
  2. Care Coordinators
  3. Administrative Assistants
  4. Clinical Director (s)
  5. Pharmacist, Network and Clinical
  6. Other
- B. Rent
- C. Utilities
- D. Phone
- E. Insurance
- F. Mail
- G. Supplies
- H. Legal, Accounting, Audit Contracts
- I. Travel
- J. Repair and Maintenance
- K. Software
- L. IT Support
- M. Training
- N. Marketing
- O. Janitorial and Pest

5. Why is the RFP Period so compressed relative to the April applications? Two weeks vs. six weeks?

Health Home programs must begin at the beginning of a quarter in order to maximize enhanced funding. Medicaid must have a contract ready for the Legislative Contract Review Committee by May 21, 2012 in order for the contract to be reviewed in the June Meeting and become effective in July. The release of the RFP was delayed due to budgetary discussions within the agency and the due date was pushed as far back as possible to allow time for application and allow the Network to begin operating in July rather than October.

6. Is there the ability to extend the opening date to August 1st instead of July 1st? Recruitment will be very difficult for the required case managers.

Medicaid does want the program to be operational on July 1. However, we understand the tight timeline for operations. Medicaid will consider proposals that do not fully staff case managers until later in July.

7. What is the anticipated number of heavy care members (Ones meeting the 1:50 staffing requirement?)

Medicaid does not have an estimate. This is based on the population that is referred or identified by the Entity and then screened and assessed as Heavy or Medium. Existing networks are managing up to 300 recipients currently.

8. With the 501(c)3 needing to be formed with the particular governance structure required, is it also required to be eligible for Medicaid contracting prior to the RFP decision date?

Please further clarify the question.