MISSISSIPPI DIVISION OF MEDICAID

Official Response To Submitted Questions
RFP # 20131004

The MississippiCAN Program

Question #	RFP Section #	RFP Page #	Question	DOM Response
1.	RFP: 1.2.3; 5	RFP: 6; 29	Are there any font type, font size, margin, or binder restrictions for proposal submissions? Can proposals be printed double-sided?	The Division requests that standard report font type and font size be used. Standard font type and font size to be used are Times New Roman with font size of 12, along with standard half inch margins or point .50. Section 1.2.3 of the RFP clearly states that the RFP should be submitted in three-ring binders with components of the RFP clearly tabbed. Double sided printing is acceptable.
2.	RFP: 1.2.3; 4.6.3 Contract: 16.K	RFP: 7; 24 Contract: 148	The RFP states that 1 original, 6 copies, 1 CD, and 1 electronic version of the proposal must be submitted. Can the Division please clarify what provisions of 16.K in the draft contract the electronic version must comply with, and how the electronic version should be submitted?	As stated in Section 1.2.3 of the RFP, the Offeror must submit one (1) copy of the Proposal in a single document in a searchable Microsoft Word or Adobe Acrobat (PDF) format and one (1) electronic version on CD in accordance with section 4.6.3 of this RFP. Section 4.6.3 of the RFP refers to Attachment 3, Draft Contract, Section 16.K, Proprietary Rights. Provisions related to the ownership of documents and ownership of information and data apply. The second electronic version should include the redacted information.
3.	RFP: 1.3.5	RFP: 9	Section 1.3.5 of the RFP states "At the Division's option, the Division may develop an arrangement to share risk with the CCOs for Neonatal Intensive Care Unit (NICU) babies." Under what circumstances would the Division consider exercising this option?	The primary driver of this consideration would be materially disproportionate NICU costs between MississippiCAN CCOs.

MISSISSIPPI DIVISION OF MEDICAID

Official Response To Submitted Questions
RFP # 20131004

The MississippiCAN Program

Question #	RFP Section #	RFP Page #	Question	DOM Response
4.	RFP: 1.3.5	RFP: 9	Section 1.3.5 of the RFP states that the Division "develops monthly Capitation Payments that vary by age and status…to reflect the difference in expected cost by age" and "uses regional payments to better reflect CCO Enrollment for CCOs that enroll a disproportionate number of enrollees from high-cost or low-cost regions of the State." What methodologies are used to risk adjust these populations? How often are these rates adjusted?	SSI/Disabled and MA Adult populations are risk adjusted using the combined Chronic Illness and Disability Payment System and Medicaid Rx risk adjuster (CDPS + Rx) developed by the University of California San Diego. To establish these risk scores, the CDPS + Rx risk adjuster will be run with non-inpatient weights calculated using Mississippi FFS Medicaid data for the SSI/Disabled and MA adult population. A budget neutral risk score, by region and capitation rate cell, is developed across all CCOs and if applicable opt-outs into FFS (SSI children). Risk scores are typically developed on a semi-annual basis, but may be more frequently depending on population changes.
5.	RFP: 1.4.1	RFP: 10	In Section 1.4.1, the RFP outlines a variety of selection scenarios and enrollment processes. At what point will the Division identify which scenario will be used for the contract?	The Offeror should recognize that Section 1.4.1 of the RFP outlines potential scenarios and is not necessarily inclusive of the one that will be selected. The Division will identify the appropriate scenario after the completion of Executive Review and award of contracts.
6.	RFP: 1.4.1	RFP: 10	Can the Division describe the current Auto Enrollment process, including any algorithms currently used to determine plan assignment?	The current Auto Enrollment process is described in Attachment 3, Draft Contract, Section 4.A, Enrollment of Members with a CCO.
7.	RFP: 1.4.1	RFP: 10	Can the Division provide current MississippiCAN enrollment reports, listing total members by county and by plan?	The table below provides current enrollment by region and CCO.

CCO	Total	North	Central	South
A	64,501	21,918	23,051	19,532
B	77,089	27,020	27,501	22,568
Total	141,590	48,938	50,552	42,100

MISSISSIPPI DIVISION OF MEDICAID

Official Response To Submitted Questions
RFP # 20131004

The MississippiCAN Program

Question #	RFP Section #	RFP Page #	Question	DOM Response
8.	RFP: 1.4.1	RFP: 10	In the event that the Division contracts with the 2 current CCOs and 1 new CCO, what is the anticipated time frame for the new CCO to reach their "membership threshold"?	The Division will determine the timeframe for a new CCO to reach their membership threshold based on the possible selection of new CCO(s) and/or the addition of a third CCO. The Division will consider factors such as program design and financial viability in determining the membership threshold.
9.	RFP: 3.1	RFP: 18	Can the Division please clarify the following sentences: "The RFP process is intended to provide the Division with necessary information to assist in the selection of a Contractor to provide the desired services. It is not intended to be comprehensive, and each Offeror is responsible for determining all factors necessary for submission of a comprehensive proposal."	This RFP provides information to Offerors to foster an understanding of the State's needs for the services resulting from this procurement process. However, it is incumbent upon each Offeror to determine the necessary information to submit with its proposal to provide the Division with an understanding of its ability to provide the requested services. The State is relying upon the Vendor's experience and expertise to supply all components and functionality necessary to provide a complete solution to meet the intent of the RFP.
10.	RFP: 3.3.7	RFP: 20	Section 3.3.7 of the RFP outlines the procedure for pre-due date proposal withdrawals. What are the proposal withdrawal options IF the capitation rates are received after the proposal due date AND are not viable in the bidder's opinion?	Section 3.37 of the RFP states, unless requested by the Division, **no other** amendments, revisions, or alterations to proposals will be accepted after the proposal due date. Section 3.1 of the RFP affirms that submission of a proposal constitutes the Offeror's acceptance of the conditions governing the procurement, including the capitation rates published in Attachment 4, Data Book, and the evaluation factors contained in Section 6 of this RFP, and constitutes acknowledgement of the detailed descriptions of the Mississippi Medicaid Program.

MISSISSIPPI DIVISION OF MEDICAID

Official Response To Submitted Questions
RFP # 20131004

The MississippiCAN Program

Question #	RFP Section #	RFP Page #	Question	DOM Response
11.	RFP: 4.13.2; 4.13.3	RFP: 26-27	Can the Division please clarify how Offerors can redact confidential information?	The easiest and most secure way to redact information is through the use of redaction software. Less secure methods include using white font, metadata, Adobe Acrobat and ink markings. The Division suggests seeking technical assistance from your IT Department.
12.	RFP: 5.5.1	RFP: 33	The RFP states that "Offerors must submit…résumés of all identified key staff positions." If an Offeror does not currently have staff assigned for a position, can a job description for the position be submitted instead?	No, that is not acceptable. Section 5.5.1 of the RFP specifically requests an Offeror to include project team organization charts of **proposed** personnel and positions, number of FTEs associated with each position of key staff and a job description of key management personnel and care managers listed in Section 1.L. Administration, Management, Facilities and Resources of Attachment 3, Draft Contract. Section 1.L of Attachment 3, Draft Contract, further states the Contractor shall have at a minimum, the following key management personnel or persons with **comparable qualifications** as listed below**, employed** during the term of this Contract.
13.	RFP: 5.7	RFP: 37	The RFP states that "The Offeror should repeat each statement/question and then follow with the response." Will this count against the page limit? Can the question text precede the response on a separate page?	Statement/questions will not count against the page limit. The question text may precede the response on a separate page.

MISSISSIPPI DIVISION OF MEDICAID

Official Response To Submitted Questions
RFP # 20131004

The MississippiCAN Program

Question #	RFP Section #	RFP Page #	Question	DOM Response
14.	RFP: 5.7	RFP: 39-49	Some questions that request reports or samples indicate that the specified page limits exclude the requested documentation (e.g., #14, p. 39; #18, p. 39; #70, p. 48). However, others do not make that distinction (e.g., #44, p. 44; #51, p. 45; #81, p. 49)—are the reports and samples for these similarly excluded from the specified page limits?	Reports and samples requested by questions and included as attachments may be excluded from the specified page limits. To the extent that excerpts of reports and samples requested by questions are included in the text of the response, these items are not excluded from the specified page limit for the question.
15.	RFP: 5.7	RFP: 45	In question #51 in the Care Management section, the RFP asks for "Examples of information that [Offerors] will provide to Providers." Can the Division please clarify if the examples are intended to be addressed in the narrative, or if actual samples should be included? If actual samples, are they included in the two-page limit for the question, or can they be provided in addition to it?	The Offeror may address the examples in the narrative or provide actual samples. If the Offeror selects to provide actual samples, these samples are excluded from the page limit for this question.
16.	RFP: 5.7 Contract: 7.B	RFP: 46 Contract: 70	RFP question #56 indicates in "b." that post-discharge appointments from an acute psychiatric hospital need to be scheduled within 14 calendar days when the CCO is aware of the hospitalization; however, "Table 5." in the contract cites the appointment scheduling time frame as 7 calendar days for post-discharge from an acute psychiatric hospital when the CCO is aware of the hospitalization. Can the Division please clarify which timeframe is correct?	Information in Table 5 of the contract is correct. The Offeror is required to have in its network the capacity to ensure that the appointment scheduling does not exceed seven (7) calendar days for Behavioral Health Providers post-discharge from an acute psychiatric hospital when the Contractor is aware of the Member's discharge. Question 56, subpart (b) should state, "Arrange for appointments within seven (7) calendar days for Members post-discharge from an acute psychiatric hospital."

MISSISSIPPI DIVISION OF MEDICAID

Official Response To Submitted Questions
RFP # 20131004

The MississippiCAN Program

Question #	RFP Section #	RFP Page #	Question	DOM Response
17.	RFP: 5.7	RFP:50	In question #82 of the Subrogation and Third Party Liability section, the RFP asks for "Data analytics and informatics used to support the process." Can the Division please clarify which process? There are six processes outlined within the question.	The Division is referring to the overall subrogation and Third Party Liability process.
18.	RFP: 5.8.4	RFP: 51	Section 5.8 asks for "Sign-off procedures for completion of all Deliverables and major activities." Can the Division please clarify what Division level is needed to obtain final sign-off on deliverables?	The level of final sign-off on deliverables will depend on the specific Deliverable. However, the Bureau of Coordinated Care staff will be responsible for review and sign-off for the majority of deliverables.
19.	RFP: 5.8.4	RFP: 51	Does the Division expect to sign-off on certain deliverable activities prior to the completion of a 100%-complete deliverable?	Yes, in some cases, the Division may need to sign off on certain deliverables prior to the completion of the deliverable. The Division will notify the selected Offeror when these cases arise.
20.	RFP: 5.9	RFP: 51	Section 5.9 of the RFP states "The schedule should allow fifteen (15) business days for Division approval of each submission or re-submission of each Deliverable." Can the Division please provide a list of individuals who are required to sign-off on/approve submitted deliverables?	The Bureau of Coordinated Care staff will be responsible for review and sign-off for the majority of deliverables.
21.	RFP: 5.9	RFP: 51	Can the Division please clarify how sign-off/approval will be obtained? Is electronic sign-off/approval acceptable?	Yes, electronic sign-off and approval is acceptable unless the Division specifies differently to the selected Offeror.
22.	RFP: 5.9	RFP: 51	Can the Division please describe its process for acquiring deliverable sign-off and approval? How does the Division expect to approve deliverables in order to provide sign-off?	The Bureau of Coordinated Care staff will be responsible for review and sign-off for the majority of deliverables. The Bureau of Coordinated Care staff will also be responsible for identifying and seeking Executive level review as needed.

MISSISSIPPI DIVISION OF MEDICAID

Official Response To Submitted Questions
RFP # 20131004

The MississippiCAN Program

Question #	RFP Section #	RFP Page #	Question	DOM Response
23.	RFP: 5.9	RFP: 51	In certain situations, the 15-business-day timeframe may not be feasible. Can the Division's timeframe be flexible/shortened if necessary?	While the Division will work to be flexible, as necessary, based on the specific issue, the Division reserves the right to allow for fifteen (15) business days.
24.	Contract: 5.J	Contract: 45	In the "Prior Authorization" subsection of the "Covered Benefits and Services" section, the draft contract states "The Contractor must have written policies and procedures for the Prior Authorization of services, which must comply with this contract." Can the Division please clarify what the Prior Authorization requirements are?	The language is not meant to imply that the Division has established Prior Authorization requirements. Should the Offeror establish Prior Authorization requirements for covered services, related policies and procedures must comply with relevant contract requirements. For example, should the Offeror prior authorize drugs outside of the PDL, policies and procedures must indicate that the Contractor will cover and pay for a minimum of a three (3)-day emergency supply of the prior authorized drugs until authorization is completed.
25.	Rate Development Methodology (RDM)	RDM: Slide 3 and general	Some populations were made mandatory in December 2012. How were hospital outpatient unit costs impacted by each of: (a) the increase in SSI; and (b) the increase in MA adults and newborns?	a) SSI adults became mandatorily enrolled in MississippiCAN in December 2012. CY 2012 FFS experience for the SSI opt-out population is shown in Appendix B of the Rate Development Methodology, split between adults and children. b) MA adults and newborns were first enrolled in MississippiCAN in December 2012. Actual hospital outpatient FFS costs for this population from January 2011 to November 2012 are included in Appendix C of the Rate Development Methodology. No program experience for 2013 can be shared at this point.

MISSISSIPPI DIVISION OF MEDICAID

Official Response To Submitted Questions
RFP # 20131004

The MississippiCAN Program

Question #	RFP Section #	RFP Page #	Question	DOM Response
26.	RDM	RDM: Slide 4 and general	When will the January 2014 through June 2014 capitation rates be available for review?	January 2014 through June 2014 rates will not be released. The base data and draft assumptions used to develop these rates are included in the rate development methodology presentation.
27.	RDM	RDM: General	When are the SFY 2015 capitation rates expected to be released?	SFY 2015 capitation rates are scheduled to be available for review for the selected CCOs at the end of February. The base data and preliminary assumptions to be used in the development of these rates are included in the rate development methodology presentation.
28.	RDM	RDM: Slide 8 and general	Are all Inpatient Services excluded from the capitation rate development, or ONLY Inpatient Facility services?	Inpatient facility services are excluded from the capitation rate development.
29.	RDM	RDM: Slide 8 and general	If only Inpatient Facility services are excluded, how are Inpatient Professional services (physician, surgeons, etc.) accounted for in the capitation rates?	Inpatient professional services are included within the capitation rates, grouped with other professional services.
30.	RDM	RDM: Slide 9 and general	Were only FFS data used as the base experience from which to develop capitation rates? If CCO data were also used, how were they blended to create the base?	The expansion population did not join MississippiCAN until December 2012. Therefore the base data is based only of FFS for January 2011 to November 2012. The original population rate development incorporated CCO data, which was blended with FFS data for opt out members and behavioral health services (which were carved out from managed care at that time).

MISSISSIPPI DIVISION OF MEDICAID

Official Response To Submitted Questions
RFP # 20131004

The MississippiCAN Program

Question #	RFP Section #	RFP Page #	Question	DOM Response
31.	RDM	RDM: Slide 24 and general	The administrative allowance is projected at 8% of capitation, while the CCOs' DOI reports show approximately 10%, excluding premium tax. What is the basis for the 8% factor, given the actual experience?	A total administrative expense of 13% is built into the rates comprising of 8% for administrative expenses, 2% for margin, and 3% for premium tax. We developed the administration allowance based on an analysis of the 2011 and 2012 CCO MississippiCAN administrative expenses, discussions of those costs with CCOs, and research into typical administrative costs of CCOs across the country for similar populations.
32.	RDM	RDM: Slide 24 and general	The Health Insurer Fee is expected to be non-tax-deductible and will therefore not be allowed as an administrative expense for tax purposes. Will the factor in the capitation rate development be adjusted to cover income taxes, premium taxes, and any other charges that might be levied on the Health Insurer Fee?	Guidance from CMS on how to incorporate the Health Insurer Fee into managed Medicaid capitation rates is forthcoming. However, we expect to make adjustments for these issues.
33.	RFP Section 5.7	38	Question #10 does include a page limit. Please provide the page limit (if applicable).	Please limit response to one (1) page.
34.	RFP Section 5.7	39	Question #18 indicates the page limit is three (3) pages, excluding copies of materials. Please clarify the materials to include in response to Question #18.	The Offeror may include a sample member identification card and/or other examples of materials that the Offeror has used in other States that may be modified for MississippiCAN and included in the Member Information Packet.
35.	RFP Question 33 & Attachment 3 Exhibit D; 6.H	41	Please confirm that by "Marketing materials you propose to send to Members," you are referencing materials in the New Member Welcome Packet, or other CCO program or educational materials sent to Members after enrollment.	Yes, "samples of Marketing materials" refers to materials included in the Member Information Packet and other educational materials sent to Members after enrollment.

MISSISSIPPI DIVISION OF MEDICAID

Official Response To Submitted Questions
RFP # 20131004

The MississippiCAN Program

Question #	RFP Section #	RFP Page #	Question	DOM Response
36.	RFP Question 33 & Attachment 3 Exhibit D; 6.H	41	Question 33 requests 2 samples of Marketing materials used for other Medicaid programs. Please confirm that a current MississippiCAN Contractor may submit the marketing materials it currently distributes to Members and non-Members.	Yes, a current MississippiCAN Contractor may submit marketing materials it currently distributes to Members and non-Members.
37.	Attachment 3 Section 3	30	Table 1 in the contract indicates "People who have the option to enroll," please confirm this should be "People who have the option to disenroll."	Table 1 of Attachment 3, Draft Contract outlines members that have the option to enroll in or opt out of the MississippiCAN Program.
38.	Attachment 3, 6.J Exhibit D	65 168	Please confirm that if a Member contacts the plan with an inquiry that is not an expression of dissatisfaction, misunderstanding or misinformation, it would not be identified as a Member Complaint.	If a Member contacts the CCO with an inquiry other than that which meets the definition of a "Complaint" included in Attachment 3, Draft Contract, it would not be classified as a Member Complaint. Additionally, the Division reserves the right to expand upon this list.
39.	Attachment 3.7.I, Table 6	83	Please confirm that if a Provider contacts the plan with an inquiry that is not an expression of dissatisfaction, misunderstanding or misinformation, it would not be identified as a Provider Complaint.	If a Provider contacts the CCO with an inquiry other than that which meets the definition of a "Complaint" included in Attachment 3, Draft Contract, it would not be classified as a Provider Complaint. Additionally, the Division reserves the right to expand upon this list.
40.	Attachment 3, Section 10.A	105	Regarding the statement: "*All records shall be maintained at one central office in Mississippi designated by the Contractor and approved by the Division.*" Please confirm that this statement allows electronic access to paper records housed elsewhere and that electronic records can be available online at the office in Mississippi or made available after retrieval from a secure storage vendor if offline.	Yes, electronic access to paper records from a central office located within Mississippi is acceptable.

MISSISSIPPI DIVISION OF MEDICAID

Official Response To Submitted Questions
RFP # 20131004

The MississippiCAN Program

Question #	RFP Section #	RFP Page #	Question	DOM Response
41.	Attachment 3.JSection J – Prior Authorization - Section 5.J.4	47	RFP-Utilization Timeframe states "The Contractor must make standard authorization decisions and provide notice within **three (3) calendar days** following receipt of the request for services. Would the Division consider changing the timeframe to three (3) working days for authorization decisions notification to accommodate requests received at the start of a weekend.	No, this change is not under consideration by the Division at this time.

MISSISSIPPI DIVISION OF MEDICAID

Official Response To Submitted Questions
RFP # 20131004

The MississippiCAN Program

Question #	RFP Section #	RFP Page #	Question	DOM Response
42.	Attachment 3 Exhibit D	172	Exhibit D, Pg 172, Paragraph 2 under Subsection F. State Fair Hearing, states: "The Member must exhaust all CCO level Grievance and Appeal procedures prior to requesting a State Fair Hearing with the Division of Medicaid." Exhibit D, pg. 173, paragraph 5 of Subsection F. State Fair Hearing, states: "The Contractor shall educate its Members of their right to appeal directly to the Division. The Member has the right to appeal to the Division at the same time that he appeals to the Contractor; after he has exhausted his appeal rights with the Contractor; or instead of appealing to the Contractor." Is it the Division's intent for the Member to exhaust the CCO level Appeal process (for Appeal of an Action) before requesting a State Fair Hearing? Or, will the Member be allowed to request a State Fair Hearing for the Appeal of an Action at any time, as long as it is within the contractual timeline?	Members must exhaust all CCO level Grievance and Appeal procedures prior to requesting a State Fair Hearing with the Division of Medicaid. The Division will update this language prior to Contract Signature.
43.	Attachment 3 Exhibit D	172	Is it the Division's intent for Members to have the right to appeal to the Division if unhappy with the Contractor's resolution of a Grievance (about any matter other than a Contractor Action)? If so, must the Member exhaust the CCO level Grievance process before appealing to the Division?	Members must exhaust all CCO level Grievance and Appeal procedures prior to requesting a State Fair Hearing with the Division of Medicaid.

MISSISSIPPI DIVISION OF MEDICAID

Official Response To Submitted Questions
RFP # 20131004

The MississippiCAN Program

Question #	RFP Section #	RFP Page #	Question	DOM Response
44.	Attachment 3, Section 7.I	83	Attachment 3, Section 7.I, pg. 83 states: "The Contractor shall provide Providers as a part of the Provider Manual, information on how they or their representative(s) can file a Grievance or an Appeal, and the resolution process. The information shall also advise Providers of their right to file a request for a State Fair Hearing with the Division of Medicaid, upon notification of a Contractor Action, subsequent to an Appeal of the Contractor Action. The Provider must exhaust all CCO level Grievance and Appeal procedures prior to requesting a State Fair Hearing with the Division." Is it the Division's intent for the Provider to exhaust the CCO level Appeal process (for Appeal of an Action) before requesting a State Fair Hearing? Or, will the Provider be allowed to request a State Fair Hearing for the Appeal of an Action at any time, as long as it is within the contractual timeline?	Providers must exhaust all CCO level Grievance and Appeal procedures prior to requesting a State Fair Hearing with the Division of Medicaid.
45.	Attachment 3, Section 7.I	83	Is it the Division's intent for Providers to be able to appeal to the Division if unhappy with the Contractor's resolution of a Grievance (about any matter other than a Contractor Action)? If so, must the Provider exhaust the CCO level Grievance process before appealing to the Division?	Providers must exhaust all CCO level Grievance and Appeal procedures prior to requesting a State Fair Hearing with the Division of Medicaid.

MISSISSIPPI DIVISION OF MEDICAID

Official Response To Submitted Questions
RFP # 20131004

The MississippiCAN Program

Question #	RFP Section #	RFP Page #	Question	DOM Response
46.	Attachment 3 Exhibit D; 6.H	59	Does the following statement: "All marketing to potential Members will be handled by the Division and/or its Agent" apply specifically to the open enrollment period?	Yes, all marketing to potential Members during the open enrollment period will be handled by the Division and/or its Agent. Marketing may be conducted by the Contractor in accordance with Attachment 3, Draft Contract, Section 6.H., Marketing.
47.	1.2.3 and 4.6.3	7 and 24	According to the RFP, we are required to submit two electronic versions of the proposal. One is supposed to be submitted "in accordance with Section 4.6.3 of this RFP." Section 4.6.3 discusses document ownership rights and refers the reader to Section 16.K of the draft contract. In the absence of any guidance from Sections 4.6.3 or 16.K, are proposers only required to submit one (1) electronic copy in accordance with the requirements of Section 1.2.3?	Yes, two (2) electronic versions are required. The versions should be clearly marked - (1) Proposal (2) Redacted (Proprietary Information) As stated in Section 1.2.3 of the RFP, the Offeror must submit one (1) copy of the Proposal in a single document in a searchable Microsoft Word or Adobe Acrobat (PDF) format and one (1) electronic version on CD in accordance with section 4.6.3 of this RFP. Section 4.6.3 of the RFP refers to Attachment 3, Draft Contract, Section 16.K, Proprietary Rights. The second electronic version should include the redacted information.
48.	5.7	40	Question # 24 states, "Describe your proposed process for providing Non-Emergency Transportation for Members for services covered for Members through MississippiCAN and through the Fee-for-Service delivery system." Is it the State's intent that CCOs provide transportation benefits to Fee-for-Service beneficiaries, in addition to MSCAN members?	CCOs will provide all Non-Emergency Transportation (NET) services for Members enrolled in MississippiCAN only. The Division's NET broker will continue to serve fee-for-service beneficiaries. CCOs will be responsible for providing Non-Emergency Transportation to services covered by the MississippiCAN Program and the Fee-For-Service Program for MississippiCAN members.

MISSISSIPPI DIVISION OF MEDICAID

Official Response To Submitted Questions
RFP # 20131004

The MississippiCAN Program

Question #	RFP Section #	RFP Page #	Question	DOM Response
49.	Exhibit F – Performance Measures 23. b.	193	Must all members receiving behavioral health services be enrolled in high-risk case management or is the expectation that all behavioral health members be enrolled in Case Management and stratified based on the severity of their behavioral health condition?	It is the Division's expectation that all Members receiving Behavioral Health Services be enrolled in Care Management. The Contractor may classify Members in the appropriate risk level. The Division will update this language prior to Contract Signature.