

**Solicitation 8070001412 Questions and Answers**  
**OKLAHOMA HEALTH CARE AUTHORITY**

Question Number	Section or Subsection Number	Section or Subsection Title	Solicitation Page	Question	Response
Example	2.1.1.1	Oklahoma Health Care Authority	#	Are Oklahoma's statutes available online?	Oklahoma statutes can be accessed online at the following addresses: <a href="http://www.oklegislature.gov/osstatuestitle.html">http://www.oklegislature.gov/osstatuestitle.html</a> <a href="https://www.oscn.net/v4/">https://www.oscn.net/v4/</a>
1	1.4.6.1	Governing Body	77	56 O.S. § 4002.2(17)(b) provides the requirements for the “governing body” of a “provider-led entity.” Other references to the governing body in Title 56 echo this language, referencing an entity’s “governing body.” However, Section 1.4.6.1 of the RFP uses different language, stating that Contractor must have “a Board of Directors, also known as a Governing Body.”  Please confirm that the “governing body” of a provider-led organization qualifying under 56 O.S. § 4002.2(17)(b) can be distinct from the organization’s board of directors so long as it meets the statutory requirements. See 56 O.S. § 4002.2(12) and 56 O.S. § 4002.2(17)(b).	The referenced section relies on the statutory definition of Governing Body at 56 O.S. 4002.2(12) and the statutory requirements for a shared governance structure (including a local governing body) at 56 O.S. 4002.5(C). Both the definition and the shared governance structure requirements apply to all Contracted Entities. This Bidder's question references the definition at 56 O.S. 4002.2(17), which presents <i>additional</i> requirements for the governing body of a Provider-Led Entity, one type of potential Contracted Entity. See Dental RFP Amendment #4 (expected publication 10/14/2022) at Section 1.4.6.1 for language amending the title to "Governing Body" rather than "Board of Directors".
2	2.5.2	Technical Proposal Contents, Item 20, Local Oklahoma Provider Organizations	26	Section 2.5.2 (Technical Proposal Contents), Item 20, “Local Oklahoma Provider Organizations,” asks bidders to describe the contracted status with local Oklahoma provider organizations for a model of care containing care coordination, care management, utilization management, disease management, and network management. This is largely in line with the Ensuring Access to Medicaid Act ( see 56 O.S. § 4002.4(C)), but it noticeably leaves out “or another model of care as approved by the Authority.” The absence of the aforementioned clause from the statute seems like an accidental omission of the phrase “or other model of care as approved by the Authority.”  Can the Authority confirm Item 20 should be revised to remove “and network management” and replace with “...disease management, network management, or another model as approved by the Authority”, thus aligning with the statute? This revision is critically important because it comports with the statutory language and avoids the assumedly unintended practical implications of its absence (as there are few local Oklahoma provider organizations that are willing to sign a contract that requires them to handle all of the duties mentioned, but many providers who are willing to contract for one or several of them).	In response to Item 20, if the model of care does not fit into one of the listed categories, explain the model of care for OHCA's consideration. The requirement at 56 O.S. 4002.4(C) (including "or another model of care as approved by the Authority") is also located in the RFP at Section 1.4.5. See Dental RFP Amendment #4 (expected publication 10/14/2022) at Section 1.12.4.6 for the amended language "or another model of care as approved by the authority".
3	2.5.2	Technical Proposal Contents, Item 20, Local Oklahoma Provider Organizations	26	Section 2.5.2 (Technical Proposal Contents), Item 20, “Local Oklahoma Provider Organizations,” asks bidders to <i>describe the contracted status with local Oklahoma provider organizations</i> and then states “ <i>Responses highlighting current local Oklahoma provider contracting will receive preference.</i> ”  Will the Authority clarify what it means by the undefined phrase “current local Oklahoma provider contracting”? Does this refer to contracting efforts underway? Does it refer to executed contracts? Will the Authority accept Letters of Intent when it comes to the aforementioned “preference”? Will providers be required to execute binding contracts prior to an award or would this be satisfied by executing Letters of Intent?	Within Item 20, the language reads "current local Oklahoma provider organization contracting." "Local Oklahoma provider organization", or "LOPO", is a defined term in law and the RFP. "Current LOPO contracting" means a contract, existing at the time the Bidder's Proposal is submitted, for a model of care.
4	2.6.2	Step Two – Technical Proposal Evaluation (1,550 points)	42	In the Technical Proposal Evaluation Area: Points Possible table, some areas have bullets and others do not. Do the bullets have bearing on scoring, or are all items in the Evaluation Area considered for scoring?	All Items are considered in evaluation and scoring. The table should be used as a reference point for the basic division of scoring.
5	2.6.2	Step Two – Technical Proposal Evaluation (1,550 points)	42	Can OHCA please provide additional delineation on possible points assigned to each specific Item # (items 1-69) of the technical response?	OHCA declines to publicly delineate points per Item.
6	2.5.2.	Technical Proposal Contents - Item 24. Mandatory, Voluntary and Excluded Populations	28	Within the instructions of this item, the page limit mentions "excluding Gantt chart". Please confirm Gantt chart is required. If required, please provide additional context on what information should be included in the Gantt chart	See Dental RFP Amendment #4 (expected publication 10/14/2022) striking the words "excluding Gantt chart" from Item 24.
7	1.1.5 1.2.6	The RFP Contract Term	4 51	Page 4 of the RFP says the initial term of the contract will be through 6/30/2023, However, on page 51 of the RFP, the Model Contract says the initial term will be through 6/30/2024. Please confirm which date is the initial term of the contract.	The initial term of the Contract ends 6/30/2024. See Dental RFP Amendment #4 (expected publication 10/14/2022) at Solicitation, Section 1.1.5, for the revised date.

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8	Appendix 1E	Medically Necessary Services	294	<p>The performance standard states: "The Contractor fails to substantially provide Medically Necessary services to a SoonerSelect Dental Enrollee that the Contractor is required to provide under law or the Contract." Please provide clarification on how this performance standard and associated liquidated damage will be measured and accessed. For example, are there specific turnaround time requirements, does this only apply if OCHA disagrees with a decision and does the liquidated damage apply per case?</p>	<p>OHCA will monitor the provision of medically necessary services as defined in the Dental RFP, as described in Dental RFP Sections 1.7, 1.8, related RFP sections, related Oklahoma Administrative Code sections, and the Code of Federal Regulations.</p> <p>See the Dental RFP at Appendix 1E: Liquidated Damages, which states in row 1: The Contractor fails to substantially provide Medically Necessary services to a SoonerSelect Dental Enrollee that the Contractor is required to provide under law or the Contract.OHCA may assess a Liquidated Damage of up to \$25,000 for <u>each failure</u> to provide services. See the Dental RFP at Section 1.23, which provides pertinent information relating to the timing and curative actions that may apply.</p>
9	2.6.4	Step 4 Scoring Review	44	<p>RFP Section 2.6.4 indicates there will be preferential scoring for bidders who contract with PLEs, and this is echoed in Technical Proposal Contents, Item 19. The definition of a Provider-Led Entity, subparagraph B, lists a variety of provider types none of which are a dentist. Despite the fact that a dental organization could meet the definition of subparagraph A, the overall definition does not appear to have been crafted with dentists in mind. In the associated statute, dental benefit managers are included in the definition of a Contracted Entity, which subjects them to the PLE requirements. Is the inclusion of dental benefit managers in PLE requirements a byproduct of a drafting error in the legislation? And is OHCA working with the legislature to amend the statute to exclude dental benefit managers from PLE requirements?</p>	<p>It was OHCA's original intent to award preferential treatment for PLEs that otherwise would meet the definition of a Contracted Entity but did not bid on the SoonerSelect Dental Program. After reviewing the definition of PLE in isolation from the totality of SB1337, OHCA is amending the solicitation to no longer give preference to non-PLEs who partner or contract with a PLE for elements of the overall proposal.</p> <p>OHCA seeks information on the Bidder's subcontracts, if any, with a PLE that meets minimum eligibility to submit a Proposal to the RFP, regardless of whether the PLE actually submits or intends to submit a Proposal.</p> <p>See Dental RFP Amendment #4 (expected publication 10/14/2022) at Solicitation, Sections 2.5.2, Item 19, and 2.6.4, for revised language.</p>
10	1.21.1	General Reporting Obligations	238	<p>1.21.1 states: "OHCA intends to publish a Reporting Manual outlining the Contractor's performance reporting obligations including encounter data reporting as specified in Section 1.19.5: "SoonerSelect Dental Enrollee Encounter Data" of this Contract." Does the state intend to release the Reporting Manual prior to the Closing Date of this RFP? And if not, can the state provide details about the dental management structure that will be specified in the Reporting Manual? (See Section 1.8.1 - Dental Utilization Management, pg. 98 "The Contractor shall develop a dental management structure for the SoonerSelect Dental program, as specified in the Reporting Manual, that is integrated with and complementary to the Contractor's QAPI program.")</p>	<p>The dental management program will be reviewed during Readiness Review, and additional compliance details will be provided shortly after Contract award.</p>
11	2.5.2	Technical Proposal Contents - Item 19	26	<p>Item 19 requests bidders to describe how they will partner or contract with PLEs and indicates preferred scoring for bidders who partner or contract with PLEs. Aside from contracting with PLEs as part of a bidder's provider network, what kind of partnerships is OHCA envisioning? And given the definition of a PLE, any dentist owned practice that serves Medicaid eligibles could be considered a PLE, and would be highly likely to be a candidate for participation in a SoonerSelect dental network. Is the mere inclusion of a PLE or multiple PLEs in a bidder's provider network sufficient to achieve preferred scoring? And what evidence is required to substantiate that a dental practice or dental organization who is part of a bidder's network is a PLE?</p>	<p>It was OHCA's original intent to award preferential treatment for PLEs that otherwise would meet the definition of a Contracted Entity but did not bid on the SoonerSelect Dental Program. After reviewing the definition of PLE in isolation from the totality of SB1337, OHCA is amending the solicitation to no longer give preference to non-PLEs who partner or contract with a PLE for elements of the overall proposal.</p> <p>OHCA seeks information on the Bidder's subcontracts, if any, with a PLE that meets minimum eligibility to submit a Proposal to the RFP, regardless of whether the PLE actually submits or intends to submit a Proposal.</p> <p>See Dental RFP Amendment #4 (expected publication 10/14/2022) at Solicitation, Sections 2.5.2, Item 19, and 2.6.4, for revised language.</p>

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12	2.5.2	Technical Proposal Contents- Item 30	29	Item 30 asks bidders to describe how your organization will expand the PLE network beyond Urban Areas if the bidder is unable to achieve an adequate statewide provider network by readiness. Based on the definition of a PLE, a PLE could be a dental practice owned by a dentist or a non-clinical administrator and serves Medicaid eligibles. Is there a reasons OHCA assumes these will only be in Urban Areas? A bidder may contract with a PLE as part of their network, but Item 30 seems to imply that the PLE is more than just a Participating Provider and is provide some other network related management. Please clarify the expectation of expanding the PLE network beyond Urban Areas. What is meant by a "PLE network"?	OHCA seeks network adequacy information related to statewide. See Dental RFP Amendment #4 (expected publication 10/14/2022) at Solicitation, Section 2.5.2, Item 30, for revised language striking "PLE".
13	App 1B	Definitions	277	Definition # 89 for Local Oklahoma Provider Organization (LOPO) includes "currently practicing licensed provider" as an entity that falls within the definition. This suggests that a bidder's entire network would be comprised of LOPOs. Technical Proposal Item 20 says that preferential scoring will be given to bidders who have current LOPO contracts.	OHCA disagrees with the following statement in the question: <i>"Technical Proposal Item 20 says that preferential scoring will be given to bidders who have current LOPO contracts."</i> Item 20 provides preferential scoring for bidders who have an existing contract with a LOPO <u>for a model of care coordination as provided in 56 O.S. 4002.4(C)</u> . As stated in statute and the RFP at Item 20, the contract with the LOPO serves a different purpose than a network provider agreement.
14	2.5.2	Technical Proposal Contents- Item 20	26	Can OHCA please provide a listing of designated Local Oklahoma Provider Organizational (LOPO) with the capability to perform the full range or services described in the model of care which the LOPO would/will be responsible for delivering, in the dental delivery space?	OHCA declines to provide a list of providers and other LOPO types that meet the various criteria discussed here. A Contracted Entity's active engagement with Oklahoma providers and other LOPO types is considered crucial to success of the managed care program.
15	App 1B	Definitions	277 283	The definition of a Local Oklahoma Provider Organization (LOPO, #89) and the definition of a Provider-led Entity (PLE, #141) overlap. Can OHCA confirm this is intentional? And does OHCA have a listing of LOPOs and PLEs in the dental space that it can provide to bidders? For example, of the current Medicaid dental network providers, which qualify as a PLE and which qualify as a LOPO?	<p>There is inherently some level of overlap between the definitions of PLE and LOPO, as the State intentionally created multiple pathways by which Oklahoma-based providers would influence the Contracted Entity, including as a PLE, a representative of a LOPO, a LOPO, or a participating provider. OHCA seeks information on the Bidder's approach to provider involvement. When considering an approach, the relationships with--and not the definitions of-- PLEs, LOPOs, and participating providers are key.</p> <p><b>PLE.</b> In one context, PLE is used to describe a Bidder eligible to submit a Proposal to the RFP.</p> <p>In another context, a PLE describes an organization that meets criteria to submit a proposal to the RFP but either doesn't submit or isn't awarded a contract. A Bidder or a Contracted Entity, after award, may subcontract with a PLE that meets criteria to submit a proposal but either doesn't submit or isn't awarded a contract.</p> <p><b>LOPO Representative.</b> After Contract award, a Contracted Entity must operate with a shared governance structure in which Medicaid Providers who represent LOPOs comprise no less than a 1/3 of the Contracted Entity's local governing body.</p> <p><b>LOPO.</b> After Contract award, a Contracted Entity must contract with at least one LOPO <u>for a model of care coordination.</u></p> <p><b>Participating Provider.</b> After Contract award, a Contracted Entity must develop an adequate network through participating provider agreements.</p> <p>OHCA declines to provide a list of providers and other LOPO types that meet the various criteria discussed here. A Contracted Entity's active engagement with Oklahoma providers and other LOPO types is considered crucial to success of the managed care program.</p>
16	Form U	CMS Minimum Acceptable Risk Safeguards for Exchanges (MARES-E)	N/A	In lieu of submitting a completed FORM U, may bidders provide evidence of HITRUST certification, which is rooted in the principles addressed in FORM U?	OHCA will accept a current HiTrust CSF/R2 assessment report as an alternative to MARS-E.

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17	1.12.3	Credentialing	158	The RFP states, "All Dental Benefit Contracted Entities must align and utilize the same single credential verification organization (CVO) that is certified by a CMS-approved accrediting organization and approved by OHCA as part of its Provider credentialing and recredentialing process." Will OCHA confirm who the CVO will be for all the DBAs or will this be decided and agreed upon between the selected DBAs at a later date?	OHCA will approve the identity of the required CVO upon recommendation of the CEs as a collaborative group.
18	1.12.4.4	Essential Community Provider Standards	161	Are bidders required to contract with the providers who service state agencies such as OJA, ODOC, etc., or are bidders to contract with the facility where the services are provided?	Bidders are required to contract with billing dental groups and the rendering dentists who provide Medicaid services.
19	1.12.4.6	Local Oklahoma Provider Organizations	162	Is the expectation that the Location Oklahoma Provider Organization take on all five duties listed: care coordination, care management, utilization management, disease management, and network management?	No, OHCA expects a model of care containing one or more of the listed elements. The language at 56 O.S. 4002.4(C) includes "or" in the series list.
20	1.8.6. d.	Preauthorization of Orthodontic Services	101	The RFP states: "Ensure that treatment is completed, despite the loss of eligibility, provided the recipient was eligible on the date the banding occurred." Please confirm treatment means services for that year.	Yes, treatment means services for the year that is approved and paid.
21	1.1.5	The RFP	4	Would OCHA consider a July 1, 2023 effective date?	OHCA intends to utilize an effective date of October 1, 2023, as required by SB1337.
22	Item 13	Item 13	24	Item 13 requires bidders to disclose breach of contract including corrective actions and sanctions for the past 10 years.  Can OHCA please clarify the point value of this Item in the context of overall category?	OHCA declines to publicly delineate points per Item.
23	Item 13	Item 13	24	Item 13 requires bidders to disclose breach of contract including corrective actions and sanctions for the past 10 years.  Is the scoring of this question weighted in a way that considers the number of members an organization may serve, as well as the number of total years of relevant experience related to Medicaid program administration?	OHCA declines to publicly delineate points per Item.
24	2.4.2	Proprietary Information	16	Where should the table of proprietary/confidential (redacted) items be placed in the submission?	A full submission, unredacted, must be submitted. Any table of the information requested at Solicitation 1.1.14, paragraph 2, should be placed after the redacted cover sheet and before the redacted submission copy.
25	2.5.1	Format	17	Should the headers (captions) for any figures, tables, or exhibits be in 12-pt or greater font like narrative submission responses, or can they be in 8-pt or greater font like wording in the figures, tables, or exhibits?	Wording in any figures, tables, or exhibits included or attached to Proposal narrative must be in eight-point (8-pt) or greater font.
26	Item #24	Mandatory, Voluntary and Excluded Populations	28	Please clarify whether a Gantt chart is expected with this response and if so, what information OHCA expects to be included in the chart.	See Dental RFP Amendment #4 (expected publication 10/14/2022) striking the words "excluding Gantt chart" from Item 24.
27	1.4.5 and 1.18.2	Oklahoma Presence and Compliance Program	75 and 204	Section 1.4.5: "Oklahoma Presence" lists "Program Integrity staff" among those that may be "at any location," as does Form 8070001412-I Key Staff and Oklahoma Presence. However, Section 1.18.2 (g) (a): "Compliance Program" states full-time investigators must be based in Oklahoma. Please clarify where Program Integrity staff should be located?	Program investigators must be based in Oklahoma. Non-investigator program integrity staff may be based in Oklahoma or elsewhere. Please see Dental RFP Amendment #4 (expected publication 10/14/2022) for clarified language at Section 1.4.5.
28	Item #18 and 1.4.6.2	Key Staff	26 and 78-79	Form 8070001412-I Key Staff and Oklahoma Presence requests resumes for each individual listed on the form. Does OHCA prefer to have resumes for all individuals listed on the form or only resumes for individuals filling Key Staff positions?	Key Staff.
29	Item #54 and 1.14.1.6	Value-Based Payment: Approach and Performance-Based Provider Payments	35-36 and 175-176	Will OHCA provide encounter data from the tribes to allow them to be part of Value-Based Programs?	Yes.
30	1.14.1.5	Payments to FQHCs and RHCs	175	Are the dental codes payable outside of the PPS rate for FQHCs the same as in 2021?	Additional dental codes payable outside of the PPS rate for FQHCs include the dental COVID-19 vaccine administration codes.
31	2.5	Technical Proposal Requirements	17 and 18	For any forms requiring signature, will OHCA accept electronic/digital signatures?	Yes, OHCA will accept electronic/digital signatures when the signature is authenticated.
32	1.16.9.1, 1.16.9.2	When the Contractor Shall Continue Benefits, Duration of Continued or Reinstated Benefits	198-199	It appears that there is a conflict between provisions. 1.16.9.1(f) states that the COB timely filing deadline is within 10 calendar days of the contractors sending the notice of Adverse Benefit Determination, while 1.16.9.2(b) states that the deadline is 30 calendar days from the notice of an Adverse Resolution. Could OHCA please clarify if the second reference should also be 10 calendar days?	OHCA disagrees with the following statement in the question: <i>It appears that there is a conflict between provisions.</i> The Dental RFP at Section 1.16.9.1(f) provides the time within which an enrollee must request continuation of benefits following notice of Adverse Benefit Determination. The Dental RFP at Section 1.16.9.2(b) provides for the CE to stop continued benefits if, among other occurrences, the enrollee fails to file a State Fair Hearing request within 30 days of the CE's resolution of the enrollee's appeal.

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33	1.4.6.1	Board of Directors	77-78	<p>Many potential bidders are either publicly traded or owned by a company that is publicly traded, and the Board of Directors serves the company as a whole, not just the Oklahoma presence. Please confirm that this provision can be satisfied by having a local operations governing committee that includes the provider types outlined in this provision.</p>	<p>The Governing Body must meet all requirements for Oklahoma presence and provider involvement as provided by statute or RFP. For example:</p> <p>"The Contractor shall have a Governing Body specifically constituted for purposes of this Contract, and any subsequent Contracts, with OHCA." (RFP, Section 1.4.6).</p> <p>"No less than one-third (1/3) of the contracted entity's <i>local governing body</i> shall be comprised of representatives of local Oklahoma provider organizations." 56 O.S. 4002.5(C)(2).</p> <p>"'Governing body' means a group of individuals appointed by the contracted entity who approve policies, operations, profit/loss ratios, executive employment decisions, and who have overall responsibility for the operations of the contracted entity of which they are appointed;" 56 O.S. 4002.2(12).</p> <p>Dental RFP Amendment #4 at Section 1.4.6.1 for a revised section title striking "Board of Directors" and replacing with "Governing Body".</p>
34	1.4.5	Oklahoma Presence	74	<p>This provision lists a significant number of key staff positions required to be physically located in Oklahoma. Several of these positions, such as Chief Financial Officer and Chief Operating Officer, are corporate-wide roles for our organization, and would not be duplicated at the local level. The provision notes the ability to have an exception granted at OHCA's sole discretion. Does any exception have to be submitted with the RFP response, or is this something that would be negotiated after award?</p>	<p>OHCA expects the Contracted Entity's Governing Body and Key Staff to be physically located in Oklahoma to the extent required by statute or the RFP. However, OHCA may grant exceptions to this requirement on a case by case basis. Any exception to Oklahoma presence should be noted within the RFP response, but will not be negotiated/granted until after award.</p>