Washington State Health Care Authority

Solicitation Amendment

SEBB Program Fully Insured Medical Plans

RFP No. 2716

Amendment No. 5

Date Issued: July 19, 2018

Purpose: Round 2 Questions and Answers

Amendment need not be submitted with Proposal. All other Terms, Conditions, and Specifications remain unchanged. The above referenced solicitation is amended as follows:

The following are the questions and answers from the *Round 2 Questions* period.

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#	Section	Bidder Questions	HCA Answers
1	N/A	At what point in time would the SEB Board no longer reserve the right to alter a decision for offering self-funded options for open enrollment for January 1, 2020?	The SEB Board has the right to alter their decision at any time to not offer a self-insured plan to School Employees for any given Plan Year. For the 2020 Plan Year final decisions for the medical benefit offerings - both self-insured and fully insured - will be done when setting the employee premium contribution in July/August of 2019.
2	N/A	At what point in time would the SEB Board need to determine the number of Carrier(s) and plan options for open enrollment – inclusive of both fully insured and self-funded?	The SEB Board will vote on plan designs proposed by the ASB(s) at the board meeting scheduled for November 8, 2018. After the vote, approved plan designs will move into the Request for Completion process in which the Carrier(s) will submit rates to HCA for negotiation. Rates agreed upon by both parties (HCA & the Carrier), will be incorporated into the budget that is submitted to the legislature for final approval. Once rates are finalized in the budget, they will be presented to the SEB Board for the Board's final approval.
3	N/A	At this point, the RCW 41.05 language regarding the Silver/Gold Exchange requirement relates only to the fully insured SEBB business - does the SEB Board or HCA have the authority to require this of self-funded SEBB Carrier(s); and, at what point would HCA consider a broader application of this requirement for self-funded SEBB Carrier(s)?	No.
4	N/A	During the January 29, 2018 SEB Board meeting HCA presented highlights from school employee focus group meetings. Can HCA release the full report and analysis from the focus groups?	Bidders interested in this report should submit a public records request to pubicdisclosure@hca.wa.gov.

5	N/A	What is the current SEBB population by county and zip code?	Currently HCA only has some of this data (which is either publicly available, or received by way of the Washington K-12 Legislated Data request) provided by two different sources: the Office of the Superintendent of Public Instruction (OSPI) F275 report accessed by HCA in December 2017 and Carrier claims data received on or around April 30, 2018. That being said, HCA will provide the aggregated data we have received to vendors who return a signed Non-Disclosure Agreement (NDA) to the RFP Coordinator. This NDA will be included as Appendix 12 to a subsequent amendment which will be released soon.The different data sets available at this time that HCA can share were pulled at different times and based off of the different sets of data received: 1) enrollment counts by zip code for Subscribers and Dependents for 2016-2017 (Carrier claims data) and 2) year of birth and gender data (OSPI report). Please note that the data provided is aggregate data received by the Health Care Authority (HCA), and does not encompass a complete picture of the populations to be served under this RFP. The data is subject to change by HCA after the Apparently Successful Bidder(s) are announced, based on then-current data. Bidders are advised that they should rely upon their own experts and their own sources when responding to this RFP. HCA is not liable in any way to any bidder with respect to the data conveyed by HCA to the bidders under this RFP.
6	N/A	Understanding this is a three-year contract, will non-chosen bidders, or bidders who did not participate in the Request for Proposals, be able to submit a bid/offer after this three-year period?	The initial term of the contract is four years (January 1, 2020 - December 31, 2023); with an extension of up to 8 additional years in 1 year increments. If HCA releases another competitive solicitation in the future to procure for fully insured plans, any carrier is free to participate, so long as they meet the minimum qualifications of the solicitation. This includes bidders who are not selected during this RFP process as well as those who do not respond to this RFP.

7	N/A	Is there a potential for the SEBB procurement process to be re-opened before 2020 implementation due to state or federal law changes? Could the HCA provide examples of these risks?	It is unlikely that HCA will reopen this procurement prior to implementation in 2020. In order to meet the 1/1/2020 goal to ensure School Employees have fully insured plans to enroll in, HCA and the Contractors will need enough implementation time prior to 1/1/2020. HCA does not foresee any federal laws that would jeopardize the implementation of plans from the current procurement. If any state laws are changed, HCA would work with stakeholders and the legislature to mitigate any risks to the current procurement and subsequent Contracts.
8	Section 1.2	Section 1.2 RFP Approach, states *"Bidders must not provide any cost information for the proposed plans in response to this RFP."* However, if services proposed require additional fees, or buy-up options are presented, please advise if we should identify this in our response. For example, "This program is available for an additional fee".	At this time, HCA does not see the need to indicate whether additional services, programs, and/or buy-up options are available for additional fees. Being that the proposed plans are fully-insured, HCA expects that any proposed additional services, programs, and/or buy-up options will be included in the rates submitted to HCA through the RFC process.
9	Section 1.3Subsection E	Please describe your vision of a Wellness offering in further detail. What wellness programs do you want to offer to your population? What conditions/issues do you want to target?	It has not yet been determined what sort of wellness program, if any, will be available to the SEBB population. However, it is likely that it would mirror the existing PEBB Program, involving financial incentives for completing a well-being assessment and participating in wellness activities.
10	Section 1.3 Subsection E	Do you want to offer any kind of incentives for members to participate in your Wellness program? If so, please provide additional information on the incentive strategy you envision (including dollar values of incentives and activities members can complete for a reward). Will spouses or dependents be allowed to earn incentives? What is the fulfillment type for the reward (ex. gift card, premium reduction, HSA deposit)?	The wellness program has not yet been determined. It is likely that financial incentives would be employed.
11	Section 1.3 Subsection E	Do you anticipate a wellness champion network? If so, please describe. How many champions? What type of activities will they perform currently? Will you have a dedicated role that supports the champion network? If not, would you be interested in vendors offering such a role?	The wellness benefit has not yet been defined for the SEBB Program. A wellness champion network could be among the models that could be adopted.

12	Section 1.6 Subsection F Item 11	Item 11 mentions processing of disabled Dependent new certifications and re-certifications. Can you confirm that the expectation is for SEBB to perform the certifications and Bidders to process the updates? Or is the request for Bidders to perform the certifications and updates?	Per Exhibit I, Draft Contract, Section 5.3(F): The Contractor will provide input to the SEBB Program regarding the Dependent's nature of the disability and dependence on the Subscriber. The SEBB Program will determine certification of disability for disabled Dependent status under the health plans covered by this Contract. The expectation is that the Contractors will provide input to the SEBB Program, such as documentation, notes, etc. on the disabled Dependent's status. The SEBB Program will use this information to determine whether or not to certify/recertify the Dependent.
13	Section 1.6 Subsection J Item 3	Item 3 mentions a readiness assessment. Can you further define or provide documentation of what is required during this assessment?	The readiness assessment will include things like: (a) an audit on Claims, (b) an audit of customer service (i.e., telephone numbers, call center readiness, wait times, the number of calls that are manageable, CS training completed, etc.), (c) approval of all communications website testing, (d) data stream validation for all data extracts and reports, (e) provider search audit, and (f) dispute resolution process, etc.
14	Section 1.7Minimum Qualifications	Section 3.4.3 states that we're to provide legible copies of the appropriate documents that demonstrate how the Bidder complies with the eligibility requirements in 1.7 Minimum Qualifications. What would be considered appropriate documentation for the following in 1.7: 5. Must have a Washington State provider network that meets the OIC's network requirements in WAC 284-170. 6. Must comply with all OIC regulations about Complaints and Appeals processes? 10. Proof of coverage of and access to all benefits required of large group market plans included in Title 48 RCW, other state laws, and federal laws. 11. Must comply with the Affordable Care Act's (ACA's) Administrative Simplification provisions. (Bidder must submit to HCA the documentation	5. Bidders can use the tables provided in Appendix 5 - Provider network Adequacy to indicate for each provider type, by urban/rural standard, and Percent of Members within the standards, whether they meet, or exceed the OIC's network requirements. HCA would appreciate if the Bidders will put the words "Meet," "Exceed," or "Does not meet" in each of the cells. 6. No documentation is required for this minimum qualification. An answer such as, "Yes, the Bidder complies with all the OIC regulations for its Complaints and Appeals processes," or "No, the Bidder does not comply with all the OIC regulations for its Complaints and Appeals processes," will suffice. 10. No documentation is required for this minimum qualification. An answer such as, "Yes, the Bidder complies with all applicable Title 48 RCW, other state and federal laws," or "No, the Bidder does not comply all applicable Title 48 RCW, other state and federal laws," will suffice. 11. Minimum qualification #11 will be deleted in a subsequent amendment to be released soon.

		certifying compliance with the adopted standards and operating rules.)	
15	Section 1.7 Minimum Qualifications #4	We have been providing coverage to fully-insured large groups in Washington for over 10 years, including coverage for Washington school districts for the last few years. We are an NCQA accredited in the state of Oregon for our commercial line of business and would like to include the SEBB population in our survey in 2020, should we be selected as a carrier. Will this suffice as it relates to the minimum carrier qualifications?	Minimum qualification #4 will be amended to read as follows in a subsequent amendment to be released soon: 4. Must have proof of NCQA or URAC full health plan accreditation (a) in Washington State or, (b) in another state with an intent and plan to receive accreditation in Washington State no later than 12/31/2019.
16	Section 1.7 Minimum Qualifications #11	We are seeking clarification regarding required certification. HHS published a proposed rule that would have established a specific process for certifying compliance on January 2, 2014. (https://www.gpo.gov/fdsys/pkg/FR-2014-01-02/pdf/2013-31318.pdf) However, HHS never finalized that proposed rule and in fact withdrew it on October 4, 2017. (https://www.gpo.gov/fdsys/pkg/FR-2017-10-04/pdf/2017-21424.pdf) In the absence of a specific process, are we correct to understand that HCA's requirement is that Bidders certify to their compliance with HIPAA Administrative Simplification standards and operating rules codified at 45 CFR parts 160 and 162? .	Minimum qualification #11 will be deleted in a subsequent amendment to be released soon.
17	Section 2.2Procurement Schedule	Will there be a finalist Interview and presentation? If so, can you confirm approximate timing for this to occur?	At this time HCA does not anticipate a need for finalist interviews or oral presentations. If this changes an amendment will be released to update the procurement schedule.

18	Section 2.20	If the rate and benefit confirmation is not complete in early Q2 would HCA consider moving the due date of system readiness?	Yes; HCA would consider moving some aspects of system readiness to December 3, 2019. HCA's hope is to have all system readiness completed prior to the SEBB Annual Open Enrollment to ensure the work is complete and focus is on open enrollment activities for both the Carriers and HCA, but HCA understands that select dates may need to be adjusted depending on finalizing Contract details. The Plan Year start date will remain at 1/1/2020. Therefore, it is important Contractors are prepared to partner with HCA on this and complete what is needed on time.
19	Section 2.20 Item 4	Section 2.20 #4 states: *(HCA will) develop and apply risk and area adjustments to produce final payment rates for plan year 2020. Final payment rates will be incorporated into Contract(s) via contract amendment(s).* What data will HCA use to determine risk differences between SEBB health plans? Specifically, will HCA use diagnoses pulled from claims data; age/sex demographic data; or a combination of both or some other method?	HCA will use diagnosis and drug codes from claims data as well as the age/gender/demographic data after open enrollment to determine the adjustments for risk.
20	Section 2.26	Please confirm whether bidder may satisfy these insurance obligations using self-insurance or combination of self-insurance and commercial insurance.	Yes, self-insurance or a combination of self-insurance and commercial insurance would be fine.
21	Section 3.2.1	As far as the RFP formatting requirements are concerned, are Bidders permitted to include header text outside of the 1 inch margin requirement for each response exhibit?	Yes, that is fine. The requirement is that margins are no less than 1 inch.

22	Section 3.2.3	• Is it acceptable to list all the questions on the first page of each subsection and then answer each question (within the page limit) without restating each question again in line? Or must each question be restated right before each question? • If each question must be restated before each question in line, will the restating of questions count toward the page limit?	Please restate each question only once, right before the answer to the question. The restating of the question will not count towards the page limit.
23	Exhibit D	Can a chosen Bidder restructure which Counties are offered at each renewal?	During the annual renewal process (aka Request for Renewal), Carriers will present HCA with potential changes on their products including benefit design, rate changes, and Service Area(s). Although the SEB Board must authorize each year the plan offerings and rates in the SEBB Program medical benefits portfolio, they cannot require a Carrier offer a plan(s) in a specific county.
24	Exhibit F Section 2 Items a and b	• Does HCA intend to have the Centers of Excellence (COE) approach encompassed in all fully insured benefit designs that a Carrier proposes, particularly an ACO model for the SEBB fully insured population? • Will Carrier(s) have the flexibility to utilize their own bundled payment and/or COE model in one type of benefit design, and utilize HCA's COE approach in others?	• Yes, HCA is interested in all fully insured benefit designs encompassing a COE model that is in compliance with the Bree recommendations. • Yes, HCA is interested in hearing what bundled payment and/or COE models Bidders have that are in compliance with Bree recommendations. HCA would also like to know if Bidders are willing and able to utilize HCA's COE model and/or approach.
25	Exhibit G Section 2 Item g	*"What Patient Reported Outcomes does the Bidder currently collect and report on?"* Please provide clarification on *"patient reported outcomes"* beyond what is provided in the definitions of the RFP. Does the measure need to be reported by the patient or are these measures we report to the patient?	Patient reported outcomes are reported by the patient and use methods, such as questionnaires to better understand a treatment's efficacy. Examples of questionnaires used to collect PROS are the: PROMIS®, Expanded Prostate Cancer Index for Clinical Practice (EPIC-CP), Hip Disability and Osteoarthritis Outcome Score (HOOS), and Knee Injury and Osteoarthritis Outcome Score (KOOS).

26	Exhibit G Section 4 Item e	*"Describe the Bidder's QM process results by providing a summary of the Bidder's QM activities in the Washington market, or one alternate similar market, that demonstrates improvement in coordination or management of individuals with chronic medical and Behavioral Health care conditions as a result of the Bidder's QM process."* Please provide clarification on *"individuals with chronic medical and behavior health care conditions"*; is this referring to individuals with co-morbid conditions?	Yes, it is.
27	Exhibit H Section 1 Item i	When HCA states, *"Provide a copy of each,"* what specifically is HCA asking Bidders to provide?	HCA is requesting a copy of the Bidder's fraud, waste, and abuse processes.
28	Exhibit H Section 1 Item l	Please explain why Bidders must accept the HIPAA 834 file in February 28, 2019 when the effective date is January 1, 2020.	For testing and implementation purposes, we need to know in advance whether or not the Bidders will be able to accept the HIPAA 834 file in order to allow them enough time to build group structure and test the files for go live.
29	Exhibit HSection 11Item c.iv	Who will choose the independent professional auditor? If HCA, when will they be identified?	Exhibit H, section 11, item c.iv, the third bullet point will be amended as follows in a subsequent amendment to be released soon:Cooperation with auditors and expedition of the audit as needed. If it is determined an independent, professional auditor is needed for the Claims payment audit, then HCA will work with Contractor to select an auditor at a later date. The auditor will be contracted at the expense of the Contractor and the audit will be completed by August 1, 2019, unless otherwise agreed to by HCA.

30	Exhibit I Section 1 Item i	We will need a census to complete Appendix 5. Please provide.	Currently HCA only has some of this data (which is either publicly available, or received by way of the Washington K-12 Legislated Data request) provided by two different sources: the Office of the Superintendent of Public Instruction (OSPI) F275 report accessed by HCA in December 2017 and Carrier claims data received on or around April 30, 2018. That being said, HCA will provide the aggregated data we have received to vendors who return a signed Non-Disclosure Agreement (NDA) to the RFP Coordinator. This NDA will be included as Appendix 12 to a subsequent amendment which will be released soon. The different data sets available at this time that HCA can share were pulled at different times and based off of the different sets of data received: 1) enrollment counts by zip code for Subscribers and Dependents for 2016-2017 (Carrier claims data) and 2) year of birth and gender data (OSPI report). Please note that the data provided is aggregate data received by the Health Care Authority (HCA), and does not encompass a complete picture of the populations to be served under this RFP. The data is subject to change by HCA after the Apparently Successful Bidder(s) are announced, based on then-current data. Bidders are advised that they should rely upon their own experts and their own sources when responding to this RFP. HCA is not liable in any way to any bidder with respect to the data conveyed by HCA to the bidders under this RFP.
31	Exhibit J Section 1 Item b	Regarding Exhibit J, Section 1, *"How does the Bidder obtain Patient Reported Outcomes from network providers that are not within the direct delivery of care system (i.e., Patient Reported Outcomes with a contracted hospital)?"*: Please provide clarification regarding what is meant by *"Patient Reported Outcomes."*	Patient reported outcomes are reported by the patient and use methods, such as questionnaires to better understand a treatment's efficacy. Examples of questionnaires used to collect PROS are the: PROMIS®, Expanded Prostate Cancer Index for Clinical Practice (EPIC-CP), Hip Disability and Osteoarthritis Outcome Score (HOOS), and Knee Injury and Osteoarthritis Outcome Score (KOOS).

32	Exhibit J Section 1 Item h	*"Does the Bidder have any dashboards available for purchaser use?"* Please provide specific examples of information the HCA would like available on dashboard(s).	The following are some specific examples: • Utilization dashboards for categories of care, such as inpatient hospital, outpatient surgery, outpatient ancillary services, ER use, etc; • Pharmacy dashboards for specific categories; • Trended data on utilization; • CAHPS scores and HEDIS measures; and • HCA is also interested in learning about what other kinds of dashboards could be available, aside from enrollment dashboards, which HCA already has internally.
33	Exhibit J Section 1 Item n	*"Describe the Bidder's intent to participate in data transfers with HCA data projects."* Can you elaborate on the data transfer process or Bidder expectations during this process?	This could include, but is not limited to sharing data for the following purposes: • Results HCA • Analysis for future potential programs • Data to for a wellness program administered by another vendor
34	Exhibit J Section 2 Item a	Item a requests that Bidders pick up and process electronic data files. Can you confirm if this is a "changes only" or "full file"?	The daily 834 file is changes only. The monthly audit file is full file.

35	Exhibit J Section 2 Multiple items	**[Items b, c, & h]** Can HCA provide clarification on the types of business associates and vendors referred to in these questions? Will accepting and executing electronic file data from business associates/vendors mean multiple SFTP sites? **[Item e]** What is the expected cadence of internal/external audits? **[Item g]** HIPAA 834 transactions are highly regulated; can HCA provide examples of "optional fields"? Will HCA ask that fields that are not currently in a standard 834, be added or taken away?	**[Items b, c, & h]** The types of business associates and vendors HCA is referring might be a pharmacy benefits manager or a diabetes control and prevention vendor, etc. And yes, there will need to be multiple SFTP sites. **[Item e]** Other than the monthly HIPAA 834 eligibility file reconciliation, other audits may occur. It is unknown at this time what the exact cadence might be, but they would likely not be more frequent than annually. **[Item g]** HCA does not know what these "optional fields" might be for SEBB, but some examples of "optional fields" in the current 834 for PEBB are: eligibility type, agency code, and sub-agency code.
36	Exhibit J Section 2 Item i	Please provide more information about the *"polypharmacy vendor"* mentioned on page 76 (2.i.) and how this integrates pharmacy services within the medical benefit.	Exhibit J, section 2, item i will be amended to read as follows in a subsequent amendment to be released soon: i. Provide claims data extracts to HCA business associates at no additional cost. An example of an HCA business associate is an HCA actuarial consultant. Data transfers may occur on a weekly or monthly basis, as specified by HCA.
37	Exhibit J Section 3 *Eligibility Files* Item a	Can HCA provide examples of *"optional fields"* on the HIPAA 834?	Some examples of "optional fields" in the current 834 for PEBB are: eligibility type, agency code, and sub-agency code.

38	Exhibit J Section 3 *Eligibility Files* Item b	Under Eligibility Files, item b states "Conduct a quarterly full eligibility file match with HCA…". Under item Eligibility Files and Matches, item a states asks the Bidder to "conduct a reconciliation of the full eligibility file with HCA not less frequently than monthly…". Would HCA like the file match/reconciliation to be done monthly or quarterly?	HCA will require the file match be done not less frequently than monthly. Exhibit J, section 3, **Eligibility System Requirements**, *Eligibility Files* subsection, item b will be updated accordingly in a subsequent amendment to be released soon.
39	Exhibit K	Please confirm that the draft contract – Exhibit K does not need to be signed by bidders upon proposal submission. We anticipate that the executed signature will be submitted during the Request for Completion Process; please confirm.	HCA does not expect the draft contract (Exhibit K) to be signed by Bidder's upon proposal submission. However, Bidders are expected to identify any objections or redlines as part of the proposal submission. Please review RFP section 2.17, *Mandatory Contractual Terms* for specific information regarding expectations surrounding the draft contract. HCA anticipates that contract(s) with ASB(s) will be executed in early November 2018, prior to the Request for Completion Process.
40	Exhibit K	Exhibit K – Draft Contract references a *"Certificate of Coverage,"* is this referencing the Bidder's Certificate of Coverage? Please confirm.	Yes, correct.
41	Exhibit K	Exhibit K – Draft Contract contains redlined text in the print version of the document. Can you please confirm if this text should be included in the final document?	We are unsure as to why only the print version still shows redlines. This will be corrected and an updated version of Exhibit K will be posted with a subsequent amendment to be released soon.
42	Exhibit K 5.3.L	Will HCA please clarify the scope of the fully insured SEBB RFP draft contract specific to Pharmacy, including any applicable contractual requirements?	The scope HCA currently has for Pharmacy is as it is currently written in Exhibit K, Draft Contract. Everything else will be negotiated with ASB(s).

43	Appendices 2 & 3	Please confirm Appendix 2 and Appendix 3 are for reference purposes only to allow us to be able to agree to the security design review mentioned in 1.7 Minimum Requirements - #9.	Confirmed.
44	Appendix 4 Technical Information Tab Purpose section Second paragraph	The text box at the top of the spreadsheet states "The monthly audit file is a full positive enrollment; therefore, the effective date of coverage is always the 1st of the upcoming month. For example, the monthly audit file on 3/31/2020 will contain all enrolled members for February, 2020". Why February 2020?	This is a typo, it should be April 2020. This will be corrected in a subsequent amendment to be released soon.
45	Appendix 5	What do you want us to fill-in for urban & rural standards columns? In the % of members within standard column, are you looking for us to put current membership or estimate # of SEBB members within the standard?	HCA is researching this further and anticipates getting an answer out on Monday July 23, 2018.
46	Appendix 5	The RFP requires that we meet the OIC's network requirements as outlined in WAC 284-170 but Appendix 5 (Provider Network Adequacy) does not align with those reporting requirements. Similarly, Appendix 5 states we must maintain a provider network as required by Oregon State law but the table does not align with Oregon DFR requirements. We can supply the network adequacy filings that we submit to Oregon and Washington, as required by each State. Will that suffice for this bid process?	HCA is researching this further and anticipates getting an answer out on Monday July 23, 2018.

47	Appendix 5	Please provide a census with member zip codes in order to complete Appendix 5.	Currently HCA only has some of this data (which is either publicly available, or received by way of the Washington K-12 Legislated Data request) provided by two different sources: the Office of the Superintendent of Public Instruction (OSPI) F275 report accessed by HCA in December 2017 and Carrier claims data received on or around April 30, 2018. That being said, HCA will provide the aggregated data we have received to vendors who return a signed Non-Disclosure Agreement (NDA) to the RFP Coordinator. This NDA will be included as Appendix 12 to a subsequent amendment which will be released soon. The different data sets available at this time that HCA can share were pulled at different times and based off of the different sets of data received: 1) enrollment counts by zip code for Subscribers and Dependents for 2016-2017 (Carrier claims data) and 2) year of birth and gender data (OSPI report). Please note that the data provided is aggregate data received by the Health Care Authority (HCA), and does not encompass a complete picture of the populations to be served under this RFP. The data is subject to change by HCA after the Apparently Successful Bidder(s) are announced, based on then-current data. Bidders are advised that they should rely upon their own experts and their own sources when responding to this RFP. HCA is not liable in any way to any bidder with respect to the data conveyed by HCA to the bidders under this RFP.
48	Appendix 5	Please confirm all the charts in Appendix 5 should be run using WA standards.	HCA is researching this further and anticipates getting an answer out on Monday July 23, 2018.
49	Appendix 5	We are unclear on the ask to provide travel distance standards for home health providers as these providers travel to the member. Our aim is to ensure we have an adequate number of agencies providing services to all the counties within our service area; would HCA like us to respond confirming we have home health providers that are licensed to serve all counties in our service area?	HCA is researching this further and anticipates getting an answer out on Monday July 23, 2018.

50	Appendix 7	For the Common Measure Set, please confirm that we are only providing reporting for the Health Plan under the Required Units for Public Reporting in 2018.	Yes, this is correct.
51	Appendix 11	To complete the benefit summary, can you tell us what the scope of treatment/benefit is for the following: - Diabetes Control Program, Prevention Program – Are there specific services/protocol assumptions? - End of life counseling (non-hospice) – Are there specific services/protocol assumptions?	The Diabetes Prevention Program should include the specifications as defined by the CDC and can be found at https://www.cdc.gov/diabetes/prevention/index.html. The Diabetes Control Program is the interventions employed by the MCO to manage the disease of diabetes. See Medicare guidelines for details on services/protocols.
52	Amendment 4 Item #1	Amendment 4, number 1 states that a reporting template will be provided at a later time. Can you provide any further details regarding the reporting elements or data points of interest?	HCA will want to see reporting on utilization, costs, annual trends, patient outcomes, etc.