

STATE OF HAWAII
NOTICE OF AND REQUEST FOR EXEMPTION
FROM CHAPTER 103F, HRS

12 MAY -8 P1:25

To: Chief Procurement Officer

STATE PROCUREMENT OFFICE
STATE OF HAWAII

From: Department of Human Services, Med-QUEST Division (MQD)
Department/Division/Branch or Office

Pursuant to § 103F-101(a)(4), HRS, and Chapter 3-141, HAR, the Department requests a procurement exemption to purchase the following:

1. Title and description of health and human service(s): Coordination of benefits and/or services for members of health plan's Special Needs Plan (SNP), a Medicare Advantage (MA) health plan, within Hawaii for members with Medicare as their primary health insurance and Medicaid as their secondary health insurance.	
2. Provider Name and Address:	AlohaCare 1357 Kapiolani Blvd., Suite 1250 Honolulu, HI 96814
3. Total Contract Funds:	\$0
Contract Funds per Year (if applicable):	
4. Reference number of Previous Request for this Service (if applicable):	
5. Term of Contract:	Start: 01/01/13 End: 12/31/15
6. Describe how procurement by competitive means is either not practicable or not advantageous to the State: The Medicare Improvements for Patients and Providers Act (MIPAA) of 2008 that amended both Title XVIII and XIX of the Social Security Act in 2008, required that by January 1, 2013, all Special Needs Plans (SNP) were required to have contracts with the State Medicaid agency that they were performing services in. The State of Hawaii has only three SNPs: AlohaCare, 'Ohana Health Plan, and Secure Horizons. Secure Horizons is a subsidiary of United HealthCare Insurance Company; the same company as Evercare QExA. The Centers for Medicare and Medicaid Services (CMS), the organization that oversees the implementation of MIPAA, has determined that the QUEST Expanded Access (QExA) contract meets the requirements of MIPAA. Therefore, two of the three SNPs in Hawaii already have contracts in place with the State Medicaid agency that supports the requirements outlined in MIPAA. The only SNP that could bid on a competitive procurement would be AlohaCare. There is no cost involved with this request.	

STATE OF HAWAII
NOTICE OF AND REQUEST FOR
EXEMPTION FROM CHAPTER 103F, HRS

7.	<p>Describe the reason for the selection of the provider including a description of how the procedure ensured the maximum fair and open competition practicable:</p> <p>This is the only provider in the State to perform these services that currently does not have contract with the State Medicaid agency.</p> <p>It is in the best interest of the State to contract with Aloha Care as they provide Medicare services to residents of the State. This contract will encourage coordination of benefits for dual eligibles (Medicaid clients with both Medicare and Medicaid health insurances). Coordination of benefits will support the health outcomes of this fragile population.</p>						
8.	<p>Describe the state agency's internal controls and approval requirements for the exempted procurement: DHS/MQD will follow its internal policies and procedures for contract oversight. In addition, DHS/MQD shall adopt any federal guidelines provided by CMS in accordance with MIPAA.</p>						
9.	<p>List the state agency personnel, by position title, who will be involved in the approval process and administration of the contract:</p> <p>Patricia M. Bazin Health Care Services Branch Administrator</p>						
10.	<table style="width: 100%;"><tr><td style="width: 45%;">Direct questions to (name & position):</td><td>Kenneth S. Fink, MD, MGA, MPH Med-QUEST Division Administrator</td></tr><tr><td>Phone number:</td><td>808-692-8056</td></tr><tr><td>e-mail address:</td><td>kfink@medicaid.dhs.state.hi.us</td></tr></table>	Direct questions to (name & position):	Kenneth S. Fink, MD, MGA, MPH Med-QUEST Division Administrator	Phone number:	808-692-8056	e-mail address:	kfink@medicaid.dhs.state.hi.us
Direct questions to (name & position):	Kenneth S. Fink, MD, MGA, MPH Med-QUEST Division Administrator						
Phone number:	808-692-8056						
e-mail address:	kfink@medicaid.dhs.state.hi.us						

I certify that the information provided above is to the best of my knowledge true and correct.

 _____ <i>Department Head Signature</i>	5/7/12 _____ <i>Date</i>
<p>Patricia McManaman _____ <i>Typed Name</i></p>	

NOTICE

The chief procurement officer is considering this request for exemption and, if there is good cause, the state intends to exempt the purchase as described in the request. Any inquiries regarding the purchase shall be directed to the contact person noted in item 10 of the request. Any concerns regarding the exemption shall be in writing and received by the chief procurement officer within seven days of the date the notice was first posted. Concerns shall be mailed to: Aaron Fujioka, Chief Procurement Officer, State Procurement Office, 1151 Punchbowl St., #230A, Honolulu, HI 96813.

STATE OF HAWAII
NOTICE OF AND REQUEST FOR
EXEMPTION FROM CHAPTER 103F, HRS

FOR CHIEF PROCUREMENT OFFICER USE ONLY

Chief Procurement Officer's Comments:

This approval is for the procurement process only. Service provider(s) are required to be compliant with applicable laws, and verified on the Hawaii Compliance Express. This award is required to be posted on the Awards Reporting System.

If there are any questions, please contact Corinne Higa at 587-4706, or corinne.y.higa@hawaii.gov.

APPROVED DISAPPROVED NO ACTION



Chief Procurement Officer Signature

5/23/2012
Date

Please ensure adherence to applicable administrative requirements.

MEDICARE DRUG & HEALTH PLAN CONTRACT ADMINISTRATION GROUP

MEMORANDUM

DATE: June 17, 2011

TO: All Medicare Advantage Organizations Seeking to Offer a D-SNP in Contract Year 2012

FROM: Danielle R. Moon, J.D., M.P.A.
Director

SUBJECT: Guidance for Submitting State Medicaid Agency Contracts

The purpose of this memorandum is to remind Medicare Advantage Organizations (MAOs) seeking to offer a Dual Eligible Special Needs Plan (D-SNP) during Medicare Advantage (MA) contract year 2012 (CY 2012) of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) State Medicaid Agency Contract requirements and submission deadlines. D-SNPs must submit their signed and executed State Medicaid Agency Contracts to their Account Managers by no later than July 1, 2011. Applicants that have not yet been assigned an Account Manager should submit their executed State Medicaid Agency Contracts to the SNP Mailbox at SNP_Mail@cms.hhs.gov.

As required by the Medicare Improvements for Patients and Providers Act of 2008 and the Affordable Care Act of 2010, starting in contract year 2013 (CY 2013), all D-SNPs will be required to have a contract with the state Medicaid agencies in each state in which they seek to operate. However, for CY 2012, D-SNPs are only required to have a signed State Medicaid Agency Contract if they: (1) are offering a new D-SNP-type in CY 2012 (including those existing D-SNPs that are converting from a different D-SNP type in 2012); (2) are expanding the service area of an existing D-SNP type in CY 2012; or (3) offered a new D-SNP type in CY 2010 or CY 2011, or expanded the service area of an existing dual eligible SNP during either of these two contract years. D-SNPs falling into any of these three categories must have a signed State Medicaid Agency Contract from each state in their D-SNP service areas to operate in CY 2012.

Organizations required to have a State Medicaid Agency Contract for CY 2012 must submit electronically to their Account Managers by July 1, 2011: (1) a signed State Medicaid Agency Contract(s); and (2) a completed 2012 D-SNP state Medicaid Agency Contract Matrix Upload Document(s) (Attachment 1). Applicants that have not yet been assigned an Account Manager should submit their contracts and other required documents to the SNP Mailbox at

SNP_Mail@cms.hhs.gov. These Applicants can be expected to be contacted by the CMS Regional Office that will be responsible for reviewing their contract(s).

Please submit the 2012 D-SNP state Medicaid Agency Contract Matrix Upload Document in Microsoft Word format (not in PDF). Applicants who have already submitted their executed 2012 State Medicaid Agency Contract(s) and 2012 D-SNP state Medicaid Agency Contract Matrix Upload Document(s) in HPMS through their SNP proposals are not required to submit these documents again.

The contracts must document, at minimum, the following, as specified in 42 CFR 422.107 and in Chapter 16b of the *Medicare Managed Care Manual*, available at <http://www.cms.hhs.gov/Manuals/IOM>:

1. The MAO's responsibility, including financial obligations to provide or arrange for Medicaid benefits;
2. The eligibility category(ies) of the SNP;
3. The Medicaid benefits covered under the SNP;
4. The cost-sharing protections covered under the SNP;
5. The identification and sharing of information on Medicaid provider participation;
6. The verification process of an enrollee's eligibility for both Medicare and Medicaid;
7. The service area covered by the SNP; and
8. The contracting period.

CMS understands that plans may have difficulty meeting this July 1, 2011 deadline for CY 2012 due to State procurement and contracting timelines. If you anticipate having a problem meeting the July 1, 2011 deadline, or if you have any questions, please contact Susan Radke immediately. She may be reached at (410)769-4450 or Susan.Radke@cms.hhs.gov. If your State Medicaid Agency needs technical assistance in meeting these requirements, please refer them to the CMS State Resource Center mailbox and website: State_Resource_Center@cms.hhs.gov and http://www.cms.gov/specialneedsplans/05_stateresourcecenter.asp.

We remain committed to assisting D-SNPs and States as they engage in this contracting process, and limiting the administrative burdens on D-SNPs and States. CMS is in the process of developing operational policy that both reflects State budgetary and contracting timelines, and aligns this D-SNP contract submission deadline with the MA contracting process for CY 2013. In the meantime, we thank you for your patience and diligent work to meet our 2012 deadlines.