



**State of Oklahoma
OKLAHOMA HEALTH CARE
AUTHORITY**

Amendment of Solicitation

Date of Issuance: February 24, 2017

Solicitation No. 8070000933

Requisition No. 8070000933

Amendment No. 10

Hour and date specified for receipt of offers is changed: No Yes, to: _____ CST

Pursuant to OAC 580:16-7-30(d), this document shall serve as official notice of amendment to the Solicitation identified above. Such notice is being provided to all suppliers to which the original solicitation was sent.

Suppliers submitting bids or quotations shall acknowledge receipt of this solicitation amendment prior to the hour and date specified in the solicitation as follows:

- (1) Sign and return a copy of this amendment with the solicitation response being submitted; or,
- (2) If the supplier has already submitted a response, this acknowledgement must be signed and returned prior to the solicitation deadline. All amendment acknowledgements submitted separately shall have the solicitation number and bid opening date printed clearly on the front of the envelope.

ISSUED BY and RETURN TO:

U.S. Postal Delivery:

Oklahoma Health Care Authority
4345 North Lincoln Boulevard

Sheila Killingsworth
Contracting Officer

(405) - 522 - 7846
Phone Number

Oklahoma City, OK 73105 -
or

Personal or Common Carrier Delivery:

Oklahoma Health Care Authority
4345 North Lincoln Boulevard

sheila.killingsworth@okhca.org
E-Mail Address

Oklahoma City, OK 73105 -

Description of Amendment:

a. This is to incorporate the following:

Amendment Ten includes the minutes from the following meeting:
Actuarial Bidder's Conference Call
Friday, February 24, 2017, 1:00 - 2:00 p.m. Central Standard Time (CST)
Audio Conference Call-in Number: 1-888-822-7517
Participant Code: 7937233
***This is a listening session only, and will not include a public meeting.

On January 18, 2017, OHCA issued Amendment Four of the solicitation. This amendment notified bidders that the draft capitation rates and data book were available in the RFP Library. The current draft capitation rates are not final. Prior to the implementation of SoonerHealth+, OHCA and its actuary will update/refresh the rates in an actuarially appropriate manner to reflect more current time periods, as required for CMS approval. The last full year of claims reflected in the Data Book was Calendar Year 2015. Further, as noted in Amendment Four and subsequently issued Questions and Answers, the draft capitations rates are not actuarially certified, nor are the rates reviewed and approved by CMS as actuarially sound. However, OHCA and the actuary will move forward with actuarial certification in a timely manner to support the April 1, 2018 implementation.

We also want to note that the current draft capitation rates do not include all the Medicaid payments to providers that are presently in effect. Draft capitation rates include the OU/OSU state-employed physician supplemental payments and

nursing home quality of care payments. Due to new CMS regulations, funding that comes from the Supplemental Hospital Offset Payment Program (SHOPP,) OU inpatient and outpatient facilities (Level One Trauma Center), and other supplemental payments have not been included in the draft rates. This information was provided in Slide 16 of Mercer-Actuarial Bidders' Conference Slides in the SoonerHealth+ RFP Library.

While working toward finalizing the actuarially certified capitation rates, OHCA is committed to working with CMS and providers to identify approvable pathways to address supplemental payments and remaining in compliance with the new regulations.

OHCA has requested technical assistance from CMS and has begun meeting in workgroups with affected providers so that viable solutions can be developed and presented to CMS for approval. This effort is intended to result in modification of the capitation rates that will provide directed expenditures for value-based purchasing, performance improvement initiatives or support for State practices that are critical to ensuring timely access to high-quality care.

b. All other terms and conditions remain unchanged.

Supplier Company Name (**PRINT**)

Date

Authorized Representative Name (**PRINT**)

Title

Authorized Representative Signature