Q#	Section	Pg#	Question	Response
			Chapter 1 General Information & Organizational Structure	
1	**Service Area**	1	This section requests identification of the proposed service area. Once an ICO qualifies, is there an opportunity to request any additions to the initial service area proposed?	Applicants should indicate the full service area in which they would seek certification. This response should also include the applicant's proposed timeline for expansion throughout their proposed service area. Applicants should indicate the extent to which their proposed service area and timeline can be altered if the pilot area and expansion timeline negotiated between DHS and CMS in the MOU vary from from the original DHS proposal.
2	**Service Area**	1	The Application allows ICOs to choose the counties and services regions in which they will bid and references the five (5) service regions proposed by the DHS. In the April 2012 proposal that was sent to CMS, DHS had proposed a phased-in implementation for each of the five (5) service regions: • Southeastern Region is to start 1/1/2013 • Southern and Northeastern regions are to start 1/1/2014 • Western and Northern regions are to start 1/1/2015 *Questions:* - Should ICOs assume that this phased-in approach for the five service regions? - Or, is the DHS planning a start date of 1/1/2013 for all regions?	
3	**Service Area**	1	This section, along with section B, request detailed listings of facilities, identified by name and address. Given that facilities participating with ICO's will change (presumably increasing in number) over time, how shall this be handled in the application?	The response in part A of the Service Area section should illustrate the applicant's knowledge and research of the nursing home market overall. The response in part B should include further specificity on nursing homes with which the applicant expects to partner, to the extent known at the time of application.
4	**Service Area**	1	The Application asks for the nursing homes that will serve Virtual PACE participants. *Question:* - Can the ICO provide the names/locations of nursing homes it has Letters of Intent with or only the nursing homes that are contracted at this time?	The applicant should provide the names/locations of nursing homes with which it expects to partner, to the extent known; information on both nursing homes with Letters of Intent and those with contracts is useful.
			Chapter 2- ICO Adminstration	
5	**Contracted Services**	5	Item IV. B. requests copies of provider and administrative contracts, including proposed reimbursement approaches. Is there a provision for designating certain information as proprietary and confidential?	Applicants may designate information as proprietary & confidential, and should make this designation by specific question or page number of their response. If subject to an open records request, the information designated proprietary & confidential will be evaluated by the same criteria as LTC MCO business plans (see attached).

Q#	Section	Pg#	Question	Response
			Chapter 3- Financial	
6	**Fiscal Soundness**	7	Item I. B. requests documentation that the current lines of business are in good standing with CMS, DHS and OCI. Is there a specific document you are looking for to support the ICOs status?	No, there is not a specific document that will meet this requirement. The applicant should provide an attestation and submit appropriate documentation it has in its possession (e.g., a Certificate of Authority from the State of Wisconsin Office of the Commissioner of Insurance). DHS staff will corroborate the attestation with staff from each agency.
7	**Fiscal Soundness**	7	Chapter 3, section I.A. this section requests "documentation should demonstrate that the ICO does, and will be able to, comply with standard capital requirements that are established by the Wisconsin Office of the Commissioner of Insurance (OCI)." assuming an organization can prove sufficient capitalization, for example a physician corporation, will that organization qualify to be an ICO? or conversely, must the ICO be a risk-bearing and licensed organization currently recognized by OCI?	The current expectation is that the ICO will need to be a licensed, risk-bearing entity as of the date of first enrollment, with licensure issued by the State of Wisconsin Office of the Commissioner of Insurance in advance of the receipt of capitation and in advance of the provision of services.
8	**Fiscal Soundness**	7	Financial Audit Reports - should we provide statutory audit reports or GAAP, or both? (we could presume Statutory since the application references meeting requirements of the OCI)	The applicant should provide both types of audit reports, if they are available, and provide written confirmation, or attestation, if either type of report is unavailable and cannot be provided.
9	**Fiscal Soundness**	7	Item I. C. requests the most recent Annual Report. Not all organizations produce an Annual Report. Is this item optional in that instance?	If the applicant does not produce an Annual Report, or a report that is substantially similar in nature to an Annual Report (but titled differently), a written statement confirming the reason for omission should be provided in response to question I.C. An example of an alternative filing that would comply with this requirement is the Management Discussion & Analysis (MD&A), filed annually with the State of Wisconsin Office of the Commissioner of Insurance.
10	**Fiscal Soundness**	7	Management letter- we did not receive a management letter from the auditors. What type of written assurance is needed to document that a management letter was not received?	A brief written assurance that a Management Letter was not issued with the audit report will suffice.
11	**Fiscal Soundness**	7	Documentation of Good Standing- we can get such a representation for the OCI (similar to forms we received in the recent past), but what do we provide from CMS and DHS?	See the above response; the applicant should provide an attestation and any appropriate documentation, which will be corroborated with staff from each agency.
12	**Financial Projections**	7 & 8	Finanacial Projections: (italicized section) 1. will we get Medicaid/ Medicare data relevant to the membership? 2. is there going to be any risk/acuity adjustment. 3. Will the state provide assumptions such that the plans are reporting on similar criteria? 4. Page 8 discusses the projections. Will this projection be on the consolidated basis or just the Virtual PACE program?	1. DHS has published combined Medicare and Medicaid data in its proposal, with recent updates available on the Virtual PACE website (http://www.dhs.wisconsin.gov/wipartnership/pace/index.htm). Interested entities may share ideas for specific data exhibits that would be helpful to their planning efforts, but DHS must work with CMS to assess the level of detail that may be provided under the terms of the existing Data Use Agreement. Member-level data will not be available during the certification process. 2. It is anticipated that the capitation rates will be risk adjusted, but specific rate methodologies will be negotiated between DHS and CMS in the MOU. 3. DHS will publish funding methodology assumptions when they are available, based on negotations with CMS. 4. It is anticipated that the projections will need to be assembled and presented both for the Virtual PACE program and on a consolidated basis.

Q#	Section	Pg#	Question	Response
			Chapter 4 - Marketing	
13	**Marketing**	9	*Questions:* - How will the marketing section be scored as part of the Application? - Will more points be given to ICOs with combined Medicaid and Medicare marketing examples as compared to those with only Medicaid or only Medicare examples?	Phase One applications are not scored; see additional information on three-phase certification process.
14	**Marketing**	9	The Application asks for the languages for which marketing materials will be made available, based on the population in the region(s). *Questions:* - Will the State provide demographic information by region to ensure the ICO is aware of the prevalent languages spoken? - Has the state established a threshold level that would require ICOs to translate materials into a specific language? For instance, some states specify that plans must provide translated materials in a specific language where the population speaking that language is over 10% of the total population in that county or service region. - Or, if there is no standard threshold available, will the ICO be able to propose the threshold level?	No additional information release is planned at this time; use available general demographic information for the service area proposed. No determination has yet been made as to which programs' thresholds will be applied. In Phase One, we would like the applicant's initial assessment of translation needs in its proposed service area, though specific translation requirements will be negotiated between DHS and CMS in the MOU.
15	**Marketing**	9	The Application asks for assurance that the ICO will inform the public about its program and give prospective participants the following written information: • An adequate description of the ICO's enrollment and disenrollment policies and requirements • Virtual PACE enrollment procedures • Description of benefits and services *Questions:* - Does this mean the ICOs will be facilitating enrollment instead of an enrollment broker? - Or is the intent of this section to make it clear that ICOs will need to communicate to members, along with an enrollment broker, the various enrollment and disenrollment details and options?	Specific roles and procedures for enrollment have not been determined. Regardless of the exact role of the ICO vs. other entities, the applicant should be prepared to communicate enrollment details to members, in addition to any other entity involved in the process. We do not anticipate that ICOs will directly facilitate enrollment.
16	**Marketing**	9	The Application advises for additional documentation required in Phase Two: • Provide copies of all marketing and enrollee materials to be distributed by the ICO. • Provide the ICO's policy, procedure, or training protocol to ensure that its employees or its agents do not use prohibited marketing practices. *Question:* - Are these the specific marketing materials for the WI Virtual PACE program or representative materials (with the final specific marketing materials acceptance a part of the Phase Three Readiness Review)?	These requirements are for Phase Two. Clarifications and additional or more specific requirements will be provided prior to Phase Two, based on requirements negotiated between DHS and CMS in the MOU.
17	**Marketing Projections**	10	The Application requests a marketing plan with measurable enrollment objectives and a system for tracking effectiveness. *Questions:* - Please explain how the marketing plan will be scored as part of the overall Application. - Will more direct marketing tactics be allowed as compared to Medicaid today?	Phase One applications will not be scored or ranked, only reviewed against minimum standards. Marketing rules, requirements, or limitations, including whether specific tactics are allowable, will be negotiated between DHS and CMS in the MOU. The applicant should provide its proposed plan at this time, knowing that modifications may be needed when more specific requirements are determined.

Q#	Section	Pg#	Question	Response
			Chapter 5- Virtual PACE Services	
18	**Interdisciplinary Team**	10	What word belongs between "key" and "important"?	The sentence should read "ICO expertise in populations enrolling, including service systems and support needs of key *importance* to quality of care for enrollees."
19	**Participant Assessment/ Reassessment**	12 & 13	Can any of this information be used in the development of the acuity assessment?	Based on clarification from the submitter of these questions, DHS has determined these questions relate to acuity adjustments and rate methodology, and the information used therein. Either or both diagnostic and/or functional status information may be used in development of rate methods, including acuity adjustments, but specific rate methodologies have not yet been determined. DHS recently published its preliminary proposal regarding rate methodology issues on the Virtual PACE website at http://www.dhs.wisconsin.gov/wipartnership/pace/pdf/ratemethod072012.pdf. However, this is DHS' preliminary proposal to CMS; specific rate methodology details will be negotiated between DHS and CMS in the MOU.
20	**Participant Assessment/ Reassessment**	12 & 13	Are they going to limit based on certain diagnosis codes, or types of assessments (telephone versus home/office visit)	
			Chapter 6- Participants Rights	
			Chapter 7 - Quality Assessment & Performance Improvement	
21	**Minimum Requirements for QAPI**	16 - 17	Have the QAPI criteria been defined?	No. This is a Phase Two item.
21	**Minimum Requirements for QAPI**	18	Will we have to send any data to CMS, DHS, or both?	Specific data reporting processes, including data to be submitted to either entity, are to be negotiated between DHS and CMS in the MOU. The applicant should describe its general approaches and capabilities related to quality data in Phase One, with additional details, including any items dependent on submission processes, to be described or revised in Phase Two.
23	**Minimum Requirements for QAPI**	18	What method of reporting will be required?	
24	**Minimum Requirements for QAPI**	18	Are there going to be any limitations to the collection of data?	
			Chapter 8- Participant Enrollment and Disenrollment	
25	**Eligibility to Enroll**	19	ICOs will be required "to ensure enrollees meet the eligibility requirements for the Virtual PACE program." With this in mind, will eligibility be held in Forward Health?	Forward Health will have a record of current Virtual PACE enrollment.

Q#	Section	Pg#	Question	Response
			Chapter 9- Payment	
26	**Payment to the ICO.**	22	Item I There is currently no information in the application as to the development of this payment nor any resource data. When will this information be available?	Specific rate methodologies to develop payments are to be negotiated between DHS and CMS in the MOU. As indicated in the response to question 19 &20, some preliminary rate proposal information is available on the Virtual PACE website, but this is subject to change based on negotiation with CMS. DHS made preliminary cost data available in its proposal to CMS, and has since posted some updates on the virtual PACE website; see: http://www.dhs.wisconsin.gov/wipartnership/pace/pdf/nhmedicareffs072012.xlsx and http://www.dhs.wisconsin.gov/wipartnership/pace/pdf/addhospice072012.xls. (Files are also available as PDFs from the Virtual PACE main site at http://www.dhs.wisconsin.gov/wipartnership/pace/index.htm.)
27	**Payment to the ICO.**	22	Reconciling payments- "with the exception of patient share and premiums." I did not see anything in the application, but will you need patient share and spend down policies?	A comprehensive application would include patient liability and spend down policies, but specific requirements for these policies have not been established for Phase One.
28	**Payment to the ICO.**	22	Who will be the holder of truth for enrollment (CMS or DLTC)? In other words, if there is a discrepancy, which enrollment record can we, and our providers, rely on?	The official "holder of truth for enrollment" remains to be negotiated between DHS and CMS in the MOU. DHS will likely propose that Forward Health hold the record of truth, as enrollment will rely on specific information such as the nursing home in which the member resides that is held in the Forward Health system. However, this is subject to change.
29	**Payment to the ICO.**	22	Will the plans be receiving two (2) or one (1) source of payment? If it is two, then it will be harder if CMS and DLTC payments are not synchronized.	ICOs will receive two payments.
30	**Payment to the ICO.**	22	What reports are expected to be sent to the health plans to balance the Medicaid/ Medicare payments?	Details regarding enrollment and payment reports from DHS and/or CMS must be negotiated between DHS and CMS in the MOU. However, DHS expects that reports from Forward Health will include monthly enrollment (ongoing, adds, and drops), and capitation payments for the Medicaid portion of the rate.
31	**Payment to the ICO.**	22	Are there going to be any limitations on the timing of retroactivity?	While specific enrollment policies and procedures, and related systems changes, require further definition, DHS does not anticipate retroactive enrollment into the Virtual PACE managed care program.
32	**Payment to the ICO.**	22	Will we receive all adjustment information from CMS and DLTC from plan retroactivity, even if the member does not belong to the plan at the time the retroactivity occurred?	
33	**Payment to the ICO.**	22	Are the rates going to be acuity adjusted? If yes: a. what will be the method used for recognizing illness buden? B. what is the measurement period for determining illness burden? C. will be be allowed to review the documentation or detail… which could also be used in developing care plans? d. will we be allowed to perform prospective assessments/retroactive chart reviews?	As discussed above, specific rate methodologies to develop payments are to be negotiated between DHS and CMS in the MOU. Some form of acuity adjustment is anticipated, but rate methodology negotiations are ongoing.

Q#	Section	Pg#	Question	Response
			Chapter 10 - Data Collection, Records Maintenance & Reporting	
34	**Maintenance of Records & Reporting**	23 & 24	We understand we will have to submit reports as required by CMS and the State. Do we know who will receive the reports. (CMS, DLTC, or both)	Specific reporting requirements and processes must be negotiated between DHS and CMS in the MOU. DHS has recently published its preliminary proposal for encounter reporting on the Virtual PACE website: http://www.dhs.wisconsin.gov/wipartnership/pace/pdf/encounter072012.pdf. However, as with the rate proposal, this is DHS' proposal, and it is subject to change based on negotiations with CMS. Some data certification requirement is anticipated, but specific timelines and processes would be determined jointly with CMS. For Phase One, describe the organization's existing or planned systems and reporting capabilities that evidence the applicant's capacity to furnish accurate and timely data once specific requirements are established.
35	**Maintenance of Records & Reporting**	23 & 24	Do we know what file format will be used? Is it going to be the 5010 process, the state modified 5010, or the State interchange process?	
36	**Maintenance of Records & Reporting**	23 & 24	Will you require certification of the data, and when	
37	**Maintenance of Records & Reporting**	62; 10	I would assume that we will have waiver services that are going to be paid under Accounts payable (page 63) Seeing CMS is going to be involved, will there be requirements for ous providers such that they need to be both Medicare and Medicaid certified? would this be relaxed for Vendors performing the LTC ("other Services-Medicaid or In Lieu of") services?	This question was submitted under the heading "Page 24 Maintenance of Records and Reporting Data," but does not appear related to that section. It appears the question related to provider network standards, and provider credentialing will be reviewed in Phase Two. As a general clarification, DHS does not envision requiring Medicare certification for providers of waiver services, and has not received any indication from CMS that this would be required. However, any specific requirements for service providers remain to be negotiated between DHS and CMS in the MOU.
			Chapter 11- Part D	
38	**Part D**	43	Is a Medication Therapy Management (MTM) program going to be required? It's typically required for Part D plans, but there is no reference to it anywhere in the application. In fact, the attestation regarding MTM from the original Demo application do not appear in the Virtual PACE application?	Additional Phase Two Part D requirements will be jointly determined by DHS and CMS. It is DHS' current proposal to use the PACE Part D requirements as the platform for Virtual PACE Part D requirements, but this is to be negotiated between DHS and CMS in the MOU. For the Phase One application, the Part D program requirements are based on those for PACE plans, and a number of regulatory requirements are waived for PACE plans, including MTMPs. Details on the Part D requirements waived for PACE programs are included in the Part D PACE application (a link is provided in the Virtual PACE application).
39	**Part D**	39	Will Medicaid drugs (drugs excluded from part D coverage like OTCs) be covered by the Virtual PACE Plan? If yes, will these need to be submitted on the formulary to CMS and/or DHS? Currently the attestation says "… will submit a formulary to CMS and DHS for the Part D benefit..."	Medicaid drugs will be covered in Virtual PACE. Specific formulary submission requirements, including what must be submitted to which entities and in what format, are to be determined for Phase Two.
40	**Part D**	44-54	It appears the state is only requesting Long Term Care Pharmacy contract information. Is this correct? You don't want to see any Retail Pharmacy contract information or provider lists for members that are able to be safely relocated to the community setting?	These are all Phase Two requirements, and are subject to change based on further discussion with CMS. However, based on what is copied from the existing PACE Part D application, the contract requirements in Chapter 11, Section III B & C on pages 44-49 apply to all contracts, while Section III d on pages 49-54 contains those requirements and additional requirements specific to Long Term Care Pharmacy contracts. As stated above, additional Phase Two Part D requirements will be jointly determined by DHS and CMS.
41	**Part D**	38-39	Can plans apply LIS copayments to Part D Drugs? Can Medicaid drugs have a copay?	No, applicants should not plan on drug copayments. Individuals who are in an institution or HCBS program do not have Part D copayments. Nursing home residents are also exempt from Medicaid drug copayments.