

CCN-P PROPOSAL EVALUATION POINTS SUMMARY

PART I – MANDATORY

Section	Category	Total Possible Points
A	Mandatory Requirements	0

PART II – TECHNICAL - Total Possible Points – 1900

Section	Category	Total Possible Points
B	Qualifications and Experience	345
C	Planned Approach to Project	100
D	Member Enrollment and Disenrollment	25
E	Chronic Care/Disease Management	100
F	Service Coordination	170
G	Provider Network	200
H	Utilization Management	80
I	EPSDT	25
J	Quality Management	125
K	Member Materials	50
L	Customer Service	100
M	Emergency Management Plan	25
N	Grievance and Appeals	25
O	Fraud and Abuse	25
P	Third Party Liability	25
Q	Claims Management	80
R	Information Systems	200
S	Added Value to Louisiana	200
	TOTAL	1900

**LOUISIANA COORDINATED CARE NETWORK PROGRAM
CCN-P PROPOSAL SUBMISSION AND EVALUATION REQUIREMENTS
RFP # 305PUR-DHHRFP-CCN-P-MVA**

PROPOSER NAME

THE PROPOSER MUST COMPLETE THIS FORM AND SUBMIT WITH THEIR PROPOSAL.

PART ONE: MANDATORY REQUIREMENTS

The Proposer should address ALL Mandatory Requirements section items and should provide, in sequence, the information and documentation as required (referenced with the associated item references).

The DHH Division of Contracts and Procurement Support will review all general mandatory requirements.

The DHH Division of Contracts and Procurement Support will also review the proposal to determine if the Mandatory Requirement Items (below) are met and mark each with included or not included.

Any contract resulting from this RFP process shall incorporate by reference the respective proposal responses to all items below as a part of said Contract (Refer to Section §21 of RFP).

The Proposer should adhere to the specification outlined in Section §21 of the RFP in responding to this RFP. The Proposer should complete all columns marked in **ORANGE ONLY**.

NOTICE: In addition to these requirements, DHH will also evaluate compliance with ALL other RFP provisions.

Proposal Section and Page Number	Specify Applicable GSA Area (A,B and/or C)	PART ONE: MANDATORY REQUIREMENT ITEMS	For State Use Only	
			INCLUDED/NOT INCLUDED	DHH COMMENTS
		<p>A.1 Provide the Proposal Certification Statement (RFP Appendix # A) completed and signed, in the space provided, by an individual empowered to bind the Proposer to the provisions of this RFP and any resulting contract.</p> <p><i>The Proposer must sign the Proposal Certification Statement without exception or qualification.</i></p>		
		<p>A.2 Provide a statement signed by an individual empowered to bind the Proposer to the provisions of this RFP and any resulting contract guaranteeing that there will be no conflict or violation of the Ethics Code if the Proposer is awarded a contract. Ethics issues are interpreted by the Louisiana Board of Ethics.</p>		

PART II: TECHNICAL PROPOSAL & EVALUATION GUIDE

The Proposer should adhere to the specifications outlined in Section §21 of the RFP in responding to this RFP. The Proposer should address ALL section items and provide, in sequence, the information and documentation as required (referenced with the associated item references and text and complete all columns marked in **ORANGE ONLY**).

*If the Proposer is proposing to provide services in all GSAs, Proposer may respond by stating “all” in the Specify Applicable GSA Area column. If not, Proposer must specify the specific GSA(s).

Proposal Evaluation Teams, made up of teams of State employees, will evaluate and score the proposal’s responses.

For those items in Part II that state “Included/Not Included” the proposals will be scored as follows:

- a. All items scored Included = 0 points
- b. If 1-3 items are scored “Not Included” = -10 points
- c. If 4-5 items are scored “Not Included” = -20 points
- d. If more than 6 items are scored “Not Included” = -30 points

Any contract resulting from this RFP process shall incorporate by reference the respective proposal responses to all items below as a part of said contract.

Proposal Section and Page Number	Specify Applicable GSA Area (A and/or B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		B. Qualifications and Experience (Sections § 2, §3 and §4 of the RFP)	345		
		<p>B.1 Indicate your organization’s legal name, trade name, <i>dba</i>, acronym, and any other name under which you do business; the physical address, mailing address, and telephone number of your headquarters office. Provide the legal name for your organization’s ultimate parent (e.g. publicly traded corporation).</p> <p>Describe your organization’s form of business (i.e., individual, sole proprietor, corporation, non-profit corporation, partnership, limited liability company) and detail the names, mailing address, and telephone numbers of its officers and directors and any partners (if applicable). Provide the name and address of any health professional that has at least a five percent (5%) financial interest in your organization, and the type of financial interest.</p> <p>Provide your federal taxpayer identification number and Louisiana taxpayer identification number.</p> <p>Provide the name of the state in which you are incorporated and the state in which you are commercially domiciled. If out-of-state, provide the name and address of the local representative; if none, so state.</p> <p>If you have been engaged by DHH within the past twenty-four (24) months, indicate the contract number and/or any other information available to identify the engagement; if not, so state.</p>	Included/Not Included		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		<p>B.2 Provide a statement of whether there have been any mergers, acquisitions, or sales of your organization within the last ten years, and if so, an explanation providing relevant details. If any change of ownership is anticipated during the 12 months following the Proposal Due Date, describe the circumstances of such change and indicate when the change is likely to occur. Include your organization's parent organization, affiliates, and subsidiaries.</p>	<p>Included/Not Included</p>		
		<p>B.3 Provide a statement of whether you or any of your employees, agents, independent contractors, or subcontractors have ever been convicted of, pled guilty to, or pled <i>nolo contendere</i> to any felony and/or any Medicaid or health care related offense or have ever been debarred or suspended by any federal or state governmental body. Include an explanation providing relevant details and the corrective action plan implemented to prevent such future offenses. Include your organization's parent organization, affiliates, and subsidiaries.</p>	<p>0 to -25</p>		
		<p>B.4 Provide a statement of whether there is any pending or recent (within the past five years) litigation against your organization. This shall include but not be limited to litigation involving failure to provide timely, adequate or quality physical or behavioral health services. You do not need to report workers' compensation cases. If there is pending or recent litigation against you, describe the damages being sought or awarded and the extent to which adverse judgment is/would be covered by insurance or reserves set aside for this purpose. Include a name and contact number of legal counsel to discuss pending litigation or recent litigation. Also include any SEC filings discussing any pending or recent litigation. Include your organization's parent organization, affiliates, and subsidiaries.</p>	<p>0 to -25</p>		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		<p>B.5 Provide a statement of whether, in the last ten years, you or a predecessor company has filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors. If so, provide an explanation providing relevant details including the date in which the Proposer emerged from bankruptcy or expects to emerge. If still in bankruptcy, provide a summary of the court-approved reorganization plan. Include your organization's parent organization, affiliates, and subsidiaries.</p>	0 to -25		
		<p>B.6 If your organization is a publicly-traded (stock-exchange-listed) corporation, submit the most recent United States Securities and Exchange Commission (SEC) Form 10K Annual Report, and the most-recent 10-Q Quarterly report.</p> <p>Provide a statement whether there have been any Securities Exchange Commission (SEC) investigations, civil or criminal, involving your organization in the last ten (10) years. If there have been any such investigations, provide an explanation with relevant details and outcome. If the outcome is against the Proposer, provide the corrective action plan implemented to prevent such future offenses. Also provide a statement of whether there are any current or pending Securities Exchange Commission investigations, civil or criminal, involving the Proposer, and, if such investigations are pending or in progress, provide an explanation providing relevant details and provide an opinion of counsel as to whether the pending investigation(s) will impair the Proposer's performance in a contract/Agreement under this RFP. Include your organization's parent organization, affiliates, and subsidiaries.</p>	0 to -25		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		<p>B.7 If another corporation or entity either substantially or wholly owns your organization, submit the most recent detailed financial reports for the parent organization. If there are one (1) or more intermediate owners between your organization and the ultimate owner, this additional requirement is applicable only to the ultimate owner.</p> <p>Include a statement signed by the authorized representative of the parent organization that the parent organization will unconditionally guarantee performance by the proposing organization of each and every obligation, warranty, covenant, term and condition of the Contract.</p>	Included/Not Included		
		<p>B.8 Describe your organization's number of employees, client base, and location of offices. Submit an organizational chart (marked as Chart A of your response) showing the structure and lines of responsibility and authority in your company. Include your organization's parent organization, affiliates, and subsidiaries.</p>	Included/Not Included		
		<p>B.9 Provide a narrative description of your proposed Louisiana Medicaid Coordinated Care Network project team, its members, and organizational structure including an organizational chart showing the Louisiana organizational structure, including staffing and functions performed at the local level. If proposing for more than one (1) GSA, include in your description and organizational chart if: 1) the team will be responsible for all GSAs or 2) if each GSA will differ provide details outlining the differences and how it will differ.</p>	15		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		<p>B.10 Attach a personnel roster and resumes of key people who shall be assigned to perform duties or services under the Contract, highlighting the key people who shall be assigned to accomplish the work required by this RFP and illustrate the lines of authority. Submit current resumes of key personnel documenting their educational and career history up to the current time. Include information on how long the personnel have been in these positions and whether the position included Medicaid managed care experience.</p> <p>If any of your personnel named is a current or former Louisiana state employee, indicate the Agency where employed, position, title, termination date, and last four digits of the Social Security Number.</p> <p>If personnel are not in place, submit job descriptions outlining the minimum qualifications of the position(s). Each resume or job description should be limited to 2 pages.</p> <p>For key positions/employees which are not full time provide justification as to why the position is not full time. Include a description of their other duties and the amount of time allocated to each.</p>	40		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		<p>B.11 Provide a statement of whether you intend to use major subcontractors (as defined in the RFP Glossary), and if so, the names and mailing addresses of the subcontractors and a description of the scope and portions of the work for each subcontractor with more than \$100,000 annually. Describe how you intend to monitor and evaluate subcontractor performance. Also specify whether the subcontractor is currently providing services for you in other states and where the subcontractor is located.</p> <p>In addition, as part of the response to this item, for each major subcontractor that is not your organization's parent organization, affiliate, or subsidiary, restate and respond to items B.1 through B.7, B10 and, B.16 through B.27</p> <p>If the major subcontractor is your organization's parent organization, affiliate, or subsidiary, respond to items B.1, B.8 and B.9. You do not need to respond to the other items as part of the response to B11; note, however, responses to various other items in Section B must include information on your organization's parent organization, affiliates, and subsidiaries, which would include any major subcontractors that are your organization's parent organization, affiliate, or subsidiary.</p>	10		
		<p>B.12 Provide a description your Corporate Compliance Program including the Compliance Officer's levels of authority and reporting relationships. Include an organizational chart of staff (marked as Chart B in your response) involved in compliance along with staff levels of authority.</p>	15		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		<p>B.13 Provide copies of any press releases in the twelve (12) months prior to the Deadline for Proposals, wherein the press release mentions or discusses financial results, acquisitions, divestitures, new facilities, closures, layoffs, significant contract awards or losses, penalties/fines/ sanctions, expansion, new or departing officers or directors, litigation, change of ownership, or other very similar issues, Do not include press releases that are primarily promotional in nature.</p>	10		
		<p>B.14 Describe your plan for meeting the Performance Bond, other bonds, and insurance requirements set forth in this RFP requirement including the type of bond to be posted and source of funding.</p>	Included/Not Included		
		<p>B.15 Provide the following information (in Excel format) based on each of the financial statements provided in response to item B:31: (1) Working capital; (2) Current ratio; (3) Quick ratio; (4) Net worth; and (5) Debt-to-worth ratio.</p>	20		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		<p>B.16 Identify, in Excel format, all of your organization’s publicly-funded managed care contracts for Medicaid/CHIP and/or other low-income individuals within the last five (5) years. In addition, identify, in Excel format your organization’s ten largest (as measured by number of enrollees) managed care contracts for populations other than Medicaid/CHIP and/or other low-income individuals within the last five (5) years. For each prior experience identified, provide the trade name, a brief description of the scope of work, the duration of the contract, the contact name and phone number, the number of members and the population types (e.g., TANF, ABD, duals, CHIP), the annual contract payments, whether payment was capitated or other, and the role of subcontractors, if any. If your organization has not had any publicly-funded managed care contracts for Medicaid/SCHIP individuals within the last five (5) years, identify the Proposer’s ten largest (as measured by number of enrollees) managed care contracts for populations other than Medicaid/CHIP individuals within the last five (5) years and provide the information requested in the previous sentence. Include your organization’s parent organization, affiliates, and subsidiaries.</p>	75		
		<p>B.17 Identify whether your organization has had any contract terminated or not renewed within the past five (5) years. If so, describe the reason(s) for the termination/nonrenewal, the parties involved, and provide the address and telephone number of the client. Include your organization’s parent organization, affiliates, and subsidiaries.</p>	Included/Not Included		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		<p>B.18 If the contract was terminated/non-renewed in B.17 above, based on your organization’s performance, describe any corrective action taken to prevent any future occurrence of the problem leading to the termination/non-renewal. Include your organization’s parent organization, affiliates, and subsidiaries.</p>	0 to -25		
		<p>B. 19 As applicable, provide (in table format) the Proposer’s current ratings as well as ratings for each of the past three years from each of the following:</p> <ul style="list-style-type: none"> • AM Best Company (financial strengths ratings); • TheStreet.com, Inc. (safety ratings); and • Standard & Poor’s (long-term insurer financial strength). 	Included/Not Included		
		<p>B.20 For any of your organization’s contracts to provide physical health services within the past five years, has the other contracting party notified the Proposer that it has found your organization to be in breach of the contract? If yes: (1) provide a description of the events concerning the breach, specifically addressing the issue of whether or not the breach was due to factors beyond the Proposer’s control. (2) Was a corrective action plan (CAP) imposed? If so, describe the steps and timeframes in the CAP and whether the CAP was completed. (3) Was a sanction imposed? If so, describe the sanction, including the amount of any monetary sanction (e.g., penalty or liquidated damage) (4) Was the breach the subject of an administrative proceeding or litigation? If so, what was the result of the proceeding/litigation? Include your organization’s parent organization, affiliates, and subsidiaries.</p>	0 to -25		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		<p>B.21 Indicate whether your organization has ever sought, or is currently seeking, National Committee for Quality Assurance (NCQA) or American Accreditation HealthCare Commission (URAC) accreditation status. If it has or is, indicate current NCQA or URAC accreditation status and accreditation term effective dates if applicable.</p>	<p>Included/Not Included</p>		
		<p>B.22 Have you ever had your accreditation status (e.g., NCQA, URAC,) in any state for any product line adjusted down, suspended, or revoked? If so, identify the state and product line and provide an explanation. Include your organization's parent organization, affiliates, and subsidiaries.</p>	<p>0 to -5</p>		
		<p>B.23 If you are NCQA accredited in any state for any product line, include a copy of the applicable NCQA health plan report cards for your organization. Include your organization's parent organization, affiliates, and subsidiaries.</p>	<p>Included/Not Included</p>		
		<p>B.24 Provide (as an attachment) a copy of the most recent external quality review report (pursuant to Section 1932(c)(2) of the Social Security Act) for the Medicaid contract identified in response to item B.16 that had the largest number of enrollees as of January 1, 2011. Provide the entire report. In addition, provide a copy of any corrective action plan(s) requested of your organization (including your organization's parent organization, affiliates, and subsidiaries) in response to the report.</p>	<p>25</p>		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		<p>B.25 Identify and describe any regulatory action, or sanction, including both monetary and non-monetary sanctions imposed by any federal or state regulatory entity against your organization within the last five (5) years. In addition, identify and describe any letter of deficiency issued by as well as any corrective actions requested or required by any federal or state regulatory entity within the last five (5) years that relate to Medicaid or CHIP contracts. Include your organization's parent organization, affiliates, and subsidiaries.</p>	0 to -50		
		<p>B.26 Provide a statement of whether your organization is currently the subject or has recently (within the past five (5) years) been the subject of a criminal or civil investigation by a state or federal agency other than investigations described in response to item B.6. If your organization has recently been the subject of such an investigation, provide an explanation with relevant details and the outcome. If the outcome is against your organization, provide the corrective action plan implemented to prevent such future offenses. Include your organization's parent company, affiliates and subsidiaries.</p>	0 to -25		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		<p>B.27 Submit client references (minimum of three, maximum of five) for your organization for major contracts; with at least one reference for a major contract you have had with a state Medicaid agency or other large similar government or large private industry contract. Each reference must be from contracts within the last five (5) years. References for your organization shall be submitted to the State using the questionnaire contained in RFP Appendix PP. You are solely responsible for obtaining the fully completed reference check questionnaires, and for submitting them sealed by the client providing the reference, with your Proposal, as described herein. You should complete the following steps:</p> <ol style="list-style-type: none"> a. Make a duplicate (hard copy or electronic document) of the appropriate form, as it appears in RFP Appendix PP (for your organization or for subcontractors, adding the following customized information: <ul style="list-style-type: none"> • Your/Subcontractor’s name; • Geographic Service Area(s) for which the reference is being submitted; • Reference organization’s name; and • Reference contact’s name, title, telephone number, and email address. b. Send the form to each reference contact along with a new, sealable standard #10 envelope; c. Give the contact a deadline that allows for collection of all completed questionnaires in time to submit them with your sealed Proposal; d. Instruct the reference contact to: <ul style="list-style-type: none"> • Complete the form in its entirety, in either hard copy or electronic format (if completed electronically, an original should be printed for submission); • Sign and date it; • Seal it in the provided envelope; • Sign the back of the envelope across the seal; and • Return it directly to you. e. Enclose the unopened envelopes in easily identifiable and labeled larger envelopes and include these envelopes as a part of the Proposal. When 	35		

		<p>DHH the opens your Proposal, it should find clearly labeled envelope(s) containing the sealed references.</p> <p>THE STATE WILL NOT ACCEPT LATE REFERENCES OR REFERENCES SUBMITTED THROUGH ANY OTHER CHANNEL OF SUBMISSION OR MEDIUM, WHETHER WRITTEN, ELECTRONIC, VERBAL, OR OTHERWISE.</p> <p>Each completed questionnaire should include:</p> <ul style="list-style-type: none"> • Proposing Organization/Subcontractor's name; • GSA (s) for which the reference is being submitted; • Reference Organization's name; • Name, title, telephone number, and email address of the organization contact knowledgeable about the scope of work; • Date reference form was completed; and • Responses to numbered items in RFP Attachment # (as applicable). <p>DHH reserves the authority to clarify information presented in questionnaires and may consider clarifications in the evaluation of references. However DHH is under no obligation to clarify any reference check information.</p>			
		<p>B.28 Indicate the website address (URL) for the homepage(s) of any website(s) operated, owned, or controlled by your organization, including any that the Proposer has contracted to be run by another entity as well as details of any social media presence (e.g. Facebook, Twitter). If your organization has a parent, then also provide the same for the parent, and any parent(s) of the parent. If no websites and/or social media presence, so state.</p>	<p>Included/Not Included</p>		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		<p>B.29 Provide evidence that the Proposer has applied to Louisiana Department of Insurance for a certificate of authority (COA) to establish and operate a prepaid entity as defined in RS 22:1016 and in accordance with rules and regulations as defined by the Department of Health and Hospitals.</p>	0 to -25		
		<p>B.30 Provide the following as documentation of financial responsibility and stability:</p> <ul style="list-style-type: none"> • a current written bank reference, in the form of a letter, indicating that the Proposer's business relationship with the financial institution is in positive standing; • two current written, positive credit references, in the form of a letters, from vendors with which the Proposer has done business or, documentation of a positive credit rating determined by a accredited credit bureau within the last 6 months; • a copy of a valid certificate of insurance indicating liability insurance in the amount of at least one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) in the aggregate; and • a letter of commitment from a financial institution (signed by an authorized agent of the financial institution and detailing the Proposer's name) for a general line of credit in the amount of five-hundred thousand dollars (\$500,000.00). 	50		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		<p>B.31 Provide the following as documentation of the Proposer's sufficient financial strength and resources to provide the scope of services as required:</p> <ul style="list-style-type: none"> • The two most recent independently audited financial statements and associated enrollment figures from the Proposer. Compiled or reviewed financial statements will not be accepted. The audited financial statements must be: <ul style="list-style-type: none"> ○ Prepared with all monetary amounts detailed in U.S. currency; ○ Prepared under U.S. generally accepted accounting principles; and ○ Audited under U.S. generally accepted auditing standards. The audited financial statements must include the auditor's opinion letter, financial statements, and the notes to the financial statements. • The Proposer's four (4) most recent internally prepared unaudited quarterly financial statements (and Year-to- Date), with preparation dates indicated. The statements must include documentation disclosing the amount of cash flows from operating activities. This documentation must indicate whether the cash flows are positive or negative, and if the cash flows are negative for the quarters, the documentation must include a detailed explanation of the factors contributing to the negative cash flows. • Verification of any contributions made to the Proposer to improve its financial position after its most recent audit (e.g., copies of bank statements and deposit slips), if applicable <p>Proposer shall include the Proposer's parent organization.</p>	50		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		Section C: Planned Approach to Project	100		
		<p>Describe how you will launch a network and set up operations capable of supporting its membership and meeting the requirements of the RFP by January 1, 2012 for GSA "A", March 1 of 2012 for GSA "B", and May 1 of 2012 for GSA "C".</p> <p>C.1 Discuss your approach for meeting the implementation requirements and include:</p> <ul style="list-style-type: none"> • A detailed description of your project management methodology. The methodology should address, at a minimum, the following: <ul style="list-style-type: none"> ○ Issue identification, assessment, alternatives analysis and resolution; ○ Resource allocation and deployment; ○ Reporting of status and other regular communications with DHH, including a description of your proposed method for ensuring adequate and timely reporting of information to DHH project personnel and executive management; and ○ Automated tools, including use of specific software applications. 	20		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		<p>C.2 Provide a work plan for the implementation of the Louisiana Medicaid CCN Program. At a minimum the work plan should include the following:</p> <ul style="list-style-type: none"> • Tasks associated with your establishment of a “project office” or similar organization by which you will manage the implementation of the CCN Program; • An itemization of activities that you will undertake during the period between the awarding of this procurement and the start date of the CCN Program. These activities shall have established deadlines and timeframes and as needed conform to the timelines established under this RFP for deliverables. <ul style="list-style-type: none"> ○ All activities to prepare for and participate in the Readiness Review Process; and ○ All activities necessary to obtain required contracts for mandatory health care providers as specified in this RFP. • An estimate of person-hours associated with each activity in the Work Plan; • Identification of interdependencies between activities in the Work Plan; and • Identification of your expectations regarding participation by DHH and/or its agents in the activities in the Work Plan and dependencies between these activities and implementation activities for which DHH will be responsible. (In responding the CCN shall understand DHH shall not be obligated to meet the CCN’s expectation.) 	25		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		<p>C.3 Describe your Risk Management Plan.</p> <ul style="list-style-type: none"> • At a minimum address the following contingency scenarios that could be encountered during implementation of the program: <ul style="list-style-type: none"> o Delays in building the appropriate Provider Network as stipulated in this RFP; o Delays in building and/or configuring and testing the information systems within your organization’s Span of Control required to implement the CCN program; o Delays in hiring and training of the staff required to operate program functions; o Delays in the construction and/or acquisition of office space and the delivery of office equipment for staff required to operate program functions; o Delays in enrollment processing during the implementation of CCN; and o Delays in the publication of marketing and related materials and/or the delivery of these materials to DHH and/or its agents. • For each contingency scenario identified in the Proposal, at a minimum the Risk Management Plan must include the following: <ul style="list-style-type: none"> o Risk identification and mitigation strategies; o Risk management implementation plans; and o Proposed or recommended monitoring and tracking tools. 	25		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		<p>C.4 Provide a copy of the Work Plan, generated in Microsoft Project or similar software product that includes the aforementioned implementation activities along with the timeframes, person-hours, and dependencies associated with these activities.</p>	20		
		<p>C.5 Provide a roster of the members of the proposed implementation team including the group that will be responsible for finalizing the Provider network.</p>	5		
		<p>C.6 Provide the resume of the Implementation Manager (the primary person responsible for coordinating implementation activities and for allocating implementation team resources).</p>	5		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		Section D: Member Enrollment and Disenrollment	25		
		D.1 Describe your enrollment procedure requirements, including how you will ensure that you will coordinate with DHH and its Agent.	5		
		D.2 Describe your approach to meeting the newborn enrollment requirements, including how you will: <ul style="list-style-type: none"> • Encourage Members who are expectant mothers to select a CCN and PCP for their newborns; and • Ensure that newborn notification information is submitted, either by you or the hospital, to DHH or its Agent within twenty-four (24) hours of the birth of the newborn. 	5		
		D.3 Describe the types of interventions you will use prior to seeking to disenroll a Member as described in CCN Initiated Member Disenrollment, Section § 11 of this RFP. If applicable, provide an example of a case in which you have successfully intervened to avert requesting the disenrollment of a member.	10		
		D.4 Describe the steps you will take to assign a member to a different Provider in the event a PCP requests the Member be assigned elsewhere.	5		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		Section E: Chronic Care/Disease Management (Section § 6 of RFP)	100		
		E.1 Describe existing (other state Medicaid or CHIP contracts) and planned Chronic Care/Disease Management programs for the Louisiana CCN Program that are designed to improve health care outcomes for members with one or more chronic illnesses. Describe how the Chronic Care/Disease Management programs' data are analyzed and the results utilized by your organization to improve member outcomes.	50		
		E.2 Describe how recipients will be identified for inclusion into the Chronic Care/Disease Management program. Identify which disease states/ recipient types will be targeted for the Chronic Care/Disease Management program. Describe how the Chronic Care/Disease Management program will coordinate information and services with the PCP.	50		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		Section F: Service Coordination (Section § 14 of RFP)	170		
		<p>F.1 DHH intends to provide CCNs with two years of historic claims data for members enrolled in the CCN effective the start date of operations. Describe how you will ensure the continuation of medically necessary services for members with special health needs who are enrolled in your CCN effective the start date of operations. The description should include:</p> <ul style="list-style-type: none"> • How you will identify these enrollees, and how you will uses this information to identify these enrollees, including enrollees who are receiving regular ongoing services; • What additional information you will request from DHH, if any, to assist you in ensuring continuation of services; • How you will ensure continuation of services, including prior authorization requirements, use of non-contract providers, and transportation; • What information, education, and training you will provide to your providers to ensure continuation of services; and • What information you will provide your members to assist with the transition of care. 	10		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		<p>F.2 Describe your approach to CCN case management. In particular, describe the following:</p> <ul style="list-style-type: none"> • Characteristics of members that you will target for CCN case management services; • How you identify these members; • How you encourage member participation; • How you assess member needs; • How you develop and implement individualized plans of care, including coordination with providers and support services; • How you coordinate your disease management and CCN case management programs; • How you will coordinate your case management services with the PCP; and • How you will incorporate provider input into strategies to influence behavior of members. 	85		
		<p>F.3 Describe your approach for coordinating the following carved out services which will continue to be provided by the Medicaid fee-for-service program:</p> <ul style="list-style-type: none"> • Dental • Specialized Behavioral Health • Personal Care Services • Targeted Case Management 	5		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		<p>F.4 For members who need home health services upon discharge from an acute care hospital, explain how you will coordinate service planning and delivery among the hospital's discharge planner(s), your case manager(s), your disease management staff member(s), and the home health agency. Further, explain how you will monitor the post-discharge care of enrollees receiving home health services in remote areas.</p>	10		
		<p>F.5 Aside from transportation, what specific measures will you take to ensure that members in rural parishes are able to access specialty care? Also address specifically how will you ensure members with disabilities have access?</p>	10		
		<p>F.6 Detail the strategies you will use to influence the behavior of members to access health care resources appropriately and adapt healthier lifestyles. Include examples from your other Medicaid/CHIP managed care contracts as well as your plan for Louisiana Medicaid CCN members.</p>	40		
		<p>F.7 Many faith based, social and civic groups, resident associations, and other community-based organizations now feature health education and outreach activities, incorporate health education in their events, and provide direct medical services (e.g., through visiting nurses, etc.). Describe what specific ways would you leverage these resources to support the health and wellness of your members.</p>	10		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		<p>F.8 Submit a statement of any moral and religious objections to providing any services covered under Section §6 of RFP. If moral and religious objections are identified describe, in as much detail as possible, all direct and related services that are objectionable. Provide a listing of the codes impacted including but not limited to CPT codes, HCPCS codes, diagnosis codes, revenue codes, modifier codes, etc. If none, so state. Describe your plans to provide these services (e.g. birth control) to members who are entitled to such services.</p>	Included/Not Included		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		Section G: Provider Network (Section § 7 of RFP)	200		
		<p>G.1 Provide a listing of the proposed provider network using the List of Required In-Network Providers as described in this RFP, including only those providers with whom you have obtained a signed LOI or executed subcontract. LOIs and signed subcontracts will receive equal consideration. LOIs and subcontracts should NOT be submitted with the proposal. DHH may verify any or all referenced LOIs or contracts. Along with the provider listing, provide the number of potential linkages per PCP.</p> <p>Using providers with whom you have signed letters of intent or executed contracts, provide individual GeoAccess maps and coding by GSA for: 1) hospitals, 2) primary care providers, FQHCs, and RHCs; and 3) Specialists. You should provide individual maps as well as overlay maps to demonstrate distance relationships between provider types.</p> <p>The CCN should provide an Excel spreadsheet of their proposed provider network and include the following information: (Sample spreadsheet is available in the Procurement Library)</p> <ol style="list-style-type: none"> 1. Practitioner Last Name, First Name and Title - For types of service such as primary care providers and specialist, list the practitioner's name and practitioner title such as MD, NP (Nurse Practitioner), PA (Physician Assistant), etc. 2. Practice Name/Provider Name - - Indicate the name of the provider. For practitioners indicate the professional association/group name, if applicable. 3. Business Location Address - Indicate the business location address where services are provided including but not limited to, 1st line of address, 2nd line of address, City, State, Postal Code 	50		

		<p>4. Provider Type and Specialty Code - Indicate the practitioner's specialty using Medicaid Provider Type and Specialty Codes.</p> <p>5. New Patient - Indicate whether or not the provider is accepting new patients.</p> <p>6. Age Restriction - Indicate any age restrictions for the provider's practice. For instance, if a physician only sees patients up to age 19, indicate < 19; if a physician only sees patients age 13 or above, indicate > 13.</p> <p>7. If PCP - the number of potential linkages.</p> <p>8. If LOI or contract executed.</p> <p>9. Designate if Significant Traditional Provider.</p> <p>10. GEO coding for this location.</p>			
		<p>G.2 Describe how you will provide tertiary care providers including trauma centers, burn centers, children's hospital, Level III maternity care; Level III (high risk) nurseries, rehabilitation facilities, and medical sub-specialists available twenty-four (24) hours per day in the GSA. If you do not have a full range of tertiary care providers describe how the services will be provided including transfer protocols and arrangements with out of network facilities.</p>	<p>15</p>		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		<p>G.3 Describe how you will handle the potential loss (i.e., contract termination, closure) in a GSA of a) a hospital and b) all providers within a certain specialty.</p>	10		
		<p>G.4 The CCN is encouraged to offer to contract with Significant Traditional Providers (STPs) who meet your credentialing standards and all the requirements in the CCN's subcontract. DHH will make available on www.MakingMedicaidBetter.com a listing of STPs by provider type by GSA. Describe how you will encourage the enrollment of STPs into your network; and indicate on a copy of the listing which of the providers included in your listing of network providers (See G.1) are STPs.</p>	20		
		<p>G.5 Based on discussions with providers in obtaining Letters of Intent and executed subcontracts as well as other activities you have undertaken to understand the delivery system and enrollee population in the GSA(s) for which a proposal is being submitted, discuss your observations and the challenges you have identified in terms of developing and maintaining a provider network. Provide a response tailored to each GSA of the following provider types/services:</p> <ul style="list-style-type: none"> o Primary Care o Specialty Care o Prenatal Care Services o Hospital, including Rural Hospital o Office of Public Health o Private Duty Nursing/Home Health Services; o FQHC o School Based Health Clinic 	5		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		G.6 Describe your process for monitoring and ensuring adherence to DHH's requirements regarding appointments and wait times.	20		
		G.7 Describe your PCP assignment process and the measures taken to ensure that every member in your CCN is assigned a PCP in a timely manner. Include your process for permitting members with chronic conditions to select a specialist as their PCP and whether you allow specialists to be credentialed to act as PCPs.	10		
		G.8 Describe your plan for working with PCPs to obtain NCQA medical home recognition or JHCAO Primary Home accreditation and meeting the requirements of Section § 14.	5		
		G.9 Describe how you will monitor providers and ensure compliance with provider subcontracts. In addition to a general description of your approach, address each of the following: <ul style="list-style-type: none"> ○ Compliance with cost sharing requirements; ○ Compliance with medical record documentation standards; ○ Compliance with conflict of interest requirements; ○ Compliance with lobbying requirements; ○ Compliance with disclosure requirements; and ○ Compliance with marketing requirements. 	5		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		G.10 Provide an example from your previous experience of how you have handled provider noncompliance with contract requirements.	5		
		G.11 Describe in detail how you will educate and train providers about billing requirements, including both initial education and training prior to the start date of operations and ongoing education and training for current and new providers.	10		
		G.12 Describe how you will educate and train providers that join your network after program implementation. Identify the key requirements that will be addressed.	15		
		<p>G.13 Describe your practice of profiling the quality of care delivered by network PCPs, and any other acute care providers (e.g., high volume specialists, hospitals), including the methodology for determining which and how many Providers will be profiled.</p> <ul style="list-style-type: none"> ○ Submit sample quality profile reports used by you, or proposed for future use (identify which). ○ Describe the rationale for selecting the performance measures presented in the sample profile reports. ○ Describe the proposed frequency with which you will distribute such reports to network providers, and identify which providers will receive such profile reports. 	15		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		<p>G.14 Describe the process for accepting and managing provider inquiries, complaints, and requests for information that are received outside the provider grievance and appeal process.</p>	10		
		<p>G.15 Describe in detail your proposed approach to providing non-emergency medical transportation (NEMT) services, including, at a minimum:</p> <ul style="list-style-type: none"> • What administrative functions, if any, you will subcontract to another entity; • How you will determine the appropriate mode of transportation (other than fixed route) for a member; • Your proposed approach to covering fixed route transportation; • How you will ensure that pick-up and delivery standards are met by NEMT providers, including training, monitoring, and sanctions; • How you will ensure that vehicles (initially and on an ongoing basis) meet vehicle standards, including inspections and other monitoring; • Your approach to initial and ongoing driver training; • How you will ensure that drivers meet initial and ongoing driver standards; • How your call center will comply with the requirements specific to NEMT calls; and • Your NEMT quality assurance program (excluding vehicle inspection). 	5		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		Section H: Utilization Management (UM) (Section § 8 of RFP)	80		
		H.1 Describe how you will ensure that services are not arbitrarily or inappropriately denied or reduced in amount, duration or scope as specified in the Louisiana Medicaid State Plan.	30		
		H.2 If the UM guidelines were developed internally, describe the process by which they were developed and when they were developed or last revised.	10		
		H.3 Regarding your utilization management (UM) staff: <ul style="list-style-type: none"> • Provide a detailed description of the training you provide your UM staff; • Describe any differences between your UM phone line and your provider services line; • If your UM phone line will handle both Louisiana CCN and non-Louisiana CCN calls, <ul style="list-style-type: none"> ○ explain how you will track CCN calls separately; and ○ how you will ensure that applicable DHH timeframes for prior authorization decisions are met. 	20		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		<p>H.4 Describe how utilization data is gathered, analyzed, and reported. Include the process for monitoring and evaluating the utilization of services when a variance has been identified (both under- and over- utilization) in the utilization pattern of a provider and a member. Provide an example of how your analysis of data resulted in successful interventions to alter unfavorable utilization patterns in the system. Individuals who will make medical necessity determinations must be identified if the criteria are based on the medical training, qualifications, and experience of the CCN medical director or other qualified and trained professionals</p>	20		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		Section I: EPSDT(Section § 6 of RFP)	25		
		<p>I.1 Describe your system for tracking each member’s screening, diagnosis, and treatment including, at minimum, the components of the system, the key features of each component, the use of technology, and the data sources for populating the system.</p>	5		
		<p>I.2 Describe your approach to member education and outreach regarding EPSDT including the use of the tracking system described in I.1 above and any innovative/non-traditional mechanisms. Include:</p> <ul style="list-style-type: none"> • How you will conduct member education and outreach regarding EPSDT including any innovative/non-traditional methods that go beyond the standard methods; • How you will work with members to improve compliance with the periodicity schedule, including how you will motivate parents/members and what steps you will take to identify and reach out to members (or their parents) who have missed screening appointments (highlighting any innovative/non-traditional approaches); and <p>How you will design and monitor your education and outreach program to ensure compliance with the RFP.</p>	10		
		<p>I.3 Describe your approach to ensuring that providers deliver and document all required components of EPSDT screening.</p>	5		
		<p>I.4 Describe how you will ensure that needs identified in a screening are met with timely and appropriate services.</p>	5		

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Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		Section J: Quality Management (Section 14 of RFP)	125		
		<p>J.1 Document experience in other States to positively impact the healthcare status of Medicaid and or CHIP populations. Examples of areas of interest include, but are not limited to the following:</p> <ul style="list-style-type: none"> • Management of high risk pregnancy • Reductions in low birth weight babies • Pediatric Obesity (children under the age of 19) • Reduction of inappropriate utilization of emergent services • EPSDT • Children with special health care needs • Asthma • Diabetes • Cardiovascular diseases • Case management • Reduction in racial and ethnic health care disparities to improve health status • Hospital readmissions and avoidable hospitalizations 	30		
		<p>J.2 Describe the policies and procedures you have in place to reduce health care associated infection, medical errors, preventable serious adverse events (never events) and unnecessary and ineffective performance in these areas.</p>	10		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		<p>J.3 Describe how you will identify quality improvement opportunities. Describe the process that will be utilized to select a performance improvement project, and the process to be utilized to improve care or services. Include information on how interventions will be evaluated for effectiveness. Identify proposed members of the Quality Assessment Committee.</p>	15		
		<p>J.4 Provide a description of focus studies performed, quality improvement projects, and any improvements you have implemented and their outcomes. Such outcomes should include cost savings realized, process efficiencies, and improvements to member health status. Such descriptions should address such activities since 2001 and how issues and root causes were identified, and what was changed.</p>	15		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		<p>J.5 Describe your proposed Quality Assessment and Performance Improvement (QAPI). Such description should address:</p> <ul style="list-style-type: none"> • The Performance Improvement Projects (PIPs) proposed to be implemented during the term of the contract. • How the proposed PIPs s will expand quality improvement services. • How the proposed PIPs will improve the health care status of the Louisiana Medicaid population. • Rationale for selecting the particular PIPs including the identification of particular health care problems and issues identified within the Louisiana Medicaid population that each program will address and the underlying cause(s) of such problems and issues. • How you will keep DHH informed of QAPI program actions, recommendations and outcomes on an ongoing and timely manner. • How the proposed PIPs may include, but is not necessarily, limited to the following: <ul style="list-style-type: none"> ○ New innovative programs and processes. ○ Contracts and/or partnerships being established to enhance the delivery of health care such as contracts/partnerships with school districts and/or School Based Health Clinics. 	20		
		<p>J.6 Describe how feedback (complaints, survey results etc.) from members and providers will be used to drive changes and/or improvements to your operations. Provide a member and a provider example of how feedback has been used by you to drive change in other Medicaid managed care contracts.</p>	10		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		<p>J.7 Provide, in Excel format, the Proposer's results for the HEDIS measures specified below for the last three measurement years (2007, 2008, and 2009) for each of your State Medicaid contracts.</p> <ul style="list-style-type: none"> • If you do not have results for a particular measure or year, provide the results that you do have. • If you do not have results for your Medicaid product line in a state where you have a Medicaid contract, provide the commercial product line results with an indicator stating the product line. • If you do not have Medicaid HEDIS results for at least five states, provide your commercial HEDIS measures for your largest contracts for up to five states (e.g., if you have HEDIS results for the three states where you have a Medicaid contract, you only have Medicare HEDIS for one other state, provide commercial HEDIS results for another state). • If you do not have HEDIS results for five states, provide the results that you do have. • In addition to the spreadsheet, please provide an explanation of how you selected the states, contracts, product lines, etc. that are included in the spreadsheet and explain any missing information (measure, year, or Medicaid contract). Include the Proposer's parent organization, affiliates, and subsidiaries. 	25		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		<p>Provide results for the following HEDIS measures:</p> <ul style="list-style-type: none"> • Adults' Access to Preventive/Ambulatory Health Services • Comprehensive Diabetes Care- HgbA1C component • Chlamydia Screening in Women • Well-Child Visits in the 3,4,5,6 years of life • Adolescent well-Care. • Ambulatory Care - ER utilization • Childhood Immunization status • Breast Cancer Screening • Prenatal and Postpartum Care (Timeliness of Prenatal Care and Postpartum Care) • Weight Assessment and Counseling for Nutrition and Physical Activity in Children/Adolescents <p>. Include the Proposer's parent organization, affiliates, and subsidiaries</p>			

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		Section K: Member Materials (Section § 12 of RFP)	50		
		K.1 Describe proposed content for your member educational materials) and attach a examples used with Medicaid or CHIP populations in other states.	15		
		K.2 Describe how you will ensure that all written materials meet the language requirements and which reference material you anticipate you will use to meet the sixth (6 th) grade reading level requirement.	5		
		K.3 Describe your process for producing Member ID cards and information that will accompany the card. Include a layout of the card front and back. Explain how you will ensure that a Member receives a new Member ID Card whenever there has been a change in any of the information appearing on the Member ID Card.	10		
		K.4 Describe your strategy for ensuring the information in your provider directory is accurate and up to date, including the types and frequency of monitoring activities and how often the directory is updated.	10		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		<p>K.5 Describe how you will fulfill Internet presence and Web site requirements, including:</p> <ul style="list-style-type: none"> • Your procedures for up-dating information on the Web site; • Your procedures for monitoring e-mail inquiries and providing accurate and timely responses; and • The procedures, tools and reports you will use to track all interactions and transactions conducted via the Web site activity including the timeliness of response and resolution of said interaction/transaction. 	10		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		Section L: Customer Service (Section §12 of RFP)	100		
		<p>L.1 Provide a narrative with details regarding your member services line including:</p> <ul style="list-style-type: none"> ○ Training of customer service staff (both initial and ongoing); ○ Process for routing calls to appropriate persons, including escalation;The type of information that is available to customer service staff and how this is provided (e.g., hard copy at the person’s desk or on-line search capacity); ○ Process for handling calls from members with Limited English Proficiency and persons who are hearing impaired; ○ Monitoring process for ensuring the quality and accuracy of information provided to members; ○ Monitoring process for ensuring adherence to performance standards; ○ How your customer service line will interact with other customer service lines maintained by state, parish, or city organizations (e.g Partners for Healthy Babies, WIC, housing assistance, and homeless shelters); and ○ After hours procedures. 	25		
		<p>L.2 Provide member hotline telephone reports for your Medicaid or CHIP managed care contract with the largest enrollment as of January 1, 2011 for the most recent four (4) quarters, with data that show the monthly call volume, the trends for average speed of answer (where answer is defined by reaching a live voice, not an automated call system) and the monthly trends for the abandonment rate.</p>	25		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		<p>L.3 Describe the procedures a Member Services representative will follow to respond to the following situations:</p> <ul style="list-style-type: none"> ○ A member has received a bill for payment of covered services from a network provider or out-of-network provider; ○ A member is unable to reach her PCP after normal business hours; ○ A Member is having difficulty scheduling an appointment for preventive care with her PCP; and ○ A Member becomes ill while traveling outside of the GSA. 	20		
		<p>L.4 Describe how you will ensure culturally competent services to people of all cultures, races, ethnic backgrounds, and religions as well as those with disabilities in a manner that recognizes values, affirms, and respects the worth of the individuals and protects and preserves the dignity of each.</p>	15		
		<p>L.5 Describe how you will ensure that covered services are provided in an appropriate manner to members with Limited English proficiency and members who are hearing impaired, including the provision of interpreter services.</p>	15		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		Section M: Emergency Management Plan (Section § 2 of RFP)	25		
		<p>M.1 Describe your emergency response continuity of operations plan. Attach a copy of your plan or, at a minimum, summarize how your plan addresses the following aspects of pandemic preparedness and natural disaster recovery:</p> <ul style="list-style-type: none"> ○ Employee training; ○ Identified essential business functions and key employees within your organization necessary to carry them out; Contingency plans for covering essential business functions in the event key employees are incapacitated or the primary workplace is unavailable; ○ Communication with staff and suppliers when normal systems are unavailable; ○ Specifically address your plans to ensure continuity of services to providers and members; and ○ How your plan will be tested. 	15		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		<p>M.2 Describe your plan in the following Emergency Management Plan scenario for being responsive to DHH, to members who evacuate, to network providers, and to the community.</p> <ul style="list-style-type: none"> You have thirty thousand (30,000) or more CCN members residing in hurricane prone parishes. All three GSAs include coastal parish and inland parishes subject to mandatory evacuation orders during a major hurricane. A category 5 hurricane is approaching, with landfall predicted in 72 hours and parishes within the GSA are under a mandatory evacuation order. State assisted evacuations and self evacuations are underway. Members are evacuated to or have evacuated themselves to not only all other areas of Louisiana, but to other States. Your provider call center and member call center are both located in Baton Rouge and there is a high likelihood of high winds, major damage and power outages for 4 days or more in the Baton Rouge Area (reference Hurricane Gustav impact on Baton Rouge). It is expected that repatriation of the evacuated, should damages be minimal, will not occur for 14 days. If damage is extensive, there may be limited repatriation, while other members may be indefinitely relocated to other areas in Louisiana or other states. 	10		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		Section N: Grievances and Appeals (Section § 13 of RFP)	25		
		<p>N.1 Provide a flowchart (marked as Chart C) and comprehensive written description of your member grievance and appeals process, including your approach for meeting the general requirements and plan to:</p> <ul style="list-style-type: none"> o Ensure that the Grievance and Appeals System policies and procedures, and all notices will be available in the Member's primary language and that reasonable assistance will be given to Members to file a Grievance or Appeal; o Ensure that individuals who make decisions on Grievances and Appeals have the appropriate expertise and were not involved in any previous level of review; and o Ensure that an expedited process exists when taking the standard time could seriously jeopardize the Member's health. As part of this process, explain how you will determine when the expedited process is necessary. <p>Include in the description how data resulting from the grievance system will be used to improve your operational performance.</p>	25		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		Section O: Fraud & Abuse (Section § 15 of RFP)	25		
		O.1 Describe your approach for meeting the program integrity requirements including a compliance plan for the prevention, detection, reporting, and corrective action for suspected cases of Fraud and Abuse in the administration and delivery of services. Discuss your approach for meeting the coordination with DHH and other agencies requirement.	25		
		Section P: Third Party Liability (Section § 5 of RFP)	25		
		P.1 Describe how you will coordinate with DHH and comply with the requirements for cost avoidance and the collection of third party liability (TPL), including: <ul style="list-style-type: none"> ○ How you will conduct diagnosis and trauma edits, including frequency and follow-up action to determine if third party liability exists; (2) How you will educate providers to maximize cost avoidance; ○ Collection process for pay and chase activity and how it will be accomplished; ○ How subrogation activities will be conducted; ○ How you handle coordination of benefits in your current operations and how you would adapt your current operations to meet contract requirements; ○ Whether you will use a subcontractor and if so, the subcontractor's responsibilities; and ○ What routine systems/business processes are employed to test, update and validate enrollment and TPL data. 	25		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		Section Q: Claims Management (Section § 17 of RFP)	80		
		<p>Q.1 Describe the capabilities of your claims management systems as it relates to each of the requirements as specified in Electronic Claims Management Functionality Section and the Adherence to Key Claims Management Standards Section. In your response explain whether and how your systems meet (or exceed) each of these requirements. Cite at least three examples from similar contracts.</p>	30		
		<p>Q.2 Describe your methodology for ensuring that claims payment accuracy standards will be achieved per, Adherence to Key Claims Management Standards Section. At a minimum address the following in your response:</p> <ul style="list-style-type: none"> • The process for auditing a sample of claims as described in Key Claims Management Standards Section; • The sampling methodology itself; • Documentation of the results of these audits; and • The processes for implementing any necessary corrective actions resulting from an audit. 	25		
		<p>Q.3 Describe your methodology for ensuring that the requirements for claims processing, including adherence to all service authorization procedures, are met.</p>	25		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		Section R: Information Systems (Section § 16 of RFP)	200		
		<p>R.1 Describe your approach for implementing information systems in support of this RFP, including:</p> <ul style="list-style-type: none"> • Capability and capacity assessment to determine if new or upgraded systems, enhanced systems functionality and/or additional systems capacity are required to meet contract requirements; • Configuration of systems (e.g., business rules, valid values for critical data, data exchanges/interfaces) to accommodate contract requirements; • System setup for intake, processing and acceptance of one-time data feeds from the State and other sources, e.g., initial set of CCN enrollees, claims/service utilization history for the initial set of CCN enrollees, active/open service authorizations for the initial set CCN enrollees, etc.; and • Internal and joint (CCN and DHH) testing of one-time and ongoing exchanges of eligibility/enrollment, provider network, claims/encounters and other data. • Provide a Louisiana Medicaid CCN-Program-specific work plan that captures: <ul style="list-style-type: none"> ○ Key activities and timeframes and ○ Projected resource requirements from your organization for implementing information systems in support of this contract. 	25		

	<ul style="list-style-type: none"> • Describe your historical data process including but not limited to: <ul style="list-style-type: none"> ○ Number of years retained; ○ How the data is stored; and ○ How accessible is it. <p>The work plan should cover activities from contract award to the start date of operations.</p>			
	<p>R.2 Describe your processes, including procedural and systems-based internal controls, for ensuring the integrity, validity and completeness of all information you provide to DHH (to their Fiscal Intermediary and the Enrollment Broker). In your description, address separately the encounter data-specific requirements in, Encounter Data Section of the RFP as well as how you will reconcile encounter data to payments according to your payment cycle, including but not limited to reconciliation of gross and net amounts and handling of payment adjustments, denials and pend processes. Additionally, describe how you will accommodate DHH-initiated data integrity, validity and provide independent completeness audits.</p>	15		
	<p>R.3 Describe in detail how your organization will ensure that the availability of its systems will, at a minimum, be equal to the standards set forth in the RFP. At a minimum your description should encompass: information and telecommunications systems architecture; business continuity/disaster recovery strategies; availability and/or recovery time objectives by major system; monitoring tools and resources; continuous testing of all applicable system functions, and periodic and ad-hoc testing of your business continuity/disaster recovery plan.</p> <p>Identify the timing of implementation of the mix of technologies and management strategies (policies and procedures) described in your response to previous paragraph, or indicate whether these technologies and management strategies are already in place.</p> <p>Elaborate, if applicable, on how you have successfully implemented the aforementioned mix of technologies and management strategies with other clients.</p>	15		

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		<p>R.4 Describe in detail:</p> <ul style="list-style-type: none"> • How your <i>key production systems</i> are designed to <i>interoperate</i>. In your response address all of the following: <ul style="list-style-type: none"> ○ How identical or closely related data elements in different systems are named, formatted and maintained: <ul style="list-style-type: none"> - Are the data elements named consistently; - Are the data elements formatted similarly (# of characters, type-text, numeric, etc.); - Are the data elements updated/refreshed with the same frequency or in similar cycles; and - Are the data elements updated/refreshed in the same manner (manual input, data exchange, automated function, etc.). ○ All exchanges of data between key production systems. <ul style="list-style-type: none"> - How each data exchange is triggered: a manually initiated process, an automated process, etc. - The frequency/periodicity of each data exchange: “real-time” (through a live point to-point interface or an interface “engine”), daily/nightly as triggered by a system processing job, biweekly, monthly, etc. • As part of your response, provide diagrams that illustrate: <ul style="list-style-type: none"> ○ point-to-point interfaces, ○ information flows, ○ internal controls and ○ the networking arrangement (AKA “network diagram”) associated with the information systems profiled. <p>These diagrams should provide insight into how your Systems will be organized and interact with DHH systems for the purposes of exchanging Information and</p>	15		

		automating and/or facilitating specific functions associated with the Louisiana Medicaid CCN Program.			
Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		<p>R.5 Describe your ability to provide and store encounter data in accordance with the requirements in this RFP. In your response:</p> <ul style="list-style-type: none"> • Explain whether and how your systems meet (or exceed) each of these requirements. • Cite at least three currently-live instances where you are successfully providing encounter data in accordance with DHH coding, data exchange format and transmission standards and specifications or similar standards and specifications, with at least two of these instances involving the provision of encounter information from providers with whom you have capitation arrangements. In elaborating on these instances, address all of the requirements in Section 17. Also, explain how that experience will apply to the Louisiana Medicaid CCN Program. • If you are not able at present to meet a particular requirement contained in the aforementioned section, identify the applicable requirement and discuss the effort and time you will need to meet said requirement. • Identify challenges and “lessons learned” from your implementation and operations experience in other states and describe how you will apply these lessons to this contract. 	15		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		<p>R.6 Describe your ability to receive, process, and update eligibility/enrollment, provider data, and encounter data to and from the Department and its agents. In your response:</p> <ul style="list-style-type: none"> • Explain whether and how your systems meet (or exceed) each of these requirements. • Cite at least three currently-live instances where you are successfully receiving, processing and updating eligibility/enrollment data in accordance with DHH coding, data exchange format and transmission standards and specifications or similar standards and specifications. In elaborating on these instances, address all of the requirements in Section 16 and 17, and the CCN-P Systems Companion Guide.. Also, explain how that experience will apply to the Louisiana Medicaid CCN Program. • If you are not able at present to meet a particular requirement contained in the aforementioned sections, identify the applicable requirement and discuss the effort and time you will need to meet said requirement. • Identify challenges and “lessons learned” from implementation in other states and describe how you will apply these lessons to this contract. 	15		
		<p>R.7 Describe the ability within your systems to meet (or exceed) each of the requirements in Section §16. Address each requirement. If you are not able at present to meet a particular requirement contained in the aforementioned section, identify the applicable requirement and discuss the effort and time you will need to</p>	15		

		meet said requirement.			
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Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		<p>R.8 Describe your information systems change management and version control processes. In your description address your production control operations.</p>	10		
		<p>R.9 Describe your approach to demonstrating the readiness of your information systems to DHH prior to the start date of operations. At a minimum your description must address:</p> <ul style="list-style-type: none"> • provider contract loads and associated business rules; • eligibility/enrollment data loads and associated business rules; • claims processing and adjudication logic; and • encounter generation and validation prior to submission to DHH. 	15		
		<p>R.10 Describe your reporting and data analytic capabilities including:</p> <ul style="list-style-type: none"> • generation and provision to the State of the management reports prescribed in the RFP; • generation and provision to the State of reports on request; • the ability in a secure, inquiry-only environment for authorized DHH staff to create and/or generate reports out of your systems on an <i>ad-hoc</i> basis; and • Reporting back to providers within the network. 	15		
		<p>R.11 Provide a detailed profile of the key information systems within your span of control.</p>	5		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		R.12 Provide a profile of your current and proposed Information Systems (IS) organization.	5		
		R.13 Describe what you will do to promote and advance electronic claims submissions and assist providers to accept electronic funds transfers.	5		
		R.14 Indicate how many years your IT organization or software vendor has supported the current or proposed information system software version you are currently operating. If your software is vendor supported, include vendor name(s), address, contact person and version(s) being used.	Included/Not Included		
		R.15 Describe your plans and ability to support network providers' "meaningful use" of Electronic Health Records (EHR) and current and future IT Federal mandates. Describe your plans to utilizing ICD-10 and 5010.	15		
		R.16 Describe the procedures that will be used to protect the confidentiality of records in DHH databases, including records in databases that may be transmitted electronically via e-mail or the Internet.	10		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		<p>Section S: Added Value to Louisiana Providers and CCN Members</p> <p>If you are awarded a contract, the response to this section will become part of your contract with DHH and DHH will confirm your compliance. The incentives and enhanced payments, for providers and expanded benefits to members proposed herein cannot be revised downward during the initial thirty-six (36) month term of the contract, as such programs were considered in the evaluation of the Proposal. Increases in payments or benefits during the term of the contract may be implemented.</p>	200		
		<p>S.1 The “value added” from Provider Incentive Payments and Enhanced Payments (above the Medicaid rate floor) will be considered in the evaluation of Proposals. Responses to this section (which can be considered Proprietary) will be evaluated based solely on the quantified payment amounts reported herein, based on projected utilization for 75,000 members, and within the guidelines of the CCN program. Any health benefits or cost savings associated with any quality or incentive program shall not be included in this response and will not be considered in the evaluation of this factor.</p>	100		

		<p>Pursuant to State Rules, the default payments between CCNs and providers are Louisiana Medicaid' rates and the CCN must contract at no less than Medicaid rate in effect on the date of service; for example the Medicaid physician fee schedule or Medicaid hospital per diem amounts or FQHC/RHC PPS amounts.</p> <p>Complete RFP Appendix OO to identify circumstances where you propose to vary from the floor reimbursement mechanism.</p> <ul style="list-style-type: none"> • For increased provider payments to be considered in the evaluation, they must represent an increase in the minimum payment rates for all providers associated with the CCN's operating policies and not negotiated rates for a subset of the providers. As an example, if the CCN's physician payment policy is to pay Medicare rates, and possibly negotiate payments above that rate on a case-by-case basis, then the difference between the published Medicaid rate and the Medicare rate would be the quantifiable variance to be reported in this section; if the Medicaid rate was the base rate and anything above that rate subject to negotiation, then such amounts would not qualify for inclusion herein. • If you propose to contract with any providers using methodologies or rates that differ from the applicable Medicaid fee schedules, include such arrangements. By provider type, describe the proposed payment methodologies/rates and quantify the projected per member per month benefit. 			
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		<ul style="list-style-type: none"> • The quantified incentives and enhanced payments reported should only represent the value exceeding the minimum Medicaid payment equivalent. If any proposals are not explicitly above the Medicaid rates, include a detailed calculation documenting how the minimum Medicaid equivalent was considered in the determination of the incentive/enhanced amount. For example, if the CCN proposes to pay physicians at the Medicare fee schedule during calendar year 2012, the amount reported in the attached would be determined as the projected difference between payments at the Medicare fee schedule and the Medicaid fee schedule, documenting the projected value using the Medicaid fees. Further, if capitation or alternative payments are proposed, the equivalent value of Medicaid fee payments based on projected utilization would be removed in the determination of the enhanced value. • Do not include payments for services where Federal or State requirements are currently scheduled to increase payments at a future date. In such circumstances, maintenance of effort will be expected of the CCN. For example, some Medicaid primary care rates are projected to increase to Medicare rates in January of 2013, and the variance between the two types of rates would not qualify as an enhanced/incentive payment after January 1, 2013. • During the evaluation of the proposals, 			
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		<p>preferences will be given to plans based upon the cumulative amount of quantified provider benefit associated with the following:</p> <ul style="list-style-type: none"> ○ higher payment rates than the required Medicaid default rate (fee for service or per diem or PPS or sub-capitated/other alternative rate); ○ bonus payments above the required Medicaid default rate; ○ pay for performance incentive payments above the required Medicaid default rate; and ○ other payment arrangements above the required Medicaid “floor” rate. <ul style="list-style-type: none"> ● Payments for case management services may be included if paid to unrelated practitioners, e.g., physicians, clinics, etc. ● For bonus pools or Pay For Performance (P4P) programs, describe the eligible categories of provider, the basis for paying the applicable bonus pools and the proposed terms and conditions in the template. You may attach additional information, as appropriate. ● Indicate if any bonus pool is to be held in escrow, and if so who will be the escrow agent. ● If any part of the proposed bonus pool is to be funded by withhold from subcontracted provider payments, confirm that the initial provider payment net of withhold would not be less than the Medicaid rate. 			
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		<ul style="list-style-type: none">• The completed template and all additional documentation and calculations shall be accompanied by a statement from the preparing/consulting actuary who is a member of the American Academy of Actuaries certifying the accuracy of the information.			
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Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		<p>S.2 Provide a listing, description, and conditions under which you will offer additional health benefits: 1) not included in the Louisiana Medicaid State Plan or 2) beyond the amount, duration and scope in the Louisiana Medicaid State Plan to members.</p> <ul style="list-style-type: none"> • For each expanded benefit proposed: <ul style="list-style-type: none"> ○ Define and describe the expanded benefit; ○ Identify the category or group of Members eligible to receive the expanded service if it is a type of service that is not appropriate for all Members; ○ Note any limitations or restrictions that apply to the expanded benefit ○ Identify the types of providers responsible for providing the expanded benefit, including any limitations on Provider capacity if applicable. ○ Propose how and when Providers and Members will be notified about the availability of such expanded benefits; ○ Describe how a Member may obtain or access the Value-added 	100		

		<p>Service;</p> <ul style="list-style-type: none"> • Include a statement that you will provide the expanded benefits for the entire thirty six (36) month term of the initial contract. • Describe if, and how, you will identify the expanded benefit in administrative data (encounter Data). <p>Indicate the PMPM actuarial value of expanded benefits assuming enrollment of 75,000 members, accompanied by a statement from the preparing/consulting actuary who is a member of the American Academy of Actuaries certifying the accuracy of the information.</p>			
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