Proposer: AmeriHeatlh Mercy of LA

Pre-Paid or Shared: P

GSA: C

Team 1 Review of CCN Proposals:

Section:		Proposer's Page #:	Possible Points:	Total Possible Points:	Included or Not	Awarded Score:	Comments:
B1	Legal Name, etc	1	Included/Not Included	0	✔	0	Louisiana Corp wholly owned subsidiary of AmeriHealth Mercy Health Plan
B2	Mergers, Acquisitions or Sales	2	Included/Not Included	0	✔	0	Parent has had one acquisition.
B3	Convictions	3	0 to -25	0		0	None - Describe their processes to review employers and subcontractors
B4	Litigation	4	0 to -25	0		-10	None against the Louisiana Corp. 22 against parent and affiliates. Majority is the providers seeking payments. Race descrimination
B5	Bankruptcy	8	0 to -25	0		0	No Bankruptcy
B6	10 K Annual Report	8	0 to -25	0		0	Not a publicly traded company. Not subject to the SEC.
B7	Parent Financial Report	9	Included/Not Included	0	✔	0	Attachement B31 - Parent Financial Stmts Attachment B7 - Unconditional Guarantee
B8	# of Emp, Client base & locations	9	Included/Not Included	0	✔	0	Office in Baton Rouge: Describe their history, their goals and describe their affiliates
B9	Project Team	13	15	15		15	Bidding on all 3 GSA's. One project team for all three area's.
B10	Personel Roster	20	40	40		40	Attachement B9: Orgn Charts; Attachment B10: Personnel rosters
B11	Subcontractors	20	10	10		9	ACS-Claims Data SironaHealth-Nurseline Access2Care-NEMT MTM-NEMT LogistiCare-NEMT VSP-Vision Eyequest-Vision AmeriHealth Mercy Health Plan-Corp Function Six of eight subs are new.
B12	Compliance Program		15	15		15	Corporate compliance program - Reports to the General Counsel and answers to CEO and Audit Committee
B13	Press Releases	62	10	10		10	Attachment B13 - Press releases from the parent company.
B14	Performance Bond	63	Included/Not Included	0	✔	0	Upon award, they will meet the requirements
B15	Ratio's	63	20	20		20	For 2010 Working Cap: $75,576,000 Current Ratio: 1.22 Net Worth: $124,592,000 Debt to Worth: 0.12
B16	Managed Care Contracts	64	75	75		75	Medicaid/CHIP: Pennsylvania, South Carolina, Indiana, Maryland, Non-Medicaid: Kentucky, New Jersey,
B17	Terminated Contracts	68	Included/Not Included	0	✔	0	New Corporation, N/A: Parent Company: Seven contract terminations
B18	Corrective Actions	69	0 to -25	0		0	No contracts terminated for non-performance.
B19	Ratings	69	Included/Not Included	0	✔	0	Not a publicly traded company. No ratingns from these organizations. Financial strength demonstrated in financial measure depicted in Item B15.
B20	Breach of Contract	70	0 to -25	0		0	No breach of contracts for physical health services.

B21	NCQA or URAC	70	**Included/Not Included**	0	✔	0	Louisiana not accredited yet, four affiliates are.
B22	Accrediation Status	71	**0 to -5**	0	☐	0	Louisiana not accredited yet. Parent and affiliates never been adjusted down, suspended or revoked.
B23	Health Plan Report Card	71	**Included/Not Included**	0	✔	0	Report card for affilates provided
B24	External Quality Review	60	**25**	25	☐	20	Louisiana does not have one yet. Provided the one for Pennsylvania. Attachment B24-one item above average, four below average. We did not consider the average items.
B25	Regulatory Action	80	**0 to -50**	0	☐	-20	15 for affiliates - Holding checks, mrkting requirements, lost protective health info.
B26	Investigations	83	**0 to -25**	0	☐	-10	Louisiana none - Kentucky Attorney General investigating false records - $2 million fine.
B27	References	84	**35**	35	☐	35	No negative references.
B28	Websites	86	**Included/Not Included**	0	✔	0	
B29	Certificate of Authority	87	**0 to -25**	0	☐	0	Has applied for the license . Confirmation dated June 14, 2011.
B30	Bank & Credit Reference	88	**50**	50	☐	50	Attachment B-30 Credit Reference: JJ Cacchio, Mid Alantic Graphics, Bank Reference: Regions Bank, PNC Bank Certificate of insurance $500,000 line of credit from Parent Corp.
B31	Financial Statements	89	**50**	50	☐	50	Attachement B31 Parent and Affiliates Financial Statements provided: Unqualified Opinion
			Total Possible Points:	**345**		**299**	***Points Awarded:***

DHH Review Commitee's Approval:

AmeriHeatlh Mercy of LA

W. Jeff Reynolds ***Derek Stafford*** ***Steve Annison***

Proposer Name: Amerihealth Mercy of Louisiana, Inc. GSA: C

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**	90	
		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". **C.1** Discuss your approach for meeting the implementation requirements and include: • A detailed description of your project management methodology. The methodology should address, at a minimum, the following: ○ 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**	20	

Mary Taylor
Kimberly Sullivan
Katherine Bardouin

Proposer Name: Amerihealth Mercy of Louisiana, Inc. GSA: C

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		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: • 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. ○ 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	15	Narrative of itemization lacking Person hours by activity not given Insufficient identification of dependencies

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		C.3 Describe your Risk Management Plan. • At a minimum address the following contingency scenarios that could be encountered during implementation of the program: 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: o Risk identification and mitigation strategies; o Risk management implementation plans; and o Proposed or recommended monitoring and tracking tools.	25	25	

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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
		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.	20	20	
		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.	5	5	
		C.6 Provide the resume of the Implementation Manager (the primary person responsible for coordinating implementation activities and for allocating implementation team resources).	5	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 D: Member Enrollment and Disenrollment	25	23	
		D.1 Describe your enrollment procedure requirements, including how you will ensure that you will coordinate with DHH and its Agent.	5	4	• experience
		D.2 Describe your approach to meeting the newborn enrollment requirements, including how you will: • 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	5	• Wee Care • Provider & Member incentives • Community Baby Shower • Mom 2B
		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	10	• structured approach • Integrated Care Mgmt. • ID behaviorally challenging • one case mgr.
		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	4	• work w/ PCP as necessary • No details on intervention

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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 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**	49	
		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**	49	

Rodney Wi

MJ Scorsin PHargrove

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**		
		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: • 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	8.5	

Rodney Wise
MJS Corsone P. Hargon

Proposer Name: Amerihealth Mercy of Louisiana, Inc. GSA: C

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		F.2 Describe your approach to CCN case management. In particular, describe the following: • 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	83.5	
		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: • Dental • Specialized Behavioral Health • Personal Care Services • Targeted Case Management	5	4.5	

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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
		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.	10	9	
		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?	10	8.5	
		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.	40	39	
		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.	10	9.5	

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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
		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.	Included/Not Included	Incl.	

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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 G: Provider Network (Section § 7 of RFP)	**200**	187.5	
		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. 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. 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) 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	37.5	Specialist Hospitals

Katherine Randonin

		4. Provider Type and Specialty Code - Indicate the practitioner's specialty using Medicaid Provider Type and Specialty Codes. 5. New Patient - Indicate whether or not the provider is accepting new patients. 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. 7. If PCP - the number of potential linkages. 8. If LOI or contract executed. 9. Designate if Signficiant Traditional Provider. 10. GEO coding for this location.			
		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.	**15**	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
		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.	10	10	
		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.	20	20	
		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: ○ Primary Care ○ Specialty Care ○ Prenatal Care Services ○ Hospital, including Rural Hospital ○ Office of Public Health ○ Private Duty Nursing/Home Health Services; ○ FQHC ○ School Based Health Clinic	5	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	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	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	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: ○ 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	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
		G.10 Provide an example from your previous experience of how you have handled provider noncompliance with contract requirements.	5	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	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	15	
		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. ○ 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	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
		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.	10	10	
		G.15 Describe in detail your proposed approach to providing non-emergency medical transportation (NEMT) services, including, at a minimum: • 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	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 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**	26.5	
		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**	9	
		H.3 Regarding your utilization management (UM) staff: • 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, ○ explain how you will track CCN calls separately; and ○ how you will ensure that applicable DHH timeframes for prior authorization decisions are met.	**20**	19	

Rodney Wise

Lori Scorsone P Hargrave

Proposer Name: Amerihealth Mercy of Louisiana, Inc. GSA: C

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		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	20	19	

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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 I: EPSDT(Section § 6 of RFP)	25		
		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.	5	5	
		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: • 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 How you will design and monitor your education and outreach program to ensure compliance with the RFP.	10	9.5	
		I.3 Describe your approach to ensuring that providers deliver and document all required components of EPSDT screening.	5	5	
		I.4 Describe how you will ensure that needs identified in a screening are met with timely and appropriate services.	5	4.3	

Rodney Lee MJ Scorsone PHargrove

Proposer Name: Amerihealth Mercy of Louisiana, Inc. GSA: C

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		
		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: • 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	29	
		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.	10	9.7	

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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
		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.	15	14.5	
		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.	15	14.5	

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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

		J.5 Describe your proposed Quality Assessment and Performance Improvement (QAPI). Such description should address:
		• 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:
		  ○ 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	19	

		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.	10	9.5	

Proposer Name: AmeriHealth Mercy of Louisiana, Inc. GSA: C

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		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. • 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	22.5	

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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
		Provide results for the following HEDIS measures: • 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 . **Include the Proposer's parent organization, affiliates, and subsidiaries**			

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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 K: Member Materials (Section § 12 of RFP)	50	46	
		K.1 Describe proposed content for your member educational materials) and attach a examples used with Medicaid or CHIP populations in other states.	15	15	• extensive materials, beyond requirements
		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 (6th) grade reading level requirement.	5	5	• Monitor language line for trends
		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	8	
		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	10	• Daily audits • 5 pieces of work per employee • Validation w/ provider

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oposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		K.5 Describe how you will fulfill Internet presence and Web site requirements, including: • 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	8	• good e-mail tracking • text •

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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 L: Customer Service (Section §12 of RFP)	**100**	91	
		L.1 Provide a narrative with details regarding your member services line including: ○ 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	25	• 24/7 / 365 service • e-mail text & Webchat • Verint / Avaya • Auto e-learning / analysis • Variety of education tools • NCQA cultural • Self service • online benefits directory • Bilingual Span / Russian / Viet • excellent monitoring • Rapid Response Team
		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.	25	21	

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		L.3 Describe the procedures a Member Services representative will follow to respond to the following situations: ○ 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	18	• Rapid response team • 24/7 phone coverage
		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.	15	15	• Member Council • Bilingual reps • Panel roster w/language • Awards • Test bilingual employees skills
		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.	15	12	• Separate call lines • Rate for providers

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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 M: Emergency Management Plan (Section § 2 of RFP)	25	23	
		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: ○ 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	14	• emergency notification → 6 ways • practical experience • prior auth suspension • providers volunteer • employee impact analysis • business impact analysis • Business Continuity Professional

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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
		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. • 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	9	• Online member Clinical Summary • members w/ special needs addressed.

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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 N: Grievances and Appeals (Section § 13 of RFP)	25	21	
		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: ○ 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; ○ 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 ○ 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. Include in the description how data resulting from the grievance system will be used to improve your operational performance.	25	21	• High rate - noticed & analyzed and addressed.

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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 O: Fraud & Abuse (Section § 15 of RFP)	**25**	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**	25	

Katherine Boudoin

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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 P: Third Party Liability (Section § 5 of RFP)	**25**	25 ~~278~~	DW GB JS
		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: ○ 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**	25	

Janis Sonnestre
Darlene White
George J Bucher, JB

Janis Bournestre
George J. Bacher, III
Darlene White

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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 Q: Claims Management (Section § 17 of RFP)	**80**	78	
		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.	**30**	28	• Only referenced 2 states
		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: • 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**	25	
		Q.3 Describe your methodology for ensuring that the requirements for claims processing, including adherence to all service authorization procedures, are met.	**25**	25	

Darlene White
Janis Bournestre
George J. Bacher, III

Janis Sonnestine
George J. Bucher, III
Darlene White

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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 R: Information Systems (Section § 16 of RFP)	**200**	180 ~~175~~	DW SJB
		R.1 Describe your approach for implementing information systems in support of this RFP, including: • 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: ○ Key activities and timeframes and ○ Projected resource requirements from your organization for implementing information systems in support of this contract. • Describe your historical data process including but not limited to: ○ Number of years retained; ○ How the data is stored; and ○ How accessible is it. The work plan should cover activities from contract award to the start date of operations.	25	18	• On-line files less than required 6 years. • SDLC shall meet or exceed customer expectations regardless of cost. • Lack a strong post-implementation monitoring. • Emergency changes should utilize QA + testing.

Darlene White
Janis Sonnestine
George J. Bucher, III

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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
		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.	15	14	• Enrollment Broker data exchange not shown on Page 20.
		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. 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. Elaborate, if applicable, on how you have successfully implemented the aforementioned mix of technologies and management strategies with other clients.	15	15	• Tier IV Data Center • FIPS 140-2 validated cryptography.

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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
		R.4 Describe in detail: • How your *key production systems* are designed to *interoperate*. In your response address all of the following: ○ How identical or closely related data elements in different systems are named, formatted and maintained: - 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. - 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: ○ point-to-point interfaces, ○ information flows, ○ internal controls and ○ the networking arrangement (AKA "network diagram") associated with the information systems profiled. These diagrams should provide insight into how your Systems will be organized and interact with DHH systems for the purposes of exchanging Information and	15	11	• On page 37 outbound filescoming back to State not clearly defined. • Proposers understanding of carved out services not adequately described

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		automating and/or facilitating specific functions associated with the Louisiana Medicaid CCN Program.			
		R.5 Describe your ability to provide and store encounter data in accordance with the requirements in this RFP. In your response: • 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	15	

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		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: • 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	13	• Several instances where referenced State's requirements were not same as LA – but failed to identify how/when LA requirements would be addressed.
		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 meet said requirement.	15	14	• Unclear regarding final statement on page 89.

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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
		R.8 Describe your information systems change management and version control processes. In your description address your production control operations.	10	8	· Control process does not identify backing out of changes from a failed implementation.
		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: • 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	13	· No detail provided
		R.10 Describe your reporting and data analytic capabilities including: • 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 *ad-hoc* basis; and • Reporting back to providers within the network.	15	15	
		R.11 Provide a detailed profile of the key information systems within your span of control.	5	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
		R.12 Provide a profile of your current and proposed Information Systems (IS) organization.	5	5	
		R.13 Describe what you will do to promote and advance electronic claims submissions and assist providers to accept electronic funds transfers.	5	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	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	14	. Not utilizing a crosswalk for ICD-10, but didn't clearly state what they are doing.
		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	10	
		R17 Auto 5 pts. given	5	5	DW GS

Proposer:

AmeriHeatlh Mercy of LA

Pre-Paid or Shared:

P

GSA: B

Team 1 Review of CCN Proposals:

Section:		Proposer's Page #:	Possible Points:	Total Possible Points:	Included or Not	Awarded Score:	Comments:
S1	Provider Incentive Payments		100	100	☐	49	$129,000 per month cost
S2	Additional Benefits to Clients		100	100	☐	76	Monthly Cost: $209,250.00
			Total Possible Points:	200		126	Points Awarded:

DHH Review Commitee's Approval:

AmeriHeatlh Mercy of LA

W. Jeff Reynolds

Derek Stafford

Steve Annison