Proposer:

Louisiana Physicians Connections

Pre-Paid or Shared:

S

GSA: A

Team 1 Review of CCN Proposals:

Section:		Proposer's Page #:	Possible Points:	Total Possible Points:	Included or Not	Awarded Score:	Comments:
B1	Legal Name, Form of Business	1	Included/Not Included	0	☑	0	Louisiana Physician Connections is a newly formed limited liability company. It is equally owned by Louisiaina Independent Physicians Association and PPC Holdings Management. Headquarters are in Baton Rouge.
B2	Mergers, Acquisitions or Sales	3	Included/Not Included	0	☑	0	As a new entity, there have been no mergers, acquistions, or sales of our organization with the last ten years. LPC does not anticipate any changes in ownership durign the 12 months following the Proposal Due Date.
B3	Convictions	4	0 to -25	0	☐	-5	None of LPCs employees, agents, independent contractors, or subcontractors have been convicted of, pled guilty to, or pled nolo contendre to any felon and/or any Medicaid or health care related offense or have ever been debarred or suspended by any federal or state governmental body. No info provided for parent, affiliates & subsidiaries.
B4	Litigations	4	0 to -25	0	☐	-5	There are no pending or recent (within the past five years) litigation against LPC. No info provided for parent, affiliates & subsidiaries.
B5	Bankruptcy	4	0 to -25	0	☐	-5	LPC has not filed (or had giled 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. As a new entity, there is no predecessor company. No info provided for parent, affiliates & subsidiaries.
B6	10K Annual Report	5	0 to -25	0	☐	0	LPC, its owners or affiliates, are not publically traded.
B7	Parent Financial Statements	5	Included/Not Included	0	☐	-10	As newly created entity, with 50% LIP ownership and 50% PPC ownership, there is no parent company. Per the RFP. First not included results in a negative 10 points.
B8	Employees, Client Base and Locations	6	Included/Not Included	0	☑	0	11 full time key staff, which all but one will be located in the State of Louisiana. The position of CFO will initially not be in the State of Louisiana. Office located in Baton Rouge. Organization Chart on Page 7.
B9	Project Team	8	15	15	☐	15	Proposal for all three GSA's. 11 key personnel and 5 consultants will make up the team. The team has experience with Medicaid, Medicare, government sponsored programs and coordinated care programs. The have experience in leading and launching Medicaid and/or Medicare program in Louisiana, Texas, South Carolina, Florida, Maryland and DC.
B10	Personnel Rosters	11	40	40	☐	40	Medicaid/Medicare experience between 3 and 30 years.
B11	Subcontractors	12	10	10	☐	5	MedHOK - System and Technical Reqirements. This is similar to what they are doing in South Carolina. Did not provide the requested information on the subcontractor.

B12	Compliance Program	14	15	15	☐	15	LPC's Compliance Plan is our commitment to comply with applicable laws and regulations. Provided their Corporate Compliance Program Statement of Policy. Compliance Officer will be the primary focal point for compliance activities. Reports directly to the Board of Directors. Organization Chart on Page 18
B13	Press Releases	19	10	10	☐	10	As a newly created entitty, LPC does not have any press releases in the twelve months prior to the Deadline for Proposal. They have been referenced in a a SCDHHS and PPC press release. These releases were provided.
B14	Performance Bonds	23	Included/Not Included	0	☑	0	LPC and its owners are positioned and ready to secure the necessary bonds, insurance and funding at the time LPC enters into a contract with DHH.
B15	Financial Ratio's	23	20	20	☐	5	Projected Financial Ratio's: 2012 Working Capital: $2,673,834 Current Ratio: 12.7 Networth: $2,119,451 Debt to worth Ratio: 0.00
B16	Managed Care Contracts	24	75	75	☐	25	LPC does not have any. One of it's owners, PPC has a publicly funded Medicaid/CHIP contrat with South Carolina. Contact person for this contract is Tony Keck.
B17	Terminated Contracts	29	Included/Not Included	0	☑	0	LPC, its owners or affiliates, have not had any contract terminated or not renewed with the past five years.
B18	Corrective Actions	26	0 to -25	0	☐	0	Not Applicable.
B19	Current Ratings	26	0 to -25	0	☐	0	Not Applicable.
B20	Breach of Contract	26	0 to -25	0	☐	0	LPC, its owners or affiliated, have not been found to be in breach of the contract within the past five years.
B21	Quality Reviews	27	25	25	☐	5	PPC launched its Coordinated Care Plan in South Carolina this year. Although the plan has not received its first year review, we do have a full Readiness Review reports attached as Appendix 2.
B22	Regulatory Actions	27	0 to -50	0	☐	0	LPC, its owners or affiliated, have not had any regulatory action, or sanction, including both monetary and non-monetary sanctions imposed by any federla or state regulatory entity within the last five years.
B23	Criminal Investigations	27	0 to -25	0	☐	0	LPC, its owners or affiliated, have not been the subject or have recethly been the subject of a criminal or civil investigation by a a state or federal agency other than investigations described in response to item B.6.
B24	References	28	30	30	☐	30	Jerry A Parrish, VP Finance AnMed Health Georgetown Health Group Palmetto Primary Care Physicians No Negative comments.
B25	Websites	29	Included/Not Included	0	☑	0	Included
B26	Bank & Credit References	30	50	50	☐	0	As a newly created entity, LPC does not have prior financial statements. We ask DHH this requirement will be waived upon satisfying the performance bond requirement and minimum net worth requirements. At tthat time, LPC will secure the appropriate and needed insurance and financial items required by DHH.

B27	Financial Statements	31	50	50		10	Appendix 4 - Unaudited Pro Forma Statements. They ask DHH to allow them to provide copies of its bank statement for all accounts at the time we enter into a contract with DHH.
			Total Possible Points:	340		135	*Points Awarded:*

DHH Review Commitee's Approval:

Louisiana Physicians Connections

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

Proposer Name: LA Physicians Connecitons, LLC GSA: A

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	72	
		C.1 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", or May 1 of 2012 for GSA "C". 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: o Issue identification, assessment, alternatives analysis and resolution; o Resource allocation and deployment; o 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 o Automated tools, including use of specific software applications.	15	15	

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Kimberly Sulli
Katherine Baodoin

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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.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. o All activities to prepare for and participate in the Readiness Review Process; and o 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.)	30	22	address only Does not list person hours by activity

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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.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	5	~~indentifi~~ identified Risk only does not address what happens if it doesn't work No monitoring/tracking tools listed

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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	

Proposer Name: LA Physicians Connecitons, LLC GSA: A

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 (Section 10 of the RFP)	25	15	
		D.1 Describe your enrollment procedure requirements, including how you will ensure that you will coordinate with DHH and its Agent.	5	2.5	Limited detail, limited technical
		D.2 Describe the types of interventions you will use prior to seeking to disenroll a Member as described in CCN Initiated Member Disenrollment, Section 12 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.	15	9.5	Direct to grievance with no intervention
		D.3 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	3	• No QC check • HIPAA concerns • No 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 7 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	40	
		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	40	

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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 F: Service Coordination (Section 7 of RFP)	**160**		
		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 use 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	

Proposer Name: LA Physicians Connecitons, LLC GSA: A

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; • How you will assist in providing access to specialist for medically necessary services; and • How you will incorporate provider input into strategies to influence behavior of members.	85	70	
		F.3 Describe your approach for coordinating Louisiana Medicaid State Plan services which will continue to be provided by the Medicaid fee-for-service program.	5	4	

Proposer Name: LA Physicians Connecitons, LLC GSA: A

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 Aside from transportation, what specific measures will you take to assist members in rural parishes are able to access specialty care? Also address specifically how will you ensure members with disabilities have access?	10	8	
		F.5 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	32	
		F.6 Many faith based, social and civic groups, resident associations, and other community-based and governmental 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	8	

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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 9 of RFP)	**110**	69	
		G.1 Provide a listing of the proposed providers network, including 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. You should provide individual maps as well as overlay maps to demonstrate distance relationships between provider types, if applicable. 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.	25	13	No maps Time + distance coverage not given

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		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, and Postal Code. 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 Significant Traditional Provider. 10. GEO coding for this location.			
		G.2 Describe how you will handle the potential loss of a large PCP group or practice. .	5	5	
		G.3 omitted from evaluation form/RFP but included in total points 110	10	10	auto assigned to all

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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.4 Describe your process for monitoring and ensuring adherence to DHH's requirements regarding appointments and wait times.	5	5	
		G.5 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.	5	5	
		G.6 Describe your plan for working with PCPs to obtain NCQA medical home recognition or JCAHO Primary Home accreditation and meeting the requirements of Section 14.	5	0	Nothing about working with provider
		G.7 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: o Compliance with cost sharing requirements (see, Sections 19); o Compliance with medical record documentation standards; (Section 15) o Compliance with conflict of interest requirements (see, Sections 19); o Compliance with lobbying requirements (Sections 19); o Compliance with disclosure requirements in (Section 19); and o Compliance with marketing requirements (Section 11).	5	0	non responsive

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.8 Provide an example from your previous experience of how you have handled provider noncompliance with contract requirements, if applicable	5	0	None given
		G.9 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. Describe how you will educate and train providers that join your network after program implementation. Identify the key requirements that will be addressed	10	1	if requested by provider they will find a trainner
		G.10 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. o Submit sample quality profile reports used by you, or proposed for future use (identify which). o Describe the rationale for selecting the performance measures presented in the sample profile reports. o Describe the proposed frequency with which you will distribute such reports to network providers.	15	15	

Proposer Name: LA Physicians Connecitons, LLC GSA: A

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.11 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	5	nothing on responding to provider
		G.12 Describe how Louisiana-based providers will be will be involved in the operations and decision making of the CCN decision making. This includes medical as well as financial operations such as medical decisions and savings distribution.	10	10	

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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 7 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	24	
		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	16	

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Proposer Name: LA Physicians Connecitons, LLC GSA: A

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.	20	17	

Proposer Name: LA Physicians Connecitons, LLC GSA: A

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 7 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	4	
		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	8	
		I.3 Describe your approach to ensuring that providers deliver and document all required components of EPSDT screening.	5	4	
		I.4 Describe how you will ensure that needs identified in a screening are met with	5	4	

MSCorsne [signature] Rodney Wine

		timely and appropriate services.			
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 7 of RFP)	**115**		
		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 • Reduction in racial and ethnic health care disparities to improve health status • Hospital readmissions and avoidable hospitalizations	30	22	

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Rodney Wise

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.2 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	13	
		J.3 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	13	

Proposer Name: LA Physicians Connecitons, LLC GSA: A

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		J.4 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 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 your will keep DHH informed of PIPs 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	15	

		J.5 Describe how feedback (complaints, survey results, CCN Consumer/Provider Committee, 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	8	

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.6 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.** Provide results for the following HEDIS measures: • Adults' Access to Preventive/Ambulatory Health Services • Comprehensive Diabetes Care- HgbA1C component	25	20	

		• 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			

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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 11 of RFP)	50	34.5	also
		K.1 Describe proposed content for your member educational materials) and attach examples used with Medicaid or CHIP populations in other states.	15	11	No real description of proposed content.
		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	2	limited detail Does not address all language needs
		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	7	• No info on material to accompany card • Cards must go out in 10 days - monthly not acceptable
		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	6.5	• Only address billing • Provider relations coordination • How often update hard copy

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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
		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	• Dedicated IT • Email 48 hrs. • Ti[illegible] + [illegible] SW

Proposer Name: LA Physicians Connecitons, LLC GSA: A

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 11 of RFP)	100	40	
		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	19	• AED • Training - how much? • bilingual queue • post training - how often • language line • No mention of outbound/ welcome calls
		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, if applicable.	25	Ø	No reports provided

Proposer Name: LA Physicians Connecitons, LLC GSA: A

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or G)	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		L.3 Describe the procedures a Member Services representative will follow to respond to the following situations: o A member has received a bill for payment of covered services from a network provider or out-of-network provider; o A member is unable to reach her PCP after normal business hours; o A Member is having difficulty scheduling an appointment for preventive care with her PCP; and o A Member becomes ill while traveling outside of the GSA.	20	18	• follow up/ member • triage w/nurse • Educate provider
		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	11	• Plan to ensure culturally competent is lacking.
		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	• what qualifies as a vital document.

Proposer Name: LA Physicians Connecitons, LLC GSA: A

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 3 of RFP)	25	20	
		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	12	
		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	10	8	• standard, basic response

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

Proposer Name: LA Physicians Connecitons, LLC GSA: A

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 (Section 12 of RFP)	25	20	
		N.1 Provide a flowchart (marked as Chart C) and comprehensive written description of your member grievance process, including your approach for meeting the general requirements and plan to: o Ensure that the Grievance 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 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. Include in the description how data resulting from the grievance system will be used to improve your operational performance.	25	20	Standard language

Proposer Name: LA Physicians Connecitons, LLC GSA: A

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)	15	5	
		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.	15	5	Does not address Medicaid Providers No coordination

Mary [illegible]
Liberty Sull-
Katherine Bowdoin

Proposer Name: LA Physicians Connecitons, LLC GSA: A

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: Claims Management (Section 14 of RFP)	80	33	
		P.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	13	· New Company - Cannot provide 3 similar contracts. · Didn't describe capabilities of claims management systems.
		P.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	10	· Didn't describe claims payment accuracy standards. · Must develop an audit function · Must test prior to implementing
		P.3 Describe your methodology for ensuring that the requirements for claims processing, including adherence to all service authorization procedures, are met.	25	10	· Service desk Req. hours are from 7:00A - 7:00P. · Didn't describe processes.

George J. Bucher
Janis Sonnestre

Proposer Name: LA Physicians Connecitons, LLC GSA: A

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: Information Systems (Section 13 of RFP)	200	91	
		Q.1 Describe your approach for implementing Management 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: o Key activities and timeframes and o Projected resource requirements from your organization for implementing information systems in support of this contract.	35	B	• Didn't adequately describe approach to MIS. • No limit - ready to go - but detail provided doest show capability. • Wasn't discussed/configuration of systems. • Approch not described. • Work plan is not adequate + shows dates that may not be attainable - such as complete elig/enrollment data exchang by 8/ Fi/11. • Retention is only 30 days other 48 hrs. to pull.

George J. Buchanan
Janis Sonnestre

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		• Describe your historical data process including but not limited to: o Number of years retained; o How the data is stored; and o How accessible it is. The work plan should cover activities from contract award to the start date of operations.			
		Q.2 Describe the ability within your systems to meet (or exceed) each of the requirements in Section 16 of the RFP and the CCN-P Systems Companion Guide. 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	7	. Didn't provide description
		Q.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 (a), 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	7	Didn't give specific description

Proposer Name: LA Physicians Connecitons, LLC GSA: A

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		Q.4 Describe in detail: • How your *key production systems* are designed to *interoperate*. In your response address all of the following: o 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.). o 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: o point-to-point interfaces, o information flows, o internal controls and o 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 automating and/or facilitating specific functions associated with the Louisiana Medicaid CCN Program.	15	7	· Responded that will meet – but didn't provide detail.

Proposer Name: LA Physicians Connecitons, LLC GSA: A

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		Q.5 Describe your ability to provide and store service/prior authorization 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 service/prior authorization functions in accordance with DHH coding, data exchange format and transmission standards and specifications or similar standards and specifications. Explain how previous or current experience will apply to the Louisiana Medicaid CCN Program. • If you are not able at present to meet a particular requirement contained in the RFP, 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	7	· Didn't cite 3 instances · Didn't provide flow of process.
		Q.6 Describe your ability to receive, process, and update eligibility/enrollment, provider data, and claims data to and from the Department and its agents; in accordance with the requirements in Section 14. 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	15	7	· Stated would meet requirements - no detail provided

Proposer Name: LA Physicians Connecitons, LLC GSA: A

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		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 14 and the Systems Companion Guide, as applicable. 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.			
		Q.7 Describe the ability within your systems to meet (or exceed) each of the requirements in Section 13 - System and Technical Requirements. 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	7	· Didn't provide ability to meet/exceed requirements
		Q.8 Describe your information systems change management and version control processes. In your description address your production control operations.	10	5	· Timeframes not identified · Version control process not adequate
		Q9 Describe your approach to demonstrating the readiness of your Management 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; and • claims processing and adjudication logic.	15	5	· No detail provided

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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
		Q.10 Describe your reporting and data analytic capabilities including: • generation and provision to DHH 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	12	· Description not provided.
		Q.11 Provide a detailed profile of the key information systems within your span of control.	5	2	· Provided types of services not key info systems.
		Q.12 Provide a profile of your current and proposed Information Systems (IS) organization.	5	2	· No detail.
		Q.13 Describe what you will do to promote and advance electronic claims submissions and assist providers to accept electronic funds transfers.	5	1	· Response did not answer question
		Q.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	

Proposer Name: LA Physicians Connecitons, LLC GSA: A

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		Q.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	5	· Didn't respond to 5010 + meaningful use.
		Q.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	4	No description provided

Proposer:

Louisiana Physicians Connections

Pre-Paid or Shared:

S

GSA: A

Team 1 Review of CCN Proposals:

Section:		Proposer's Page #:	Possible Points:	Total Possible Points:	Included or Not	Awarded Score:	Comments:
R1	Provider Incentive Payments		100	100	☐	100	Monthly Cost $465,000.00
			Total Possible Points:	100		100	Points Awarded:

DHH Review Commitee's Approval:

Louisiana Physicians Connections

Wyatt Reynolds

Derek Stafford

Steve Annison