

**Addendum # 9**

**Revised Appendix KK**

**RFP# 305PUR-DHHRFP-BH-MCO-2014-MVA**

**LOUISIANA BAYOU HEALTH PROGRAM  
MCO PROPOSAL SUBMISSION AND EVALUATION REQUIREMENTS  
RFP #**

**PROPOSER NAME**

Louisiana Healthcare Connections, Inc.

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

In responding to this RFP, the Proposer should adhere to the specifications outlined in Section §22 of the RFP. The proposal should address all requirements listed in this appendix and should provide, in sequence, the information and documentation as required.

The Proposer should complete only the first column of this form to provide an index referencing the location of your response to each item listed (page and section number). This completed form should be included as appendix A of your proposal. The DHH Proposal Review Team will review the proposer's response to the RFP as outlined in this evaluation tool. The review team will be comprised of state employees. DHH reserves the right, at its sole discretion, to conduct its own research and/or consult with contracted subject matter experts in order to verify and assess the information presented. **The review, including but not limited to, an assessment of the compliance with specifications and provisions of the RFP, the quality, feasibility, and reasonableness of the proposal, will be the basis for the scoring of the proposal.**

Any contract resulting from this RFP process shall incorporate by reference the respective proposal responses to all items as a part of said Contract (Refer to Section §22 of RFP).

**NOTICE: The department reserves the right to conduct its own research and/or consult with contracted subject matter experts in order to verify and assess the information presented.**

All Mandatory Requirements listed in Part I. must be included in the proposal. The DHH Division of Contracts and Procurement Support will review the proposal to determine if the Mandatory Requirement Items (below) are submitted and complete and mark each with included or not included.

Page # of Response In Proposal	<b>PART I: MANDATORY REQUIREMENTS</b> <b>Any proposal submitted without all mandatory requirements will be disqualified from the evaluation process immediately.</b>	Total Possible Points	Score	DHH Comments
A-1	<b>A.1.</b> Provide the <b>Proposal Certification Statement (RFP Appendix # A)</b> completed and signed, in the space provided, by an individual empowered to bind the Proposer to the provisions of this RFP and any resulting contract. The Proposer must sign the Proposal Certification Statement without exception or qualification.	Included/ Not Included	N/A	
A-5	<b>A.2.</b> Provide a statement signed by an individual empowered to bind the Proposer to the provisions of this RFP and any resulting contract guaranteeing that there will be no conflict or violation of the Ethics Code if the Proposer is awarded a contract. Ethics issues are interpreted by the Louisiana Board of Ethics. (See Section 22.4 of the RFP.)	Included/ Not Included	N/A	
A-9	<b>A.3.</b> Provide documentation showing that the Proposer has acquired a certificate of authority (COA) from the Louisiana Department of Insurance to establish and operate a MCO as defined in RS 22:1016 and in accordance with rules and regulations as defined by the Department of Health and Hospitals. (See Section 2.1.1.2 of the RFP.)	Included/ Not Included	N/A	
A-15	<b>A.4.</b> Provide either a statement of attestation that the Proposer has no moral or religious objections to providing any core benefits or services described in Section 6 of the RFP; <b>or</b>  Submit a statement of any moral and religious objections to providing any core benefits or services described in Section 6 of the RFP. Describe, in as much detail as possible, all direct and related services that are objectionable.  (continued on next page)	Included/ Not Included	N/A	

	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. (See Section 2.4.3 of the RFP.)			
<b>Page # of Response In Proposal</b>	<b>PART II. FINANCIAL REQUIREMENTS</b> <b>Any proposal that does not earn 25 out of the 35 points will be disqualified from the evaluation process immediately.</b>	<b>Total possible points</b>	<b>Score</b>	<b>DHH Comments</b>
	<b>Section B: Financial Stability</b>	<b>30</b>		
B-1	<p><b>B.1</b> Provide the following as documentation of the Proposer's and parent corporation's sufficient financial strength and resources to provide the scope of services as required:</p> <ul style="list-style-type: none"> <li>• Three years of independently audited financial statements and associated enrollment figures from the Proposer. Compiled or reviewed financial statements will not be accepted. The audited financial statements must be: <ul style="list-style-type: none"> <li>○ Prepared with all monetary amounts detailed in U.S. currency;</li> <li>○ Prepared under U.S. generally accepted accounting principles; and</li> <li>○ Audited under U.S. generally accepted auditing standards. The audited financial statements must include the auditor's opinion letter, financial statements, and the notes to the financial statements.</li> </ul> </li> <li>• The Proposer's four (4) most recent internally prepared unaudited quarterly financial statements (and Year-to-Date), with preparation dates indicated. The statements must include documentation disclosing the amount of cash flows from operating activities. This documentation must indicate whether the cash flows are positive or negative, and if the cash flows are negative for the quarters, the documentation must include a detailed explanation of the factors contributing to the negative cash flows.</li> </ul> <p style="text-align: center;">(continued on next page)</p>	15		

	<ul style="list-style-type: none"> <li>• Verification of any contributions made to the Proposer to improve its financial position after its most recent audit (e.g., copies of bank statements and deposit slips), if applicable.</li> <li>• Proposer shall include the Proposer's parent organization.</li> </ul> <p>Provide the following information (in Excel format) based on each of the financial statements submitted: (1) Working capital; (2) Current ratio; (3) Quick ratio; (4) Net worth; and (5) Debt-to-worth ratio.</p> <p>If there are one (1) or more intermediate owners between your organization and the ultimate owner, this additional requirement is applicable only to the ultimate owner.</p>			
B-3	<b>B.2.</b> Provide your last three (3) statements containing your Risk Based Capital Ratio as prepared in accordance with instructions published by the National Association of Insurance Commissioners (NAIC). Include for both the proposing entity and the parent organization if applicable.	2		
B-3	<b>B.3</b> As applicable, provide (in table format) the Proposer's current ratings as well as ratings for each of the past three years from AM Best Company.	3		
B-4	<b>B.4</b> Provide a statement of whether or not, in the last ten (10) years, you or a predecessor company has filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors. If so, provide an explanation that includes relevant details, including the date in which the Proposer emerged from bankruptcy or expects to emerge. If still in bankruptcy, provide a summary of the court-approved reorganization plan. Include your organization's parent organization, affiliates, and subsidiaries in this response.	5		
B-4	<b>B.5</b> Provide the following as documentation of financial responsibility and stability: <ul style="list-style-type: none"> <li>• a current written bank reference, in the form of a letter, indicating that the Proposer's business relationship with the financial institution is in positive standing;</li> <li>• two current written, positive credit references, in the form of a letters, from vendors with which the Proposer has</li> </ul>	5		

	<p>done business or, documentation of a credit rating determined by an accredited credit bureau within the last 6 months; and (continued on next page)</p> <ul style="list-style-type: none"> <li>a copy of a valid certificate of insurance indicating liability insurance in the amount of at least one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) in the aggregate.</li> </ul>			
	<p><b>Section C: Publicly Traded Organizations</b> <b>DO NOT ANSWER THIS SECTION IF YOUR ORGANIZATION IS PRIVATELY OWNED</b></p>	5 for publicly traded		
C-1	<p><b>C.1</b> Submit the most recent United States Securities and Exchange Commission (SEC) Form 10K Annual Report, and the most-recent 10-Q Quarterly report.</p> <p>Provide a statement whether there have been any Securities Exchange Commission (SEC) investigations, civil or criminal, involving your organization in the last ten (10) years. If there have been any such investigations, provide an explanation with relevant details and outcome. If the outcome is against the Proposer, provide the corrective action plan implemented to prevent such future offenses. Also provide a statement of whether there are any current or pending Securities Exchange Commission investigations, civil or criminal, involving the Proposer, and, if such investigations are pending or in progress, provide an explanation providing relevant details and provide an opinion of counsel as to whether the pending investigation(s) will impair the Proposer's performance in a contract/Agreement under this RFP. Include your organization's parent organization, affiliates, and subsidiaries in this response.</p>	3		
C-1	<p><b>C.2</b> Provide your organization's bond rating for the current year and each of the past three years. Include your organization's parent organization, affiliates, and subsidiaries in this response.</p>	2		
	<p><b>Section D: Privately Owned Organizations</b> <b>DO NOT ANSWER THIS SECTION IF YOUR ORGANIZATION IS PUBLICLY TRADED</b></p>	5 for privately owned		
D-1	<p><b>D.1</b> Provide your organization's credit rating for the current year and each of the past three years. Include your organization's</p>	5		

	parent organization, affiliates, and subsidiaries in this response.			
Page # of Response In Proposal	PART III. ORGANIZATIONAL REQUIREMENTS	Total possible points	Score	DHH Comments
	<b>Section E: Qualifications and Experience</b>	<b>50</b>		
E-1	<p><b>E.1</b> Provide a listing of, all of your organization’s publicly-funded managed care contracts for Medicaid/CHIP and/or other low-income individuals within the last five (5) years (including your parent organization, affiliates, and subsidiaries); or</p> <p>If your organization has not had any publicly-funded managed care contracts for Medicaid/CHIP individuals within the last five (5) years, identify the Proposer’s ten largest (as measured by number of enrollees) managed care contracts for populations other than Medicaid/CHIP individuals within the last five (5) years.</p> <p>The listing of contracts should be provided in a table format. For each contract identified, provide each of the following items as a column in the table: the trade name, a brief description of the scope of work, the duration of the contract, the contact name and phone number, the number of members and the population types (e.g., TANF, ABD, duals, CHIP), the annual contract payments, whether payment was capitated or other, and the role of subcontractors, if any.</p>	5		
E-29	<p><b>E.2</b> Identify whether your organization currently has a Louisiana Medicaid/CHIP managed care contract.</p>	5		

E-29	<p><b>E.3</b> For any of your organization's contracts <del>to provide health services within the past five years</del> <b>listed in response to E.1</b>, has the other contracting party notified the Proposer that it has found your organization to be non-compliant with the terms of your contract? If yes: (1) provide a description of the events concerning the non-compliance, specifically addressing the issue of whether or not the breach was due to factors beyond the Proposer's control. (2) Was a corrective action plan (CAP) imposed? If so, describe the steps and timeframes in the CAP and whether the CAP was completed. (3) Was a sanction imposed? If so, describe the sanction, including the amount of any monetary sanction (e.g., penalty or liquidated damage) (4) Was the breach the subject of an administrative proceeding or litigation? If so, what was the result of the proceeding/litigation?</p> <p>Include your organization's parent organization, affiliates, and subsidiaries in this response.</p>	10		
E-46	<p><b>E.4</b> Identify whether your organization has had any contract <b>listed in response to E.1</b> terminated or not renewed within the past five (5) years. If so, describe the reason(s) for the termination/nonrenewal, the parties involved, and provide the address and telephone number of the client; and</p> <p>If the contract was terminated/non-renewed, based on your organization's performance, describe any action taken to prevent any future occurrence of the problem leading to the termination/non-renewal.</p> <p>Include your organization's parent organization, affiliates, and subsidiaries in this response.</p>	10		

<p>E-57</p>	<p><b>E.5</b> Provide evidence of current accreditation by national entity – either URAC or NCQA for at least one state product line <b><u>listed in response to E.1.</u></b></p> <p>If you have national accreditation, have you ever had your accreditation status (e.g., NCQA) in any state for any product line adjusted down, suspended, or revoked? If so, identify the state and product line and provide an explanation.</p> <p>Include your organization’s parent organization, affiliates, and subsidiaries in this response.</p>	<p>2</p>		
<p>E-59</p>	<p><b>E.6</b> Provide as an attachment a copy of the most recent external quality review report (pursuant to Section 1932(c)(2) of the Social Security Act) for the Medicaid contract identified in response to item B-4 <b><u>E.1</u></b> of this section that had the largest number of enrollees as of January 1, 2014. Provide the entire report. In addition, provide a copy of any corrective action plan(s) requested of your organization as a result of this review.</p>	<p>3</p>		
<p>E-59</p>	<p><b>E.7</b> Identify and describe any regulatory action, or sanction, including both monetary and non-monetary sanctions imposed by any federal or state regulatory entity against your organization within the last five (5) years. In addition, identify and describe any letter of deficiency issued as well as any corrective actions requested or required by any federal or state regulatory entity within the last five (5) years that relate to Medicaid or CHIP contracts.</p> <p>Include your organization’s parent organization, affiliates, and subsidiaries in your response to this question.</p>	<p>5</p>		

E-67	<p><b>E.8</b> State whether or not your organization is currently the subject or has recently (within the past five (5) years) been the subject of a criminal or civil investigation by a state or federal agency other than investigations described in response to item <del>D.2</del> <b>C.1</b> of this part. If your organization has recently been the subject of such an investigation, provide an explanation with relevant details and the outcome. If the outcome is against your organization, provide the corrective action plan implemented to prevent such future offenses.</p>	5		
E-68	<p><b>E.9</b> Submit three (3) client references for your organization for major contracts; with at least one reference for a major contract you have had with a state Medicaid agency.</p> <p>Each reference must be from contracts within the last five (5) years. References for your organization shall be submitted to the State using the questionnaire contained in RFP Appendix QQ. You are solely responsible for obtaining the fully completed reference check questionnaires, and for submitting them sealed by the client providing the reference, with your Proposal, as described herein. You should complete the following steps:</p> <ol style="list-style-type: none"> <li>a. Make a duplicate (hard copy or electronic document) of the appropriate form, as it appears in RFP Appendix QQ (for your organization or for subcontractors, adding the following customized information: <ul style="list-style-type: none"> <li>• Your/Subcontractor's name;</li> <li>• Reference organization's name; and</li> <li>• Reference contact's name, title, telephone number, and email address.</li> </ul> </li> <li>b. Send the form to each reference contact along with a new, sealable standard envelope;</li> </ol> <p style="text-align: center;">(continued on next page)</p>	5		

	<p>c. Give the contact a deadline that allows for collection of all completed questionnaires in time to submit them with your sealed Proposal;</p> <p>d. Instruct the reference contact to:</p> <ul style="list-style-type: none"> <li>• Complete the form in its entirety, in either hard copy or electronic format (if completed electronically, an original should be printed for submission);</li> <li>• Sign and date it;</li> <li>• Seal it in the provided envelope;</li> <li>• Sign the back of the envelope across the seal; and</li> <li>• Return it directly to you.</li> </ul> <p>e. Enclose the unopened envelopes in easily identifiable and labeled larger envelopes and include these envelopes as a part of the Proposal. When DHH opens your Proposal, it should find clearly labeled envelope(s) containing the sealed references.</p> <p>Each completed questionnaire should include:</p> <ul style="list-style-type: none"> <li>• Proposing Organization/Subcontractor's name;</li> <li>• Reference Organization's name;</li> <li>• Name, title, telephone number, and email address of the organization contact knowledgeable about the scope of work;</li> <li>• Date reference form was completed; and</li> <li>• Responses to numbered items in RFP Attachment # (as applicable).</li> </ul> <p>DHH reserves the authority to clarify information presented in questionnaires and may consider clarifications in the evaluation of references. However DHH is under no obligation to clarify any reference check information.</p> <p><b>THE STATE WILL NOT ACCEPT LATE REFERENCES OR REFERENCES SUBMITTED THROUGH ANY OTHER CHANNEL OF SUBMISSION OR MEDIUM, WHETHER WRITTEN, ELECTRONIC, VERBAL, OR OTHERWISE.</b></p>			
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	<b>Section F: Organizational Structure</b>	<b>35</b>		
F-1	<b>F.1</b> Describe your organization's number of employees, client base, and location of offices. Submit an organizational chart (marked as Chart A of your response) showing the structure and lines of responsibility and authority in your company. Include your organization's parent organization, affiliates, and subsidiaries that will support this contract.	5		
F-6	<b>F.2</b> Provide an organization chart for this contract (marked as Chart B) including but not limited to positions in 4.2 and 4.3 of the RFP. Indicate what is the FTE for each dedicated to this contract and whether or not the position is located in Louisiana.	10		
F-7	<b>F.3</b> Attach job descriptions (including education and experience qualifications) of employees in key staff positions as defined in Sec. 4.2. Job descriptions should not exceed 2 pages.	10		
F-34	<b>F.4</b> Provide a statement of whether you intend to use major subcontractors (as defined in the RFP Glossary), and if so, the names and mailing addresses of the subcontractors and a description of the scope and portions of the work for each subcontractor with more than \$100,000 annually.	5		
F-35	<b>F.5</b> Describe how you intend to monitor and evaluate subcontractor performance. Also specify whether the subcontractor is currently providing services for you in other states and where the subcontractor is located.	5		

Page # of Response In Proposal	PART IV: Provider Network	Total Possible Points	Score	DHH Comments
<b>Section G: Network Development</b>		35		
G-1	<p><b>G.1</b> Provide a plan to build a statewide provider network to adequate (Section 7.0) for a membership of 250,000 members that in accordance with the specifications found in Section 7.0 of the RFP and specific efforts to recruit and retain participation quality providers in the Louisiana Medicaid program.</p> <p>Include your process and policies for utilization of out of network providers and your plan to address any gaps in local coverage and maintain adequacy throughout the term of the contract.</p>	20		
G-38	<p><b>G.2</b> 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. If you do not have a full range of tertiary care providers describe how the services will be provided including transfer protocols and arrangements with out of network facilities.</p>	5		
G-44	<p><b>G.3</b> Describe how you will keep all required provider information accurate and current, both internally and the information submitted to DHH for the provider registry.</p>	10		
<b>Section H: Provider Management</b>		35		
H-1	<p><b>H.1</b> Describe your process for monitoring and ensuring adherence to DHH’s requirements regarding appointments and wait times.</p>	5		
H-9	<p><b>H.2</b> Describe your provider grievance and appeal process.</p>	10		

H-14	<p><b>H.3</b> Describe the process for accepting and managing provider inquiries, complaints, and requests for information that are received outside the provider grievance and appeal process.</p>	5		
H-18	<p><b>H.4</b> Describe your practice of profiling the quality of care delivered by network PCPs, and any other acute care providers (e.g., high volume specialists, hospitals), including the methodology for determining which and how many Providers will be profiled.</p> <ul style="list-style-type: none"> <li>○ Submit sample quality profile reports used by you, or proposed for future use (identify which).</li> <li>○ Describe the rationale for selecting the performance measures presented in the sample profile reports.</li> <li>○ Describe the proposed frequency with which you will distribute such reports to network providers, and identify which providers will receive such profile reports.</li> </ul>	10		
H-23	<p><b>H.5</b> Describe 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. . Identify the key requirements that will be addressed.</p>	5		

Page # of Response In Proposal	<b>PART V: BENEFITS AND MEMBER MANAGEMENT</b>	Total Possible Points	Score	DHH Comments
	<b>Section I: Member Assessment and Care Coordination</b>	<b>15</b>		
I-1	<p><b>I.1</b> DHH intends to provide MCOs with two years of historic claims data for members enrolled in the MCO 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 MCO effective February 1, 2015. The description should include:</p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• What additional information you will request from DHH, if any, to assist you in ensuring continuation of services;</li> <li>• How you will ensure continuation of services, including prior authorization requirements, use of non-contract providers, and transportation;</li> <li>• What information, education, and training you will provide to your providers to ensure continuation of services; and</li> <li>• What information you will provide your members to assist with the transition of care.</li> <li>• Describe your approach to identifying “hot spotters” who are high utilizers and describe any innovative approaches you utilize to be able to identify the difficult to find patients.</li> </ul>	5		
I-8	<p><b>I.2</b> For members who need home health and/or other services upon discharge from an acute care hospital, explain how you will coordinate service planning and delivery among the hospital’s discharge planner(s), your case manager(s), your disease management staff member(s), and the home health agency. Further, explain how you will monitor the post-discharge care of enrollees receiving home health services in remote areas.</p>	5		

I-15	<p><b>I.3</b> Aside from transportation, what specific measures will you take to ensure that members in rural parishes, or other areas where access is an issue, are able to access specialty care? Describe any plans for using telemedicine to expand services. Also address specifically how will you ensure members with disabilities have access?</p>	5		
<b>Section J: Coordination of Carved Out Services</b>		<b>20</b>		
J-1	<p><b>J.1</b> Describe how you will coordinate with the Louisiana Behavioral Health Partnership (LBHP) State Management Organization (SMO) for the management of shared members, including processes for reciprocal referral for needed services and prescription management (including but not limited to Sections 6.4, 6.34, 6.37 of the RFP).</p> <p>Include how you will engage and educate primary care providers in their role in the provision of basic behavioral services and the coordination of co-existing conditions.</p> <p>Include a description of the role Medical Director for Behavioral Health will play in these efforts.</p>	15		
J-11	<p><b>J.2</b> Describe how you will coordinate with the Medicaid Dental Benefits Manager for the management of shared members, including processes for reciprocal referral for needed services.</p>	3		
J-14	<p><b>J.3</b> Describe your approach for coordinating other carved out services including but not limited to Person Care Services, Targeted Case Management and other waiver specific services. Please include a description of how you will identify that your members may be in need of these services and any processes you will have in place for referral to and follow up with the member and provider or payer as appropriate.</p>	2		

	<b>Section K: Case Management</b>	<b>10</b>		
K-1	<p><b>K.1</b> Describe your approach to MCO case management. In particular, describe the following:</p> <ul style="list-style-type: none"> <li>• Characteristics of members that you will target for case management services;</li> <li>• How you assess member needs;</li> <li>• How you identify these members;</li> <li>• How you encourage member participation;</li> <li>• What tools you will be using for patient engagement including technology or mobile apps;</li> <li>• How you develop and implement individualized plans of care, including coordination with providers and support services;</li> <li>• How you will get data feeds from hospitals when your member is admitted, discharged or transferred;</li> <li>• How you coordinate your disease management and case management programs;</li> <li>• How you will coordinate your case management services with the PCP; and</li> <li>• How you will incorporate provider input into strategies to influence behavior of members.</li> </ul>	5		
K-23	<p><b>K.2</b> 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 MCO members.</p> <p>Describe how you will leverage existing state and local resources to support health and wellness of your members including but not limited to:</p> <ul style="list-style-type: none"> <li>• Strategies you will use to work with the Louisiana Office of Public Health to utilize existing capacity in the state for services, outreach or education. Include models you have used in other states that are in partnership or utilize a state’s public health infrastructure.</li> </ul> <p style="text-align: center;">(continued on next page)</p>	5		

	<ul style="list-style-type: none"> <li>Strategies to utilized 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</li> </ul>			
<b>Section L: Member Transition</b>		<b>20</b>		
L-1	<p><b>L.1</b> Describe how you will coordinate transition of a member in the following scenarios to minimize member disruption and ensure continuity of care:</p> <ul style="list-style-type: none"> <li>From one managed care entity to another (receiving and relinquishing a member); and</li> <li>Between fee-or-service to/from your MCO.</li> </ul> <p>Your processes should address interactions with and processes for engaging existing providers in the transition</p>	10		
L-8	<p><b>L.2</b> Describe your approach to meeting the newborn enrollment requirements, including how you will:</p> <ul style="list-style-type: none"> <li>Encourage Members who are expectant mothers to select an MCO and PCP for their newborns;</li> <li>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; and</li> <li>Ensure that the birth is properly recorded in the Louisiana Electronic Event Registration System (LEERS).</li> </ul>	5		
L-12	<p><b>L.3</b> Describe the types of interventions you will use prior to seeking to disenroll a Member as described in an MCO-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.</p>	5		

	<b>Section M: Early Periodic Screening, Diagnosis, and Treatment</b>	<b>10</b>		
M-1	<b>M.1</b> Describe your system for tracking each member's screening, diagnosis, and treatment including, at a 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		
M-11	<b>M.2</b> Describe your approach to member education and outreach regarding EPSDT including the use of the tracking system described in <del>E-4</del> <b>M.1</b> of this part and any innovative/non-traditional mechanisms. Include: <ul style="list-style-type: none"> <li>• How you will conduct member education and outreach regarding EPSDT including any innovative/non-traditional methods that go beyond the standard methods;</li> <li>• 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</li> <li>• How you will design and monitor your education and outreach program to ensure compliance with the RFP.</li> </ul>	5		

	<b>Section N: Utilization Management</b>	<b>55</b>		
N-1	<p><b>N.1</b> Provided a detailed description of your utilization management (UM) policies and procedures including but not limited to:</p> <ul style="list-style-type: none"> <li>• Specific levels and qualifications required for UM staff;</li> <li>• Training you provide your UM staff;</li> <li>• Industry products (Milliman, Interqual, etc.) used and how</li> <li>• Describe any differences between your UM phone line and your member services line with respect to bullets (2) through (7) in item <del>J-4</del> <b>R.1</b> of this part;</li> <li>• If your UM phone line will handle both Louisiana MCO and non-Louisiana MCO calls, <ul style="list-style-type: none"> <li>○ explain how you will track Louisiana MCO calls separately; and</li> <li>○ how you will ensure that applicable DHH timeframes for prior authorization decisions are met.</li> </ul> </li> </ul>	10		
N-19	<p><b>N.2</b> 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.</p>	5		
N-27	<p><b>N.3</b> 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 or a member. Provide an example of how your analysis of data resulted in successful interventions to alter unfavorable utilization patterns in the system.</p>	5		

N-33	<p><b>N.4</b> Describe your plan to provide care in the most appropriate and cost-effective setting. The plan should specifically address non-emergent use of hospital Emergency Departments. Strategies of interest to DHH include but are not limited to access to primary care services through medical homes, urgent care and retail clinics; and, interventions targeted to super-utilizers, such as patients with sickle cell disease, chronic pain, dental, and/or behavioral health conditions.</p>	5		
N-48	<p><b>N.5</b> Discuss approach you will use to address high STI prevalence by incentivizing providers to conduct screening, prevention education, and early detection, including targeted outreach to at risk populations.</p>	5		
N-55	<p><b>N.6</b> Describe your plan to address prematurity prevention and improved perinatal outcomes. The plan may include but not be limited to the following:</p> <ul style="list-style-type: none"> <li>• Routine cervical length assessments for pregnant women;</li> <li>• Provision of injectable or vaginal progesterone for every eligible pregnant woman with a history of pre-term labor or a short cervix found in the current pregnancy.</li> <li>• Incentives for vaginal birth after cesarean (VBAC);</li> <li>• Provider or patient incentives for post-partum visit provision within recommended guidelines of 21-56 days post-delivery;</li> <li>• Incentives for use of long acting reversible contraceptives, which are to be provided to the member without prior authorization; and</li> <li>• Interventions to reduce Cesarean section rates including but not limited to prior authorization for induction of labor prior to forty-one (41) weeks gestational age.</li> </ul>	10		

N-65	<b>N.7</b> Explain how you will Identify and address underutilization of services in areas including, but not limited to HIV and Syphilis screening in pregnant women, use of long acting reversible contraceptives and appropriate pain management approaches in patients with sickle cell disease.	5		
N-73	<b>N.8</b> Explain how you will reduce overutilization of services and medications through policies such as, but not limited to, prior authorization for prescription of ADHD drugs to children younger than seven years of age.	5		
N-80	<b>N.9</b> Identify how you will assess the quality and appropriateness of care furnished to enrollees with special health care needs.	5		

	<b>Section O: Chronic Care Management Program</b>	<b>20</b>		
O-1	<p><b>O.1</b> Describe existing (other state Medicaid or CHIP contracts) and planned Chronic Care/Disease Management programs for Bayou Health. Include information on work you have conducted in other states, if applicable. Include how you measure success for each of the populations (i.e. 20% reduction in 30-day readmission rate for members with diabetes); any state models you plan to implement in Louisiana; and how you plan to partner with national, state, or community foundations to support this work. Your plan should include but is not limited to:</p> <ul style="list-style-type: none"> <li>• How recipients will be identified for inclusion into the Chronic Care/Disease Management program, including populations of special interest to Louisiana e.g. reproductive aged women with a history of a prior poor birth outcome and members with Diabetes, HIV, Hepatitis C and sickle cell disease.</li> <li>• How you identify which disease states/ recipient types will be targeted for the Chronic Care/Disease Management program.</li> <li>• How you identify members who require in person case management services.</li> <li>• Plans to integrate with existing resources/programs in Louisiana as well as your plans to have case managers “on the ground” in addition to telephonic case management</li> <li>• How the Chronic Care/Disease Management program will coordinate information and services with the PCP.</li> <li>• Methods for case management in ways other than simply telephone management. These may include the use of pre-existing community organizations, community hubs, community health workers etc.</li> <li>• How you engage patients (in person, mobile apps, telephonic) and explain your model of case management including what types of personnel (lay health workers, nurses, social workers) are providing case management.</li> </ul>	20		

	<b>Section P: Non-Emergency Medical Transportation</b>	<b>10</b>		
P-1	<p><b>P.1</b> Describe in detail your proposed approach to providing non-emergency medical transportation (NEMT) services, including, at a minimum:</p> <ul style="list-style-type: none"> <li>• What administrative functions, if any, you will subcontract to another entity (If subcontracting this function, the subcontractor information must be provided in response to item <del>C-6</del> <b>F.4</b>);</li> <li>• How you will determine the appropriate mode of transportation (other than fixed route) for a member;</li> <li>• Your proposed approach to covering fixed route transportation;</li> <li>• How you will ensure that pick-up and delivery standards are met by NEMT providers, including training, monitoring, and sanctions;</li> <li>• How you will ensure that vehicles (initially and on an ongoing basis) meet vehicle standards, including inspections and other monitoring;</li> <li>• Your approach to initial and ongoing driver training;</li> <li>• How you will ensure that drivers meet initial and ongoing driver standards;</li> <li>• How your call center will comply with the requirements specific to NEMT calls; and</li> <li>• Your NEMT quality assurance program (excluding vehicle inspection).</li> </ul>	10		

	<b>Section Q: Pharmacy</b>	<b>25</b>		
Q-1	<b>Q.1</b> Identify your current or proposed PBM, specifying any corporate relationship to the bidder. (If subcontracting this function, the subcontractor information must be provided in response to item <del>C.6-</del> <b>F.4</b> )	1		
Q-2	<b>Q.2</b> Describe the MCOs flexibility to customize PBM policies and procedures to meet Louisiana specific needs and program goals.	5		
Q-7	<b>Q.3</b> Submit a preliminary plan for MCO oversight of the PBM's performance.	5		
Q-13	<b>Q.4</b> The drug file for both retail and specialty drugs, including price, must be updated at a minimum every seven (7) calendar days, at the MCO's discretion they may update the file more frequently. Provide a brief summary of your policy, process and frequency for drug file updates.	2		
Q-14	<b>Q.5</b> Submit a summary report of three (3) pharmacy utilization management efforts which demonstrated successful outcomes for three (3) separate disease states.	6		
Q-22	<b>Q.6</b> Describe at least 2 and no more than 4 existing or proposed educational initiatives the PBM or MCO will take regarding the use of Behavioral Health Medications (including ADD/ADHD), treatment of infectious diseases, <b>and the</b> treatment <b>and control</b> of diabetes and/or asthma	6		

	<b>Section R: Customer Service</b>	<b>25</b>		
R-1	<p><b>R.1</b> Provide a narrative with details regarding your member services line including:</p> <ul style="list-style-type: none"> <li>○ Training of customer service staff (both initial and ongoing);</li> <li>○ 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);</li> <li>○ Process for handling calls from members with limited English proficiency and persons who are hearing impaired;</li> <li>○ Monitoring process for ensuring the quality and accuracy of information provided to members;</li> <li>○ Monitoring process for ensuring adherence to performance standards;</li> <li>○ 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</li> <li>○ After hours procedures.</li> </ul>	10		
R-15	<p><b>R.2</b> Provide member hotline telephone reports for your Medicaid or CHIP managed care contract with the largest enrollment as of January 1, 2014 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 <u>abandonment</u> rate. <u>Affiliates should be included when determining the largest contract.</u></p>	5		

R-17	<p><b>R.3</b> Describe the procedures a Member Services representative will follow to respond to the following situations:</p> <ul style="list-style-type: none"> <li>○ A member has received a bill for payment of covered services from a network provider or out-of-network provider;</li> <li>○ A member is unable to reach her PCP after normal business hours;</li> <li>○ A Member is having difficulty scheduling an appointment/finding a specialist.</li> <li>○ How do you explain to a member why a particular prescription is not covered?</li> </ul>	10		
<b>Section S: Member Grievances and Appeals</b>		<b>10</b>		
S-1	<p><b>S.1</b> Provide a flowchart (marked as Chart C) and comprehensive written description of your member grievance and appeals process, including your approach for meeting the general requirements and plan to:</p> <ul style="list-style-type: none"> <li>○ 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;</li> <li>○ 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</li> <li>○ 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.</li> </ul> <p>Include in the description how data resulting from the grievance system will be used to improve your operational performance.</p>	10		

Page # of Response In Proposal	<b>PART VI: MARKETING &amp; MEMBER MATERIALS</b>	Total Possible Points	Score	DHH Comments
<b>Section T: Marketing and Member Materials</b>		<b>30</b>		
T-1	<p><b>T.1</b> Describe proposed content for your member educational and marketing materials and attach examples used with Medicaid or CHIP populations in other states. Describe innovative ways that you have engaged in member education.</p> <p>Describe how you will provide equitable marketing throughout the state. Provide examples or descriptions of how your member education and marketing materials will be used to improve service coordination including:</p> <ul style="list-style-type: none"> <li>○ The coordination of carved out and behavioral health services.</li> <li>○ Supporting MCO efforts toward EPSDT compliance, appropriate ED utilization, STI education, encouraging the use of prenatal services and prematurity prevention</li> <li>○ The use of technological tools, including social media and mobile technology, to engage members.</li> <li>○ Partnering with community-based organizations for education and outreach.</li> </ul>	20		
T-25	<p><b>T.2</b> 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. How will this information be available to members and the public?</p>	2		
T-32	<p><b>T.3</b> Describe how you will fulfill Internet presence and Web site requirements, as well as any social media components.</p>	3		
T-54	<p><b>T.4</b> 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, including description how you will ensure that covered services are provided in an appropriate manner to members with Limited English proficiency and members who are hearing impaired, including the provision of interpreter services.</p>	5		

Page # of Response In Proposal	PART VII: QUALITY MANAGEMENT	Total Possible Points	Score	DHH Comments
	<b>Section U: Quality Management</b>	75		
U-1	<p><b>U.1</b> Declare whether or not the proposer submitted HEDIS measures in measurement year 2013. Indicate whether the measures were reported for a State Medicaid, CHIP, and/or Commercial product line. Five points will be awarded to proposers with this experience reporting HEDIS measures.</p>	5		
U-2	<p><b>U.2</b> Complete appendix WW, <b>HEDIS Scoring Tool</b> by submitting the Proposer's results for the HEDIS measures specified below for measurement year 2013, for each of your State Medicaid contracts <b><u>listed in response to E.1.</u></b></p> <ul style="list-style-type: none"> <li>• Adults' Access to Preventive/Ambulatory Health Services</li> <li>• Comprehensive Diabetes Care- HgbA1C component</li> <li>• Chlamydia Screening in Women</li> <li>• Well-Child Visits in the 3,4,5,6 years of life</li> <li>• Adolescent well-Care.</li> <li>• Ambulatory Care - ER utilization</li> <li>• Childhood Immunization status</li> <li>• Breast Cancer Screening</li> <li>• Weight Assessment and Counseling for Nutrition and Physical Activity in Children/Adolescents</li> <li>• Follow-Up Care for Children Prescribed ADHD Medication</li> </ul> <p>Include the Proposer's legal business name, as defined by L.R.S.12:23, AND the product line name or dba.</p> <p>If the average of seven or more measures for state Medicaid contracts is above the 2013 NCQA HMO National 50<sup>th</sup> Percentile for Medicaid Product Lines, ten points will be awarded.</p> <p>(continued on next page)</p>	10		

	<p>If the average of all measures for state Medicaid contracts is above the 2013 NCQA HMO National 25th Percentile for Medicaid Product Lines, five points will be awarded. No points will be awarded if all measures do not meet at least the 2013 NCQA HMO National 25th Percentile for Medicaid Product Lines.</p> <p>DHH Reserves the right to independently verify all information provided in Appendix WW.</p>			
U-2	<p><b>U.3</b> Document experience in other States or previous Louisiana Medicaid managed care experience Describe experience in using results of performance measures, member satisfaction surveys, and other data will be used to drive changes and to positively impact the healthcare status of Medicaid and or CHIP populations.. Provide an example of changes implemented as a result of data collection to improve the health outcomes of your membership in Louisiana or another state Medicaid program. Examples of areas of interest include, but are not limited to the following:</p> <ul style="list-style-type: none"> <li>• Management of high risk pregnancy</li> <li>• Management of HIV</li> <li>• Sickle cell disease management</li> <li>• Reductions in low birth weight babies</li> <li>• Pediatric Obesity (children under the age of 19)</li> <li>• Reduction of inappropriate utilization of emergent services</li> <li>• Children with special health care needs</li> <li>• Asthma</li> <li>• Diabetes</li> <li>• Cardiovascular diseases</li> <li>• Reduction in racial and ethnic health care disparities to improve health status</li> <li>• Hospital readmissions and avoidable hospitalizations</li> <li>• Reduction in incidence of sexually transmitted infections</li> </ul>	20		

<p>U-19</p>	<p><b>U.4</b> Submit a preliminary description of your Quality Assessment and Performance Improvement Program (QAPI), as described in Section 14.1 of the RFP. Such description should address the following. Proposers may submit information from another state Medicaid program showing proposed adaptations to be made for the Louisiana population.</p> <ul style="list-style-type: none"> <li>• Proposed membership of the QAPI Committee including roles and responsibilities</li> <li>• Proposed QAPI Work plan including a detailed descriptions of how the QAPI Committee will work with the MCO leadership to monitor quality improvement work, specifically: <ul style="list-style-type: none"> <li>○ performance improvement projects;</li> <li>○ medical record audits;</li> <li>○ performance measures;</li> <li>○ Plan-Do-Study-Act cycles or continuous quality improvement activities;</li> <li>○ member and/or provider surveys; and</li> <li>○ activities that address health disparities identified through data collection.</li> </ul> </li> <li>• Work the QAPI will undergo to improve the health care status of the Louisiana Medicaid population.</li> <li>• Rationale for selecting the particular programs 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.</li> <li>• How the proposer will keep DHH informed of QAPI program actions, recommendations and outcomes on an ongoing and timely manner.</li> <li>• How the proposed QAPIs may include, but is not necessarily, limited to the following: <ul style="list-style-type: none"> <li>○ New innovative programs and processes.</li> <li>○ 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 or other non-traditional health care settings.</li> </ul> </li> </ul>	<p>20</p>		
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U-39	<p><b>U.5</b> Describe the process that will be utilized to develop the performance improvement projects (PIPs) identified in Appendix DD of the RFP. Include a preliminary plan for at least one (1) required PIP including the following:</p> <ul style="list-style-type: none"><li>• The study question;</li><li>• he study population;</li><li>• The quantifiable measures to be used;</li><li>• Baseline methodology;</li><li>• Data sources;</li><li>• Data collection methodology and plan;</li><li>• Data collection plan and cycle;</li></ul>	20		
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Page # of Response In Proposal	PART VIII: PROGRAM INTEGRITY	Total Possible Points	Score	DHH Comments
	<b>Section V: Program Integrity</b>	<b>60</b>		
V-1	<b>V.1</b> 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. Include other best practices, you have utilized in other contracts that could be <del>to</del> <b>utilized in this contract.</b>	50		
V-17	<b>V.2</b> Provide a description your Corporate Program Integrity Division including the Program Integrity Officer's levels of authority and reporting relationships. Include an organizational chart of staff (marked as Chart D in your response) involved in compliance along with staff levels of authority.	10		

Page # of Response In Proposal	PART IX: SYSTEMS AND TECHNICAL REQUIREMENTS	Total Possible Points	Score	DHH Comments
<b>Section W: Information Systems</b>		65		
W-1	<p><b>W.1</b> Describe your approach for implementing a management information system in support of this RFP by identifying all information systems (those within and outside your span of control (for claims, clinical and accounting) through which service and utilization data for the La. Medicaid population is processed. Included a Louisiana Medicaid MCO-Program-specific work plan for system readiness and operations that captures:</p> <ul style="list-style-type: none"> <li>○ All Key activities and timeframes,</li> <li>○ Projected resource requirements,</li> <li>○ Identify the number of dedicated or corporate full-time employees (FTEs) for implementing information systems in support of this contract, and</li> <li>○ Provide the work location of the FTE's before, during and after implementation.</li> </ul> <p>The work plan should cover activities from ramp up, implementation and ongoing operations.</p>	20		
W-31	<p><b>W.2</b> Describe results of capability and capacity assessments performed of current systems to ensure they meet or exceed contract requirements.</p> <p>Describe upgrades or enhancements to existing systems needed to meet or exceed contract requirements. Additionally, if no upgrades are anticipated for this project, describe what and when major system changes/enhancements were last made.</p>	10		
W-40	<p><b>W.3</b> Describe 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. Your description should encompass information and telecommunications systems architecture; business continuity/disaster recovery strategies; availability and/or recovery time objectives by major systems; and continuous testing of all applicable system functions.</p>	10		

W-59	<b>W.4</b> Provide a flow-chart (marked as Chart E) detailing your process for identifying, testing and implementing system changes, to include time frames associated with each step.	5		
W-61	<b>W.5</b> Provide a flow-chart (marked as Chart F) detailing your process for receiving, processing and updating member enrollment, to include time frames associated with each step.	5		
W-67	<b>W.6</b> Describe your plans and ability to support network providers' "meaningful use" of Electronic Health Records (EHR) and current and future IT Federal mandates.	10		
W-72	<b>W.7</b> Describe your plans to utilize ICD-10.	5		
	<b>Section X: Claims Management</b>	<b>35</b>		
X-1	<p><b>X.1</b> Describe system capabilities and limitations of all requirements stated in Section 17.8 Encounter Data, and identify areas where change would be necessary based on requirements stated in the Systems Companion Guide.</p> <p>Identify any limitations or disparities to requirements stated in Section 17.2, 17.8, and 17.10.</p> <p>Describe system capabilities and limitations of all requirements stated in Section 17.10 Pharmacy Claims Processing and the NCPDP Guide located in the Systems Companion Guide.</p> <p>If you presently unable to meet a particular requirement contained in Section 17, identify the applicable requirement and discuss the effort and time you will need to meet said requirement.</p>	10		
X-11	<b>X.2</b> Explain in detail your process for ensuring that all claims (paid, denied, adjustments and voids) are submitted to the Fiscal Intermediary timely and accurately.	10		

X-24	<p><b>X.3</b> Describe your ability to provide and store encounter data in accordance with the requirements of the RFP and the Louisiana Medicaid specific requirements described in the Systems Companion Guide.</p>	5		
X-29	<p><b>X.4</b> Describe your methodology for ensuring that claims payment accuracy standards will be achieved. At a minimum address the following in your response:</p> <ul style="list-style-type: none"> <li>• The process for auditing a sample of claims as described in Section 17.5 Sampling of Paid Claims;</li> <li>• Documentation of the results of these audits; and</li> </ul> <p>The processes for implementing any necessary corrective actions resulting from the audit.</p>	10		

Page # of Response In Proposal	<b>PART X: ADDED VALUE TO LOUISIANA MEMBERS, PROVIDERS &amp; EMPLOYEES</b>	Total Possible Points	Score	DHH Comments
	<b>Section Y: Value Added to Members</b>	<b>100</b>		
Y-1	<p><b>Y.1</b> Provide a listing, description and conditions under which you will offer value added benefits as described in the RFP Section 6.1.3.</p> <p>The proposed monetary value of these benefits will be considered a binding contract deliverable. If for some reason, including but not limited to lack of member participation, the aggregated annual per member per month PMPM proposed is not expended the department reserves the right to require the MCO to provide an alternate benefit of equal value and/or may conduct a reconciliation for the amount unexpended.</p> <p>For each value-added benefit proposed:</p> <ul style="list-style-type: none"> <li>○ Define and describe the expanded benefit;</li> <li>○ Identify the category or group of Members eligible to receive the expanded service if it is a type of service that is not appropriate for all Members;</li> <li>○ Note any limitations or restrictions that apply to the expanded benefit</li> <li>○ Identify the types of providers responsible for providing the expanded benefit, including any limitations on Provider capacity if applicable.</li> <li>○ Propose how and when Providers and Members will be notified about the availability of such expanded benefits; and</li> <li>○ Describe how a Member may obtain or access the Value-added Service;</li> </ul> <ul style="list-style-type: none"> <li>● Describe how, you will identify the expanded benefit in administrative data or encounter data. Indicate the PMPM actuarial value of expanded benefits assuming enrollment of 200,000 members, accompanied by a statement from the preparing/consulting actuary who is a member of the American Academy of Actuaries certifying the accuracy of the information.</li> </ul> <p style="text-align: center;">(continued on next page)</p>	100		

	<p>The department will work with its contract actuary to independently review any statements of actuarial value.</p> <ul style="list-style-type: none"> <li>• Include a statement of commitment to provide the expanded benefits for the entire thirty six (36) month term of the initial contract.</li> </ul>			
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	<b>Section Z: Value Added to Providers</b>	<b>100</b>		
Z-1	<p><b>Z.1</b> Provide a listing, description and conditions under which you will offer value added incentives or enhanced payments to providers in accordance with Section 9.8 of the RFP.</p> <p>The proposed monetary value of these incentives and/or enhanced payments will be considered a binding contract deliverable. If for some reason, including but not limited to lack of provider participation or performance, the aggregated annual per member per month PMPM proposed is not expended the department reserves the right to require the MCO to provide an alternate benefit of equal value and/or may conduct a reconciliation for the amount unexpended.</p> <p>For each value-added incentive proposed:</p> <ul style="list-style-type: none"> <li>○ Define and describe the provider incentives or expanded payments and associated measures of performance;</li> <li>○ If not applicable to all providers; identify the category or group of providers eligible to participated in the incentive or receive enhanced payments;</li> <li>○ Note any limitations or restrictions that apply to the incentives or enhanced payments;</li> <li>○ Describe how and when Providers and Members will be notified about the availability of such expanded benefits; and</li> <li>○ Describe how provider input and feedback will be used to realign incentives as appropriate.</li> </ul> <p>(continued on next page)</p>	100		

	<ul style="list-style-type: none"> <li>• Describe how you will identify the associated payments in administrative data or encounter data.</li> <li>• Indicate the PMPM actuarial value of the proposed provider incentives based on an enrollment of 250,000 members, accompanied by a statement from the preparing/consulting actuary who is a member of the American Academy of Actuaries certifying the accuracy of the information. The department will work with its contract actuary to independently verify any statements of actuarial value.</li> <li>• Include a statement of commitment to provide the expanded benefits for the entire thirty six (36) month term of the initial contract.</li> </ul> <p><b>Appendix PP must be submitted as part of the proposal.</b></p>			
<b>Section AA: Value Added to Louisiana Employees</b>		<b>25</b>		
AA-1	<p><b>AA.1</b> Describe the workplace wellness program and employee incentives you will have in place for your Louisiana-based employees within 3 months from the effective date of the contract. Include incentives for participation. Program components, and expected results.</p> <p>The proposed annual monetary expenditure for this program and will be considered a binding contract deliverable. If for some reason, including but not limited to lack of employee participation, the proposed annual expenditure is not expended the department reserves the right to require the MCO to provide an alternate employee wellness benefit of equal value and/or may conduct a reconciliation for the amount unexpended.</p> <p>For each value-added incentive proposed:</p> <ul style="list-style-type: none"> <li>○ Define and describe the wellness program/employee incentives and associated measures of performance;</li> <li>○ If not applicable to all employees; identify the category or group of providers <b>employees</b> eligible</li> </ul> <p><b>(continued on next page)</b></p>	25		

	<p>to participated in the incentive or receive enhanced payments;  <del>(continued on next page)</del></p> <ul style="list-style-type: none"> <li>○ Note any limitations or restrictions that apply to <b>the wellness benefits/</b><del>incentives or enhanced payments;</del></li> <li>○ Describe how and when employees will be notified about the availability of such programs/incentives; and</li> <li>○ Describe how employee input and feedback will be used to realign incentives as appropriate.</li> </ul> <ul style="list-style-type: none"> <li>● Describe how you will identify the associated payments in administrative data, <del>or encounter data.</del></li> <li>● Indicate the total annual expenditures proposed for each of the three (3) contract years.</li> </ul> <p>Include a statement of commitment to provide these expenditures for this purpose for the entire thirty six (36) month term of the initial contract.</p>			
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Page # of Response In Proposal	PART XI: VETERAN INITIATIVE AND HUDSON INITIATIVE	Total Possible Points	Score	DHH Comments
BB-1	<p><del>BB.1 Provide your organization's bond rating. Include your organization's parent organization, affiliates, and subsidiaries in this response.</del> If applicable, provide documentation that the proposer <b>(including parent organization, affiliates, and subsidiaries)</b> and/or its subcontractor has been certified by the Louisiana Department of Economic Development as a:</p> <ul style="list-style-type: none"> <li>• Veteran-Owned,</li> <li>• Service- Connected Disabled Veteran-Owned small entrepreneurship (LaVet), or</li> <li>• Louisiana Initiative for Small Entrepreneurships (Hudson Initiative).</li> </ul> <p>If a proposer is not a certified small entrepreneurship as described herein, but plans to use certified small entrepreneurship(s), proposer shall include in their proposal the names of their certified Veteran Initiative or Hudson Initiative small entrepreneurship subcontractor(s), a description of the work each will perform, and the dollar value of each subcontract.</p>	100		