

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	For Sate Use Only	
				Score	DHH Comments
		B. Qualifications and Experience (Section 3-5 of the RFP)	340		
B.1 Pg. 5	A,B,C	<p>B.1 Indicate your organization’s legal name, trade name, <i>dba</i>, acronym, and any other name under which you do business; the physical address, mailing address, and telephone number of your headquarters office. Provide the legal name for your organization’s ultimate parent (e.g. publicly traded corporation).</p> <p>Describe your organization’s form of business (i.e., individual, sole proprietor, corporation, non-profit corporation, partnership, limited liability company) and detail the names, mailing address, and telephone numbers of its officers and directors and any partners (if applicable). Provide the name and address of any health professional that has at least a five percent (5%) financial interest in your organization, and the type of financial interest.</p> <p>Indicate the name, title, mailing address and phone number(s) of the person DHH should contact regarding the Proposal.</p> <p>Provide your federal taxpayer identification number and Louisiana taxpayer identification number.</p> <p>Provide the name of the state in which you are incorporated and the state in which you are commercially domiciled. If out-of-state, provider the name and address of the local representative; if none, so state.</p> <p>If you have been engaged by DHH within the past twenty-four (24) months, indicate the contract number and/or any other information available to identify the engagement; if not, so state.</p>	Included/Not Included		

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B.2. Pg. 7	A,B,C	B.2 Provide a statement of whether there have been any mergers, acquisitions, or sales of your organization within the last ten years, and if so, an explanation providing relevant details. If any change of ownership is anticipated during the 12 months following the Proposal Due Date, describe the circumstances of such change and indicate when the change is likely to occur. Include your organization’s parent organization, affiliates, and subsidiaries.	Included/Not Included		
B.3 Pg. 8	A,B,C	B.3 Provide a statement of whether you or any of your employees, agents, independent contractors, or subcontractors have been convicted of, pled guilty to, or pled <i>nolo contendere</i> to any felony and/or any Medicaid or health care related offense or have ever been debarred or suspended by any federal or state governmental body. Include an explanation providing relevant details and the corrective action plan implemented to prevent such future offenses. Include your organization’s parent organization, affiliates, and subsidiaries.	0 to -25		
B.4 Pg. 9	A,B,C	B.4 Provide a statement of whether there is any pending or recent (within the past five years) litigation against your organization. This shall include but not be limited to litigation involving failure to provide timely, adequate or quality physical or behavioral health services. You do not need to report workers’ compensation cases. If there is pending or recent litigation against you, describe the damages being sought or awarded and the extent to which adverse judgment is/would be covered by insurance or reserves set aside for this purpose. Include a name and contact number of legal counsel to discuss pending litigation or recent litigation. Also include any SEC filings discussing any pending or recent litigation. Include your organization’s parent organization, affiliates, and subsidiaries.	0 to -25		

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

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B.7 Pg. 11	A,B,C	<p>B.7 If another corporation or entity either substantially or wholly owns your organization, submit the most recent detailed financial reports for the parent organization. If there are one (1) or more intermediate owners between your organization and the ultimate owner, this additional requirement is applicable only to the ultimate owner.</p> <p>Include a statement signed by the authorized representative of the parent organization that the parent organization will unconditionally guarantee performance by the proposing organization of each and every obligation, warranty, covenant, term and condition of the Contract.</p>	Included/Not Included		
B.8 Pg. 11	A,B,C	<p>B.8 Describe your organization’s number of employees, client base, and location of offices. Submit an organizational chart (marked as Chart A of your response) showing the structure and lines of responsibility and authority in your company. Include your organization’s parent organization, affiliates, and subsidiaries.</p>	Included/Not Included		
B.9 Pg. 13	A,B,C	<p>B.9 Provide a narrative description of your proposed project team, its members, and organizational structure including an organizational chart showing the Louisiana organizational structure, including staffing and functions performed at the local level. If proposing for more than one (1) GSA, include in your description and organizational chart if: 1) the team will be responsible for all GSAs or 2) each GSA will differ provide details outlining the differences and how it will differ.</p>	15		

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B.10 Pg. 14	A,B,C	<p>B.10 Attach a personnel roster and resumes of key people who shall be assigned to perform duties or services under the Contract, highlighting the key people who shall be assigned to accomplish the work required by this RFP and illustrate the lines of authority. Submit current resumes of key personnel documenting their educational and career history up to the current time. Include information on how long the personnel have been in these positions and whether the position included Medicaid managed care experience.</p> <p>If any of personnel named is a current or former Louisiana state employee, indicate the Agency where employed, position, title, termination date, and last four digits of the Social Security Number.</p> <p>If personnel are not in place, submit job descriptions outlining the minimum qualifications of the position(s). Each resume or job description should be limited to 2 pages.</p> <p>For key positions/employees which are not full time provide justification as to why the position is not full time. Include a description of their other duties and the amount of time allocated to each.</p>	40		

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B.11 Pg. 16	A,B,C	<p>B.11 Provide a statement of whether you intend to use major subcontractors (as defined in the Glossary), and if so, the names and mailing addresses of the major subcontractors and a description of the scope and portions of the work for each subcontractor with more than \$100,000 annually. Describe how you intend to monitor and evaluate subcontractor performance. Also specify whether the subcontractor is currently providing services for you in other states and where the subcontractor is located.</p> <p>In addition, as part of the response to this item for each major subcontractor that is not your organization's parent organization affiliate, or subsidiary, restate and respond to items B.1 through B.7, B.10, B.16 through B.27.</p> <p>If the major subcontractor is your organization's parent organization, affiliate, or subsidiary, respond only to items B.1, B.8 and B.9; you do not need to respond to the other items as part of the response to B.11; note, however, responses to various other items in Section B must include information on your organization's parent organization, affiliates, and subsidiaries, which would include any major subcontractors that are your organization's parent organization, affiliate, or subsidiary.</p>	10		
B.12 Pg. 24	A,B,C	<p>B.12 Provide a description your Corporate Compliance Program including the Compliance Officer's levels of authority and reporting relationships. Include an organizational chart of staff (marked as Chart B in your response) involved in compliance along with staff levels of authority.</p>	15		

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B.13 Pg. 32	A,B,C	B.13 Provide copies of any press releases in the twelve (12) months prior to the Deadline for Proposals, wherein the press release mentions or discusses financial results, acquisitions, divestitures, new facilities, closures, layoffs, significant contract awards or losses, penalties/fines/ sanctions, expansion, new or departing officers or directors, litigation, change of ownership, or other very similar issues, Do not include press releases that are primarily promotional in nature.	10		
B.14 Pg. 32	A,B,C	B.14 Describe your plan for meeting the Performance Bond, other bonds, and insurance requirements set forth in this RFP requirement including the type of bond to be posted and source of funding.	Included/Not Included		
B.15 Pg. 33	A,B,C	B.15 Provide the following information (in Excel format) based on each of the financial statements provided in response to item B.26: (1) Working capital; (2) Current ratio; (3) Quick ratio; (4) Net worth; and (5) Debt-to-worth ratio.	20		

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B.16 Pg. 33	A,B,C	<p>B.16 Identify, in Excel format, all of your organization’s publicly-funded managed care contracts for Medicaid/CHIP and/or other low-income individuals within the last five (5) years. In addition, identify, in Excel format your organization’s ten largest (as measured by number of enrollees) managed care contracts for populations other than Medicaid/CHIP and/or other low-income individuals within the last five (5) years. For each prior experience identified, provide the trade name, a brief description of the scope of work, the duration of the contract, the contact name and phone number, the number of members and the population types (e.g., TANF, ABD, duals, CHIP), the annual contract payments, whether payment was capitated or other, and the role of subcontractors, if any. If your organization has not had any publicly-funded managed care contracts for Medicaid/SCHIP individuals within the last five (5) years, identify the Proposer’s ten largest (as measured by number of enrollees) managed care contracts for populations other than Medicaid/CHIP individuals within the last five (5) years and provide the information requested in the previous sentence. Include your organization’s parent organization, affiliates, and subsidiaries.</p> <p>If no publicly funded Medicaid/CHIP contracts, so state.</p>	75	
B.17 Pg. 33	A,B,C	<p>B.17 Identify whether your organization has had any contract terminated or not renewed within the past five (5) years. If so, describe the reason(s) for the termination/nonrenewal, the parties involved, and provide the address and telephone number of the client. Include your organization’s parent organization, affiliates, and subsidiaries.</p>	Included/Not Included	

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B.18 Pg. 34	A,B,C	B.18 If the contract was terminated/non-renewed in B.17 above, based on your organization’s performance, describe any corrective action taken to prevent any future occurrence of the problem leading to the termination/non-renewal. Include your organization’s parent organization, affiliates, and subsidiaries.	0 to -25		
B.19 Pg. 34	A,B,C	B. 19 As applicable, provide (in table format) the Proposer’s current ratings as well as ratings for each of the past three years from each of the following: <ul style="list-style-type: none"> • AM Best Company (financial strengths ratings); • TheStreet.com, Inc. (safety ratings); and • Standard & Poor’s (long-term insurer financial strength). 	0 to -25		
B.20 Pg. 34	A,B,C	B.20 For any of your organization’s contracts to provide physical health services within the past five years, has the other contracting party notified the Proposer that it has found your organization to be in breach of the contract? If yes: (1) provide a description of the events concerning the breach, specifically addressing the issue of whether or not the breach was due to factors beyond the Proposer’s control. (2) Was a corrective action plan (CAP) imposed? If so, describe the steps and timeframes in the CAP and whether the CAP was completed. (3) Was a sanction imposed? If so, describe the sanction, including the amount of any monetary sanction (e.g., penalty or liquidated damage) (4) Was the breach the subject of an administrative proceeding or litigation? If so, what was the result of the proceeding/litigation? Include your organization’s parent organization, affiliates, and subsidiaries.	0 to -25		

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B.21 Pg. 35	A,B,C	<p>B.21 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 or other review administrative/clinical analysis conducted by the State) for the Medicaid contract identified in response to item B.16 that had the largest number of enrollees as of January 1, 2011. Provide the entire report. In addition, provide a copy of any corrective action plan(s) requested of your organization (including your organization's parent organization, affiliates, and subsidiaries) in response to the report. If not applicable, so state.</p>	25		

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B.22 Pg. 35	A,B,C	B.22 Identify and describe any regulatory action, or sanction, including both monetary and non-monetary sanctions imposed by any federal or state regulatory entity against your organization within the last five (5) years. In addition, identify and describe any letter of deficiency issued by as well as any corrective actions requested or required by any federal or state regulatory entity within the last five (5) years that relate to Medicaid or CHIP contracts. Include your organization's parent organization, affiliates, and subsidiaries.	0 to -50		
B.23 Pg. 35	A,B,C	B.23 Provide a statement of whether your organization is currently the subject or has recently (within the past five (5) years) been the subject of a criminal or civil investigation by a state or federal agency other than investigations described in response to item B.6. If your organization has recently been the subject of such an investigation, provide an explanation with relevant details and the outcome. If the outcome is against your organization, provide the corrective action plan implemented to prevent such future offenses. Include your organization's parent company, affiliates and subsidiaries.	0 to -25		

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B.24 Pg. 36	A,B,C	<p>B.24 Submit client references (minimum of three, maximum of five) for your organization formajor subcontractor; with at least one reference fora major subcontractor who have had with a state Medicaid agency or other large similar government or large private industry contract. Each reference must be from contracts within the last five (5) years. References for your organization shall be submitted to the State using the questionnaire contained in RFP Appendix GG. You are solely responsible for obtaining the fully completed reference check questionnaires, and for submitting them sealed by the client providing the reference, with your Proposal, as described herein. You should complete the following steps:</p> <ol style="list-style-type: none"> a. Make a duplicate (hard copy or electronic document) of the appropriate form, as it appears in RFP Appendix GG (for your organization or for subcontractors, adding the following customized information: <ul style="list-style-type: none"> • Your/Subcontractor’s name; • Geographic Service Area(s) for which the reference is being submitted; • Reference organization’s name; and • Reference contact’s name, title, telephone number, and email address. b. Send the form to each reference contact along with a new, sealable standard #10 envelope; c. Give the contact a deadline that allows for collection of all completed questionnaires in time to submit them with your sealed Proposal; d. Instruct the reference contact to: <ul style="list-style-type: none"> • Complete the form in its entirety, in either hard copy or electronic format (if completed electronically, an original should be printed for submission); • Sign and date it; • Seal it in the provided envelope; • Sign the back of the envelope across the seal; and 	30		

		<ul style="list-style-type: none"> • Return it directly to you. <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>THE STATE WILL NOT ACCEPT LATE REFERENCES OR REFERENCES SUBMITTED THROUGH ANY OTHER CHANNEL OF SUBMISSION OR MEDIUM, WHETHER WRITTEN, ELECTRONIC, VERBAL, OR OTHERWISE.</p> <p>Each completed questionnaire should include:</p> <ul style="list-style-type: none"> • Proposing Organization/Subcontractor’s name; • GSA (s) for which the reference is being submitted; • Reference Organization’s name; • Name, title, telephone number, and email address of the organization contact knowledgeable about the scope of work; • Date reference form was completed; and • Responses to numbered items in RFP Attachment # (as applicable). <p>DHH reserves the authority to clarify information presented in questionnaires and may consider clarifications in the evaluation of references. However DHH is under no obligation to clarify any reference check information.</p>			
B.25 Pg. 37	A,B,C	<p>B.25 Indicate the website address (URL) for the homepage(s) of any website(s) operated, owned, or controlled by your organization, including any that the Proposer has contracted to be run by another entity as well as details of any social media presence (e.g. Facebook, Twitter). If your organization has a parent, then also provide the same for the parent, and any parent(s) of the parent. If no websites and/or social media presence, so state.</p>	Included/Not Included		

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B. 26 Pg. 38	A,B,C	<p>B.26 Provide the following as documentation of financial responsibility and stability:</p> <ul style="list-style-type: none"> • a current written bank references, in the form of a letter, indicating that the Proposer’s business relationship with the financial institution is in positive standing; • two current written, positive credit references, in the form of standard business letters, from vendors with which the Proposer has done business or, documentation of a positive credit rating determined by a accredited credit bureau within the last 6 months; • a copy of a valid certificate of insurance indicating liability insurance in the amount of at least one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) in the aggregate; and • a letter of commitment from a financial institution (signed by an authorized agent of the financial institution and detailing the Proposer’s name) for a general line of credit in the amount of five-hundred thousand dollars (\$500,000.00). 	50	
B. 27 Pg. 38	A,B,C	<p>B. 27 Provide the following as documentation of the Proposer’s sufficient financial strength and resources to provide the scope of services as required:</p> <ul style="list-style-type: none"> • Copies of its financial statements for the past three (3) years. If the CCN is a subsidiary of a parent organization, the CCN shall submit its financial statements or those of its parent, whichever are available. If the CCN is a new entity, without a previous or parent entity, this requirement will be waived upon documentation of the performance bond and minimum net worth requirements. The financial statements must undergo an independent certified audit. The CCN is responsible for ensuring that this audit is performed. All 	50	

	<p>audits should include:</p> <ul style="list-style-type: none"> ○ The opinion of a certified public accountant; ○ A statement of revenue and expenses; ○ A balance sheet; ○ A statement of changes in financial position; and ○ A copy of all management letters; <ul style="list-style-type: none"> • Provide the following pro forma financial statements for the CCN Louisiana operation. The pro forma financial statements should be prepared on an accrual basis by month for the first three years beginning with the first month of the proposed execution date of the Contract: <ul style="list-style-type: none"> ○ A statement of monthly revenue and expenses; ○ A monthly cash flow analysis; and ○ A balance sheet for each month; ○ Provide copies of its bank statements for all its accounts; and • Provide a monthly enrollment and revenue projection corresponding to the pro forma financial statements referenced above. • The CCN shall provide a statement, signed by its president or chief executive officer, attesting that no assets of the CCN have been pledged to secure personal loans <p>Proposer shall include the Proposer’s parent organization, affiliates, and subsidiaries.</p>			
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		Section C: Planned Approach to Project:	100		
C.1 Pg. 41	A,B,C	<p>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".</p> <p>Discuss your approach for meeting the implementation requirements and include:</p> <ul style="list-style-type: none"> • A detailed description of your project management methodology. The methodology should address, at a minimum, the following: <ul style="list-style-type: none"> ○ Issue identification, assessment, alternatives analysis and resolution; ○ Resource allocation and deployment; ○ Reporting of status and other regular communications with DHH, including a description of your proposed method for ensuring adequate and timely reporting of information to DHH project personnel and executive management; and ○ Automated tools, including use of specific software applications. 	15		

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C.2 Pg. 44	A,B,C	<p>C.2 Provide a work plan for the implementation of the Louisiana Medicaid CCN Program. At a minimum the work plan should include the following:</p> <ul style="list-style-type: none"> • Tasks associated with your establishment of a “project office” or similar organization by which you will manage the implementation of the CCN Program; • An itemization of activities that you will undertake during the period between the awarding of this procurement and the start date of the CCN Program. These activities shall have established deadlines and timeframes and as needed conform to the timelines established under this RFP for deliverables. <ul style="list-style-type: none"> ○ All activities to prepare for and participate in the Readiness Review Process; and ○ All activities necessary to obtain required contracts for mandatory health care providers as specified in this RFP. • An estimate of person-hours associated with each activity in the Work Plan; • Identification of interdependencies between activities in the Work Plan; and • Identification of your expectations regarding participation by DHH and/or its agents in the activities in the Work Plan and dependencies between these activities and implementation activities for which DHH will be responsible. (In responding the CCN shall understand DHH shall not be obligated to meet the CCN’s expectation.) 	30		

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C.3 Pg. 52	A,B,C	<p>C.3 Describe your Risk Management Plan.</p> <ul style="list-style-type: none"> • At a minimum address the following contingency scenarios that could be encountered during implementation of the program: <ul style="list-style-type: none"> o Delays in building the appropriate Provider Network as stipulated in this RFP; o Delays in building and/or configuring and testing the information systems within your organization’s Span of Control required to implement the CCN program; o Delays in hiring and training of the staff required to operate program functions; o Delays in the construction and/or acquisition of office space and the delivery of office equipment for staff required to operate program functions; o Delays in enrollment processing during the implementation of CCN; and o Delays in the publication of marketing and related materials and/or the delivery of these materials to DHH and/or its agents. • For each contingency scenario identified in the Proposal, at a minimum the Risk Management Plan must include the following: <ul style="list-style-type: none"> o Risk identification and mitigation strategies; o Risk management implementation plans; and o Proposed or recommended monitoring and tracking tools. 	25		

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C.4 Pg. 56	A,B,C	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		
C.5 Pg. 56	A,B,C	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		
C.6 Pg. 57	A,B,C	C.6 Provide the resume of the Implementation Manager (the primary person responsible for coordinating implementation activities and for allocating implementation team resources).	5		

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		Section D: Member Enrollment and Disenrollment (Section 10 of the RFP)	25		
D.1 Pg. 59	A,B,C	D.1 Describe your enrollment procedure requirements, including how you will ensure that you will coordinate with DHH and its Agent.	5		
D.2 Pg. 64	A,B,C	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		
D.3 Pg. 65	A,B,C	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		

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		Section E: Chronic Care/Disease Management (Section 7 of RFP)	100		
E.1 Pg. 67	A,B,C	E.1 Describe existing (other state Medicaid or CHIP contracts) and planned Chronic Care/Disease Management programs for the Louisiana CCN Program that are designed to improve health care outcomes for members with one or more chronic illnesses. Describe how the Chronic Care/Disease Management programs' data are analyzed and the results utilized by your organization to improve member outcomes.	50		
E.2 Pg. 107	A,B,C	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		

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		Section F: Service Coordination (Section 7 of RFP)	160		
F.1 Pg. 113	A,B,C	<p>F.1 DHH intends to provide CCNs with two years of historic claims data for members enrolled in the CCN effective the start date of operations. Describe how you will ensure the continuation of medically necessary services for members with special health needs who are enrolled in your CCN effective the start date of operations. The description should include:</p> <ul style="list-style-type: none"> • How you will identify these enrollees, and how you will 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		

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F.2 Pg. 118	A,B,C	<p>F.2 Describe your approach to CCN case management. In particular, describe the following:</p> <ul style="list-style-type: none"> • Characteristics of members that you will target for CCN case management services; • How you identify these members; • How you encourage member participation; • How you assess member needs; • How you develop and implement individualized plans of care, including coordination with providers and support services; • How you coordinate your disease management and CCN case management programs; • How you will coordinate your case management services with the PCP; • 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		
F.3 Pg. 132	A,B,C	<p>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.</p>	5		

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F.4 Pg. 135	A,B,C	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	
F.5 Pg. 136	A,B,C	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	
F.6 Pg. 139	A,B,C	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	

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		
G.1 Pg. 147	A,B,C	<p>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.</p> <p>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.</p> <p>The CCN should provide an Excel spreadsheet of their proposed provider network and include the following information: (Sample spreadsheet is available in the Procurement Library)</p> <ol style="list-style-type: none"> 1. Practitioner Last Name, First Name and Title - For types of service such as primary care providers and specialist, list the practitioner's name and practitioner title such as MD, NP (Nurse Practitioner), PA (Physician Assistant), etc. 2. Practice Name/Provider Name - Indicate the name of the provider. For practitioners indicate the professional association/group name, if applicable. 3. Business Location Address - Indicate the business location address where services 	25		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		Section G: Provider Network (Section 9 of RFP)	110		
		<p>are provided including but not limited to, 1st line of address, 2nd line of address, City, State, and Postal Code.</p> <p>4. Provider Type and Specialty Code - Indicate the practitioner's specialty using Medicaid Provider Type and Specialty Codes.</p> <p>5. New Patient - Indicate whether or not the provider is accepting new patients.</p> <p>6. Age Restriction - Indicate any age restrictions for the provider's practice. For instance, if a physician only sees patients up to age 19, indicate < 19; if a physician only sees patients age 13 or above, indicate > 13.</p> <p>7. If PCP - the number of potential linkages.</p> <p>8. If LOI or contract executed.</p> <p>9. Designate if Significant Traditional Provider.</p> <p>10. GEO coding for this location.</p>			
G.2 Pg. 148	A,B,C	G.2 Describe how you will handle the potential loss of a large PCP group or practice. .	5		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
G.4 Pg. 150	A,B,C	G.4 Describe your process for monitoring and ensuring adherence to DHH's requirements regarding appointments and wait times.	5		
G.5 Pg. 152	A,B,C	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		
G.6 Pg. 153	A,B,C	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		
G.7 Pg. 155	A,B,C	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: <ul style="list-style-type: none"> 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		

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 Pg. 164	A,B,C	G.8 Provide an example from your previous experience of how you have handled provider noncompliance with contract requirements, if applicable	5	
G.9 Pg. 165	A,B,C	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	
G.10 Pg. 172	A,B,C	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. <ul style="list-style-type: none"> 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	

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 Pg. 175	A,B,C	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		
G.12 Pg. 178	A,B,C	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		

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 Pg. 181	A,B,C	H.1 Describe how you will ensure that services are not arbitrarily or inappropriately denied or reduced in amount, duration or scope as specified in the Louisiana Medicaid State Plan.	30		
H.2 Pg. 192	A,B,C	H.2 If the UM guidelines were developed internally, describe the process by which they were developed and when they were developed or last revised.	10		
H.3 Pg. 194	A,B,C	H.3 Regarding your utilization management (UM) staff: <ul style="list-style-type: none"> • Provide a detailed description of the training you provide your UM staff; • Describe any differences between your UM phone line and your provider services line • If your UM phone line will handle both Louisiana CCN and non-Louisiana CCN calls, <ul style="list-style-type: none"> ○ explain how you will track CCN calls separately; and ○ how you will ensure that applicable DHH timeframes for prior authorization decisions are met. 	20		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
H.4 Pg. 197	A,B,C	<p>H.4 Describe how utilization data is gathered, analyzed, and reported. Include the process for monitoring and evaluating the utilization of services when a variance has been identified (both under- and over- utilization) in the utilization pattern of a provider and a member. Provide an example of how your analysis of data resulted in successful interventions to alter unfavorable utilization patterns in the system.</p>	20		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH		
		Total Possible Points	Score	DHH Comments
		Section I: EPSDT(Section 7 of RFP)	25	
I.1 Pg. 201	A,B,C	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	
I.2 Pg. 201	A,B,C	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: <ul style="list-style-type: none"> • How you will conduct member education and outreach regarding EPSDT including any innovative/non-traditional methods that go beyond the standard methods; • How you will work with members to improve compliance with the periodicity schedule, including how you will motivate parents/members and what steps you will take to identify and reach out to members (or their parents) who have missed screening appointments (highlighting any innovative/ non-traditional approaches); and How you will design and monitor your education and outreach program to ensure compliance with the RFP.	10	
I.3 Pg. 208	A,B,C	I.3 Describe your approach to ensuring that providers deliver and document all required components of EPSDT screening.	5	
I.4 Pg. 208	A,B,C	I.4 Describe how you will ensure that needs identified in a screening are met with	5	

		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 Pg. 211	A,B,C	<p>J.1 Document experience in other States to positively impact the healthcare status of Medicaid and or CHIP populations. Examples of areas of interest include, but are not limited to the following:</p> <ul style="list-style-type: none"> • Management of high risk pregnancy • Reductions in low birth weight babies • Pediatric Obesity (children under the age of 19) • Reduction of inappropriate utilization of emergent services • EPSDT • Children with special health care needs • Asthma • Diabetes • Cardiovascular diseases • Reduction in racial and ethnic health care disparities to improve health status • Hospital readmissions and avoidable hospitalizations 	30		

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 Pg. 247	A,B,C	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		
J.3 Pg. 250	A,B,C	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		

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.4 Pg. 258	A,B,C	<p>J.4 Describe your proposed Quality Assessment and Performance Improvement (QAPI). Such description should address:</p> <ul style="list-style-type: none"> • The Performance Improvement Projects (PIPs) proposed to be implemented during the term of the contract. • How the proposed QAIP s will expand quality improvement services. • How the proposed QAIP will improve the health care status of the Louisiana Medicaid population. • 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. • How your will keep DHH informed of QAPI program actions, recommendations and outcomes on an ongoing and timely manner. • How the proposed QAIPs may include, but is not necessarily, limited to the following: <ul style="list-style-type: none"> ○ New innovative programs and processes. ○ Contracts and/or partnerships being established to enhance the delivery of health care such as contracts/partnerships with school districts and/or School Based Health Clinics. 	20		
J.5 Pg. 273	A,B,C	<p>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.</p>	10		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
J.6 Pg. 277	A,B,C	<p>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.</p> <ul style="list-style-type: none"> •If you do not have results for a particular measure or year, provide the results that you do have. •If you do not have results for your Medicaid product line in a state where you have a Medicaid contract, provide the commercial product line results with an indicator stating the product line. •If you do not have Medicaid HEDIS results for at least five states, provide your commercial HEDIS measures for your largest contracts for up to five states (e.g., if you have HEDIS results for the three states where you have a Medicaid contract, you only have Medicare HEDIS for one other state, provide commercial HEDIS results for another state). •If you do not have HEDIS results for five states, provide the results that you do have. •In addition to the spreadsheet, please provide an explanation of how you selected the states, contracts, product lines, etc. that are included in the spreadsheet and explain any missing information (measure, year, or Medicaid contract). Include the Proposer’s parent organization, affiliates, and subsidiaries. <p>Provide results for the following HEDIS measures:</p> <ul style="list-style-type: none"> • Adults’ Access to Preventive/ Ambulatory Health Services • Comprehensive Diabetes Care- HgbA1C component 	25		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		<ul style="list-style-type: none"> • 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 			

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		
K.1 Pg. 279	A,B,C	K.1 Describe proposed content for your member educational materials) and attach examples used with Medicaid or CHIP populations in other states.	15		
K.2 Pg. 282	A,B,C	K.2 Describe how you will ensure that all written materials meet the language requirements and which reference material you anticipate you will use to meet the sixth (6 th) grade reading level requirement.	5		
K.3 Pg. 283	A,B,C	K.3 Describe your process for producing Member ID cards and information that will accompany the card. Include a layout of the card front and back. Explain how you will ensure that a Member receives a new Member ID Card whenever there has been a change in any of the information appearing on the Member ID Card.	10		
K.4 Pg. 284	A,B,C	K.4 Describe your strategy for ensuring the information in your provider directory is accurate and up to date, including the types and frequency of monitoring activities and how often the directory is updated.	10		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
K.5 Pg. 285	A,B,C	<p>K.5 Describe how you will fulfill Internet presence and Web site requirements, including:</p> <ul style="list-style-type: none"> • Your procedures for up-dating information on the Web site; • Your procedures for monitoring e-mail inquiries and providing accurate and timely responses; and • The procedures, tools and reports you will use to track all interactions and transactions conducted via the Web site activity including the timeliness of response and resolution of said interaction/transaction. 	10		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		Section L: Customer Service (Section 11 of RFP)	100		
L.1 Pg. 289	A,B,C	L.1 Provide a narrative with details regarding your member services line including: <ul style="list-style-type: none"> o Training of customer service staff (both initial and ongoing); o 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); o Process for handling calls from members with Limited English Proficiency and persons who are hearing impaired; o Monitoring process for ensuring the quality and accuracy of information provided to members; o Monitoring process for ensuring adherence to performance standards; o 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 o After hours procedures. 	25		
L.2 Pg. 293	A,B,C	L.2 Provide member hotline telephone reports for your Medicaid or CHIP managed care contract with the largest enrollment as of January 1, 2011 for the most recent four (4) quarters, with data that show the monthly call volume, the trends for average speed of answer (where answer is defined by reaching a live voice, not an automated call system) and the monthly trends for the abandonment rate.	25		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
L.3 Pg. 293	A,B,C	<p>L.3 Describe the procedures a Member Services representative will follow to respond to the following situations:</p> <ul style="list-style-type: none"> 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		
L.4 Pg. 294	A,B,C	<p>L.4 Describe how you will ensure culturally competent services to people of all cultures, races, ethnic backgrounds, and religions as well as those with disabilities in a manner that recognizes values, affirms, and respects the worth of the individuals and protects and preserves the dignity of each.</p>	15		
L.5 Pg. 296	A,B,C	<p>L.5 Describe how you will ensure that covered services are provided in an appropriate manner to members with Limited English proficiency and members who are hearing impaired, including the provision of interpreter services.</p>	15		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		Section M: Emergency Management Plan (Section 3 of RFP)	25		
M.1 Pg. 299	A,B,C	<p>M.1 Describe your emergency response continuity of operations plan. Attach a copy of your plan or, at a minimum, summarize how your plan addresses the following aspects of pandemic preparedness and natural disaster recovery:</p> <ul style="list-style-type: none"> ○ Employee training; ○ Identified essential business functions and key employees within your organization necessary to carry them out; ○ Contingency plans for covering essential business functions in the event key employees are incapacitated or the primary workplace is unavailable; ○ Communication with staff and suppliers when normal systems are unavailable; ○ Specifically address your plans to ensure continuity of services to providers and members; and ○ How your plan will be tested. 	15		
M.2 Pg. 305	A,B,C	<p>M.2 Describe your plan in the following Emergency Management Plan scenario for being responsive to DHH, to members who evacuate, to network providers, and to the community.</p> <ul style="list-style-type: none"> • You have thirty thousand (30,000) or more CCN members residing in hurricane prone parishes. All three GSAs include coastal parish and inland parishes subject to mandatory evacuation orders during a major hurricane. A 	10		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		<p>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.</p> <ul style="list-style-type: none"> 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. 			

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		
N.1 Pg. 311	A,B,C	<p>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:</p> <ul style="list-style-type: none"> 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. <p>Include in the description how data resulting from the grievance system will be used to improve your operational performance.</p>	25		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		Section O: Fraud & Abuse (Section 15 of RFP)	15		
O.1 Pg. 321	A,B,C	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		

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		
P.1 Pg. 325	A,B,C	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		
P.2 Pg. 343	A,B,C	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: <ul style="list-style-type: none"> • The process for auditing a sample of claims as described in Key Claims Management Standards Section; • The sampling methodology itself; • Documentation of the results of these audits; and • The processes for implementing any necessary corrective actions resulting from an audit. 	25		
P.3 Pg. 347	A,B,C	P.3 Describe your methodology for ensuring that the requirements for claims processing, including adherence to all service authorization procedures, are met.	25		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		Section Q: Information Systems (Section 13 of RFP)	200		
Q.1 Pg. 349	A,B,C	<p>Q.1 Describe your approach for implementing Management Information Systems in support of this RFP, including:</p> <ul style="list-style-type: none"> • Capability and capacity assessment to determine if new or upgraded systems, enhanced systems functionality and/or additional systems capacity are required to meet contract requirements; • Configuration of systems (e.g., business rules, valid values for critical data, data exchanges/interfaces) to accommodate contract requirements; • System setup for intake, processing and acceptance of one-time data feeds from the State and other sources, e.g., initial set of CCN enrollees, claims/service utilization history for the initial set of CCN enrollees, active/open service authorizations for the initial set CCN enrollees, etc.; and • Internal and joint (CCN and DHH) testing of one-time and ongoing exchanges of eligibility/enrollment, provider network, claims/encounters and other data. • Provide a Louisiana Medicaid CCN-Program-specific work plan that captures: <ul style="list-style-type: none"> ○ Key activities and timeframes and ○ Projected resource requirements from your organization for implementing information systems in support of this contract. 	35		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		<ul style="list-style-type: none"> • Describe your historical data process including but not limited to: <ul style="list-style-type: none"> ○ Number of years retained; ○ How the data is stored; and ○ How accessible it is. <p>The work plan should cover activities from contract award to the start date of operations.</p>			
Q.2 Pg. 358	A,B,C	<p>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.</p>	15		
Q.3 Pg. 361	A,B,C	<p>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.</p> <p>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.</p> <p>Elaborate, if applicable, on how you have successfully implemented the</p>	15		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		aforementioned mix of technologies and management strategies with other clients.			
Q.4 Pg. 368	A,B,C	<p>Q.4 Describe in detail:</p> <ul style="list-style-type: none"> • How your <i>key production systems</i> are designed to <i>interoperate</i>. In your response address all of the following: <ul style="list-style-type: none"> ○ How identical or closely related data elements in different systems are named, formatted and maintained: <ul style="list-style-type: none"> - Are the data elements named consistently; - Are the data elements formatted similarly (# of characters, type-text, numeric, etc.); - Are the data elements updated/refreshed with the same frequency or in similar cycles; and - Are the data elements updated/refreshed in the same manner (manual input, data exchange, automated function, etc.). ○ All exchanges of data between key production systems. <ul style="list-style-type: none"> - How each data exchange is triggered: a manually initiated process, an automated process, etc. - The frequency/periodicity of each data exchange: “real-time” (through a live point to-point interface or an interface “engine”), daily/nightly as triggered by a system processing job, biweekly, monthly, etc. • As part of your response, provide diagrams that illustrate: <ul style="list-style-type: none"> ○ point-to-point interfaces, ○ information flows, ○ internal controls and ○ the networking arrangement (AKA “network diagram”) associated with the information systems profiled. 	15		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		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.			
Q.5 Pg. 375	A,B,C	<p>Q.5 Describe your ability to provide and store service/prior authorization data in accordance with the requirements in this RFP. In your response:</p> <ul style="list-style-type: none"> • Explain whether and how your systems meet (or exceed) each of these requirements. • Cite at least three currently-live instances where you are successfully providing 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. (4) 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		
Q.6 Pg. 377	A,B,C	<p>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:</p>	15		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		<ul style="list-style-type: none"> • Explain whether and how your systems meet (or exceed) each of these requirements. • Cite at least three currently-live instances where you are successfully receiving, processing and updating eligibility/enrollment data in accordance with DHH coding, data exchange format and transmission standards and specifications or similar standards and specifications. In elaborating on these instances, address all of the requirements in Section 14. 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 Pg. 380	A,B,C	<p>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.</p>	15		
Q.8 Pg. 401	A,B,C	<p>Q.8 Describe your information systems change management and version control</p>	10		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		processes. In your description address your production control operations.			
Q. 9 Pg. 404	A,B,C	<p>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:</p> <ul style="list-style-type: none"> • provider contract loads and associated business rules; • eligibility/enrollment data loads and associated business rules; and • claims processing and adjudication logic. 	15		
Q.10 Pg. 407	A,B,C	<p>Q.10 Describe your reporting and data analytic capabilities including:</p> <ul style="list-style-type: none"> • 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 <i>ad-hoc</i> basis; and • Reporting back to providers within the network. 	15		
Q. 11 Pg. 413	A,B,C	<p>Q.11 Provide a detailed profile of the key information systems within your span of control.</p>	5		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
Q.12 Pg. 418	A,B,C	Q.12 Provide a profile of your current and proposed Information Systems (IS) organization.	5		
Q.13 Pg. 420	A,B,C	Q.13 Describe what you will do to promote and advance electronic claims submissions and assist providers to accept electronic funds transfers.	5		
Q. 14 Pg. 421	A,B,C	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		
Q.15 Pg. 424	A,B,C	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		
Q. 16 Pg. 427	A,B,C	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		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	A,B,C	<p>Section R: Added Value to Louisiana</p> <p>If you are awarded a contract, the response to this section will become part of your contract with DHH and DHH will confirm your compliance. The incentives and enhanced payments, for providers and expanded benefits to members proposed herein cannot be revised downward during the initial thirty-six (36) month term of the contract, as such programs were considered in the evaluation of the Proposal. Increases in payments or benefits during the term of the contract may be implemented.</p>	100		
R.1 Pg. 433	A,B,C	<p>R.1 The “value added” from Provider Incentive Payments will be considered in the evaluation of Proposals. Responses to this section (which can be considered Proprietary) will be evaluated based solely on the quantified payment amounts reported herein, based on projected utilization for 75,000 members, and within the guidelines of the CCN program. Any cost savings associated with any quality or incentive program shall not be included in this response and will not be considered in the evaluation of this factor.</p>	100		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		<p>See Appendix HH for instructions for completing the Provider Incentive Payments for Provider Incentives and Enhanced Payments.</p> <p>The completed template (Attachment FF) and all additional documentation and calculations shall be accompanied by a statement from the preparing/consulting actuary who is a member of the American Academy of Actuaries certifying the accuracy of the information.</p>			