

LOUISIANA MAKING MEDICAID BETTER (MMB)
 EDUCATION AND OUTREACH CAMPAIGN 2011-2012
 PROPOSAL DUE DATE: June 6, 2011 4:00 pm

?? #	QUESTION	ANSWER
1	Rather than on the Memorial Day holiday, Monday May 30, 2011, does the State mean for proposal to be due instead on the following day Tuesday May 31? Please clarify.	The due date for proposals is June 6, 2011 at 4 p.m. Please see Addendum #3 - Revised Schedule of Events for additional changes to the schedule.
2	When and by what procedure can I get a copy of all of the proposals for Making Medicaid Better Outreach and Education?	Proposals become public record after the award has been made. You may request them at that time.
3	What is the estimated annual program budget for all advertising services related to this RFP?	The maximum available budget for the entire Making Medicaid Better Outreach and Education contract, including all deliverables and costs associated with providing those deliverables over the term of the contract, is \$1.75 million.
4	Who is the current incumbent agency (if any) on this account?	The state's current Enrollment Broker, AHS, has a subcontract with Covalent Logic to produce creative materials, perform some communications work and Web design for the Making Medicaid Better initiative.
5	Is the contracted vendor responsible for mailing costs associated with the direct mail campaign?	No.
6	Can you confirm that the RFP is due Monday, June 6?	Yes. The due date for proposals is Monday, June 6, 2011 at 4 p.m. Please see Addendum #3 - Revised Schedule of Events for additional changes to the schedule.
7	For plan purposes what is the estimated budget?	The maximum available budget for the entire Making Medicaid Better Outreach and Education contract, including all deliverables and costs associated with providing those deliverables over the term of the contract, is \$1.75 million.
8	Will an individual be required to enroll with a CCN within their GSA?	Yes. Individuals must enroll in a CCN within their GSA. DHH anticipates that each GSA will have a maximum of six (6) CCNs.
9	What quantities would you anticipate needing for the provider outreach brochures and posters?	Each Geographic Service Area has about 300,000 enrollees. The number of outreach events planned by the contractor should reach as many of these enrollees as possible. The volume of materials will be driven by the number of events and how many people the proposer believes they can draw to each kind of event. See question #12 for additional information.

?? #	QUESTION	ANSWER
10	What quantity would you estimate for the brochures needed for those with disabilities and their caregivers?	Proposers can use the Potential CCN Enrollment data, provided in the Making Medicaid Better RFP procurement library under "Resources," to assess this need.
11	Will the Readiness Kits be distributed by the Enrollment Broker or would this be a deliverable of the vendor? Will a mail list be provided?	The Outreach and Education contractor will be responsible for coordinating the distribution (by mail) of all materials noted in the "Direct Mail" section of the RFP. This includes the readiness kit. DHH will provide the appropriate mailing lists for this mailing.
12	How many outreach events are anticipated per year? (one per parish, one per GSA, one per region, etc.)	<p>DHH is not prescribing a set number of events as this is a critical piece of any proposal. Proposers should consider the importance of outreach events and weigh the costs associated with such events and the availability of staffing with the need to reach as many Medicaid enrollees as possible. Some things proposers should consider in evaluating the number of events include:</p> <ol style="list-style-type: none"> 1. The goal of every outreach event is to enroll those already enrolled in Medicaid into a CCN. 2. Each outreach push will be approximately 60 days long (30 days before enrollment begins to the date enrollment closes). But the timing of the most aggressive outreach will be within the 30 days of actual enrollment. The goal of the events is to have people make a choice, so it's ideal to have events when that decision can and will be made. 3. Weekend days are preferable for such events, but not required. And the proposer has latitude in the proposal to define "event" so different and innovative activities that meet the same goals as formal events will be considered in selection. 4. Each GSA has roughly 300,000 enrollees in it. But because the geographic make-up of each GSA is so different (rural vs. urban areas), the number of events should take into consideration such geographies. 5. DHH's goal for active selection of enrollees is 80 percent.

?? #	QUESTION	ANSWER
13	What initiatives have been undertaken in the past to communicate with the various Medicaid target audiences?	<p>Over the past two years, DHH has been engaged in ongoing communication with providers, advocates, legislators potential CCNs and other interested parties. There have been countless meetings, presentations, conference calls and forums centered around the Making Medicaid Better initiative. Some of the more notable items include:</p> <ul style="list-style-type: none"> • Creation of the Making Medicaid Better Web site, as the repository for all materials related to Making Medicaid Better (found at www.MakingMedicaidBetter.com). • Creation of a Making Medicaid Better newsletter (archives found here: http://bit.ly/lmfAoE). • Public forums held statewide in November/December 2010 (archived materials found here: http://bit.ly/hk0HOL). • Provider specific outreach to prepare providers for recruitment from CCNs. This includes the CCN Resource Guide for Providers, a letter from the Medicaid Medical Director on Provider Recruitment, and Questions and Answers from a series of provider conference calls (all found here: http://bit.ly/lSZeZd). <p>Communication with the Medicaid recipient audience has been very limited at this point with no direct outreach made by DHH to this audience. While DHH feels that the outreach and education of the Medicaid recipient is top priority in our communications efforts, until DHH contracts with the CCNs (anticipated in the first of August 2011), we have very little to share with the recipients that will be useful to them and their CCN selection. For now, the Making Medicaid Better Web site is the most notable communication effort relative to recipient education, and we anticipate the site will continue to be a key education tool as we move to a more direct phase of outreach.</p>
14	For the purpose of market research, what contact information would be available to the vendor [name, address, phone number?] under the provision that such information is handled in a HIPAA-compliant way?	DHH will not supply any contact information to the contractor. The contractor will be responsible for recruiting subjects for market research.
15	Should year 2 (the 6-months of FY 2013) focus strictly on provider education and educating the general public since all of the deadlines to initially select a CCN provider will have passed and the CCN-eligible enrollee will have been auto-assigned a CCN?	Although the initial transition of current Medicaid recipients to CCNs will be completed, there will still be individuals new to the program will still be enrolling in Medicaid each month. Some recipient education will need to continue throughout these months.
16	Should we submit separate media plan recommendations for each GSA?	It is not a requirement of the RFP. The proposer can present its media plan in any format it feels will most effectively and clearly illustrate its media plans for the term of the contract.

?? #	QUESTION	ANSWER
17	Should media only run in each GSA during the window right before the choice letters are mailed to enrollees up until the deadline for selecting a CCN?	<p>DHH anticipates that the concentrated outreach push for each region will be roughly 60 days. Efforts should begin 30 days prior to the choice letter mail out, and conclude with the deadline date for member enrollment. The proposer should consider those dates when assessing the need and advantage of media purchases.</p> <p>As the first region to implement CCNs for the state, it is probable that the outreach efforts for GSA "A" may extend longer than the 60-day mark. Proposers should expect to begin efforts in mid to late September rather than the first week of October.</p>
18	Is the "CCN communications, education, and outreach plan" already in development by the Department or will the contractor be responsible for developing it during the initial 30 days of the contract term? If the plan is already in development, please clarify the contractor's responsibilities in finalizing it during the initial 30 days.	DHH has an overall communications, education and outreach plan it has been working on over the past year, which includes a variety of audiences and a comprehensive plan for the department, incorporating all available resources. The contractor will be responsible for developing a specific plan for its work based on its specific approach and the comprehensive plan. That plan must be submitted to DHH within 30 days of contract signing.
19	Please clarify what, if any, existing MMB creative material will be used in the new campaign. If any, provide examples of this material.	All MMB creative that is currently available is included in the RFP procurement library, located here: http://bit.ly/iwvldJ . It can be found under the heading "Making Medicaid Better - Branding Examples." While the contractor will have some leeway to bring new creative ideas to the table, the basics of the brand and design should not change as it is already established.
20	For pricing purposes, will the Outreach Contractor decide when, where and how many events are required for each parish?	Yes.
21	What responsibility, if any, does the contractor have for recruiting, compensating and overseeing locally-based outreach contractors?	DHH recommends that the contractor consider using the resources of locally-based outreach contractors - known as Community Based Organizations (CBOs) in their outreach efforts. This method has proven highly effective in Louisiana for the outreach and enrollment of Medicaid and LaCHIP eligibles, but it is not a requirement of this RFP. However, proposers should consider that DHH would not include the method if DHH did not think it was worth noting. Proposers choosing to utilize CBOs should define their own methods for partnering with these organizations - be it contracts, memorandums of understanding or another method.

?? #	QUESTION	ANSWER
22	What are the specific functions of the contractor in scheduling and staging outreach events?	The contractor is responsible for scheduling an outreach calendar of events for each GSA. The contractor will be responsible for planning events - everything from selecting, coordinating and securing locations; providing materials for outreach (developed and printed by the contractor) and providing media coverage prior to the events to boost attendance. The contractor may be asked to staff some events, but for the most part DHH eligibility and outreach staff will cover these events. The contractor will be expected to provide training to the eligibility and outreach staff, including other DHH contractors, to ensure they are prepared to conduct an effective outreach event. Following the event, the contractor will be expected to evaluate the events and activities for effectiveness, including providing a written report for each event to the contract monitor.
23	What services do the Department anticipate after the go-live date for each region?	There should be ongoing outreach and education of target audiences following the go-live date for each region, but it should be minimal compared to the concentrated push prior to that date.
24	How many training events does the Department anticipate?	DHH anticipates anywhere from 3 to 10 trainings, over the course of the contract, depending on how the contractor proposes to conduct the training events.
25	To whom will the training be directed (audience)?	Training provided by the contractor will be directed to DHH outreach and eligibility staff and DHH contractors designated by DHH to handle outreach and education.
26	What is included in logistical support for trainings? In other words, is the contractor expected to provide coordination help or expected to provide space, materials, refreshments, etc?	No, logistical support will be minimal. The contractor must prepare a presentation or other training tools to share with those participating in the training session and be available to present the training, as well as help to coordinate participation with invitees. DHH will provide the office space and any Web conference or conference call line needs.
27	Is the contractor responsible for any of the mail-based distribution to enrollees and/or providers? If so, please specify which duties are the responsibility of the outreach/marketing contractor and which are the responsibility of the Enrollment Broker contractor.	Yes. The contractor is responsible for the creation, printing and coordination of mailing of those items listed in the "Direct Mail" section of the Deliverables. This includes two postcards and a "Readiness Kit." The readiness kit, which the contractor will write, design and produce, will be a multi-page booklet that includes a health audit checklist and other guidance for making health-related decisions. The outreach and education contractor is not responsible for the printing or distribution any enrollment broker materials. The outreach and education contractor will be called upon to provide templates and branded materials, in digital format, to the enrollment broker, as noted. But the outreach and education contractor will not be responsible for printing or mailing those items.
28	If the vendor will be responsible for printing materials for the Enrollment Broker, what is the estimated volume?	The outreach and education contractor is not responsible for printing any documents for use by the Enrollment Broker. All materials created for the Enrollment Broker's use must be printed by the Enrollment Broker.

?? #	QUESTION	ANSWER
29	Please clarify for what means of dissemination the contractor is expected to print materials. Please provide estimations of the volume of printed materials for which the contractor will be responsible.	<p>In the deliverable section of the RFP, the contractor is responsible for printing the following:</p> <p>Section #3 – Direct Mail – the contractor is expected to create, print and coordinate mailing of two postcards and a readiness kit . The contractor should use the Potential CCN Enrollment data, found in the Making Medicaid Better RFP procurement library under "Resources," to determine the volume of items to be printed.</p> <p>Section #4 – Printed and Other Materials – the contractor is expected to develop and print materials to support outreach efforts such as brochures, posters, table coverings and promotional items. The choice of items and the variety is up to the contractor, but there should be at least one brochure that addresses the needs specific to people with disabilities and their caregivers. DHH staff in the field will hand-distribute these items. The contractor is expected to coordinate mailing or otherwise deliver the needed materials <i>already printed</i> to either DHH offices around the state or local organizations for use in their outreach. The contractor is also expected to house any excess materials (including promotional items, brochures and posters) until they are needed by outreach efforts.</p>
30	Is the contractor responsible for placing radio and TV public service announcements as well as producing them?	As such media is used in the final plan, yes.
31	Does the Department expect that any radio or TV ads will be placed through purchased media?	While we expect that some mass media, such as TV or radio may be needed, the contractor must balance mass media with other methods of reaching the target audience. The contractor will be responsible for buying whatever mass media is determined to be appropriate.
32	Will the vendor be required to sub contract with CBOs that have current contracts with DHH? If so, will DHH fund these CBOs or will it be the responsibility of the vendor?	It will be the responsibility of the contractor to fund any CBO subcontracts and that should be included as part of their overall proposal costs. See the answer to question #21.

?? #	QUESTION	ANSWER
33	Who is responsible for hosting and maintaining the MMB website?	DHH will maintain its current hosting environment for the Making Medicaid Better Web site. As deemed necessary, the Making Medicaid Better contractor can be provided access through the Web-based Content Management System to assist the Department in updating the site.
34	Please confirm that the contractor will not be responsible for any development or maintenance costs of the website.	The contractor is not responsible for any Web site development or maintenance. The contractor will only be expected to provide the DHH Webmaster with Web ready versions (in most cases PDF format, unless otherwise requested by DHH) of the materials the contractor creates for the outreach and education contract.
35	How will the contractor be paid? For example, will the contractor invoice a pro-rated portion of annual costs?	The contractor will provide monthly invoices to DHH. Payment will be made on a cost reimbursement basis upon receipt of approved invoices and documentation to support the deliverables met.
36	Should the media buy costs be included in the technical section or only in the separate cost proposal?	The media buy costs are only required in the cost proposal (Attachment #4).
37	The professional services cost items indicated on page 30 do not exactly correspond to the format of the Cost Template. Please confirm what items should be included in the cost proposal.	Attachment #IV, the cost template, breaks down the cost per deliverable, as noted in the Deliverables section of the RFP. This cost and pricing analysis in the RFP that references the item-by-item breakdown has been modified so that the professional services cost items mirror the cost template. See Addendum #4 for details.
38	What equipment is included in the equipment that would revert to the State? How is that equipment expected to be paid under this contract?	If the contractor purchases equipment using funds from this contract for use on this contract, that property must be returned to the state at the conclusion of the contract. See the CF-1 (attachment #2 of this RFP) for details.
39	Does HSS have events in advance of the enrollment periods that will naturally aggregate beneficiaries?	No. The Department has no major events planned that will aggregate Medicaid enrollees.
40	Will DHH provide the mailing list for our mailings and will those counts match the ones listed by market in the RFP?	Yes. DHH will provide the mailing list for all Making Medicaid Better outreach and education mail outs. The counts should be roughly the same as those enrollment numbers listed in the RFP procurement library. Enrollment should see some minor changes between now and the time for outreach and education mail outs, but the shift in overall number should be minimal. There is no guarantee that the numbers in the RFP will be the same as the actual overall numbers.
41	What is the budget for this RFP?	The maximum available budget for the entire Making Medicaid Better Outreach and Education contract, including all deliverables and costs associated with providing those deliverables over the term of the contract, is \$1.75 million.

?? #	QUESTION	ANSWER
42	DHH references existing MMB creative in the RFP. What exists and may we see that creative?	All MMB creative that is currently available is included in the RFP procurement library, located here: http://bit.ly/iwvldJ . It can be found under the heading "Making Medicaid Better - Branding Examples." While the contractor will have some leeway to bring new creative ideas to the table, the basics of the brand and design should not change as it is already established.
43	How far in advance of the choice letters going out do you anticipate wanting outreach to begin?	<p>DHH anticipates that the concentrated outreach push for each GSA will be roughly 60 days. Efforts should begin 30 days prior to the choice letter mail out, and conclude with the deadline date for member enrollment. Those dates, as currently scheduled, are as follows (for the most up to date schedule of events, reference the CCN RFP Web pages, accessible here: http://bit.ly/heEnXF):</p> <p>GSA "A"</p> <ul style="list-style-type: none"> • November 15, 2011 – Choice Letters Mailed • December 23, 2011 – Deadline for Member Enrollment <p>GSA "B"</p> <ul style="list-style-type: none"> • January 16, 2012 – Choice Letters Mailed • February 23, 2012 – Deadline for Member Enrollment <p>GSA "C"</p> <ul style="list-style-type: none"> • March 15, 2012 – Choice Letters Mailed • April 25, 2012 – Deadline for Member Enrollment <p>As the first region to implement CCNs for the state, it is probable that the outreach efforts for GSA "A" may extend beyond the 60-day mark. Proposers should expect to begin efforts in mid to late September rather than the first week of October.</p>
44	Is there an incumbent for this work?	The state's current Enrollment Broker, AHS, has a subcontract with Covalent Logic to produce creative materials, perform some communications work and Web design for the Making Medicaid Better initiative.
45	What are the differentiating factors among the CCNs that would incent beneficiaries to want a choice?	The RFP process for CCN selection is currently underway, with selection and contracting of CCNs expected in the first of August 2011. Until those CCNs are selected, DHH cannot provide the differentiating factors among CCNs. However, the purpose of the RFP materials is not to show those differences.

?? #	QUESTION	ANSWER
46	What is the composition of the selection committee?	The proposal review committee make up will be determined by DHH prior to receipt of proposals. However, it is anticipated at this time that the selection committee will include at a minimum, 1 member from the DHH communications staff, 2 members from the DHH Coordinated Care staff, 1 member from the Medicaid/LaCHIP outreach staff.
47	What specific materials will the vendor be responsible for printing as part of the Readiness Kit?	The contractor is responsible for printing all three direct mail pieces, including two postcards and the readiness kit. The readiness kit, which the contractor will write, design and produce, will be a multi-page booklet that includes a health audit checklist and other guidance for making health-related decisions. The kit should prepare enrollees to become more involved in their health decisions, outline the changes coming to the Medicaid program, and give them important health information to assist them transition to a CCN. The contractor will have access to officials in the Coordinated Care section and the Medicaid Medical Director to assist in developing health-related information.
48	Will the vendor be responsible for printing materials mailed by the Enrollment Broker? If so what materials and what is the expected volume? Is the vendor responsible for printing of materials beyond year 1? Will the vendor be responsible for printing an inventory to be turned over to the Enrollment Broker after year 1?	The contractor is only responsible for printing materials associated with the Outreach and Education contract. Any item prepared for the Enrollment Broker will be provided to the Enrollment Broker through DHH as a print-ready file, but the Outreach and Education contractor will not be responsible for printing these items.
49	What materials will the vendor be responsible for printing to use at outreach events?	The contractor will be responsible for printing all materials created by the contractor that will be used in outreach events, as noted in the "Printed and Other Materials" section under the Deliverables. The contractor is expected to develop and print materials to support outreach efforts such as brochures, posters, table coverings and promotional items. The choice of items and the variety is up to the contractor but there should be at least one brochure that addresses needs specific to people with disabilities and their caregivers.
50	The RFP states that "Information required of the proposer under the terms of this RFP is also required for each subcontractor." We assume this applies to Sections III.N.4.c, III.N.5.a.xvii, III.N.6, and III.N.7.f. If there are any other proposal content items that apply to each subcontractor, please identify them.	This statement in the RFP is self explanatory.
51	We recommend the inclusion of a performance standard section; this would make for a stronger RFP. That is, the RFP should be revised to include a section where each contract deliverable and the respective performance standards are clearly articulated.	DHH has provided a breakdown of deliverables and their frequency and reporting requirements. This documents have been added to the Making Medicaid Better RFP Procurement Library, under Resources.

?? #	QUESTION	ANSWER
52	<p>Bidders should be required to propose a plan for how they intend to utilize community based organizations (CBOs) for enrollee outreach and education. The language in the RFP falls short of making this a requirement. Failure to require CBO involvement in all elements of outreach and education dishonors the relevant and transferable lessons learned from Louisiana’s successful use of CBOs in CHIP outreach and enrollment.</p>	<p>While DHH recommends that proposers consider the use of Community Based Organizations as part of their outreach and education efforts, this is not an RFP requirement. DHH has had much success in outreach and education by partnering with CBOs, and considers this a tried and true method. DHH will consider this past experience when reviewing the proposals and will base the evaluation on a proposer's incorporation of such suggestions or their effective demonstration of alternatives to successful outreach.</p>
53	<p>We recommend the inclusion of language in the RFP requiring the contractor to produce printed material in “prevalent non-English languages.” Moreover, the RFP should define “prevalent non-English languages” as any language that is spoken as a primary language for 200 or more members of the target population within a GSA. Such a definition would be consistent with the language used in section 12.19.2 1 of the CCN-P Request for Proposals.</p>	<p>This language has been added to the RFP. See Addendum #4 for details.</p>
54	<p>The Department should not shift the cost of printing to stakeholders by allowing the contractor to disseminate material to stakeholders and advocates primarily through electronic means for printing by stakeholders. This is a cost many organization, especially the small rural communities, cannot absorb. Furthermore, this could lead to low quality reproductions of official material and a degradation of the Making Medicaid Better brand.</p>	<p>The cost of printing outreach and education materials will not be shifted to any stakeholder or community based organization. The outreach and education contractor will be responsible for the printing costs associated with this contract as well as the distribution of materials. DHH has modified the RFP to clarify this point. See Addendum #4 for details.</p>
55	<p>The Department should provide some guidance on what would constitute a conflict of interest for CBOs the enrollment broker may wish to subcontract with for education and outreach purposes.</p>	<p>A conflict of interest occurs when, because of some personal, professional or financial relationship, a contractor acts or could be inclined to act in a manner contrary to the obligations it has undertaken under a contract. A conflict of interest may also exist when a contractor has any interest or relationship which leads or could lead the contractor to favor any one entity or person over any other person or entity in the performance of the contract.</p>