

Addendum #9 EQRO RFP Checklist				
Item #	RFP Citation	Introduction/Administrative Data	Proposal Section	Proposal Page Number
1	III. O. 4. a.	Summary of information about Proposer's Organization clearly stated.		
2	III. O. 4. b.	Organization Chart and description of organizations functions clearly identifies responsibilities, supervision and distribution of work.		
3	III. O. 4. a.	Proposer's Overall Understanding of the RFP, including: - Professional Practices -Management Philosophy -Distribution of Work -Communication Systems		
4	III. O. 4. b.	Brief description of how the proposer's organizational components communicate and work together in both an administrative and functional capacity from the top down.		
5	III. O. 4. b.	Brief description of ability to satisfy provisions of the RFP.		
6	III. O. 4. c.	This section should include the following information: i. Location of Active Office with Full Time Personnel, include all office locations (address) with full time personnel. ii. Name and address of principal officer; iii. Name and address for purpose of issuing checks and/or drafts; iv. For corporations, a statement listing name(s) and address(es) of principal owners who hold five percent interest or more in the corporation. v. If out-of-state proposer, give name and address of local representative; if none, so state; vi. If any of the proposer's personnel named is a current or former Louisiana state employee, indicate the Agency where employed, position, title, termination date, and social security number; vii. If the proposer was 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; and viii. Proposer's state and federal tax identification numbers.		

7	III. O. 4. d.	The following information must be included in the proposal: i. Certification Statement: The proposer must sign and submit the attached Certification Statement (See Attachment I). ii. Transition/Takeover Plan (See Section II,B, #6) iii. DR/BCP (See Section II, F, #5 and #6) iv. Readiness Review Tracking Report (See Section II, C, #5, d).		
Item #	RFP Citation	Work Plan/Project Execution	Proposal Section	Proposal Page Number
8	II. C. 1. a. i. III. O. 5.	The Contractor shall conduct a comprehensive Readiness Review to evaluate each prospective CCN's compliance with DHH's contract requirements for CCNs. This review shall be conducted before DHH has approved the CCN's Contract and will be divided into two segments: a desk review of materials and documents and an on-site visit to review those areas not covered in the desk review.		
9	II. C. 1. a. ii. III. O. 5.	The Contractor will submit a written report of review findings to DHH within 7 business days after completion of each CCN review. This report shall address any CCN deficiencies requiring corrective action.		
10	II. C. 1. a. iii. III. O. 5.	The Contractor shall develop review criteria/tools to be used during readiness reviews. These tools shall be submitted to DHH for approval within thirty (30) days of EQRO contract implementation.		
11	II. C. 1. a. iv. III. O. 5.	The Contractor shall schedule a conference call/discussion with each CCN in conjunction with DHH to describe the process (both document review and on-site review) and detail the topics of the upcoming review. DHH approved review criteria/tools shall be shared in advance with each CCN to ensure adequate preparation and discussion.		

12	II. C. 1. c. i III. O. 5.	The Contractor shall validate each CCN's Performance Improvement Projects (PIP) following CMS's most current <i>Validating Performance Improvement Projects</i> protocol: i. Assess the CCN's methodology for conducting the PIP		
13	II. C. 1. c. ii III. O. 5.	The Contractor shall validate each CCN's Performance Improvement Projects (PIP) following CMS's most current <i>Validating Performance Improvement Projects</i> protocol: ii. Verify actual PIP study findings		
14	II. C. 1. c. iii. III. O. 5.	The Contractor shall validate each CCN's Performance Improvement Projects (PIP) following CMS's most current <i>Validating Performance Improvement Projects</i> protocol: iii. Evaluate overall validity and reliability of study results.		
15	II. C. 1. d. i. III. O. 5.	The Contractor shall validate each CCN's Performance Measures (PM) following CMS's most current <i>Validating Performance Measures</i> protocol. i. Review the data management processes of the CCN.		
16	II. C. 1. d. ii. III. O. 5.	The Contractor shall validate each CCN's Performance Measures (PM) following CMS's most current <i>Validating Performance Measures</i> protocol. ii. Evaluate algorithmic compliance (the translation of captured data into actual statistics) with specifications defined by DHH.		

17	II. C. 1. d. iii. III. O. 5.	<p>The Contractor shall validate each CCN's Performance Measures (PM) following CMS's most current <i>Validating Performance Measures</i> protocol.</p> <p>iii. Verify performance measures to confirm that the reported results are based on accurate source information.</p>		
18	II. C. 1. e. i. III. O. 5.	<p>The Contractor shall review each CCN's compliance with DHH's standards for access to care, structure and operations, and quality measurement and improvement following CMS's most current <i>Monitoring Medicaid Managed Care Organization (MCOs) and PrePaid Inpatient Health Plans (PIHPs): A protocol for determining compliance with Medicaid Managed Care Proposed Regulations at 42 CFR Parts 400, 430, et al.</i></p> <p>i Planning for compliance monitoring activities</p>		
19	II. C. 1. e. ii. III. O. 5.	<p>The Contractor shall review each CCN's compliance with DHH's standards for access to care, structure and operations, and quality measurement and improvement following CMS's most current <i>Monitoring Medicaid Managed Care Organization (MCOs) and PrePaid Inpatient Health Plans (PIHPs): A protocol for determining compliance with Medicaid Managed Care Proposed Regulations at 42 CFR Parts 400, 430, et al.</i></p> <p>ii. Obtaining background information from DHH</p>		
20	II. C. 1. e. iii. III. O. 5.	<p>The Contractor shall review each CCN's compliance with DHH's standards for access to care, structure and operations, and quality measurement and improvement following CMS's most current <i>Monitoring Medicaid Managed Care Organization (MCOs) and PrePaid Inpatient Health Plans (PIHPs): A protocol for determining compliance with Medicaid Managed Care Proposed Regulations at 42 CFR Parts 400, 430, et al.</i></p> <p>i. Documenting review</p>		

21	II. C. 1. e. iv. III. O. 5.	<p>The Contractor shall review each CCN's compliance with DHH's standards for access to care, structure and operations, and quality measurement and improvement following CMS's most current <i>Monitoring Medicaid Managed Care Organization (MCOs) and PrePaid Inpatient Health Plans (PIHPs): A protocol for determining compliance with Medicaid Managed Care Proposed Regulations at 42 CFR Parts 400, 430, et al.</i></p> <p>ii. Conducting interviews</p>		
22	II. C. 1. e. v. III. O. 5.	<p>The Contractor shall review each CCN's compliance with DHH's standards for access to care, structure and operations, and quality measurement and improvement following CMS's most current <i>Monitoring Medicaid Managed Care Organization (MCOs) and PrePaid Inpatient Health Plans (PIHPs): A protocol for determining compliance with Medicaid Managed Care Proposed Regulations at 42 CFR Parts 400, 430, et al.</i></p> <p>iii. Collecting any other accessory information (e.g., from site visits)</p>		
23	II. C. 1. e. vi. III. O. 5.	<p>The Contractor shall review each CCN's compliance with DHH's standards for access to care, structure and operations, and quality measurement and improvement following CMS's most current <i>Monitoring Medicaid Managed Care Organization (MCOs) and PrePaid Inpatient Health Plans (PIHPs): A protocol for determining compliance with Medicaid Managed Care Proposed Regulations at 42 CFR Parts 400, 430, et al.</i></p> <p>v.i. Analyzing and compiling findings</p>		

24	II. C. 1. e. vii. III. O. 5.	<p>The Contractor shall review each CCN's compliance with DHH's standards for access to care, structure and operations, and quality measurement and improvement following CMS's most current <i>Monitoring Medicaid Managed Care Organization (MCOs) and PrePaid Inpatient Health Plans (PIHPs): A protocol for determining compliance with Medicaid Managed Care Proposed Regulations at 42 CFR Parts 400, 430, et al.</i></p> <p>v.i.i. Reporting results to DHH</p>		
25	II. C. 1. f. III. O. 5.	<p>The Contractor shall implement the deeming option as allowed in 42 CFR §438.360. The Contractor shall use the CFR as the authoritative source of requirements against the CCNs' accreditation standards. To determine comparability, the Contractor shall assess whether each accreditation standard meets the relevant CFR in entirety or parts. To ensure DHHs compliance with CMS requirements, and for the related standard to be exempt from review, the CCN's score on the accreditation standard/element must be 100 percent of the point value during the most recent accreditation survey (within a recent 3 year period). Otherwise, the CCN will be subject to a full review of the standard by the EQRO.</p>		
26	II. C. 1. i. i. III. O. 5.	<p>The Contractor shall validate each CCN's consumer and provider surveys on quality of care following CMS's most current <i>Administering or Validating Surveys</i>.</p> <p>i. Review survey purpose(s) and objective(s)</p>		

27	II. C. 1. i. ii. III. O. 5.	The Contractor shall validate each CCN's consumer and provider surveys on quality of care following CMS's most current <i>Administering or Validating Surveys</i> . ii. Review intended survey audience(s),		
28	II. C. 1. i. iii. III. O. 5.	The Contractor shall validate each CCN's consumer and provider surveys on quality of care following CMS's most current <i>Administering or Validating Surveys</i> . iii. Assess the reliability and validity of the survey instrument		
29	II. C. 1. i. iv. III. O. 5.	The Contractor shall validate each CCN's consumer and provider surveys on quality of care following CMS's most current <i>Administering or Validating Surveys</i> . iv. Assess the sampling plan		
30	II. C. 1. i. v. III. O. 5.	The Contractor shall validate each CCN's consumer and provider surveys on quality of care following CMS's most current <i>Administering or Validating Surveys</i> . v. Assess the adequacy of the response rate		
31	II. C. 1. i. vi. III. O. 5.	The Contractor shall validate each CCN's consumer and provider surveys on quality of care following CMS's most current <i>Administering or Validating Surveys</i> . vi. Review survey data analysis and findings/conclusions		
32	II. C. 1. i. vii. III. O. 5.	The Contractor shall validate each CCN's consumer and provider surveys on quality of care following CMS's most current <i>Administering or Validating Surveys</i> . vii. Document evaluation of survey.		

33	II. C. 1. J. i. III. O. 5.	The Contractor shall provide on-going technical assistance to the CCN's Quality Improvement staff as they attempt to fulfill their quality of care obligations with DHH. Technical assistance shall include, but not be limited to, performance improvement project development and implementation, performance measure support, and the development of a Quality Companion Guide. The Quality Companion Guide shall include, but is not limited to, written instruction for performance improvement projects, performance measure specifications and validation processes. The Quality Companion Guide shall be submitted to DHH for approval within sixty (60) days of contract implementation.		
34	II. C. 1. J. ii. III. O. 5.	The Contractor shall conduct a comparison study of State selected CCN performance measures annually.		
35	II. C. 1. k. i III. O. 5.	<p>The Contractor shall identify CCN-P activities that meet Department of Health and Services (HHS) requirements to be included in Medical Loss Ratio (MLR) calculations as quality improvement activities;</p> <p>i. The Contractor shall review and identify activities of each CCN-P that improve health care quality as recommended by the National Association of Insurance Commissioners (NAIC) and as adopted by HHS in §§ 158.10 through 158.151 of the Federal Register, Vol.75, No. 230, December 1, 2010. (http://www.gpo.gov/fdsys/pkg/FR-2010-12-01/pdf/2010-29596.pdf)</p>		
36	II. C. 1. k. ii. III. O. 5.	<p>The Contractor shall identify CCN-P activities that meet Department of Health and Services (HHS) requirements to be included in Medical Loss Ratio (MLR) calculations as quality improvement activities;</p> <p>ii. Upon DHH request, the Contractor shall provide written recommendations for MLR Quality Activities.</p>		
37	II C. 2. a. i. III. O. 5.	The Contractor shall electronically submit all internal procedures, written material, including all manuals, policies, and procedures related to the contract. This information shall be submitted to DHH for approval within thirty (30) calendar days after the contract approval date and thirty (30) calendar days prior to subsequent changes.		
38	II C. 2. a. ii. III. O. 5.	The Contract Monitor shall be notified at least two (2) weeks in advance of all scheduled meetings involving DHH.		

39	II C. 2. a. iii. III. O. 5.	To prepare each CCN for an annual review, the Contractor must schedule a conference call/discussion with management staff of each CCN in conjunction with DHH to describe the process (both document review and on-site interviews/discussions) and detail the topics to be reviewed. Review criteria/tools, as approved by DHH, will be shared by the Contractor in advance with each CCN to ensure adequate preparation and discussion.		
40	II C. 2. a. iv. III. O. 5.	The Contractor shall coordinate, host and participate in regularly scheduled quarterly meetings provided to CCNs to disseminate information pertaining to quality measures, quality improvement, and other topics specific to quality issues as requested by DHH. Quarterly Quality meetings shall be accessible to CCNs in-person, via teleconference, and/or via webinar. Meeting minutes of these quarterly meetings will be provided to DHH within ten (10) business days following each meeting.		
41	II C. 2. a. v. III. O. 5.	The Contractor shall attend and participate in each CCN's Quality Assessment and Performance Improvement (QAPI) Committee quarterly meetings as requested by DHH or the CCN.		
42	II. C. 3. a III. O. 5.	The EQRO must meet the following requirements of 42 CFR § 438.354 located at http://edocket.access.gpo.gov/cfr_2006/octqtr/pdf/42cfr438.354.pdf .		
43	II. C. 3. a. i. III. O. 5.	<p>The EQRO shall have:</p> <ul style="list-style-type: none"> i. Staff with demonstrated experience and knowledge of: <ul style="list-style-type: none"> • Medicaid recipients, policies, data systems, and processes; • Managed care delivery systems, organizations, and financing; • Quality assessment and improvement methods; and • Research design and methodology, including statistical analysis. 		

44	II. C. 3. a. ii. III. O. 5.	The EQRO shall have: ii. Sufficient physical, technological, and financial resources to conduct EQR or EQR-related activities.		
45	II. C. 3. a. iii. III. O. 5.	The EQRO shall have: iii. Other clinical and non-clinical skills necessary to carry out EQR or EQR- related activities and to oversee the work of any subcontractors		
46	II. C. 3. b. III. O. 5.	The Contractor shall provide sufficient administrative and organizational staff to implement the provisions and requirements of the contract and for fulfillment of the contractual obligations.		
47	II. C. 3. c. III. O. 5.	The Contractor shall ensure that all staff has the training, education, experience and orientation to conduct activities under the contract resulting from this RFP.		
48	II. C. 3. d. i III. O. 5.	All temporary, permanent, subcontracted, part-time and full-time Contractor staff working on Louisiana Medicaid contracts must have a national criminal background check within the twelve months prior to starting work on the contract. The results shall include all felony convictions and shall be submitted to DHH for review prior to the staff's start of work on the contract.		
49	II. C. 3. d. ii III. O. 5.	Any employee with a background unacceptable to DHH must be prohibited from working on this contract or immediately removed from the project by the Contractor. Examples of felony convictions that are unacceptable include but are not limited to those convictions that represent a potential risk to the security of data systems and/or Protected Health Information (PHI), potential for healthcare fraud, or pose a risk to the safety of Department employees.		
50	II. C. 3. d. iii III. O. 5	The national criminal background checks must also be performed every two (2) years for all temporary, permanent, subcontracted, part-time and full-time Contractor staff working on this contract beginning with the 25th month following contract affective date. The Contractor will be responsible for all costs to conduct the criminal background checks.		

51	II. C. 3. d. iv. III. O. 5	The Contractor shall provide the results of the background checks, in a report upon its completion, to DHH on only those employees currently employed on the contract. The format of the report shall be approved by DHH and shall include all copies of background checks as an appendix to the report.		
52	II. C. 3. d. v. III. O. 5	The Contractor must ensure that all entities or individuals, whether defined as “Key Personnel” or not, performing services under this contract are not “Ineligible Persons” to participate in the Federal health care programs or in Federal procurement or non-procurement programs or have been convicted of a criminal offense that falls within the ambit of 42 U.S.C 1320a-7(a), but has not yet been excluded, debarred, suspended, or otherwise declared ineligible. Exclusion lists include the Department of Health and Human Services/ Office of Inspector General List of Excluded Individuals/Entities (available via the internet at http://www.oig.hhs.gov) and the General Services Administration’s List of Parties Excluded from Federal Programs (available via the Internet at http://www.epls.gov).		
53	II. C. 3. d. vi. III. O. 5	All temporary, permanent, subcontracted, part-time and full-time Contractor staff working on this contract must complete an annual statement that includes an acknowledgement of confidentiality requirements and a declaration as to whether the individual has been convicted of a felony crime or has been determined an “Ineligible Person” to participate in Federal healthcare programs or in Federal procurement or non-procurement programs.		
54	II. C. 3. d. vii. III. O. 5	The Contractor shall keep the individual statements on file and submit a comprehensive list of all current staff in an annual statement to DHH, indicating if the staff stated they were free of convictions or ineligibility referenced above.		
55	II. C. 3. d. viii. III. O. 5	If the Contractor has actual notice that any temporary, permanent, subcontracted, part-time, or full-time Contractor staff has become an “Ineligible Person” the Contractor shall remove said personnel immediately from any work related to this contract and notify DHH on the same date the notice of a conviction or ineligibility is received. For felony convictions, DHH will determine if the individual should be removed from the contract project permanently.		

56	II. C. 3. e. III. O. 5.	The Contractor must notify DHH within ten (10) business days in the event of any changes to key staff. The Contractor must replace within sixty (60) days any of the key staff with a person of equivalent experience, knowledge and talent.		
57	II. C. 4. III. O. 5.	Contractor shall retain all books, records and other documents relevant to the contract and funds expended there under for at least four (4) years after final payment or as prescribed in 45 CFR 74:53 (b) whichever is longer. Contractor shall make available to DHH such records within thirty (30) days of DHH's written request and shall deliver such records to DHH's central office in Baton Rouge, Louisiana, all without expense to DHH. Contractor shall allow DHH to inspect, audit or copy records at the contractor's site, without expense to DHH.		
58	II. C. 5. a. III. O. 5.	Reports defined and approved by DHH to be generated by the Contractor shall meet all State and Federal reporting requirements. The needs of DHH and other appropriate agencies for planning, monitoring and evaluation shall be taken into account when developing report formats and compiling data. Upon request by DHH, the Contractor shall also produce a minimum of twelve (12) ad-hoc reports in cooperation with other Federal and/or State agencies.		
59	II. C. 5. b. III. O. 5.	The Contractor shall submit monthly reports by the tenth (10th) calendar day of the month following the reporting month. Any weekly reports shall be submitted by the Wednesday following the end of the reporting week. Reports to be generated shall not be limited to those listed below and shall include additional categories as required for State and Federal reports and as described in the Scope of Work.		

60	II. C. 5. c. III. O. 5.	The Contractor shall provide DHH with written reports that are clear, concise and useful for the audience for whom they are intended. The reports shall be composed in a manner consistent with DHH specifications and with the Contractor's stated criteria. All reports shall be provided in electronic formats compatible with software applications in use by DHH (i.e., MS WORD, Excel, etc.) as well as in hard copy, as specified by DHH. The Contractor shall be responsible for assuring that it completely understands the specifications and requirements for all reporting and other activities under the contract. Where required, the Contractor shall provide supporting documents such as report appendices.		
61	II. C. 5. d.. III. O. 5.	The Contractor shall provide DHH with a tracking report of progress on the readiness reviews. This tracking report shall include review progress of each CCN and areas of concern in the form of a brief summary with dates and expectations for completing specified activities. This report shall be initiated at the time of the initial outreach to the CCNs and updated bi-weekly. This report shall be submitted electronically.		
62	II. C. 5. e. III. O. 5.	The Contractor shall submit a complete readiness review report within 7 business days after completion of the CCN site visit. This report shall be submitted electronically.		

63	II. C. 5. f. i. III. O. 5.	<p>The Contractor must electronically submit the following information to DHH within thirty (30) days after the completion of the annual review of each CCN:</p> <p>i. A detailed technical report that describes the manner in which the data from all activities conducted was aggregated and analyzed, and the conclusions drawn as to the quality, timeliness, and access to care furnished by each CCN. The report must include the following for each activity conducted:</p> <ul style="list-style-type: none"> • Objectives; • Technical methods of data collection and analysis; • Description of data obtained; and • Conclusions drawn from the data. • Problems encountered in performing the review; • Recommendation, if applicable, for modifications to the review process; and • Suggested follow-up activity; 		
64	II. C. 5. f. ii. III. O. 5.	<p>The Contractor must electronically submit the following information to DHH within thirty (30) days after the completion of the annual review of each CCN:</p> <p>ii. An assessment of each CCN's strengths and weaknesses with respect to the quality, timeliness, and access to health care services furnished to Medicaid recipients.</p>		
65	II. C. 5. f. iii. III. O. 5.	<p>The Contractor must electronically submit the following information to DHH within thirty (30) days after the completion of the annual review of each CCN:</p> <p>iii. Recommendations for improving the quality of health care services furnished by the CCN.</p>		

66	II. C. 5. f. iv. III. O. 5.	The Contractor must electronically submit the following information to DHH within thirty (30) days after the completion of the annual review of each CCN: iv. As determined by DHH, methodologically appropriate, comparative information about all CCNs (CCN-Ps and CCN-Ss) operating within Louisiana.		
67	II. C. 5. f. v. III. O. 5.	The Contractor must electronically submit the following information to DHH within thirty (30) days after the completion of the annual review of each CCN: v. An assessment of the degree to which a CCN has effectively addressed the recommendations for quality improvement made by the EQRO during the previous year's EQR.		
68	II. C. 5. h. III. O. 5.	Upon DHH request, the Contractor shall provide written recommendations for MLR Quality Activities.		
69	II. C. 6. a. i- ii. III. O. 5	The Contractor shall comply with the transition/takeover plan which outlines the procedures and timelines to ensure continuity of services in the event of contract termination or subsequent contract award to different vendor. The transition/takeover plan requires the Contractor, at a minimum, to comply with the following stipulations: i. Upon completion of the contract or if terminated earlier, all records, reports, work sheets or any other pertinent materials related to the execution of the contract shall become the property of DHH; ii. In the event of contract termination, or as requested, the Contractor shall transfer all data and non-proprietary systems to DHH or new vendor within the agreed upon time frame;		
70	II. C. 6. b. III. O. 5	The transition/takeover plan must be adhered to within thirty (30) calendar days of written notification of contract termination, unless other appropriate time frames have been mutually agreed upon by both the Contractor and DHH.		
71	II. F. III. O. 5	The Contractor must maintain hardware and software compatible with current DHH requirements		
72	II. F. 1. III. O. 5	The Contractor shall collaborate with DHH's fiscal intermediary (FI), University of Louisiana Monroe College of Pharmacy (ULM) and with CCNs in order to obtain the necessary information to perform deliverables;		

73	II. F. 2. III. O. 5	The Contractor shall be responsible for all initial and recurring costs required for access to DHH system(s), as well as DHH access to the Contractor's system(s). These costs include, but are not limited to, hardware, software, licensing, authority/permission to utilize any patents, annual maintenance, support, and connectivity with DHH and the Fiscal Intermediary		
74	II. F. 3. III. O. 5	The Contractor shall have the capability to securely transfer or exchange data with DHH, in the requested formats, within the timelines approved by DHH and specified in the contract. The Contractor shall have the capability to interface with existing and future systems, such as the planned implementation of a new Medicaid Management Information System (MMIS);		
75	II. F. 4. III. O. 5	The Contractor shall test and maintain a Disaster Recovery and Business Continuity Plan (DR/BCP) and procedures to allow it to continue to deliver essential business functions despite damage, loss or disruption of information technology due to the unexpected occurrence of a natural or man-made emergency or disaster. The plans shall include: Risk Assessment, Business Impact Analysis, Alignment to Business Strategy, Alignment to Business Continuity Strategy, and Testing and Updating Plans.;		
76	II. F. 5. III. O. 5	Any changes to the DR/BCP must be submitted to DHH for review and approval prior to effecting the change.		
77	II. G. 1-2 III. O. 5	The contractor shall not contract with any other party for furnishing any of the work and professional services required by the contract without the express prior written approval of DHH. The contractor shall not substitute any subcontractor without the prior written approval of DHH. For subcontractor(s), before commencing work, the contractor will provide letters of agreement, contracts or other forms of commitment which demonstrates that all requirements pertaining to the contractor will be satisfied by all subcontractors through the following: <ol style="list-style-type: none"> 1. The subcontractor(s) will provide a written commitment to accept all contract provisions. 2. The subcontractor(s) will provide a written commitment to adhere to an established system of accounting and financial controls adequate to permit the effective administration of the contract. 		
78	II. H. III. O. 5	Insurance shall be placed with insurers with an A.M. Best's rating of no less than A-VI. This rating requirement shall be waived for Worker's		

		Compensation coverage only.		
79	II. H. 1. III. O. 5	The Contractor shall not commence work under this contract until it has obtained all insurance required herein. Certificates of Insurance, fully executed by officers of the Insurance Company shall be filed with DHH for approval. The Contractor shall not allow any subcontractor to commence work on subcontract until all similar insurance required for the subcontractor has been obtained and approved. If so requested, the Contractor shall also submit copies of insurance policies for inspection and approval of DHH before work is commenced. Said policies shall not be canceled, permitted to expire, or be changed without thirty (30) days notice in advance to DHH and consented to by DHH in writing and the policies shall so provide		
80	II H. 2. III. O. 5	Before any work is commenced, the Contractor shall obtain and maintain during the life of the contract, Workers' Compensation Insurance for all of the Contractor's employees employed to provide services under the contract. In case any work is sublet, the Contractor shall require the subcontractor similarly to provide Workers' Compensation Insurance for all the latter's employees, unless such employees are covered by the protection afforded by the Contractor. In case any class of employees engaged in work under the contract at the site of the project is not protected under the Workers' Compensation Statute, the Contractor shall provide for any such employees, and shall further provide or cause any and all subcontractors to provide Employer's Liability Insurance for the protection of such employees not protected by the Workers' Compensation Statute.		
81	II. H. 3. III. O. 5	The Contractor shall maintain during the life of the contract such Commercial General Liability Insurance which shall protect Contractor, DHH, and any subcontractor during the performance of work covered by the contract from claims or damages for personal injury, including accidental death, as well as for claims for property damages, which may arise from operations under the contract, whether such operations be by the Contractor or by a subcontractor, or by anyone directly or indirectly employed by either of them, or in such a manner as to impose liability to DHH. Such insurance shall name DHH as additional insured for claims arising from or as the result of the operations of the Contactor or its subcontractors. In the absence of specific regulations, the amount of coverage shall be as follows: Commercial General Liability Insurance, including bodily injury, property damage and contractual liability,		

		with combined single limits of \$1,000,000.		
82	II. H. 4. III. O. 5	Special hazards as determined by DHH shall be covered by rider or riders in the Commercial General Liability Insurance Policy or policies herein elsewhere required to be furnished by the Contractor, or by separate policies of insurance in the amounts as defined in any Special Conditions of the contract included therewith.		
83	II. H. 5. III. O. 5	The Contractor shall maintain during the life of the contract, Automobile Liability Insurance in an amount not less than combined single limits of \$1,000,000 per occurrence for bodily injury/property damage. Such insurance shall cover the use of any non-licensed motor vehicles engaged in operations within the terms of the contract on the site of the work to be performed there under, unless such coverage is included in insurance elsewhere specified.		
84	II. H. 6. III. O. 5	The Contractor shall require that any and all subcontractors, which are not protected under the Contractor's own insurance policies, take and maintain insurance of the same nature and in the same amounts as required of the Contractor.		
Item #	RFP Citation	Corporate Experience	Proposal Section	Proposal Page Number
85	III. O. 6. a.	The proposal should indicate the firm has a record of prior successful experience in the design and implementation of the services sought through this RFP. Proposers should include statements specifying the extent of responsibility on prior projects and a description of the projects scope and similarity to the projects outlined in this RFP.		
86	III. O. 6. a.	The proposer should have, within the last 24 months prior to final date for proposal submission, completed a similar type project.		
87	III. O. 6. a.	Proposers should give at least two customer references for projects completed in at least the last 24 months prior to final date for proposal submission. References should include the name, email address and telephone number of each contact person.		
88	III. O. 6. b.	It is highly desirable that the Proposer have experience dealing with Medicaid programs, in particular conducting external quality reviews of Medicaid MCOs.		

89	III. O. 6. c.	Proposer should provide the specific details regarding all appropriate, directly relevant experience, regarding proposer's <u>previous and current</u> health care review activities, including Medicaid, and, if applicable, other pertinent health care review experience. Proposer should describe in detail its firm's experience relevant to any projects of the type, size, and scope of that described in this RFP, including any prior projects in Louisiana.		
90	III. O. 6. d.	Proposer should include a statement of any involvement in litigation that could affect this work. If no such litigation exists, proposer should so state.		

Item #	RFP Citation	Personnel Qualifications	Proposal Section	Proposal Page Number
91	III. O. 7. a.	The purpose of this section is to evaluate the relevant experience, resources, and qualifications of the proposed staff to be assigned to this project. The experience of proposer's personnel in implementing similar services to those to be provided under this RFP will be evaluated. The adequacy of personnel for the proposed project team will be evaluated on the basis of project tasks assigned, allocation of staff, professional skill mix, and level of involvement of personnel.		
92	III. O. 7. b.	The Proposer should provide and explain its approach to staffing to include a descriptive list of proposed personnel (including key staff) and subcontractors expected to provide services included in this RFP.		
93	III. O. 7. c.	Proposers should state job responsibilities, workload and lines of supervision. An organizational chart identifying individuals and their job titles and major job duties should be included. The organizational chart should show lines of responsibility and authority.		
94	III. O. 7. d.	Job descriptions, including the percentage of time allocated to the project and the number of personnel should be included and should indicate minimum education, training, experience, special skills and other qualifications for each staff position as well as specific job duties identified in the proposal. Job descriptions should indicate if the position will be filled by a sub-contractor.		
95	III. O. 7. e.	Key personnel and the percentage of time directly assigned to the project should be identified.		
96	III. O. 7. f.	<p>Résumés of all known personnel should be included. Resumes of proposed personnel should include, but not be limited to:</p> <ul style="list-style-type: none"> • Experience with proposer, • Previous experience in projects of similar scope and size. • Educational background, certifications, licenses, special skills, etc. 		
97	III. O. 7. g.	If subcontractor personnel will be used, the proposer should clearly identify these persons, if known, and provide the same information requested for the proposer's personnel.		

98	III. O. 8.	As an appendix to its proposal, if available, proposers should provide copies of any policies and procedures manuals applicable to this contract, inclusive of organizational standards or ethical standards.		
Item #	RFP Citation	Corporate Financial Condition	Proposal Section	Proposal Page Number
99	III. O. 9. a.	The organization's financial solvency will be evaluated. The proposer's ability to demonstrate adequate financial resources for performance of the contract or the ability to obtain such resources as required during performance under this contract will be considered.		
100	III. O. 8. b.	Proposal should include for each of the last three (3) years, copies of financial statements, preferably audited, including at least a balance sheet and profit and loss statement, or other appropriate documentation which would demonstrate to DHH the proposer's financial resources sufficient to conduct the project		