

RFP Evaluation Tool  
 Louisiana Medicaid Managed Care Organizations  
 RFP # 3000011953

### BUSINESS PROPOSAL EVALUATION TOOL

#### 2.9.1 Mandatory Qualifications

RFP REQUIREMENTS	Proposal Page	Included (Pass)	Not Included (Fail)
Does the Proposer meet the following <i>mandatory</i> qualifications?			
2.9.1.1 Meet the federal definition of an MCO, as defined in 42 C.F.R. §438.2.	7	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.9.1.2 Have the capacity and willingness to perform all functions in this RFP and in the Model Contract.	7	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.9.1.3 Not be an excluded individual or entity as described in 42 C.F.R. §438.808(b).	7	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.9.1.4 Have a license or certificate of authority issued by the Louisiana Department of Insurance (LDI) to operate as a Medicaid risk bearing “prepaid entity” pursuant to La. R.S. 22:1016 and submit with the proposal response.	7	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.9.1.5 Comply with all Louisiana Department of Insurance applicable standards. Information can be found at LDI’s website: <a href="http://www.lidi.louisiana.gov">www.lidi.louisiana.gov</a> . The MCO must meet solvency standards as specified in 42 C.F.R. §438.116 and Title 22 of the Louisiana Revised Statutes. Documentation of compliance with these requirements may be included in separate attachments and will not count toward the business proposal and total page limits.	7	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.9.1.6 Have a minimum of five (5) years of experience as an MCO for a Medicaid managed care program prior to the deadline for receipt of proposals*.	7	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.9.1.7 Have, within the last thirty-six (36) months, been engaged in a contract or awarded a new contract as a Medicaid MCO in a state with a Medicaid population equal to or greater than that of Louisiana*.	7	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.9.1.8 Have its principal place of business be located inside the continental United States.	7	<input checked="" type="checkbox"/>	<input type="checkbox"/>
* Experience requirements in Sections 2.9.1.6 and 2.9.1.7 may be satisfied if the Proposer is a new MCO or a state-specific entity that takes direction from its parent organization, and the parent organization operates a Medicaid MCO that meets the requirements of those sections.			
<b>NOTES:</b> 2.9.1.6 – 7 yrs in LA. 2.9.1.8 – Baton Rouge, LA			

**2.9.2 Conflicts of Interest**

RFP REQUIREMENTS	Proposal Page	Included (Pass)	Not Included (Fail)
Did the Proposer submit the following <i>mandatory</i> items?			
2.9.2.1 A signed Proposer’s certification attesting that no interest will conflict in any manner or degree with the performance required under the Contract.	2.9.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.9.2.2 A signed Proposer’s certification attesting that the Proposer does not have, nor does any of the Proposer’s material subcontractors have, any financial, legal, contractual or other business interest in LDH’s Enrollment Broker, or in such vendor’s subcontractors, if any.	2.9.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.9.2.3 A statement describing any and all of the financial, legal, contractual, and other business interests of the Proposer and any subcontractor, its affiliates, partners, parent(s), subsidiaries, and related organizations, if any, that may affect or impact its performance under the Contract. In cases where such relationships or interests exist or appear to exist, describe how a potential or actual conflict of interest will be avoided or remedied.	2.9.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.9.2.4 Any other information that may be relevant to the Proposer’s or any material subcontractor’s financial, legal, contractual, or other business interests as they relate to the RFP and Contract.	2.9.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.9.2.5 A signed Proposer’s certification attesting that the Proposer agrees to submit any additional information requested by LDH that, in LDH’s judgment, may be relevant to the Proposer’s financial, legal, contractual, or other business interests as they relate to the RFP and Contract.	2.9.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p><b>NOTES:</b>                      2.9.2.3 – None.                      2.9.2.4 – None.</p>			

**2.9.3 Moral or Religious Objections**

RFP REQUIREMENTS	Proposal Page	Included (Pass)	Not Included (Fail)
Did the Proposer submit <u>one</u> of the following <b>mandatory</b> items?			
2.9.3.1 A statement of attestation that the Proposer has no moral or religious objections to providing any MCO covered services described in the Model Contract, Part 2, Services; <b>or</b>	9	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.9.3.2 A statement of any moral and religious objections to providing any MCO covered services. The statement must describe, in as much detail as possible, all direct and related services that are objectionable. It must include a listing of the codes impacted including but not limited to CPT codes, HCPCS codes, diagnosis codes, revenue codes, modifier codes, etc., and if there are none, it must so state.		<input type="checkbox"/>	<input type="checkbox"/>
<b>NOTES:</b>			

**2.9.4 Material Subcontractors**

RFP REQUIREMENTS	Proposal Page	Included (Pass)	Not Included (Fail)
Did the Proposer submit the following <i>mandatory</i> items?			
2.9.4.1 The Proposer shall state whether material subcontractors will be used to provide all, or part, of any program area or function that relates to the delivery or payment of MCO covered services under the Contract, and if so, shall identify each such subcontractor by corporate or other legal entity name, address, and telephone number. Additional information is requested in the technical proposal requirements.	2.9.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.9.4.2 The Proposer must submit a signed Proposer’s Certification attesting that the Proposer:			
2.9.4.2.1 Acknowledges it will not be relieved of any legal obligations under any Contract resulting from this RFP as a result of any contracts with subcontractors, that it shall be fully responsible for the subcontractor’s performance, and that all partnership agreements, subcontracts, and other agreements or arrangements for reimbursement will be in writing and will contain terms consistent with all terms and conditions of the Contract.	2.9.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.9.4.2.2 Acknowledges that proposals to use subcontractors shall not cause any additional administrative burden on LDH as a result of the use of multiple entities.	2.9.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>NOTES:</b>			

**2.9.6 Required Forms and Certifications**

RFP REQUIREMENTS	Proposal Page	Included (Pass)	Not Included (Fail)
Did the Proposer complete, sign, and submit the following <i>mandatory</i> items?			
2.9.6.1 The proposal must include a Proposal Compliance Matrix (Appendix C).	2.9.6.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.9.6.2 The Proposer must sign and submit an original Certification Statement (Appendix D). The Proposer must be registered as a vendor with the Louisiana Procurement and Contract Network (LaPAC) prior to submitting their proposal, and must include their vendor number on the Certification Statement. Information on registration may be found at <a href="https://wwwcfprd.doa.louisiana.gov/osp/lapac/Vendor/VndPubMain.cfm?tab=2">https://wwwcfprd.doa.louisiana.gov/osp/lapac/Vendor/VndPubMain.cfm?tab=2</a> .	2.9.6.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.9.6.3 Federal laws require full disclosure of ownership, management, and control of Medicaid MCOs. The Medicaid Ownership and Disclosure Form (Appendix E) must be submitted to LDH with the proposal. The Proposer may submit this information in electronic format in lieu of hard copy. [Per Addendum 2, the electronic copy should be a scanned copy of the original signature. No digital signatures accepted.]	2.9.6.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>NOTES:</b>			

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**BUSINESS PROPOSAL EVALUATION TOOL – ATTACHMENT A**

**2.9.5 Financial Condition**

RFP REQUIREMENTS	Proposal Page	Included (Pass)	Not Included (Fail)
Did the Proposer submit the following <i>mandatory</i> items?			
2.9.5.1 The Proposer shall submit documentation to demonstrate to the satisfaction of LDH that the Proposer’s organization (and the Proposer’s parent organization and material subcontractors, if any), is in sound financial condition and that any significant financial problems are being addressed with appropriate corrective measures. The documents submitted must include at least the following:		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.9.5.1.1 Copies of audited financial statements for each of the last three (3) years, including at least a balance sheet, profit and loss statement, or other appropriate documentation, and the auditor’s report. The Proposer shall also submit such information with respect to the Proposer’s parent organization and any material subcontractors. The Proposer may submit this information in electronic format in lieu of hard copy; and		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.9.5.1.2 A certificate from the taxing authority of the state in which the Proposer has its principal office, attesting that the Proposer is not in default of any obligation under its tax laws.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.9.5.2 LDH may determine a Proposer to be non-responsible in accordance with Section 3.5 if the Proposer fails to submit the documents required by this section, or if the documents indicate to LDH, in its reasonable discretion, that the Proposer’s, the Proposer’s parent organization’s, or the Proposer’s material subcontractors’, if any, financial condition is unsatisfactory.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p><b>NOTES:</b>                      See attached summary report.</p>			

**Louisiana Department of Health**  
**Financial Review**

**RFP** 3000011953  
**RFP Number** Medicaid Managed Care Organizations  
**Vendor Name** Louisiana Healthcare Connections, Inc.  
Date of Financial Statements 12/31/2017

- |   |                        |
|---|------------------------|
| 1 Basis of accounting on which the financial statements are presented.  | <u>Statutory Basis</u> |
| 2 Type of opinion issued in the <i>Independent Auditors' Report</i> .   | <u>Unmodified</u>      |
| 3 Are there any departures from generally accepted accounting principles (GAAP) included in the <i>Independent Auditors' Report</i> ?                                   | <u>Note A</u>          |
| 4 Are there any significant deficiencies or material weaknesses in internal control noted in the information or reports included with the audited financial statements? | <u>No</u>              |
| 5 Are there any instances of noncompliance noted in the information or reports included with the audited financial statements?  | <u>No</u>              |
| 6 Are there any going concern issues noted in the information or reports included with the audited financial statements?  | <u>No</u>              |
| 7 Are there any findings or questioned costs noted in the information or reports included with the audited financial statements?  | <u>No</u>              |
| 8 Are there any instances of fraud noted in any of the reports or footnotes included with the audited financial statements?   | <u>No</u>              |

**Financial Statement Summary - In Thousands**

<b>Assets</b>		<b>Net Income</b>	
Cash and Investments	256,029	Revenue	2,103,485
Receivables	182,206	Expenses	(2,157,873)
Property and Equipment	-	Other Income/(Expense)	<u>18,389</u>
Other Assets	<u>47,740</u>	Net Income	<u><u>(35,999)</u></u>
Total Assets	<u><u>485,975</u></u>		
<b>Liabilities</b>			
Accounts Payable	4,254		
Claims Payable	137,492		
Other Liabilities	<u>234,758</u>		
Total Liabilities	<u><u>376,504</u></u>		

**Louisiana Department of Health**  
**Additional Information**

<b>RFP</b>	<u>3000011953</u>
<b>RFP Number</b>	<u>Medicaid Managed Care Organizations</u>
<b>Vendor Name</b>	<u>Louisiana Healthcare Connections, Inc.</u>

**Note A**

The statutory basis financial statements are prepared using accounting practices prescribed or permitted by the Louisiana Department of Insurance, which is a basis of accounting other than accounting principles generally accepted in the United States of America, to meet the requirements of the Louisiana Department of Insurance.