

RFP Evaluation Tool

Louisiana Medicaid Managed Care Organizations

RFP # 3000011953

TECHNICAL PROPOSAL EVALUATION TOOL – CONSENSUS SCORESHEET**Summary of Point Distribution by Section**

Question	Evaluation Components	Possible Points	Score
2.10.2	Proposer Organization & Experience	120	48.000
2.10.3	Enrollee Value-Added Benefits	60	12.000
2.10.4	Population Health	90	72.000
2.10.5	Care Management	90	54.000
2.10.6	Case Scenarios	90	18.000
2.10.7	Provider Network ¹	150	76.000
2.10.8	Network Management	70	14.000
2.10.9	Provider Support	70	28.000
2.10.10	Utilization Management	80	32.000
2.10.11	Quality		
	Quality Narrative Submission	50	30.000
	NCQA Ratings Submission ²	150	83.889
2.10.12	Value-Based Payment	100	100.000
2.10.13	Claims Management and Systems and Technical Requirements	100	40.000
2.10.14	Program Integrity	100	60.000
2.10.15	Veteran/Hudson Initiative (12%) ³	180	0.712
	Total Points	1,500	668.601

¹ Provider Network score is based solely on "Provider Network Capacity Response Template" submission. See Attachment A. The "Provider Network Listing Response Template" was requested to identify potential providers and cannot be used to compute provider network capacity.

² NCQA Ratings portion of the Quality score is based solely on "Quality Response Template" submission. See Attachment B.

³ Veteran and Hudson Initiative Program Participation is reviewed and scored separately using criteria specific to that initiative. See Attachment C.

Rating Guide

Rating for Applicable Section	Maximum Potential Points						
	120 Points	100 Points	90 Points	80 Points	70 Points	60 Points	50 Points
Excellent Value (100%) Response at least satisfies all aspects of requirements and exceeds many or all aspects of requirements.	120	100	90	80	70	60	50
Very Good Value (80%) Response satisfies all requirements and has some benefits above requirements. Response exceeds specified performance requirements or capability in a beneficial way.	96	80	72	64	56	48	40
Good Value (60%) Response clearly satisfies requirements without need for correction. Any proposal inadequacies or weaknesses are minor or readily correctable.	72	60	54	48	42	36	30
Fair Value (40%) Response satisfies some requirements but not all requirements. Has some weaknesses that may be correctable.	48	40	36	32	28	24	20
Poor Value (20%) Response fails to meet all or most of the requirements. Has serious weaknesses that may not be correctable.	24	20	18	16	14	12	10
Non-Responsive (0%) Response fails to address requirements or merely mentions requirements without being responsive to the elements of the requirement. Response is completely unacceptable or missing.	0	0	0	0	0	0	0

Strength/Weakness Modifiers (in ascending order):

(none)

significant

major

critical

Technical Proposal Requirements

2.10.1 Executive Summary (Not Scored)

REVIEW QUESTIONS <i>The following are guiding questions to consider when reviewing – Evaluators are not required to respond to all questions in developing comments.</i>	REVIEW NOTES <i>Strengths/Weaknesses/Questions/Interesting</i>
<p>1. Did the Proposer provide an executive summary that demonstrates its understanding of LDH's vision for the Contract? Did it describe the Proposer's overall approach to providing access to covered services under the Contract for Louisiana Medicaid enrollees in a manner that will lead to better health, better care, and lower costs?</p>	<p>The Proposer provided an Executive Summary.</p>

2.10.2 Organizational Experience (48 / 120 Total Possible Points)

<p>REVIEW QUESTIONS</p> <p><i>The following are guiding questions to consider when reviewing – Evaluators are not required to respond to all questions in developing comments.</i></p>	<p>REVIEW NOTES</p> <p><i>Strengths/Weaknesses/Questions/Interesting</i></p>
<ol style="list-style-type: none"> 1. Did the Proposer provide a brief summary of its organizational history? Does the proposer have at least 7 years providing services for a Medicaid managed care program? (Preferred but not required.) 2. Does/did the Proposer serve Medicaid populations in Louisiana and/or other states today (within the last 12 months)? If not serving in Louisiana, are Medicaid contracts in states with comparable populations? (Preferred but not required.) 3. Did the Proposer put forward a team of staff with strong experience and a strong organizational structure that will meet the State's needs? 4. Did the Proposer describe its process for identifying key personnel? Is it reasonable? 5. Did the Proposer describe how the leadership functions within the overall governance structure? Is the approach reasonable? 6. Did the Proposer include an organizational chart? Does it include key teams? How are material subcontractors identified? Does the organizational chart include necessary functions to serve the Medicaid program? 7. Did the Proposer describe each of its key teams and their roles, including where they are accountable and how the report to leadership? Does this approach seem reasonable? 8. Did the Proposer include FTEs per unit? Does the staffing seem reasonable and appropriate for the unit's function? Is the staffing scalable? Did the Proposer include qualifications and competencies of the team, and in particular a description of who will be team lead? 9. Does the Proposer intend to use Material Subcontractors to provide behavioral health, pharmacy, vision or transportation services, or a value-added benefit? If yes, did the Proposer complete the Material Subcontractor Response Template? 10. Did the Proposer clearly describe the role of the Material Subcontractor? Why the service/function is being subcontracted? 	<p>Fair value as supported by the following.</p> <p>Strengths:</p> <ul style="list-style-type: none"> • Proposer meets the preferred qualifications in RFP Section 2.10.2.1.2. • Organizational culture of health and wellness at a corporate level is a strength. • Recognition for diversity at a corporate level is a strength. • Minimum wage for local staff at \$16/hour is a strength. <p>Weaknesses:</p> <ul style="list-style-type: none"> • Allocation of staff does not align with LDH priorities and operational needs. Key units are understaffed relative to reported scope (e.g., provider management for physical and specialized behavioral health services, care management, pharmacy, reporting, compliance, IT, subcontractor oversight). This is a major weakness. • Lack of a detailed plan to staff up to stated levels (i.e., hiring 250 additional staff), which is needed to serve anticipated membership. Current experience demonstrates that staffing has been a challenge for this Proposer. This is a major weakness. • Unclear the level of involvement of corporate resources, rather than local resources with state-specific knowledge. Current experience indicates heavy reliance on corporate resources, which has led to performance and compliance issues. This is a significant weakness. • Has an Interim Chief Medical Officer, and there is no description of a plan to find a permanent hire. This is a weakness. • The largest contract in another state is not risk-bearing. The largest risk-bearing contract is significantly smaller than anticipated LA population. This is a weakness. • Proposer has multiple penalties for the same deficiencies in other markets, which suggests the lack of an effective improvement plan. Additionally,

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<p>11. Did the Proposer include information on the Material Subcontractor's experience? Does it have sufficient experience within the Medicaid program?</p> <p>12. Did the Proposer describe a process for monitoring and evaluating the performance of Material Subcontractors? Does the described process sufficiently show that the Proposer will be able to tell whether the Material Subcontractor is compliant with the contract? Does the Proposer describe how it will work with Material Subcontractors who may not be meeting contractual requirements?</p> <p>13. What feedback was received from Proposer references? Did the references highlight any ongoing deficiencies on the part of the Proposer? Would the reference be willing to contract with the Proposer in the future?</p> <p>14. Is the Proposer accredited by NCQA for Medicaid coverage in Louisiana? In other states? What type of accreditation has it received? (Preferred but not required.)</p> <p>15. If the Proposer is not accredited by NCQA, or has not yet achieved full accreditation in Louisiana, did it provide a clear timeline for its process to achieve full accreditation ASAP? Does the approach seem reasonable?</p> <p>16. If the Proposer utilizes a Material Subcontractor for behavioral health services, did Proposer include information on the Material Subcontractor's NCQA accreditation or describe how the Material Subcontractor will achieve full accreditation in Louisiana?</p>	<p>there is a discrepancy in the listing of LA compliance actions. These are weaknesses.</p> <p>Proposer Presentation Questions:</p> <ul style="list-style-type: none"> How did the Proposer determine the appropriate staffing level for each section? What is the difference between current and proposed staffing levels? What is the timeline to scale up to the proposed levels? <i>Proposer clarified its response; however, the response did not mitigate the weakness noted.</i>

2.10.3 Enrollee Value Added Benefits (12 / 60 Total Possible Points)

REVIEW QUESTIONS <i>The following are guiding questions to consider when reviewing – Evaluators are not required to respond to all questions in developing comments.</i>	REVIEW NOTES <i>Strengths/Weaknesses/Questions/Interesting</i>
<ol style="list-style-type: none"> Did the Proposer offer to provide any of the six optional Value-Added Benefits? If yes, which are being offered? Where the Proposer offers VABs, did the Proposer clearly describe the populations that may receive the benefits? How they will be provided? How the Proposer will provide oversight of services? Is the response appropriate and sufficient? Did the Proposer include an actuarially certified PMPM cost? Did the Proposer commit to providing any offered VABs for the 36-month Contract term? 	<p>Poor value as evidenced by the following:</p> <p>Strengths:</p> <ul style="list-style-type: none"> None noted. <p>Weaknesses:</p> <ul style="list-style-type: none"> Overall, the amount, scope, and duration for all value-added benefits are not sufficient to meet enrollee needs. This is a critical weakness. For dental, response does not demonstrate an understanding of current Medicaid coverage. This is a major weakness. For pain management, the number of visits allowed is insufficient and is a major weakness. For medical respite care, a limited post-acute recovery period and lack of detail for statewide provision of housing are major weaknesses. For tobacco cessation, questionable availability for face-to-face services is a weakness. Vision benefit does not include exams, which is a significant weakness.

2.10.4. Population Health (72 / 90 Total Possible Points)

REVIEW QUESTIONS <i>The following are guiding questions to consider when reviewing – Evaluators are not required to respond to all questions in developing comments.</i>	REVIEW NOTES <i>Strengths/Weaknesses/Questions/Interesting</i>
<ol style="list-style-type: none"> 1. Did the Proposer clearly describe its understanding and experience in improving population health for Medicaid populations? Does the description include how principles of a population health approach will inform and guide its approach to managed care in Louisiana? Does the approach seem reasonable? 2. Did the Proposer identify baseline health outcome measures and targets for health improvement? Are the measures appropriate? Is the Proposer likely to be able to measure them? 3. Did the Proposer clearly describe how it will measure population health status and identify sub-populations? Does the approach seem reasonable? 4. Did the Proposer identify key determinants of health outcomes and strategies for targeted interventions to reduce disparities? Does the approach seem reasonable? Is it likely to have an impact? 5. Did the Proposer clearly describe how required components of the procurement and other initiatives are integrated and represent a comprehensive approach to population health? Does it seem reasonable? 6. Did the Proposer describe specifically how it will address population health during the first year of the Contract, including milestones and timeframes? Are the milestones appropriate and sufficient? Are they clearly described? Are the timeframes reasonable? 7. Did the Proposer clearly describe recent experience in using data regarding social determinants of health (SDOH) to improve health status of the targeted populations? Is the experience relevant? Did the Proposer describe lessons learned and how the approach may be applied to Louisiana Medicaid? 8. Did the Proposer clearly describe its approach to collecting SDOH data? Is it comprehensive? 9. Did the Proposer include at least one example of how it identified an issue impacted by SDOH, developed an intervention and the impact of that intervention? Did the Proposer include any lessons learned or description of how the approach may work for Louisiana? Is the approach reasonable? 	<p>Very good value as supported by the following.</p> <p>Strengths:</p> <ul style="list-style-type: none"> • Proposer's focus on becoming a trauma-informed organization by training all staff is a significant strength. • The level of integration tailored to enrollees' medical, behavioral, and social needs with continual modification based on program results (e.g., maternal health) exceeds expectations. This is a strength. • Using enrollee self-referrals to identify sub-populations is a strength. <p>Weaknesses:</p> <ul style="list-style-type: none"> • While the Proposer stated it would collaborate with the Office of Public Health, it did not clearly describe its approach to coordinating population health improvement strategies. This is a weakness.

REVIEW QUESTIONS <i>The following are guiding questions to consider when reviewing – Evaluators are not required to respond to all questions in developing comments.</i>	REVIEW NOTES <i>Strengths/Weaknesses/Questions/Interesting</i>
10. Did the Proposer clearly describe its approach to working with community-based organizations and the Office of Public Health to coordinate population health improvement strategies? Does the approach seem reasonable? Is it aligned with OPH approach?	

2.10.5 Care Management (54 / 90 Total Possible Points)

<p>REVIEW QUESTIONS</p> <p><i>The following are guiding questions to consider when reviewing – Evaluators are not required to respond to all questions in developing comments.</i></p>	<p>REVIEW NOTES</p> <p><i>Strengths/Weaknesses/Questions/Interesting</i></p>
<ol style="list-style-type: none"> 1. Did the Proposer clearly describe how it will meet the State's Care Management requirements? Is the overall approach reasonable and feasible? 2. Did the Proposer clearly describe its process for ensuring success in completing HNAs? How will this happen? Is the approach reasonable and feasible? Have they seen success in the past with this approach? 3. Did the Proposer clearly describe how it will use predictive modeling, referrals and the HNA process to identify individuals who may benefit from case management? Is the approach reasonable and feasible? Does the Proposer have experience using this approach? 4. Did the Proposer clearly describe how it will engage enrollees who may benefit from case management? Is the approach reasonable and feasible? Does the Proposer have experience with using this approach? 5. Did the Proposer clearly describe how it will identify which tier of CM an enrollee will be eligible for based on objective measures and criteria? Did the Proposer clearly describe which types of support will be provided by tier? Did the Proposer clearly describe the process for developing an individual care plan? Are these descriptions reasonable and feasible? Does the Proposer have experience with using these approaches to engagement? 6. Did the Proposer clearly describe how it will coordinate with providers and state staff that may provide case management and avoid duplication of services? Is the approach reasonable and feasible? Does the Proposer have experience with using this approach? 	<p>Good value as supported by the following.</p> <p>Strengths:</p> <ul style="list-style-type: none"> • Has a trauma-informed care approach, which includes specialized training for case managers. This is a significant strength. • Plans to complete screenings within 30 days for all enrollees with five attempts to contact, which exceeds contract requirements and is a strength. • Plans to conduct behavioral health assessment within 14 days, which exceeds contract requirements and is a strength. • In-person navigation for persons discharged is a significant strength. • Focus on additional social determinants of health in the health needs assessment is a strength. However, the Proposer does not specifically describe what it will do with this information. • Integration of community health workers in care management is a strength. However, the Proposer does not describe how it will scale this up. • Comprehensive list of methods for case managers to contact hard to reach enrollees is a strength. • Cross-training case managers in physical and behavioral health to act as a single point of contact for enrollees is a strength. <p>Weaknesses:</p> <ul style="list-style-type: none"> • Proposer did not provide sufficient detail on the Department of Justice Agreement Target Population and why this population is classified in Tier 2 of case management. This is a weakness. • Lack of detail on provider communications plan to use provider level resources to act on the health needs assessment. This is a significant weakness.

REVIEW QUESTIONS <i>The following are guiding questions to consider when reviewing – Evaluators are not required to respond to all questions in developing comments.</i>	REVIEW NOTES <i>Strengths/Weaknesses/Questions/Interesting</i>
	<ul style="list-style-type: none"> Lack of detail on how the Proposer plans to avoid duplication of services. The response refers to providing wrap-around services, but there is no detail on how this will be accomplished. This is a significant weakness.

2.10.6 Case Scenarios (18 / 90 Total Possible Points)

REVIEW QUESTIONS <i>The following are guiding questions to consider when reviewing – Evaluators are not required to respond to all questions in developing comments.</i>	REVIEW NOTES <i>Strengths/Weaknesses/Questions/Interesting</i>
<p>1. For each case:</p> <ol style="list-style-type: none"> Did the Proposer clearly describe how it will ensure access to appropriate MCO covered services for this enrollee? Are the services appropriate and sufficient? Did the Proposer describe what additional supports the enrollee may receive, including whether case management is appropriate? Are the supports appropriate and sufficient? Did the Proposer provide details on resources and infrastructure that will be used to serve these individuals? Is the description clear? Does it include a reasonable and feasible use of resources and infrastructure? 	<p>Poor value as supported by the following.</p> <p>Strengths:</p> <ul style="list-style-type: none"> Inclusion of community health workers is a strength. Emphasis on trauma-focused treatment is a significant strength. Early involvement of behavioral health providers is a strength. <p>Weaknesses:</p> <ul style="list-style-type: none"> Misunderstanding of treatment protocols (e.g., non-opioid pain management plan was underdeveloped, use of urine drug testing was not clinically indicated, applied behavioral analysis may be contraindicated due to history of trauma) is a significant weakness. Lack of root cause analysis for each case is a major weakness. Misunderstanding of coordination of complex benefit systems (e.g., waiver services, Chisholm) is a major weakness. Misunderstanding of the role of certain benefit programs (e.g., Program of All-Inclusive Care for the Elderly) is a major weakness. Proposer did not address all enrollee needs (e.g., physical health implications in self-induced vomiting). This is a significant weakness. Proposer did not demonstrate an understanding of the environment of care (e.g., pre-admission screening and resident review, clinical context of nursing home resident, permanent supportive housing, lack of transition coordinator involvement). This is a significant weakness. Adequacy and frequency of face-to-face case management is unclear. This is a weakness.

2.10.8 Network Management (14 / 70 Total Possible Points)

REVIEW QUESTIONS <i>The following are guiding questions to consider when reviewing – Evaluators are not required to respond to all questions in developing comments.</i>	REVIEW NOTES <i>Strengths/Weaknesses/Questions/Interesting</i>
<ol style="list-style-type: none"> 1. Did the Proposer clearly describe how it will ensure timely access to culturally competent primary and specialty care? Is the overall approach reasonable and feasible? Did the Proposer provide examples of how this approach has worked successfully in other contracts? 2. Did the Proposer identify where there may be network gaps and strategies that it will use to increase provider capacity where gaps have been identified? Did the Proposer describe an ongoing strategy for monitoring gaps and deploying strategies? Do the identified gaps make sense given the Louisiana health care marketplace? Are the strategies to increase capacity reasonable and/or feasible? 3. Did the Proposer clearly describe how it will measure timely access to appointments for specific provider types (i.e., cardiologists, dermatologists, endocrinologists, licensed mental health specialists, neurologists, OB-GYNs, orthopedists, primary care providers, psychiatrists, and pulmonologists, including by pediatric and adult where identified), including the data sources it will use? 4. Did the Proposer clearly describe its planned recruitment and retention efforts for each provider type, including what quality and performance metrics will be used to determine providers' success in improving LDH's overall goals for access and quality? Does the approach seem reasonable and feasible? Are the quality and performance metrics appropriate? 5. Did the Proposer clearly describe strategies that it will put in place to meet the multi-lingual, multi-cultural and disability needs of its enrollees? Are the strategies reasonable and feasible? Did the Proposer describe its experience with these approaches and any lessons learned? 6. Did the Proposer clearly describe its protocol for terminating network providers without cause, including how it will ensure minimum negative impact on enrollees? Did the Proposer describe what reasons these providers may be terminated? Are they reasonable? Does the Proposer's approach realistically minimize negative impact on enrollees? 	<p>Poor value as supported by the following.</p> <p>Strengths:</p> <ul style="list-style-type: none"> • Proactive approach focusing on home-based services to address network adequacy gaps is a strength. • Proposer states it has not terminated providers without cause, which is a strength. <p>Weaknesses:</p> <ul style="list-style-type: none"> • While the Proposer states that its provider network meets LDH's expectations and requirements, the data provided do not support this claim. Current experience supports that the Proposer consistently struggles with accurately characterizing its provider network and in ensuring compliance with network standards. This is a critical weakness. • While consideration of different cultures is valuable, the Proposer's characterization involves over-generalization and possible stereotyping, which is a major weakness. • While there is an example of additional reimbursement for after-hours care, the Proposer does not state it will utilize flexible contracting, such as enhanced rates, in provider recruitment and retention. The focus on value-based payment models may not address gaps in access to specialists and subspecialists. This is a significant weakness.

2.10.9 Provider Support (28 / 70 Total Possible Points)

<p>REVIEW QUESTIONS</p> <p><i>The following are guiding questions to consider when reviewing – Evaluators are not required to respond to all questions in developing comments.</i></p>	<p>REVIEW NOTES</p> <p><i>Strengths/Weaknesses/Questions/Interesting</i></p>
<ol style="list-style-type: none"> 1. Did the Proposer describe multiple approaches to supporting providers under the Contract, including supporting timely payment? Is the overall approach reasonable? 2. Did the Proposer clearly describe its processes for overseeing provider relations and communications? Is the approach reasonable and supportive of providers? <ol style="list-style-type: none"> a. Is there sufficient provider relations staffing to support the provider network? b. Did the Proposer clearly describe strategies to effectively and timely communicate with providers? Is this approach reasonable? c. Did the Proposer describe the components of a provider education program and how it will roll out that program? Is the approach reasonable and feasible? 3. Did the Proposer clearly describe the activities and approaches it will implement to minimize provider complaints, contracting issues and prior authorization and claims concerns? Does the approach seem reasonable and likely to minimize provider complaints? 4. Did the Proposer clearly describe processes for evaluating and resolving provider disputes, including disputes specific to the automatic assignment policy? 5. Did the Proposer clearly describe the strategies it will put in place to support provider efforts to improve quality and reduce costs? Is the overall approach reasonable and feasible? 6. Did the Proposer include a clear description of strategies to support PCPs through investments in primary care and practice coaching? Are the approaches reasonable? Sufficient to support PCPs? 7. Did the Proposer include a clear description of strategies to support BH and other specialty providers in delivery system reform activities? Are the approaches reasonable? Sufficient to support the success of these providers? 	<p>Fair value as supported by the following.</p> <p>Strengths:</p> <ul style="list-style-type: none"> • None noted. <p>Weaknesses:</p> <ul style="list-style-type: none"> • Proposer did not adequately respond to how it would adjust staffing to support its provider network. This is a major weakness. • Strategies to supporting primary care physicians focus mainly on involvement with Comprehensive Primary Care Plus, which is federally funded and limited in scope. This is a major weakness. • Participation in the provider integration program appears limited to those participating in value-based payment. This is a weakness. • Proposer did not report the number of respondents to provider satisfaction survey or the response rate. This is a weakness. • Compared with 2016, provider satisfaction in most areas is substantially lower in 2018. This is a critical weakness.

REVIEW QUESTIONS <i>The following are guiding questions to consider when reviewing – Evaluators are not required to respond to all questions in developing comments.</i>	REVIEW NOTES <i>Strengths/Weaknesses/Questions/Interesting</i>
<p>8. Did the Proposer include a clear description of its strategies to share provider performance data with providers in a timely, actionable manner? Does the Proposer have the capacity to do this today? If yes, has it been successful? What are lessons learned from experience sharing data with the providers? If no, when will the approach be implemented? How will the Proposer monitor its ability to share this data?</p> <p>9. Did the Proposer describe in detail its provider engagement model? Is the overall approach reasonable and feasible? Does the Proposer address the roles of its staff, including local provider field representatives, involved in this activity? Are the staffing levels and responsibilities both realistic and sufficient?</p> <p>10. Did the Proposer describe how it will track interactions with providers? How will the Proposer collect and utilize this data and provider feedback, including complaints, to identify specific training needs? Are the approach and frequency of provider training reasonable and likely to improve provider satisfaction? What metrics will the Proposer use to measure overall satisfaction of network providers?</p> <p>11. Did the Proposer provide the results of provider satisfaction surveys reflecting its performance in Louisiana or another state Medicaid program over the last three years? If yes, were providers generally satisfied with the Proposer's performance? What did the Proposer do to address instances of provider dissatisfaction, if any? How did the Proposer monitor whether there has been any improvement as a result of its intervention?</p>	

2.10.10 Utilization Management (32 / 80 Total Possible Points)

REVIEW QUESTIONS <i>The following are guiding questions to consider when reviewing – Evaluators are not required to respond to all questions in developing comments.</i>	REVIEW NOTES <i>Strengths/Weaknesses/Questions/Interesting</i>
<ol style="list-style-type: none"> 1. Did the Proposer clearly describe how it will satisfy the contract's prior authorization requirements? Is the approach comprehensive and reasonable? 2. Did the Proposer share a flow chart that depicts its workflow? Does it clearly describe the process from initial request through final disposition? Does it identify a process for expedited authorizations? Does the workflow seem reasonable? Can it be completed in a timely way? 3. Did the Proposer clearly describe how it will satisfy the contract's UM requirements? Is the approach comprehensive and reasonable? 4. Does the description include proposed criteria that will be used in the UM process and how it will be applied? Does the description include how Proposer will consider the appropriateness of both treatment and setting as part of its review? Are the criteria reasonable and clear? 5. Did the Proposer offer an approach for monitoring and addressing high emergency department (ED) utilization? Is the approach comprehensive and likely to reduce use of the ED? 6. Did the Proposer clearly describe its process for pre-admission screenings and concurrent reviews? Are the approaches applicable to LDH's contract requirements? Are they reasonable? 7. Did the Proposer describe how it complies with mental health parity requirements? Is the approach comprehensive and reasonable? 8. Did the Proposer clearly describe how it identifies and mitigates over utilization of services? Did the Proposer specify any targeted categories of services? What kind of experience does the Proposer have in doing this? Are there any lessons learned? 9. Did the Proposer describe its historical experience with UM requirements for comparable populations (in LA or elsewhere). Does the description identify challenges with high utilization increased medical trends? Does the Proposer describe how these challenges could be addressed? Are they reasonable approaches? Does the Proposer describe experience in implementing initiatives to manage high utilization, reduce use of low value care, address 	<p>Fair value as supported by the following.</p> <p>Strengths:</p> <ul style="list-style-type: none"> • Use of automation (e.g., SmartPA edits) is a strength. • Pharmacist review of prior authorization requests, including physician-administered drugs, is a strength. • Community health workers, peer support, community paramedicine, and telemonitoring are promising programs. This is a strength. • Detailed plan about mental health parity is a strength. <p>Weaknesses:</p> <ul style="list-style-type: none"> • The plan to have policies available upon request as opposed to proactively posting or educating providers is a weakness. • Throughout this section, the disproportionate emphasis on analytics with few details on plan interventions is a major weakness. • Lack of consideration of behavioral health interventions to reduce emergency department utilization is a weakness. • Proposer did not include pharmacy in flowcharts, although it has a separate timeline. This is a weakness. • Proposer did not demonstrate a clear understanding of LA Medicaid requirements associated with behavioral health prior authorization (e.g., multi-systemic therapy). This is a significant weakness.

REVIEW QUESTIONS <i>The following are guiding questions to consider when reviewing – Evaluators are not required to respond to all questions in developing comments.</i>	REVIEW NOTES <i>Strengths/Weaknesses/Questions/Interesting</i>
long term stays in the ER, and/or initiatives to support providers with high prior authorization denial rates?	

2.10.11 Quality (30 / 50 Possible Points NARRATIVE ONLY)

<p>REVIEW QUESTIONS</p> <p><i>The following are guiding questions to consider when reviewing – Evaluators are not required to respond to all questions in developing comments.</i></p>	<p>REVIEW NOTES</p> <p><i>Strengths/Weaknesses/Questions/Interesting</i></p>
<ol style="list-style-type: none"> Did the Proposer clearly describe its organizational commitment to quality improvement and its overall approach and strategies to improve quality in Louisiana, including specific strategies used to advance performance on the following quality measures from Attachment G, Quality Performance Measures? <ol style="list-style-type: none"> #27 - Childhood Immunization Status #35 - Cervical Cancer Screening #37 - Colorectal Cancer Screening #50 - Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment Is the QI approach comprehensive? Does it include an emphasis on priority areas and areas where LDH has typically seen lower performance? Did the Proposer include within its quality approach a description of how the Proposer assesses current utilization rates for Louisiana Medicaid (using available data sources) and the potential for improvement? Is the approach reasonable? Did the Proposer include a clear description of incentives that will be implemented for providers and enrollees to incentivize delivery of the right care in the right place at the right time? Is the approach relevant to Louisiana? Is it reasonable and feasible? Did the Proposer include a clear description of evidence-based interventions and strategies that will be used to target super-utilizers and reduce potentially preventable events? Is the approach relevant to Louisiana? Is it reasonable and feasible? Did the Proposer describe how its QAPI includes the following functions related to organization-wide initiatives to improve health care for covered populations: <ol style="list-style-type: none"> Analyzes gaps in delivery of services and gaps in quality of care? Analyzes areas for improved management of chronic and selected acute diseases or conditions, and reduction in disparities in outcomes? 	<p>Good value as supported by the following.</p> <p>Strengths:</p> <ul style="list-style-type: none"> Special consideration for improving quality in rural settings is a strength. System to send an electronic alert to notify customer service that an enrollee has a gap in care is a strength. <p>Weaknesses:</p> <ul style="list-style-type: none"> Proposal does not state that the Behavioral Health Medical Director will serve on the Quality Management Oversight Committee. This is a significant weakness.

REVIEW QUESTIONS <i>The following are guiding questions to consider when reviewing – Evaluators are not required to respond to all questions in developing comments.</i>	REVIEW NOTES <i>Strengths/Weaknesses/Questions/Interesting</i>
<ul style="list-style-type: none"> c. Identifies underlying reasons for variations in the provision of care to Medicaid enrollees? d. Implements improvement strategies related to the analyses described above? <p>7. Did the Proposer provide a detailed description of at least one data driven clinical initiative that the Proposer initiated within the last 24 months that yielded improvements in care? Did the Proposer's detailed example demonstrate experience and success in:</p> <ul style="list-style-type: none"> a. Effective use of data to identify an opportunity and design and implement an improvement strategy? b. Meaningful improvement in clinical care? c. Improvement in care that would be impactful for the population? <p>8. Did the Proposer submit a clear overview of its proposed approach to Quality Management and Quality Improvement (QM/QI)? Did the response include a clear description of the following:</p> <ul style="list-style-type: none"> a. The Proposer's current QM/QI organizational plan description, goals, quality committees, and schedule of QM activities; and, b. A description and organizational chart of its proposed QM/QI program, including a list of the Proposer's staff dedicated to and responsible for administering and operating the Proposer's QM/QI program as described in these sections, including the role of the QM Director and staff. c. A demonstrated capacity to participate in LDH's annual HEDIS® initiative and the proposed availability of resources dedicated to the initiative and other measurement and data-driven initiatives. <p>9. Did the Proposer provide an example of a recent successful quality improvement activity? Was the approach data driven? Evidence-based? Could the activity be applied within Louisiana Medicaid, is it relevant to this RFP?</p> <p>10. Did the Proposer describe how it will identify quality improvement plans and projects to put in place, what potential topics may be, and how the Proposer will monitor the implementation and outcomes of the activity.</p>	

REVIEW QUESTIONS <i>The following are guiding questions to consider when reviewing – Evaluators are not required to respond to all questions in developing comments.</i>	REVIEW NOTES <i>Strengths/Weaknesses/Questions/Interesting</i>
<p>11. Did the Proposer submit a list of clinical practice guidelines relevant to the LDH Medicaid population that the Proposer proposes to use, a sample of one such guideline, and the following elements? Are the guidelines and processes reasonable?</p> <ul style="list-style-type: none"> a. The proposed process for developing and disseminating clinical practice guidelines to participating providers and enrollees; b. How scientific evidence and the opinions of in-network and out-of-network experts and providers will be incorporated into such guidelines; c. How the Proposer plans to evaluate providers' adherence to clinical practice standards and evidence-based practice, and any interventions that the Proposer may take to encourage adherence; and d. The ongoing evaluation process for updating and revising the Proposer's clinical practice guidelines to ensure consistency with medical practice standards. 	

2.10.12 Value-Based Payment (100 / 100 Total Possible Points)

REVIEW QUESTIONS <i>The following are guiding questions to consider when reviewing – Evaluators are not required to respond to all questions in developing comments.</i>	REVIEW NOTES <i>Strengths/Weaknesses/Questions/Interesting</i>
<ol style="list-style-type: none"> 1. Did the Proposer develop and provide a VBP Strategic Plan, including an implementation timeframe, which identifies specific VBP models for implementation, based on the HCP-LAN Alternative Payment Method (APM) Framework? Is the Strategic Plan comprehensive and clear? Does it seem feasible to implement in Louisiana? 2. Does the Proposer's VBP strategy place emphasis on the evolution of providers along the APM model continuum? 3. Does the Proposer's VBP strategy clearly indicate which APMs for different provider types will be in place by contract execution? 4. Does it also include a strategy for enhancements that the Proposer intends to implement during the Contract's three-year time period? 5. Does the strategy include specific goals for VBP over the life of the Contract, including: <ol style="list-style-type: none"> a. Specific models and VBP arrangements necessary to meet the Contract's VBP thresholds, as well as the impact of these models on potential incentive earnings by providers; b. The quantitative, measurable, clinical outcomes the Proposer seeks to improve through implementation of such models (e.g. reducing emergency department utilization associated with a specific patient population); c. How the Proposer proposes to expand VBP arrangements over the initial years of the contract, and specifically which of the preferred VBP models will be proposed for implementation in the first three years of the contract; and d. How the Proposer will support providers in successful delivery system reform through these payment arrangements, including the types of technical assistance and data that the Proposer will offer to providers. 	<p>Excellent value as supported by the following.</p> <p>Strengths:</p> <ul style="list-style-type: none"> • Proposal to tie 75% of all provider payments to value-based payment by 2022 is a strength. • Proposal to contract with three accountable care organizations by 2022 is a strength. • In designing new models, the Proposer includes special consideration for tribal providers, as well as transportation and housing providers, which is a significant strength. • Proposed all five of the preferred models. Most are either currently implemented, or will be soon with clear timelines and benchmarks. This is a major strength. • Proposer has a social determinants of health pay-for-reporting program (2B), which is a strength. • Face-to-face Provider Readiness Survey to assess ability of providers to move along the continuum is a significant strength. <p>Weaknesses:</p> <ul style="list-style-type: none"> • None noted.

2.10.13 Claims Management and Systems and Technical Requirements (40 / 100 Total Possible Points)



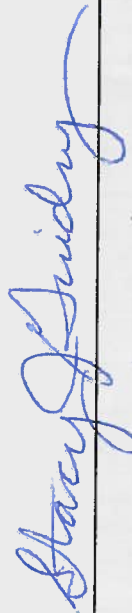


REVIEW QUESTIONS <i>The following are guiding questions to consider when reviewing – Evaluators are not required to respond to all questions in developing comments.</i>	REVIEW NOTES <i>Strengths/Weaknesses/Questions/Interesting</i>
<ol style="list-style-type: none"> 1. Did the Proposer demonstrate a clear understanding of the Louisiana Medicaid program, applicable state administrative rules, and statutes and describe in detail how it will apply this understanding in customizing a Louisiana-specific system for adjudicating claims? Does the Proposer's approach appear to be reasonable and allow for difference in the system? 2. Did the Proposer clearly describe in detail the Management Information System (MIS) it proposes to use in performance of its Contract obligations and how the MIS will comply with all of the requirements of the Model Contract? 3. Did the description specifically address: <ol style="list-style-type: none"> a. The length of time the Proposer has been utilizing the MIS proposed for the Contract; if for fewer than two years, did the Proposer describe its experience with the system to date and how it will assure system stability; b. Hardware and system architecture specifications for all systems that would be used to support the Contract (including enrollment, claims processing, customer service systems, utilization management/service authorization, care management/care coordination, financial systems), and do these systems meet LDH requirements; c. All proposed functions and data interfaces; d. Data and process flows for all key business processes; and e. Proposed resources dedicated to MMIS exchanges. 4. Does the Proposer's approach to resources seem sufficient? 5. Did the Proposer attest to the availability of the data elements required to produce required management reports? 6. Did the Proposer clearly describe in detail any system changes or enhancements that the Proposer is contemplating making during the term of the Contract, including subcontracting all or part of the system to an existing material subcontractor or to a new material subcontractor. Does the description include an explanation of how the Proposer will ensure the continuity of all operations? (Note: For the purpose of this question, 	<p>Fair value as supported by the following.</p> <p>Strengths:</p> <ul style="list-style-type: none"> • Proposer will move to a new encounter management system, which has the potential to increase encounter accuracy and is a strength. • Proposer makes payments to providers twice weekly and plans to move to three times per week, which is a strength. <p>Weaknesses:</p> <ul style="list-style-type: none"> • Proposer states it loads its providers within the required timeframes. However, current experience does not support that behavioral health providers have been loaded correctly. This is a critical weakness. • Proposer's claims adjudication process, as diagrammed, is not coherent (e.g., skipping National Correct Coding Initiative edits, no feedback to providers for pending claims, unclear where denied claims go). This is a critical weakness. • Proposer states that it "scrubs" data for accuracy, which may indicate that it modifies data. This is a weakness. • Proposer does not state plans on how it will successfully integrate with LDH's pending implementation of a provider management module. This is a weakness. <p>Proposer Presentation Questions:</p> <ul style="list-style-type: none"> • In the claims processing system, at which point in the diagram in the proposal does a claim turn from a rejection to a denial? <i>Proposer provided a satisfactory clarification.</i>

REVIEW QUESTIONS <i>The following are guiding questions to consider when reviewing – Evaluators are not required to respond to all questions in developing comments.</i>	REVIEW NOTES <i>Strengths/Weaknesses/Questions/Interesting</i>
<p>“system” shall refer at a minimum to the following systems or subsystems: Enrollment; Claims processing; Utilization Management/service authorization; or Care Management/disease management.)</p> <p>7. Did the Proposer clearly describe the capability and capacity of the Proposer’s IT system to interface with LDH’s system and that of its network providers and material subcontractors? Are they appropriate for LDH needs?</p>	

2.10.14 Program Integrity (60 / 100 Total Possible Points)

<p>REVIEW QUESTIONS</p> <p><i>The following are guiding questions to consider when reviewing – Evaluators are not required to respond to all questions in developing comments.</i></p>	<p>REVIEW NOTES</p> <p><i>Strengths/Weaknesses/Questions/Interesting</i></p>
<ol style="list-style-type: none"> 1. Did the Proposer clearly describe its fraud, waste and abuse program and how it addresses the requirements in Part 2: Fraud, Waste and Abuse Prevention of the Model Contract? Does the approach meet LDH's requirements? 2. Does the description provide information on any training programs that the Proposer uses to train employees, subcontractors, and providers on federal and state laws related to Medicaid program integrity and prevention of fraud, waste and abuse? Are the programs comprehensive? 3. Does the description detail how the Proposer engages enrollees in preventing fraud, waste and abuse? 4. Does the description include the data analytic algorithms that the Proposer will use for purposes of fraud prevention and detection? Do the algorithms appear to be appropriate? 5. Does the description include the methods the Proposer will use to identify high-risk claims and the Contractor's definition of "high-risk claims"? Does the definition appear to be appropriate? Is the approach feasible? 6. Does the Proposer provide detailed information on its experience with provider recovery collection? Is the experience relevant to Louisiana? How will the Proposer use its experience to ensure this function works well? 7. Did the Proposer provide a detailed description of its capability to produce the required reports included in the Fraud, Waste, and Abuse section of the Model Contract and any proposed innovations for reporting data related to Program Integrity? Does the Proposer have the appropriate capabilities to produce these reports? 	<p>Good value as supported by the following.</p> <p>Strengths:</p> <ul style="list-style-type: none"> • Mobile app for verifying explanation of benefits services were actually received (e.g., pop-up to confirm or deny services were received) is a strength. • Involvement in national anti-fraud organizations is a strength. • Leveraging all lines of business for access to corporate leadership and tools to improve the Proposer's ability to detect and remedy instances of fraud, waste, and abuse is a strength. <p>Weaknesses:</p> <ul style="list-style-type: none"> • Examples provided only referred to enrollee fraud, not provider fraud. This is a weakness. • Definition of "high-risk claims" is overly broad and, as stated, may include a large percentage of all claims, leading to inefficiency and inappropriate classification of high-risk claims. This is a significant weakness. • Manual review of 100% of claims with billed charges of \$70k or more, or a paid amount of \$30k or more, may not be an effective use of staff time. This is a weakness.

Evaluation Team Consensus

Name	Signature	Date
Michael Boutte		6/24/19
Marcus Bachhuber		6/24/19
Stacy Guidry		6/26/19
Rebecca Hebert		6/24/19
Robyn McDermott		6/24/19