Evaluator: Consensus Scoresheet

Proposer: Louisiana Healthcare Connections

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	72.000
2.10.3	Enrollee Value-Added Benefits	60	12.000
2.10.4	Population Health	90	36.000
2.10.5	Care Management	90	36.000
2.10.6	Case Scenarios	90	18.000
2.10.7	Provider Network[1]	150	86.000
2.10.8	Network Management	70	42.000
2.10.9	Provider Support	70	28.000
2.10.10	Utilization Management	80	16.000
2.10.11	Quality		
	Quality Narrative Submission	50	30.000
	NCQA Ratings Submission[2]	150	85.000
2.10.12	Value-Based Payment	100	80.000
2.10.13	Claims Management and Systems and Technical Requirements	100	40.000
2.10.14	Program Integrity	100	40.000
2.10.15	Veteran/Hudson Initiative (12%)[3]	180	NA[4]
	Total Points	**1,500**	**621.000**

[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.
[4] Proposal did not meet the minimum score, did not proceed to Louisiana Veteran and/or Hudson Initiative evaluation, and was rejected.

Rating Guide

	Maximum Potential Points						
Rating for Applicable Section	**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 *The following are guiding questions to consider when reviewing – Evaluators are not required to respond to all questions in developing comments.*	**REVIEW NOTES** *Strengths/Weaknesses/Questions/Interesting*
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?	The Proposer provided an Executive Summary.

2.10.2 Organizational Experience (72 / 120 Total Possible Points)

REVIEW QUESTIONS *The following are guiding questions to consider when reviewing – Evaluators are not required to respond to all questions in developing comments.*	**REVIEW NOTES** *Strengths/Weaknesses/Questions/Interesting*
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?	**Good** value as supported by the following. Strengths: • Proposer meets the preferred qualifications in RFP Section 2.10.2.1.2. • Well positioned to staff up to sufficient levels based on current number of enrollees. This is a significant strength. Weaknesses: • Proposal does not include a plan to manage potential conflicts of interest with network providers in governance structure (e.g., Board of Directors, FWA task force, Clinical Policy Committee). This is a major weakness. • Operational relationship between national corporate plan and local leadership is unclear, and current experience has demonstrated that a significant proportion of decision-making occurs at the corporate level without consideration of LA-specific factors. This is a significant weakness. • Proposal does not include sufficient detail on plan, and also indicates understaffing, for local operational oversight of material subcontractors. This is a significant weakness. • Proposer has multiple penalties for the same deficiencies in other markets, which suggests the lack of an effective improvement plan. In addition, there was an extremely serious sanction related to utilization review in one state. This is a significant weakness. Proposer Presentation Questions: • 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? *Proposer provided a satisfactory clarification.*

REVIEW QUESTIONS *The following are guiding questions to consider when reviewing – Evaluators are not required to respond to all questions in developing comments.*	**REVIEW NOTES** *Strengths/Weaknesses/Questions/Interesting*
11. Did the Proposer include information on the Material Subcontractor's experience? Does it have sufficient experience within the Medicaid program? 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? 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? 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.) 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? 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?	

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

REVIEW QUESTIONS *The following are guiding questions to consider when reviewing – Evaluators are not required to respond to all questions in developing comments.*	**REVIEW NOTES** *Strengths/Weaknesses/Questions/Interesting*
1. Did the Proposer offer to provide any of the six optional Value-Added Benefits? If yes, which are being offered? 2. 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? 3. Did the Proposer include an actuarially certified PMPM cost? 4. Did the Proposer commit to providing any offered VABs for the 36-month Contract term?	**Poor** value as evidenced by the following: Strengths: • None noted. Weaknesses: • Exclusion of specialized behavioral health population for most value-added benefits is a critical weakness. • Age restrictions for some value-added benefits is also a significant weakness. • Amount, scope, and duration of services for dental, chronic pain management, and tobacco cessation generally would not be sufficient to meet enrollee needs. This is a major weakness. • Fundamental gaps in medical respite care benefit, including incomplete information about length of stay, service providers, and statewide coverage, are major weaknesses. Waiting until after discharge to outreach to enrollees is a major weakness.

2.10.4. Population Health (36 / 90 Total Possible Points)

REVIEW QUESTIONS *The following are guiding questions to consider when reviewing – Evaluators are not required to respond to all questions in developing comments.*	**REVIEW NOTES** *Strengths/Weaknesses/Questions/Interesting*
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?	**Fair** value as supported by the following. Strengths: • Improvement science approach based on Institute for Healthcare Improvement model is a strength. • Using enrollee self-referrals to identify sub-populations is a strength. Weaknesses: • Investments in external entities (e.g., community-based organizations, corporate affiliates, and healthcare providers) are not tied to an overarching strategy or plan. This is a weakness. • While the Proposer generally described its development process for interventions to address disparities (e.g., setting goals, developing an action plan, adopting change), it did not identify specific strategies for targeted population health interventions to reduce disparities. This is a critical weakness. • For the first year timeline, only analytics and assessments are described. This is a significant weakness. • Proposer did not clearly describe its approach to working with the Office of Public Health to coordinate population health improvement strategies. This is a weakness.

REVIEW QUESTIONS *The following are guiding questions to consider when reviewing – Evaluators are not required to respond to all questions in developing comments.*	**REVIEW NOTES** *Strengths/Weaknesses/Questions/Interesting*
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 (36 / 90 Total Possible Points)

REVIEW QUESTIONS *The following are guiding questions to consider when reviewing – Evaluators are not required to respond to all questions in developing comments.*	REVIEW NOTES *Strengths/Weaknesses/Questions/Interesting*
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?	**Fair** value as supported by the following. Strengths: • Enrollee incentives for health needs assessment completion are a strength. • Health needs assessment completion for all enrollees within 30 days exceeds contract requirements and is a strength. • Plan to incorporate community health workers, including with health needs assessment completion, is a strength. However, the plan is not detailed. • Plan to develop provider-led care management is a strength. • Plan to use health kiosks to meet enrollees where they are is a strength. • Commitment to placing on-site concurrent review nurses in some network hospitals adds to the care management and discharge planning experience and is a significant strength. Weaknesses: • Stated timeframes to complete plan of care within a certain period from the time of *assessment* does not comply with contract requirements to complete plan of care within a certain period from time of *identification*. This is a critical weakness. • Objective criteria to place enrollees in case management tiers are not clearly defined. This is a significant weakness. • Throughout this section, there is a disproportionate emphasis on referrals with few details on supporting enrollees and ensuring that they receive services post-referral with necessary follow-up. Current experience supports that this is a major gap. This is a major weakness.

2.10.6 Case Scenarios (18 / 90 Total Possible Points)

REVIEW QUESTIONS *The following are guiding questions to consider when reviewing – Evaluators are not required to respond to all questions in developing comments.*	**REVIEW NOTES** *Strengths/Weaknesses/Questions/Interesting*
1. For each case: a. Did the Proposer clearly describe how it will ensure access to appropriate MCO covered services for this enrollee? Are the services appropriate and sufficient? b. Did the Proposer describe what additional supports the enrollee may receive, including whether case management is appropriate? Are the supports appropriate and sufficient? c. 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?	**Poor** value as supported by the following. Strengths: • Face-to-face assessments (e.g., home visit to conduct environmental assessment) are a strength. • Emphasis on trauma-focused treatment (e.g., cross-generational trauma) is a significant strength. Weaknesses: • Proposer did not demonstrate understanding of how to coordinate complex benefit systems (e.g., Medicare, fee-for-service Medicaid) and with state agencies (e.g., reliance on OCDD for placement). This is a major weakness. • Proposer did not demonstrate understanding of treatment protocols (e.g., applied behavioral analysis may be contraindicated due to trauma history, over-emphasis on treatment of autism spectrum disorder in developing the plan of care). This is a major weakness. • Provider support does not bring resources other than education to primary care physicians. This is a significant weakness. • Lack of root cause analysis is a major weakness. • Proposer did not address all enrollee needs (e.g., inappropriate referral to transitional housing prior to permanent supportive housing, no mention of transitional case management, lack of Assertive Community Treatment while in nursing facility). This is a major weakness.

2.10.8 Network Management (42 / 70 Total Possible Points)

REVIEW QUESTIONS *The following are guiding questions to consider when reviewing – Evaluators are not required to respond to all questions in developing comments.*	**REVIEW NOTES** *Strengths/Weaknesses/Questions/Interesting*
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?	**Good** value as supported by the following. Strengths: • Identification through root cause analysis and proactive approach (e.g., mental health intensive outpatient program, home visits, origination fee to encourage adoption of behavioral health telehealth services, long-term acute care) to address network adequacy gaps are significant strengths. • Behavioral health workforce development initiatives (e.g., scholarships, training programs) are a strength. Weaknesses: • Proposer states that it has terminated less than .01% of provider network since inception. However, recent experience has demonstrated that a number of no cause terminations, including providers in Health Professional Shortage Areas, have likely negatively impacted enrollees. This is a significant weakness. Proposer Presentation Questions: • Proposer states that its short-term solutions to increase provider capacity include "asking providers contracted in other LHCC programs to expand participation to Medicaid". What are the other LHCC programs referenced? *Proposer provided a satisfactory clarification.* • Will the Ochsner Accountable Care Partnership serve adults, children, or both? *Proposer provided a satisfactory clarification.*

2.10.9 Provider Support (28 / 70 Total Possible Points)

REVIEW QUESTIONS *The following are guiding questions to consider when reviewing – Evaluators are not required to respond to all questions in developing comments.*	REVIEW NOTES *Strengths/Weaknesses/Questions/Interesting*
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? 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?	**Fair** value as supported by the following. Strengths: • None noted. Weaknesses: • Proposer states it has reduced total provider complaints regarding claims. However, current experience shows provider abrasion remains significant. This is a major weakness. • While Proposer states its goal is to reduce high claims denial rates across the network, electronically pushing training to most providers with high denial rates is not sufficient. This is a significant 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 some areas (e.g., network/coordination of care, health plan call center staff) is substantially lower in 2018. This is a critical weakness.

REVIEW QUESTIONS *The following are guiding questions to consider when reviewing – Evaluators are not required to respond to all questions in developing comments.*	**REVIEW NOTES** *Strengths/Weaknesses/Questions/Interesting*
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? 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? 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 user to measure overall satisfaction of network providers? 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?	

2.10.10 Utilization Management (16 / 80 Total Possible Points)

REVIEW QUESTIONS *The following are guiding questions to consider when reviewing – Evaluators are not required to respond to all questions in developing comments.*	REVIEW NOTES *Strengths/Weaknesses/Questions/Interesting*
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	**Poor** value as supported by the following. Strengths: • Clinical pharmacists review prior authorizations, which is a strength. • Detailed plan for mental health parity is a strength. • Proposer is a leader in increasing psychiatric residential treatment facility availability for behavioral health step-down, which is a strength. Weaknesses: • The goal of enhancing provider experience (Quadruple Aim) and minimizing prior authorization requirements is valuable. However, current experience demonstrates that some previous efforts to manage utilization (e.g., therapies) have led to very serious provider abrasion and potential disruption of enrollee care. This is a critical weakness. • In this section, Proposer reported non-compliance with standard service authorization timeframes and did not provide a plan for improvement. This is a critical weakness. • While a listing of clinical guidelines is provided, current experience demonstrates a lack of tailoring of corporate policies to LA Medicaid to be a major weakness. • Proposer did not demonstrate an understanding of LA Medicaid requirements associated with prior authorization of at least one behavioral health service (e.g., multi-systemic therapy), which is a weakness. • Proposer states it does not deny the continuation of higher-level services for failure to meet medical necessity criteria when lower level services are not available. However, current experience does not support this claim. This is a significant weakness. • The overall strategy for discharge planning support is not described in the proposal. This is a major weakness.

REVIEW QUESTIONS *The following are guiding questions to consider when reviewing – Evaluators are not required to respond to all questions in developing comments.*	REVIEW NOTES *Strengths/Weaknesses/Questions/Interesting*
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)

REVIEW QUESTIONS *The following are guiding questions to consider when reviewing – Evaluators are not required to respond to all questions in developing comments.*	**REVIEW NOTES** *Strengths/Weaknesses/Questions/Interesting*
1. 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? a. #27 - Childhood Immunization Status b. #35 - Cervical Cancer Screening c. #37 - Colorectal Cancer Screening d. #50 - Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment 2. Is the QI approach comprehensive? Does it include an emphasis on priority areas and areas where LDH has typically seen lower performance? 3. 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? 4. 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? 5. 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? 6. Did the Proposer describe how its QAPI includes the following functions related to organization-wide initiatives to improve health care for covered populations: a. Analyzes gaps in delivery of services and gaps in quality of care? b. Analyzes areas for improved management of chronic and selected acute diseases or conditions, and reduction in disparities in outcomes?	**Good** value as supported by the following. Strengths: • None noted. Weaknesses: • Enrollee incentives are delivered through a mobile app and web portal, which may pose a barrier to those with limited technology literacy or access. This is a weakness.

REVIEW QUESTIONS *The following are guiding questions to consider when reviewing – Evaluators are not required to respond to all questions in developing comments.*	REVIEW NOTES *Strengths/Weaknesses/Questions/Interesting*
c. Identifies underlying reasons for variations in the provision of care to Medicaid enrollees? d. Implements improvement strategies related to the analyses described above? 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: 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? 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: 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. 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? 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.	

REVIEW QUESTIONS *The following are guiding questions to consider when reviewing – Evaluators are not required to respond to all questions in developing comments.*	**REVIEW NOTES** *Strengths/Weaknesses/Questions/Interesting*
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? 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 (80 / 100 Total Possible Points)

REVIEW QUESTIONS *The following are guiding questions to consider when reviewing – Evaluators are not required to respond to all questions in developing comments.*	**REVIEW NOTES** *Strengths/Weaknesses/Questions/Interesting*
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: 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.	**Very good** value as supported by the following. Strengths: • Proposer includes special consideration for rural and independent providers, which is a significant strength. • Consideration of enhanced fees for high-quality home health services in value-based payment is a strength. • Proposal to implement four of five preferred models in Year 1 is a strength. • Proposer has a social determinants of health pay-for-reporting program (2B), which is a strength. Weaknesses: • None noted.

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

REVIEW QUESTIONS *The following are guiding questions to consider when reviewing – Evaluators are not required to respond to all questions in developing comments.*	**REVIEW NOTES** *Strengths/Weaknesses/Questions/Interesting*
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: 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,	**Fair** value as supported by the following. Strengths: • Proposer makes payments to providers twice weekly and plans to move to three times per week, which is a strength. Weaknesses: • Proposer states LA-based claims team oversees claims adjudication and payment operations, with support from a corporate claims team. However, current experience with this Proposer shows that the corporate involvement significantly increases the difficulty of adapting systems to LA-specific requirements. This is a major weakness. • Proposer states that claims may have an "internally pended" status. However, there is no definition or path to resolution given for these claims. This is a major weakness. • Proposer did not demonstrate an understanding of requirements of resolving repairable edits (e.g., 99% within 60 days). This is a significant weakness. • Simultaneous application of state-specific and HIPAA edits in the claims pre-adjudication process may lead to inappropriate claim rejections and provider abrasion. This is a significant weakness. • Proposer states it has no planned system upgrades and does not state plans on how it will successfully integrate with LDH's pending implementation of a provider management module. This is a significant weakness. Proposer Presentation Questions: • In the claims processing system, at which point in the diagram in the proposal does a claim turn from a rejection to a denial? *Proposer provided a satisfactory clarification.*

REVIEW QUESTIONS *The following are guiding questions to consider when reviewing – Evaluators are not required to respond to all questions in developing comments.*	REVIEW NOTES *Strengths/Weaknesses/Questions/Interesting*
"system" shall refer at a minimum to the following systems or subsystems: Enrollment; Claims processing; Utilization Management/service authorization; or Care Management/disease management.) 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?	

2.10.14 Program Integrity (40 / 100 Total Possible Points)

REVIEW QUESTIONS *The following are guiding questions to consider when reviewing – Evaluators are not required to respond to all questions in developing comments.*	**REVIEW NOTES** *Strengths/Weaknesses/Questions/Interesting*
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?	**Fair** value as supported by the following. Strengths: • None noted. Weaknesses: • Task force composed of local providers from multiple disciplines for the purposes of fraud, waste, and abuse may create conflicts of interest, and the strategy for mitigating these are not described. This is a significant weakness. • Proposer did not provide information about on-site visits as part of its comprehensive fraud, waste, and abuse program, which is a significant weakness. • Proposer did not provide detailed information on its experience with provider recovery collection. Current experience shows closure of cases occurs before all aspects of the case are adequately resolved. Further, many cases with identified overpayments are closed with provider education only and not collection. This is a major weakness.

Evaluation Team Consensus

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