Addendum #4

RESPONSE TO WRITTEN INQUIRIES AND REVISIONS TO RFP DOCUMENTS
Request for Proposals # 3000017417
Louisiana Medicaid Managed Care Organizations

BUREAU OF HEALTH SERVICES FINANCING

8/13/2021

PART 1: QUESTIONS AND ANSWERS

Question Number	Document Reference	Section Number	Section Heading	Page	Question	Answer
1	RFP	1.1.1	Purpose	5	Section 1.1.1 states "The purpose of this Request for Proposals (RFP) is to obtain competitive proposals from qualified Managed Care Organizations (MCOs)…" Please confirm that receiving 660 points, as described in Section 4.1.4.5, is the minimum requirement to be considered a qualified MCO.	RFP Section 4.1.4.5 describes the minimum technical evaluation score (660 points) for a Proposer to be considered responsive to the RFP. Proposals that do not meet the minimum score shall be rejected and not proceed further to Louisiana Veteran and/or Hudson Initiative evaluation. In order to be considered a "qualified MCO," a Proposer must meet the Mandatory Qualifications set forth in Section 2.5.1. Proposers must pass all other components of the Business Proposal review under Section 2.5 to be evaluated in accordance with Section 4.1.1. **Please refer to revisions #20 and 21 in Part 2 of this addendum**.
2	RFP	1.3.4.12	Goals and Objectives	7	Should proposers assume that the single PBM will go live on the same date as the MCO contracts or at a subsequent point? Should proposers assume in the RFP response that the MCO will provide its own PBM as they currently do?	Yes, Proposers should assume that the single PBM will go live on the same date as the MCO contracts. No, Proposers should not assume in their RFP response that the MCO will provide its own PBM.
3	RFP	1.6	Schedule of Events	8	Absent a protest, should an MCO be prepared to start prior to July 1, 2022? What is the earliest date the Contract would start?	The Operational Start Date is anticipated to be July 1, 2022 at the earliest; however, this date is subject to change.
4	RFP	1.8	Confidential Information, Trade Secrets and Proprietary Information	8	Please confirm that a proposer may not designate any part of the financial portion of the proposal as confidential, including Value-added Benefits.	Proposers may designate any information that they consider to be trade secrets and/or privileged or confidential information as such. **Please refer to revision #2 in Part 2 of this addendum**.
5	RFP	1.8	Confidential Information, Trade Secrets, and Proprietary Information	8	RFP Section 1.8 states one electronic redacted copy of the Contractor's proposal should be submitted on a USB flash drive. RFP Section 2.2.3 states the Proposal shall submit an electronic version of the redacted proposal on two (2) USB flash drives. Please confirm the number of redacted copies on USB flash drives are to be submitted.	Proposers shall provide two (2) electronic copies of the redacted version if applicable, with each on a separate flash drive. **Please refer to revision #3 in Part 2 of this addendum.**

Question Number	Document Reference	Section Number	Section Heading	Page	Question	Answer
6	RFP	1.8	Confidential Information, Trade Secrets, and Proprietary Information	8	Regarding the second sentence: The financial proposal will not be considered confidential under any circumstance. We cannot find any other reference to a requirement in the RFP or Attachments or Exhibits for a "financial proposal". RFP Section 1.7 (Cost Proposal) states: Cost proposals are not required for this RFP and cost will not be evaluated. Please confirm that bidders do not (and should not) submit a financial proposal in response to this RFP.	Proposers should not submit a cost (financial) proposal with their response. **Please refer to revision #2 in Part 2 of this addendum.**
7	RFP	1.8	Confidential Information, Trade Secrets, and Proprietary Information	8-10	The current language allowing for certain information to be marked as confidential in the proposal response states that designations may only be applied to, "the technical portion of the proposal." The business portion of the proposal requires production of confidential information such as audited financials and social security numbers included with the Medicaid Ownership and Disclosure Form; and potential new subcontractors. Therefore, we ask that you please confirm that "technical portion of the proposal" here refers to both the technical proposal and Sections 2.5.4 through 2.5.6 of the business proposal.	Proposers may designate any information that they consider to be trade secrets and/or privileged or confidential information as such. **Please refer to revision #2 in Part 2 of this addendum**.
8	RFP	1.8	Confidential Information, Trade Secrets, and Proprietary Information	9	Does the redacted submission require both an electronic copy and a hard copy?	Proposers should not submit printed hard copies of the redacted version. Proposers shall provide two (2) electronic copies of the redacted version if applicable, each on a separate flash drive. **Please refer to revision #3 in Part 2 of this addendum.**
9	RFP	1.8	Confidential Information, Trade Secrets, and Proprietary Information	9	Is the Cover Sheet exempt from total page limits	Yes, the cover sheet is exempt from the recommended total page limit. Per RFP Section 2.4.3 [emphasis added]: LDH strongly urges Proposers to adhere to recommended page limits wherever specified. Proposals **should not** exceed two hundred fifty (250) pages in total, inclusive of attachments, appendices, and exhibits, unless explicitly exempted in this RFP. LDH reserves

Question Number	Document Reference	Section Number	Section Heading	Page	Question	Answer
						the right to not evaluate any proposal content beyond the recommended page limits.
10	RFP	1.8	Confidential Information, Trade Secrets, and Proprietary Information	9	Please confirm the proposer is not required to submit a physical copy of its redacted response?	See response to question #8.
11	RFP	1.8 and 2.2.3	Proposal Response Format: Confidential Information	9, 21	Section 1.8 states "The proposer should also submit one (1) electronic redacted copy of its proposal on a USB flash drive." Thereafter, section 2.2.3 states "If applicable based on Section 1.8, the Proposer shall submit an electronic version of the redacted proposal in its entirety on two (2) USB drives. Please confirm the quantity of USB drives for the Redacted Proposal.	See response to question #5.
12	RFP	1.11	Changes and Addenda	11	Please confirm signed copies of Addendums are exempt from page limits.	The LaPAC Addendum forms should not be submitted as part of the Proposer's response. If this inquiry is regarding attachments, refer to RFP Section 2.4.3, which states that attachments are included in the page limits unless explicitly exempted.
13	RFP	1.11	Changes and Addenda	11	What section of the response should respondents put the signed copies of Addendums?	See response to question #12.
14	RFP	1.18	Determination of Responsibility	13	Please confirm that for the requirements of Section 1.18, the proposer's experience in all state Medicaid contracts (including Louisiana) will be taken into consideration.	The Proposer's experience in all state Medicaid contracts will be taken into consideration.
15	RFP	1.19	Written or Oral Discussions/ Presentations	13	While RFP Section 1.19 states written or oral discussions/presentations are not required for this RFP, RFP Section 1.9.3 states the blackout period does not apply to "oral presentations," and Section 6.13.4 states the Medicaid Executive Director may allow oral presentations by Contractor as part of the Interpretation Dispute Resolution Procedure. If oral presentations are conducted, will they be recorded? If so, will the *recorded* oral presentations be considered confidential?	Oral presentations will not be conducted for this RFP. Oral presentations discussed in Model Contract Section 6.13.4 relate to operational procedures with the Contractor, not Proposers, and recordings of such will be addressed at that time.
16	RFP	1.19	Written or Oral Discussions/	13	Although oral presentations are not required, is there a possibility that they may occur?	No, oral presentations will not be conducted for this RFP.

Question Number	Document Reference	Section Number	Section Heading	Page	Question	Answer
			Presentations			
17	RFP	1.20	Acceptance of Proposal Content	13	What are the sections in the RFP that contain the administrative (as opposed to mandatory) requirements that, per Section 1.20, may result in the rejection of the proposal for non-compliance?	Requirements listed in RFP Sections 2.1 and 2.2 are considered administrative requirements. See also RFP Sections 2.4.2 and 2.4.4 for mandatory requirements for proposal submission.
18	RFP	1.22	Contract Award and Execution	14	Where in the proposal should a Proposer submit any exceptions or contract deviations that the Proposer wishes to negotiate, and will these exceptions/deviations count towards the page limit?	The Proposer may submit any exceptions or contract deviations that its firm wishes to negotiate as an attachment at the end of its proposal. Refer to RFP Section 1.22 for additional information. The exceptions and contract deviations are exempt from the recommended total page limit.
19	RFP	1.23	Notice of Intent to Award	14	The proposer and, presumably LDH, seek to avoid complications and delays in the procurement process. The Ohio Department of Medicaid recently added the following provision to its awarded contracts provision. Would LDH consider adding a provision to the awarded contracts that would limit MCO's right to commence or engage in any action or omission that will or could delay, hinder, contradict, or prejudice the implementation of the Louisiana Medicaid Managed Care Contract? "The MCO understands and agrees that prioritizing implementation and readiness is essential to the success of this program. The MCO agrees to release, waive, forego, and not commence or engage in any action or omission that will or could delay, hinder, contradict, or prejudice the implementation of this Agreement, the Ohio Medicaid managed care program, or any of its program components. This release and waiver includes but is not limited to commencing or engaging in any legal action against ODM. The MCO releases and waives any right to sue ODM and its employees, officers, and agents for any and all claims at any time during implementation and readiness. The MCO agrees that this waiver and release, as well as all other provisions of this Agreement, are legally enforceable and binding."	LDH declines to add such a provision. The Louisiana Procurement Code outlines the process available to Proposers.

Question Number	Document Reference	Section Number	Section Heading	Page	Question	Answer
20	RFP	1.23	Notice of Intent to Award	14	Please confirm that consensus scoring will not be used by the Evaluation Team.	The Evaluation Team will use consensus scoring.
21	RFP	2.2.1	Number of Copies	21	Please confirm the response to the Business Proposal and Technical Proposal can be included in the same hard copy binder.	Proposers may provide the business proposal and the technical proposal in the same or separate hard copy binder. LDH will accept either format.
22	RFP	2.2.1	Number of Copies	21	Is the Board of Resolution exempt from total page limits?	Yes, the board resolution is exempt from the recommended total page limit.
23	RFP	2.2.1	Number of Copies	21	2.2.1 States “The Proposer shall submit one (1) original hard copy (the Certification Statement must have original signature signed in ink) and five (5) additional hard copies of the entire proposal.” Would LDH prefer full Business Proposal and Technical Proposal in one binder, or are you requesting separate binders for each 2.5 Business and 2.6 Technical?	See response to question #21.
24	RFP	2.2.2	Number of Copies	21	Is it acceptable to include the bidding entity name in the electronic file names?	Yes, the Proposer may include its name in the electronic file names.
25	RFP	2.2.3	Number of Copies	21	Please confirm the electronic version of the redacted proposal should only contain one (1) electronic file of the redacted proposal in its entirety, not individual electronic redacted files for each RFP section, and a separate file for the redacted Veteran and Hudson Initiatives Response.	The Proposer may provide the redacted proposal in one compiled file or in separate electronic files. LDH will accept either format as long as the redacted proposal is submitted in its entirety on each USB drive.
26	RFP	2.2.3	Number of Copies	21	If there is any confidential information in the Veterans Hudson Initiative response template, would LDH allow a PDF version to be submitted for the Redacted version?	Yes, the redacted version of the Hudson and Veterans Initiative Response may be submitted as a PDF file that is searchable.
27	RFP	2.4	Proposal Response Format	21	Please clarify what constitutes a section. For example, should a tabbed page be inserted after RFP level 3 headings (i.e., after Sections 2.6.1, 2.6.2, 2.6.3, etc.)?	Each Level 3 heading with a section name introduces a distinct section. For example, RFP Section 2.6.1 ("The Proposer should submit all materials, including narratives....") is not considered a section, whereas RFP Section 2.6.2 ("Proposer Organization and Experience") is a section. The tabbed divider will not be counted toward page limits.
28	RFP	2.4	Proposal Response Format	21	Is the Table of Contents exempt from total page limits	Yes, the table of contents is exempt from the recommended total page limit.
29	RFP	2.4	Proposal Response Format	21	In an effort to reduce paper waste, would the state allow for any requested document larger than 10 pages to be submitted electronically only?	No, the RFP (including this addendum) explicitly states which information may be submitted in electronic format in lieu of hard copy.

Question Number	Document Reference	Section Number	Section Heading	Page	Question	Answer
30	RFP	2.4	Proposal Response Format	21	Can the Business Proposal and Technical Proposal be submitted in one binder? Or does the Business Proposal and Technical Proposal need separate binders?	Proposers may provide the business proposal and the technical proposal in the same or separate hard copy binder. LDH will accept either format.
31	RFP	2.4.1	Cover Letter	22	Is the Cover Letter exempt from total page limits?	Yes, the cover letter is exempt from the total page limit.
32	RFP	2.4.3	Proposal Response Format	22	Would LDH allow for any requested attachments larger than 10 pages to be submitted electronically? Proposers can provide a cross reference to indicate where the attachments would otherwise have been placed to inform reviewers where to find the materials in the electronic submission.	See response to question #29.
33	RFP	2.4.3	Proposal Response Format	22	The MCO RFP states "LDH strongly urges Proposers to adhere to recommended page limits wherever specified. Proposals should not exceed two hundred fifty (250) pages in total, inclusive of attachments, appendices, and exhibits, unless explicitly exempted in this RFP. LDH reserves the right to not evaluate any proposal content beyond the recommended page limits." Do the restated questions in the RFP count toward this page limit or are they exempt?	The proposal should be comprised of responses to the RFP questions and is subject to the recommended 250-page limit. If the Proposer chooses to restate the RFP questions in the proposal, it will be counted toward the recommended 250-page limit.
34	RFP	2.5.2.2	Conflict of Interest	24	We understand that Maximus continues to be LDH's Enrollment Broker Contractor. Please confirm that Maximus' only subcontractors are CSG BI, Inc.; Franklin Associates; and AltaRecruit, LLC.	Maximus' only current subcontractors are CSG BI, Inc., Franklin Associates, and AltaRecruit, LLC.
35	RFP	2.5.4	Material Subcontractors	23	Similar to the 2019 RFP as clarified by LDH in item #106 in Response to Written Inquiries and Revisions to RFP Documents, will the State please remove the 5 page limit for responding to RFP Section 2.5.4 regarding Material Subcontractors?	The completed Material Subcontractor Response Template will be exempt from both the recommended business proposal and recommended total page limits. **Please refer to revision #4 in Part 2 of this addendum.**
36	RFP	2.5.4.1	Material Subcontractors	24	Section 2.5.4.1 states that "the Proposer shall identify any subcontractor relationships and include specific designations of the tasks to be performed by the subcontractor." Please advise as to what LDH means by "specific designation of tasks."	This refers to a specific and accurate description of the tasks for which the Proposer, if selected, will be responsible but will delegate to the subcontractor.
37	RFP	2.5.4.3	Material Subcontractors	25	We anticipate Exhibit B, Material Subcontractor Response template and corresponding agreements to be over 500	The completed Material Subcontractor Response Template may be submitted in electronic format in lieu of hard copy and will be exempt from both the recommended business

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					pages. Will LDH allow the exhibit and agreements to be submitted electronically in lieu of hard copy?	proposal and recommended total page limits. **Please refer to revision #4 in Part 2 of this addendum.**
38	RFP	2.5.4.3	Material Subcontractors	25	Please confirm that Value-added Benefits vendors, such as dental, are not required to complete Exhibit B as they do not meet the definition of material subcontractor.	The Proposer is not required to complete Exhibit B for Value-Added Benefit vendors. Please refer to the definitions of Material Subcontract and Value-Added Benefit [emphasis added]: **Material Subcontract** - Any contract or agreement by which the Contractor procures, re-procures, or proposes to subcontract with, for the provision of all, or part, of any program area or function that *directly relates to the delivery or payment of MCO Covered Services* including, but not limited to, behavioral health, claims processing, care management, utilization management, transportation, or pharmacy benefits, including specialty pharmacy providers. This shall include master service agreements or memorandums of understanding between the Contractor and its parent company, and any amendments thereto. **Value-Added Benefit (VAB)** – The additional benefits *outside of the MCO Covered Services* that are delivered at the Contractor's discretion and are not included in the Capitation Rate calculations. Value-added benefits do not include in lieu of services.
39	RFP	2.5.4.3	Material Subcontractors	25	The contract definitions of both "Material Subcontract" and "Subcontractor" specifically reference functions related to "MCO Covered Services." Please confirm contracts or agreements related to the provision of VAB services do not meet the definition of either "Material Subcontract" or "Subcontractor."	See response to question #38.
40	RFP	2.5.4.3	Material Subcontractors	25	2.5.4.3 Requires the Proposer to provide a completed Exhibit B Material Subcontractor Template, including the executed or draft agreement for each material subcontractor. Will LDH please confirm that this requirement will be exempt from the Business Proposal five (5) pages page limit?	See response to question #35.

Question Number	Document Reference	Section Number	Section Heading	Page	Question	Answer
41	RFP	2.5.4.4	Material Subcontractors	25	Please confirm the requested placement of Exhibit A, Certification Statement. May we refer to the Exhibit in 2.5.4.4 and place the signed Exhibit in 2.5.6 in Required Forms?	Yes, Proposers may refer to Exhibit A in section 2.5.4.4 of the proposal and place the signed Exhibit A in section 2.5.6 of the proposal, "Required Forms and Certifications."
42	RFP	2.5.5.1.2	Financial Condition	26	This provision of the RFP requires proposers to provide a tax clearance certificate from the LA Dept of Revenue (LDR). However, LDR only issues tax clearance letters with respect to certain matters, such as alcohol beverage permits and video gaming license. It does not appear that LDR issues tax clearance certificates for any purpose related to the scope of services of this RFP. Will LDH remove this requirement after confirming the above? See https://revenue.louisiana.gov/Businesses/TaxClearances	This provision will be removed. **Please refer to revision #5 in Part 2 of this addendum.**
43	RFP	2.5.6	Required Forms and Certifications	26	Given that the Business Proposal is limited to five (5) pages, please consider the following: • Would LDH allow Proposers to combine the subsections of the business proposal (excluding required attachments) to save resources and optimize our business proposal page count?	Proposers may include more than one subsection (i.e., 2.5.1, 2.5.2, etc.) of the business proposal on the same page, rather than include only one on each page, to meet the recommended 5-page limit. Each subsection should be clearly marked.
44	RFP	2.5.6	Required Forms and Certifications	26	• Regarding section 2.5.4.3 Material Subcontractors, this piece was exempt from the total page count in the 2019 RFP, would LDH consider having Exhibit B Material Subcontractor Template be exempt from the section and total page limits? We anticipate the inclusion of the Mat Sub template could potentially add 50-75 additional pages to the response to the Business Proposal response.	See response to question #35.
45	RFP	2.5.6	Required Forms and Certifications	26	• Regarding section 2.5.6 Required Forms and Certifications, this piece was exempt from the total page count in the 2019 RFP, would LDH consider having this section be exempt from total page limits? We anticipate inclusion of these forms to potentially add 50-75 additional pages to the response to the Business Proposal response.	RFP Section 2.5.6 will be exempt from both the recommended business proposal and recommended total page limits. **Please refer to revision #6 in Part 2 of this addendum.**
46	RFP	2.5.6	Required Forms and Certifications	26	Please confirm that Exhibit A, Exhibit B, Exhibit C and Exhibit D are all exempt from the section-specific and total page limits.	See responses to questions #35 and #45.

Question Number	Document Reference	Section Number	Section Heading	Page	Question	Answer
47	RFP	2.5.6.2	Required Forms and Certifications	26	The RFP says the Proposer shall complete and submit Exhibit A, Certification Statement. The Proposer must be registered as a vendor with the Louisiana Procurement and Contract Network (LaPAC) prior to submitting their proposal, and must include their vendor number on the Proposer's Certification Statement. Information on registration may be found at https://wwwcfprd.doa.louisiana.gov/osp/lapac/VendorVndPubMain.cfm?tab=2. There is no specific place to enter a vendor number on Exhibit A, Certification Statement. Where should this information be included on the Certification Statement?	Proposers may place the vendor number anywhere on the Certification Statement. The vendor number should be clearly identified as such.
48	RFP	2.5.6.2	Required Forms and Certifications	26	Exhibit A, Certification Statement is requested under multiple sections, Please confirm the original signed form should be placed in Section 2.5.6, Required Forms and Certifications, and referenced back to Section 2.5.6 in the other sections it is requested.	See response to question #41.
49	RFP	2.6	Technical Proposal	26-47	Given that there are forty five pages dedicated to Scenarios (compared to fifteen in 2019), eight Value-Added Benefits (compared to six in 2019) and two new and critical sections that were not in the 2019 RFP (adding twenty two additional pages), and the total allowable pages remains at 250 between 2019 and 2021, would LDH consider adding an additional 30 pages to the total allowable page count (to total 280 pages), and dedicating two of those additional pages to 2.6.3 Enrollee Value-Added Benefits and an additional four pages each to 2.6.5 Health Equity and 2.6.15 Physical and Specialized Behavioral Health Integration Requirements?	The recommended total page limit will not be changed.
50	RFP	2.6.1	Technical Proposal	26	May the proposer include Exhibits and Attachments at the end of the proposal, in the order of the corresponding sections?	Yes, the Proposer may include exhibits and attachments at the end of the proposal, in the order of the corresponding sections.
51	RFP	2.6.1	Technical Proposal	26	The instructions in Section 2.4 of the RFP say "The Proposer should respond to each item in the order in which it appears in Part 2 of the RFP." If Proposers provide requested supporting documentation directly after the response to the item, it may leave white space, taking away from the page	Yes, the Proposer may include exhibits and attachments directly behind the corresponding section narrative or at the end of the business or technical proposals, in the order of their respective sections.

Question Number	Document Reference	Section Number	Section Heading	Page	Question	Answer
					limit. Please confirm all required supporting documentation within the Proposal are allowed to follow the end of the Business and Technical response rather than sequentially following each item, similar to the 2019 RFP as clarified by LDH in item #32 in Response to Written Inquiries and Revisions to RFP Documents.	
52	RFP	2.6.1	Technical Proposal	26	The RFP states "The Proposer should submit all materials, including narratives and attachments, as specified in this section in the order in which the information is requested." Please confirm if proposers may include all required exhibits and attachments directly behind the corresponding section narrative.	Yes, the Proposer may include Exhibits and Attachments directly behind the corresponding section narrative.
53	RFP	2.6.2.1.3	Proposer Organization and Experience	27	Due to the complexity and scope of the requirement, would LDH consider exempting question 2.6.2.1.3 from the total page count?	No. RFP Section 2.6.2.1.3 is exempt from the recommended section-specific page limit only and will not be exempted from the recommended total page limit.
54	RFP	2.6.2.2	Proposed Staff Qualifications and Organizational Structure	27-28	Question 2.6.2.2.3 requests Proposers to describe approx. 8 question elements for each key team/unit with incumbents required to answer an additional element for each team, which totals 9 question elements for incumbents. This is in addition to the other sub-question in 2.6.2.2.3 about the plan to scale staffing levels based on increased/decreased enrollment, along with the approximately 3 other questions (including sub-questions) that are considered part of the overall 6 page limit. Given the amount of information requested, would LDH consider increasing the page limit to adequately and concisely address the questions. Would LDH allow incumbents additional pages to answer the "incumbents only" question?	This recommended page limit will not be changed.
55	RFP	2.6.3.1.4	Enrollee Value-Added Benefits	28	Please confirm that group and individual tobacco cessation counseling sessions held outside of a physician office are not considered to be "in-office tobacco cessation counseling services" and therefore, are considered to be a value-added benefit.	Current Medicaid policy covers individual tobacco cessation counseling for Beneficiaries that are pregnant or within the 60-day postpartum period with no restriction on place of service when all other criteria are met. **Please refer to revision #7 in Part 2 of this addendum.**
56	RFP	2.6.3.1.8	Enrollee Value-Added Benefits	28	Under the Enrollee Value-Added Benefits, Section 2.6.3.1.8 describes a longitudinal home visiting program for pregnant	The intent of this value-added benefit is to cover evidence-based, established, structured, longitudinal home visiting

Question Number	Document Reference	Section Number	Section Heading	Page	Question	Answer
					and postpartum enrollees and their newborns. However, home visits for pregnant and postpartum members and their newborns are currently provided under the MCO managed care contract. Should MCOs provide an actuarial attestation for this proposed program solely as a value-added benefit, despite coverage under the current contract?	programs such as Nurse Family Partnership, Parents as Teachers, or Healthy Start. Provision of these programs is not currently covered. The Proposer should identify and collaborate with organizations already providing these services, for the purposes of coverage. **Please refer to revision #8 in Part 2 of this addendum.**
57	RFP	2.6.3.1.8	Enrollee Value-Added Benefits	29	Please confirm if a combination of virtual (video) home visits and face to face visits is an acceptable home visiting program for pregnant and postpartum enrollees and their newborns.	No, the intent of this value-added benefit is to cover evidence-based, established, structured, longitudinal home visiting programs such as Nurse Family Partnership, Parents as Teachers, or Healthy Start. **Please refer to revision #8 in Part 2 of this addendum.**
58	RFP	2.6.3.2; 2.6.3.3	Enrollee Value-Added Benefits	29	Please confirm that Section 2.6.3.2 permits Proposer to offer additional value-added benefits in the proposal beyond those listed in 2.6.3.1. If yes, is Proposer required to comply with the requirements of 2.6.3.3 for each additional value-added benefit?	Proposers should provide responses to the eight optional value-added benefits listed. Any additional value-added benefits submitted will not be considered for evaluation purposes. The selected Proposer may provide additional value-added benefits during the term of the Contract at its option.
59	RFP	2.6.3.4	Enrollee Value-Added Benefits	29	Regarding RFP Section 2.6.3.4, will the statement from the preparing/consulting actuary on the PMPM actuarial value of benefits be counted toward the 15 pages limit for the Enrollee Value-Added Benefits section (2.6.3), or does that page count exclude the certification statement?	The statement from the preparing/consulting actuary will be counted toward the recommended section-specific and recommended total page limits. The Proposer may utilize one statement for all value-added benefits combined (rather than one for each).
60	RFP	2.6.3.4	Enrollee Value-Added Benefits	29	Regarding the PMPM for each value-added benefit. The total enrollment to use was provided at 350,000. However, utilization of a given benefit can vary significantly within different population types. Is there an assumed membership mix that should be used to estimate the PMPM or should the actuary use their best judgment?	The determination of the PMPM value should consider projected utilization across the various populations that may receive the benefit. **Please refer to revision #9 in Part 2 of this addendum.**
61	RFP	2.6.6.3.3	Care Management	33	RFP Section 2.6.6.3 requires the Proposer to describe how it will engage enrollees who may potentially benefit from case management in the program, specifically "children from immigrant families who may have unique cultural and linguistic needs," per Section 2.6.6.3.3. Will LDH supply an immigrant indicator on the 834 or will the MCOs be responsible for identifying immigrant families?	No, MCOs will be responsible for identifying immigrant families.

Question Number	Document Reference	Section Number	Section Heading	Page	Question	Answer
62	RFP	2.6.6.3.5	Care Management	33	Does LDH have a specific definition of rapid repeat birth in mind (ACOG, AAP, etc.) that we should align with in our response?	For this RFP, rapid repeat pregnancy is defined as a pregnancy occurring within eighteen (18) months of a birth. **Please refer to revision #10 in Part 2 of this addendum.**
63	RFP	2.6.6.3.6	Care Management	33	Is the intent for adolescent transition to adulthood for foster care only, or inclusive of other groups?	This provision applies to all adolescents transitioning to adulthood.
64	RFP	2.6.7	Case Scenarios	34	Given the complexity of the needs of the members described in the case scenario questions, would LDH consider increasing the page limit for each scenario (for example, from 5 to 8 pages)?	This recommended page limit will not be changed.
65	RFP	2.6.7	Case Scenarios	34	The RFP states: “The case scenarios do not describe the entirety of the enrollee’s health and social history and the Proposer should not make assumptions.” Please confirm this means that scenario responses should be limited to only the specific issues identified in the scenarios.	The Proposer should not make assumptions about the Enrollee's health and social history beyond the facts presented in the RFP. For example, if the RFP describes an Enrollee with a history of "x" and "y", the Proposer should not assume that a history of "z" is also present.
66	RFP	2.6.7	Case Scenarios	34	Please provide clarification on the direction to provide a scenario analysis when there are multiple courses of action. Is LDH looking for the responder to pick one course of action and carry it out all the way through, providing a rationale for the choice? Or go through various scenarios for any action the responder might take under the circumstances presented?	The Proposer should provide a scenario analysis indicating what actions the Proposer would take given a wide range of possible circumstances.
67	RFP	2.6.7	Case Scenarios	36	For Case Scenario 3, the State specifies that the member and her family cannot read or write in English or Spanish. Can the State confirm if the member and her family speak English or Spanish?	The Enrollee and her family speak only Spanish. **Please refer to revision #12 in Part 2 of this addendum.**
68	RFP	2.6.7.5	Case Scenarios	36	Please confirm that 2.6.7.5 through 2.6.7.5.1 is a continuation of 2.6.7.4 for the 49-year-old-male case scenario.	Yes, RFP Sections 2.6.7.5 and 2.6.7.5.1 are part of RFP Section 2.6.7.4. **Please refer to revision #13 in Part 2 of this addendum.**
69	RFP	2.6.7.4	Case Scenarios	36	Please confirm that 2.6.7.5 is part of 2.6.7.4 and not a separate scenario.	See response to question #68.
70	RFP	2.6.7.7	Case Scenarios	37	Please confirm that 2.6.7.7 through 2.6.7.7.2 is a continuation of 2.6.7.6 for the 42-year-old woman case scenario.	Yes, RFP Sections 2.6.7.7 through 2.6.7.7.2 are part of RFP Section 2.6.7.6. **Please refer to revision #14 in Part 2 of this addendum.**
71	RFP	2.6.7.6	Case Scenarios	37	Please confirm that 2.6.7.7 is part of 2.6.7.6 and not a separate scenario.	See response to question #70.
72	RFP	2.6.7.3	Case Scenarios	36	In the Case Scenarios, it appears that RFP Sections 2.6.7.5 and 2.6.7.5.1 are a continuation of the Case Scenario presented in	See responses to questions #68 and 70.

Question Number	Document Reference	Section Number	Section Heading	Page	Question	Answer
					2.6.7.4. Similarly, RFP Sections 2.6.7.7, 2.6.7.7.1, and 2.6.7.7.2 appear to be a continuation of 2.6.7.6. Please confirm if MCOs should submit one response to address both RFP Sections that are presented as one Case Scenario. For example, should an MCO use the question in 2.6.7.5.1 to submit one response for the Case Scenario that is presented in both 2.6.7.4 and 2.6.7.5? Or, should MCOs submit two separate responses to address the unique circumstances presented in 2.6.7.4 and then in 2.6.7.5? Please confirm the same for RFP Sections 2.6.7.6, 2.6.7.7, 2.6.7.7.1 and 2.6.7.7.2.	
73	RFP	2.6.8	Network Management	39	Please confirm that sub-questions 2.6.8.1 and 2.6.8.2 should be combined and questions 2.6.8.2.1-2.6.8.2.8 should be renumbered to 2.6.8.1.1-2.6.8.1.8. This appears to be the structure of the Network Management section in the 2019 RFP.	The proposed renumbering does not make a material impact. These provisions will remain unchanged.
74	RFP	2.6.8	Network Management	39	Does the required work plan in Section 2.6.8.2.1 of the RFP count towards the 10-page limit of the Network Management Section? If it is exempt from the section limit, would it also be exempt from the overall 250-page limit of the total proposal?	The Proposer may provide a summarized work plan. The work plan will be counted toward recommended section-specific and recommended total page limits.
75	RFP	2.6.8	Network Management	39	2.6.8.2.1 Requires a work plan that includes strategies and timeline to build or scale up its provider network. Please confirm that this work plan may be provided as an attachment, exempt from the 10-page limit.	See response to question #74.
76	RFP	2.6.9	Provider Support	40	Please confirm that sub-questions 2.6.9.1 - 2.6.9.4 relate to 2.6.9; sub-questions 2.6.9.6 - 2.6.9.8 relate to 2.6.9.5, and sub-questions 2.6.9.10 - 2.6.9.15 are relate to 2.6.9.9? This appears to be the structure of the Provider Support section in the 2019 RFP.	Yes. **Please refer to revision #16 in Part 2 of this addendum.**
77	RFP	2.6.9	Provider Support	40	The response for this section is limited to eight pages to address 15 subparts, including a detailed description of the provider engagement model. Would LDH consider increasing the page limit to 12 pages for Section 2.6.9 so that we may provide a more clear and concise response.	This recommended page limit has been increased. **Please refer to revision #16 in Part 2 of this addendum.**
78	RFP	2.6.11.5.1	Quality	43	The RFP asks proposers to describe a “process for developing and disseminating clinical practice guidelines”. Clinical practice guidelines are best practices developed by industry	The intent is for MCOs to comply with the requirements of 42 CFR 438.236 by adopting and disseminating practice guidelines to providers. The MCOs are not required to develop

Question Number	Document Reference	Section Number	Section Heading	Page	Question	Answer
					organizations (such as the American Academy of Pediatrics). Please confirm that this question relates to the selection and vetting of industry Clinical Practice Guidelines rather than a process MCOs would use to develop their own clinical practice guidelines.	their own in-house guidelines. **Please refer to revisions #17 and #19 in Part 2 of this addendum.**
79	RFP	2.6.12.3.1	Value-Based Payment	44	This question requires respondents to describe the "impact of the models on potential incentive earnings by providers" Should respondents assume 350,000 members to inform estimates?	Yes, Proposers may assume an enrollment of 350,000. **Please refer to revision #18 in Part 2 of this addendum.**
80	RFP	2.6.13	Claims Management and Systems and Technical Requirements	45	Please confirm that all data flows and charts provided in response to Section 2.6.13 in its entirety will not count against the section-specific or total page limits.	Per RFP Section 2.6.13, data flows and charts are excluded from recommended section-specific and recommended total page limits.
81	RFP	2.6.13	Claims Management and Systems and Technical Requirements	45	RFP Question 2.6.13 has a 10 page limit, and data flows and charts are excluded from section-specific and total page limits. Can Proposers interleave data flows and charts into their 10 page response such that LDH readers may more easily see these flows and charts closer to the related narrative? To illustrate: suppose a Proposer has a 1 page data flow chart following the first page of narrative – and then the narrative picks up again after that data flow chart. Although this is physically 3 pages – only 2 of those pages would count against the 10 page limit. Is this acceptable / how would LDH prefer this be handled?	See response to question #80. The Proposer may interweave these data flows and charts with the relevant narrative or include them as an attachment at the end of the narrative or at the end of the technical proposal. LDH will accept either format.
82	RFP	2.6.15.2.6	Physical and Specialized Behavioral Health Integration Requirements	47	Question 2.6.15.2.2 asks about "coordination of care for enrollees with both medical and behavioral health disorders". Is this question intended to be specific to continuity and coordination of care for enrollees who are transitioning in to the bidders' health plan from another MCO?	This question is in reference to transitions between inpatient services, residential services, and outpatient care.
83	RFP	2.6.15.2.6	Physical and Specialized Behavioral Health Integration Requirement	47	As it relates to question 2.6.15.2.6, please clarify the meaning of “screened positive”. We are assuming that this is in reference to enrollees that have been determined to need behavioral health services. And if so, what screening tool is being used to assess the enrollees?	This provision refers to Enrollees who have physical and specialized behavioral health needs as determined through the Health Needs Assessment or screens conducted by PCP providers or BH providers. LDH does not mandate the specific screening tools to be used, but there should be an array of tools available to the PCP and BH providers. Screens should be varied to capture an assortment of possible diagnoses from

Question Number	Document Reference	Section Number	Section Heading	Page	Question	Answer
						SUD (opioid use) to depression, anxiety, etc. **Please refer to revision #19 in Part 2 of this addendum.**
84	RFP	4.1	Evaluation and Selection	51	In order to ensure each proposal receives equal consideration, would LDH agree to use a random order of scoring proposers' responses rather than scoring them in alphabetical order?	The evaluation team must comply with LDH's Policy for RFP Evaluation which is available at: https://ldh.la.gov/assets/docs/hr/Policies/ProcurementGoodsandServices/RequestForProposalsEvaluationPolicyJUN21.pdf
85	RFP	4.1.2	Evaluation Team	51	Can LDH please describe what protocols will be put into place to ensure that members of the Evaluation Team do not have potential conflicts of interest or, what protocols LDH will use to have any potential conflicts of interest disclosed and considered?	The evaluation team must comply with LDH's Policy for RFP Evaluation which is available at: https://ldh.la.gov/assets/docs/hr/Policies/ProcurementGoodsandServices/RequestForProposalsEvaluationPolicyJUN21.pdf
86	RFP	4.1.3	Evaluation Tool	51	Will LDH make scoring manuals, procedures and guides available to the Evaluation Team? If so, can copies of these tools be provided to proposers in advance as an addendum to the RFP?	Evaluation materials will be provided to the Evaluation Team. The evaluation tool will not be provided to Proposers until the Notice of Intent to Award is issued. LDH's Policy for RFP Evaluation is available at: https://ldh.la.gov/assets/docs/hr/Policies/ProcurementGoodsandServices/RequestForProposalsEvaluationPolicyJUN21.pdf
87	RFP	4.1.4	Evaluation Criteria and Assigned Points	51	Section 4.1.4 states "Proposers must also demonstrate that they have the capacity, capability, and relevant experience and expertise to perform the requirements specified in this RFP." Please confirm that "experience" refers exclusively to Medicaid experience.	Medicaid-specific experience is the most relevant to this RFP and should be provided where specified in the RFP. However, the Proposer may describe non-Medicaid experience where appropriate (e.g., key personnel resumes).
88	RFP	4.1.4.4	Evaluation Criteria and Assigned Points	52	Should LDH opt to conduct its own research and/or consult with subject matter experts, will the topic of investigation be verified and assessed for all proposers equitably?	All proposals will be evaluated in a consistent manner.
89	RFP	4.4.3	Louisiana Veteran and/or Hudson Initiative	54	Please confirm that Veteran/Hudson information should be submitted in electronic spreadsheet only, and that there is no corresponding narrative response expected in the Technical Proposal.	In order to receive points for this section, the Proposer shall complete the Hudson and Veterans Initiative Response Template, which may be submitted in electronic format in lieu of hard copy. No additional narrative response is required.
90	RFP	1.44.4 and 4.4.2.3	Veteran and Hudson Initiatives	18 and 53	Please confirm the proposer should assume an annual membership of 350,000 in developing the anticipated dollar value of a subcontract.	Confirmed. Additionally, for evaluation purposes only, all Proposers are to assume an estimated three-year contract amount of $8 billion (RFP Section 4.4.2.3).

Question Number	Document Reference	Section Number	Section Heading	Page	Question	Answer
91	RFP	1.44.4 and 4.4.2.3	Veteran and Hudson Initiatives	18 and 53	To assure a fair, balanced and equitable evaluation from all types of proposers (e.g., Incumbent Proposers that have large member populations; Incumbent Proposers that have small member populations; and Non-incumbent Proposers), will the State require vendors to adjust the values of existing subcontracts so that they are aligned with the estimated three-year contract value?	LDH will not evaluate existing subcontracts for the Louisiana Veteran and Hudson Initiatives. For evaluation purposes only, all Proposers are to assume an estimated three-year contract amount of $8 billion (RFP Section 4.4.2.3) and provide the anticipated value of subcontracts for the new contract term (RFP Section 4.4.2.6).
92	RFP	4.4.1, 4.4.2.6	Veteran and Hudson Initiatives	53, 54 and Template	Please confirm that the following three phrases mean the same thing: 1) the "dollar value of each subcontract" on page 53; 2) the "anticipated dollar value of the subcontract for the three-year contract term" on page 54; and 3) the "subcontract value" set forth on the Response Template, specifically, that this amount is a good faith estimate of the three year total of the dollar value projected to be expended for each subcontract.	Confirmed.
93	RFP	N/A	N/A	N/A	Please confirm the definition of "Proposer" is the bidding entity who is submitting the proposal to LDH, unless otherwise specified.	Confirmed. **Please refer to revision #1 in Part 2 of this addendum.**
94	RFP	N/A	N/A	N/A	Do signed Addenda count towards the page limit? Should signed Addenda follow the cover letter in the submission?	See response to question #12.
95	Attachment A, Model Contract	Glossary	Network	22	Please confirm that when an MCO provides its network gap plan, they should take into consideration only those providers with a binding, executed provider agreement and not subject to any additional condition that the provider must still elect to accept the terms of the provider agreement.	The Proposer should consider Network Providers as defined in Attachment A, Model Contract and should include its strategies and timeline to credential and contract with providers not currently in its Network. **Please refer to revision #15 in Part 2 of this addendum.**
96	Attachment A, Model Contract	Glossary	Network Provider or Provider	23	Network Provider or Provider is defined as "an appropriately credentialed" provider. Does that mean that a provider must have gone through the credentialing process with the MCO or the provider portal before the provider may be considered as part of the MCO's network for purposes of the RFP response?	The Proposer's Network will not be evaluated as part of the RFP. The Proposer's network management will be evaluated. See RFP Section 2.6.8, Network Management.
97	Attachment A, Model Contract	2.2.3.11; 2.2.3.12	Material Subcontracts / Subcontractors	61	Should bidders propose their own subcontractors for PBM & NEMT functions, or will these functions be handled by state designated subcontractors at the start of the new contract?	No, the Proposer should not propose its own subcontractors for PBM or Transportation Broker functions. **Please refer to revision #4 in Part 2 of this addendum.**
98	Attachment A, Model Contract	2.2.3.11	Use of a Transportation Broker	61	Should proposers assume that the single transportation broker will go live on the same date as the MCO contracts or at a subsequent point? Should proposers assume in the RFP	Yes, Proposers should assume that the single Transportation Broker will go live on the same date as the MCO contracts.

Question Number	Document Reference	Section Number	Section Heading	Page	Question	Answer
					response that the MCO will provide NEMT services as they currently do, and that the transition to a single broker will be at a later date?	Proposers should assume in their RFP response that NEMT services will be provided by a single Transportation Broker selected by LDH, unless the Proposer provides this function in-house.
99	Attachment A, Model Contract	2.2.3.11	Use of a Transportation Broker	61	As it relates to Section 2.2.3.11.1 of the MCO Model Contract concerning the requirement for the Contractor to contract with and provide remuneration to the single broker designated by LDH, has LDH confirmed that this will be the mandated process or is this one of several medical transportation solutions the Department is evaluating in conjunction with this procurement? If options are still being evaluated, when will LDH confirm its desired direction?	See response to question #98.
100	Attachment A, Model Contract	2.2.3.11	Use of a Transportation Broker	61	Section 2.2.3.11.1 of the MCO Model Contract states "If the Contractor elects to contract with a transportation broker to coordinate Non-Emergency Medical Transportation (NEMT) services, the Contractor shall contract with and provide remuneration to the single broker designated by LDH. LDH has the sole discretion to establish the contract terms." The definition of "Transportation Broker" found on page 32 of the Model Contract includes "in accordance with 42 C.F.R. § 440.170(a)(4)," which is the regulation that requires broker contracts to be competitively procured. Please clarify when the state intends to engage in the Federally mandated procurement process associated with the selection of brokers to ensure alignment with the July 2022 anticipated start date.	See response to question #98. The Transportation Broker procurement is in progress.
101	Attachment A, Model Contract	2.2.3.11	Use of a Transportation Broker	61	Section 2.13.12 of the MCO Model Contract states "The Contractor or the Contractor's Transportation Broker shall establish and maintain a call center located in Louisiana. The call center shall be responsible for scheduling all NEMT reservations and dispatching of trips during the hours of 7:00 a.m. to 7:00 p.m. Central Time on Business Days." Part 1: Rather than a brick-and-mortar call center located in Louisiana, would the division allow a percentage of monthly calls to be answered by Louisiana based work-from-home agents and a percentage of monthly calls to be answered by a designated backup call center outside of Louisiana? Allowing	Part 1: All call center agents must be located physically in Louisiana. Part 2: No, the Transportation Broker may not subcontract its call center function.

Question Number	Document Reference	Section Number	Section Heading	Page	Question	Answer
					a percentage of calls to be answered by a designated backup call center outside of Louisiana will ensure adequate agent capacity to handle spikes in call volume and that agents assigned for after-hours and disaster recover maintain familiarity with the program. Part 2: Will the division allow the NEMT broker to use a subcontracted call center vendor to staff Louisiana office-based and/or Louisiana work from home agents?	
102	Attachment A, Model Contract	2.2.3.11	Use of a Transportation Broker	61-62	Will LDH have a single source NEMT Broker in place by the start of the new contract period?	See response to question #98.
103	Attachment A, Model Contract	2.2.3.11.1	Use of a Transportation Broker	62	Regarding Attachment A, Model Contract, Section 2.2.3.11.1, will the effective date of the contract correspond with the contract for or designation of a single Transportation Broker?	See response to question #98.
104	Attachment A, Model Contract	2.2.3.11.1	Use of a Transportation Broker	62	Regarding Attachment A, Model Contract, Section 2.2.3.11.1, will the State's designation of a single transportation broker apply to both NEMT and NEAT services, or only NEMT?	The single Transportation Broker will provide NEMT services, including NEAT. A proposer may elect to provide NEMT or NEAT without subcontracting.
105	Attachment A, Model Contract	2.2.3.12.1	Use of a Pharmacy Benefits Manager (PBM)	62	Regarding Attachment A, Model Contract, Section 2.2.3.12.1, will the effective date of this contract align with the effective date of the single PBM implementation?	See response to question #2.
106	Attachment A, Model Contract	2.2.3.12.1	Use of a Pharmacy Benefits Manager (PBM)	62	Regarding Attachment A, Model Contract, Section 2.2.3.12.1, can the State provide the expected Pharmacy responsibilities, such as clinical programs/MTM/PA that will remain with the MCO versus which responsibilities will be managed by the single PBM?	The single PBM will stand up one solution that interfaces with each MCO. The PBM will be responsible for the adjudication of pharmacy outpatient drug claims, payment to pharmacy providers, prior authorization, help desks (beneficiary, prescriber and pharmacy) for pharmacy claims, pharmacy network, pharmacy network auditing, and reporting. The PBM sends daily claims files to the MCOs. LDH will direct continued Single PDL and DUR activities (prospective and support for retroDUR) that the PBM will operationalize for the MCOs. The MCOs will be responsible for medication therapy management, case management, lock-in coordination, sixty (60)-day negative change letters for PDL changes, retroDUR,

Question Number	Document Reference	Section Number	Section Heading	Page	Question	Answer
						educational DUR, overall member management, and payment to the PBM for pharmacy claims and transaction fees. These services are described in the MCO Manual.
107	Attachment A, Model Contract	2.3.9	Voluntary Selection of MCO for New Enrollees	76	Section 2.3.9.4 states "All Enrollees shall be given an opportunity to choose an MCO at the start of a new MCO contract either through the regularly scheduled Enrollment period or special Enrollment period." Does this mean that Enrollees enrolled with an incumbent MCO which is awarded a new contract under this RFP will have the opportunity to select a different MCO upon the start of the new contract period (on or about July 1, 2022)?	Yes, Enrollees enrolled with an incumbent MCO which is awarded a new contract under this RFP will have the opportunity to select a different MCO upon the start of the new contract period.
108	Attachment A, Model Contract	2.3.11.2	Suspension of and/or Limits on Enrollments	77	Does the 35% trigger to be removed from auto assignment in 2.3.11.2 also apply to the reallocation of members under 3.1.12.3.4, such that an MCO with less than 35% market share will not have its members reallocated?	Model Contract Sections 2.3.11.2 and 3.1.12.3.4 do not refer to a reallocation process. However, Model Contract section 2.3.11.2 has been revised to be limited to the 95% capacity criteria. **Please refer to revision #22 of Part 2 of this addendum.**
109	Attachment A, Model Contract	2.4.2.11	Excluded Services	87	Currently, the MCOs offer value-added benefits for adult dental services, which provide preventive care beyond what is covered by Medicaid and the dental MCOs. These services help prevent some ED visits. Will the dental MCOs offer expanded adult dental services in the future, and if not, are the Medicaid MCOs categorically prohibited from doing so?	Louisiana Medicaid's two Dental Benefit Plan Managers currently offer limited value-added benefits for adult Enrollees in the adult denture program. MCOs are not categorically prohibited from offering expanded adult dental services as a value-added benefit.
110	Attachment A, Model Contract	2.6	Health Equity	93	Section 2.6.1.2.5.3 states "Reimbursing Network Providers for screening for SDOH needs and submitting applicable diagnosis codes ("Z codes") on claims including specific reimbursement amounts and frequencies." How will the capitation rates paid to the MCOs be adjusted to account for additional reimbursement to network providers for submitting applicable Z-codes?	The capitation rates developed will be actuarially sound and account for all contractual requirements.
111	Attachment A, Model Contract	2.7.15.5	Delegated Case Management	105	Regarding Attachment A, Model Contract, Section 2.7.15.5, will there be a fee schedule rate established for delegated case management for an initial assessment and POC development, or is this taken out of the MCO rates?	If the Proposer develops a program to delegate Case Management services to Network Providers, it should identify in its proposal how the reimbursement methodology will be established. **Please refer to revision #11 in Part 2 of this addendum.**

Question Number	Document Reference	Section Number	Section Heading	Page	Question	Answer
112	Attachment A, Model Contract	2.8.3.6	Continuity of Care and Care Transitions for Behavioral Health	111	Section 2.8.3.6 appears to be part of the enumerated list immediately above it. Should Section 2.8.3.6 be indented to the right and be labelled 2.8.3.5.4?	Yes. **Please refer to revision #23 in Part 2 of this addendum.**
113	Attachment A, Model Contract	2.9.2.1	Provider Network, Contracts, and Related Responsibilities	112	In Amendment 7 to the current MCO emergency contract, the requirement for 25 claims within the prior six months related to the Provider Directory was revised to at least one claim in that period, due to unintended effects on small providers in rural communities. Will 2.9.2.1.1 and 2.9.2.1.2 of the Model Contract be similarly revised? (The referenced text is also included in Attachment F: Provider Network Standards)	The requirement for twenty-five (25) claims will remain unchanged; however, LDH will utilize data received from incumbent MCOs to inform future decisions.
114	Attachment A, Model Contract	2.9.2.1 section .3 & Attachment F (footnote 1)	Availability & Furnishing of MCO Covered Services	112	With regard to providers that were credentialed within the previous 6 months, would this also include delegated rosters received in the previous 6 months along with all other newly re-credentialed providers?	RFP Section 2.9.2.1.3 is referring to Network Providers who were initially credentialed in the previous six months. **Please refer to revisions #24 and #28 in Part 2 of this addendum.**
115	Attachment A, Model Contract	2.9.5	Requests for Exceptions to Access Requirements	115	Related to the condition that a contractor may not utilize national telemedicine providers except in temporary or emergency situations, please confirm that this does not apply if 100% of the providers are licensed in Louisiana.	This criterion applies regardless of whether all of the providers are licensed in Louisiana. It is not the intention of LDH to allow providers licensed and located in Louisiana to be supplanted by national telemedicine contractors.
116	Attachment A, Model Contract	2.9.20.1	NEMT and NEAT	130	In this section, there is a provision which states "Hospital discharges shall be transported within three hours of notification by a medical facility." a. This three-hour timeline begins when a medical facility gives what entity a discharge notification? Does it start when the contractor/MCO is notified or when the transportation provider is notified? b. There are many scenarios in which a provider may need more than three hours advance notice to transport a patient from a hospital discharge, such as during emergency circumstances and when a discharge is scheduled with a transportation provider more than three hours before the actual discharge. Would this prevent the scheduling of transportation prior to three hours before the discharge takes place due to the fact notification would be given at the time	**Please refer to revision #25 in Part 2 of this addendum.** The medical facility is the entity that is discharging the Enrollee.

Question Number	Document Reference	Section Number	Section Heading	Page	Question	Answer
					of scheduling? Would there be an exception allowed under this provision in case of extenuating circumstances? c. Which medical facility must give notice under this provision? Is it the hospital who is discharging the patient or can any medical facility give notice?	
117	Attachment A, Model Contract	2.3.8	Eligibility, Enrollment and Disenrollment	131	Understanding that the membership assignment algorithm is an important consideration for incremental community development, what membership volume will a newly entering MCO receive, assuming the MCO has a substantially similar sized network compared with other contracted MCOs? (It is also understood that members will have choice of MCO even if assigned.)	Per Model Contract Section 3.1.12.3.5, "LDH reserves the right to adjust the Automatic Assignment algorithm to assign sufficient Enrollees to support the viability of a new MCO. This may include, but is not limited to, the elimination of MCO linkages established under a previous contract."
118	Attachment A, Model Contract	2.3.8	Eligibility, Enrollment and Disenrollment	131	Does LDH intend to have all awarded/contracted MCOs to maintain similar membership levels/market share?	See response to question #117.
119	Attachment A, Model Contract	2.3.8	Eligibility, Enrollment and Disenrollment	131	If a new MCO is selected, what measures will the State take to ensure that the new MCO receives a material allocation of members? Has a minimum number of members been identified? If so, what is it?	See response to question #117.
120	Attachment A, Model Contract	2.3.8	Eligibility, Enrollment and Disenrollment	131	During the 2015 contract award, the algorithm was adjusted to assure the new MCO of members. Will this same process be used?	See response to question #117.
121	Attachment A, Model Contract	2.3.8	Eligibility, Enrollment and Disenrollment	131	Given that this will be a new contract period, will any members of existing plans be offered the opportunity to switch plans?	See response to question #107.
122	Attachment A, Model Contract	2.3.8	Eligibility, Enrollment and Disenrollment	131	Assuming that all incumbents are awarded a contract and there are no new MCOs, will the State reallocate members amongst the plans based on the scoring of proposals?	No.
123	Attachment A, Model Contract	2.9.29.13	Network Provider Agreement Requirements	140	Item 2.9.29.13 in Attachment A Model Contract states that "The Contractor shall require providers of personal care services (PCS) and home health care services to use the State-contracted electronic visit verification (EVV) system as directed by LDH." As recently as 5/13/21, the State has been allowing providers to utilize their own EVV system through an attestation. Per the language in 2.9.29.13, can the State clarify if MCOs are required to direct all providers to use the State's	Currently, Network Providers may elect to use their own EVV system if approved by LDH and the Network Providers meets the following three criteria: 1. Utilizes their own EVV vendor to also report services for their FFS participants;

Question Number	Document Reference	Section Number	Section Heading	Page	Question	Answer
					EVV system, or are providers allowed to utilize their own EVV system?	2. Meets all data integration requirements as defined on the LDH/EVV website (https://ldh.la.gov/index.cfm/page/3819); and 3. Completes the attestation for Network Providers utilizing their own EVV system. This allowance is subject to change as directed by LDH.
124	Attachment A, Model Contract	2.11.8.5	Payment for Emergency Services and Post-Stabilization Services	160	Regarding Attachment A, Model Contract, Section 2.11.8.5, is the intent strictly for emergency services or does this include post-stabilization admission to an acute care facility once the member is stabilized in the emergency room? Currently, providers have to notify the MCOs of acute care admissions within (1) business day of inpatient admission. Does this mean that MCOs can no longer deny the acute care authorization if the providers do not notify us within (1) business day? Without the notification, MCOs will not know the member has been admitted and this will cause a delay in our proactive discharge planning and readmission prevention efforts.	Model Contract Section 2.11.8.5 refers specifically to Emergency Services and is not relevant to post-stabilization services.
125	Attachment A, Model Contract	2.16.2.3.3	Quality Assessment and Performance Improvement (QAPI) Program	227	2.16.2.3.3 Over/Under-utilization of services. Opportunity for clarification - current contract outlines key focus areas/ measures; will the new expectation for initiative proposal and implementation be subject to key focus areas that will be specified by LDH or will this be based on the MCO's internal assessment?	The QAPI Plan should be informed by the Contractor's internal assessment and LDH's Quality Strategy. The QAPI Plan is subject to LDH approval.
126	Attachment A, Model Contract	2.16.2.3.11 2.16.16.2	Quality Assessment and Performance Improvement (QAPI) Program, Provider Supports For Quality Improvement	227, 236	Regarding the below sections referencing the Provider Support Plan: • 2.16.2.3.11 Detail the Contractor's Provider Support Plan • 2.16.16.2 As part of the Contractor's QAPI Plan, it shall develop and maintain a Provider Support Plan, which shall be updated on an annual basis. Will the Plan be required as an annual submission to LDH? Must it be a stand-alone annual document or may it be incorporated into the QAPI Program Description and Evaluation processes/documents?	Yes, the QAPI Plan will be an annual submission. LDH has an existing report template (report 136), which combines the QAPI Plan, Program Description, and Evaluation into one submission.
127	Attachment A, Model Contract	2.16.22	Quality Monitoring Reviews	240	The Quality Monitoring Review process references incorporating onsite reviews and member interviews on a qu	Quality monitoring reviews, including the member interview component, resumed this Calendar Year. LDH had previously

Question Number	Document Reference	Section Number	Section Heading	Page	Question	Answer
					arterly basis. The member interview requirement was previously placed on hold due to provider concerns of disruption to member treatment/therapeutic milieu; please confirm if the member interview component is being reactivated?	approved that these reviews be paused due to the pandemic. LDH is not aware of any hold due to "provider concerns of disruption to member treatment/therapeutic milieu".
128	Attachment A, Model Contract	2.17.2	Minimum VBP Threshold and Qualifying VBP Arrangements	241	Would LDH consider setting the potential provider incentive payments on a per enrollee per year amount, given the potential variability in the enrollee levels with each MCO? For example, and if the above thresholds are for 350,000 enrollees, then CY 2023 would be $34.29 per enrollee per year, CY 2024 $40 per enrollee per year, and CY 2025 and future years $45.71 per enrollee per year.	LDH's minimum VBP thresholds do not use the methodology described in this question. Using "Per Enrollee Per Year" is not under consideration. Please refer to Model Contract Section 2.17.2.
129	Attachment A, Model Contract	2.18.17.1	Pharmacy Claims Processing	263	Our assumption is that LDH's single, designated PBM will have the capabilities cited in 2.18.17.1. Since the Contractor will sub-contract PBM pharmacy claims and related administrative services to LDH's single PBM, the Contractor will be accountable for PBM operations of the Contractor's Medicaid Managed Care program. However, the PBM must have the prerequisite system functionality outlined in 2.18.17.1. Are we correct in our understanding? If we are not correct, please clarify.	The State will select a single PBM via a separate competitive procurement process that will ensure the PBM has the required functionality per Model Contract Section 2.18.17.1.
130	Attachment A, Model Contract	2.18.17.5	Use of a Pharmacy Benefits Manager	265	Will LDH have a single source PBM in place by the start of the new contract period?	The State will select a single PBM via a separate competitive procurement process, with an anticipated go-live date of July 1, 2022. The selected Proposer will be required to contract with this single PBM and be fully operational by the Operational Start Date. Refer to Model Contract Sections 2.2.3.12 and 2.18.17.5.
131	Attachment A, Model Contract	2.18.17.5.1	Use of a Pharmacy Benefits Manager	265	Will the PBM be ASO only?	See response to question #106.
132	Attachment A, Model Contract	2.18.17.5.1	Use of a Pharmacy Benefits Manager	265	Will the PBM provide the pharmacy network, or will the MCO be responsible for providing the pharmacy network?	The PBM will provide the pharmacy network.
133	Attachment A, Model Contract	2.18.17.6	Use of a Pharmacy Benefits Manager	265	Is it LDH's intention to carve-out pharmacy during the term of the MCO agreements?	LDH reserves the right to carve out pharmacy during the term of the Contract.
134	Attachment A, Model Contract	2.19.1.6	Systems and Technical Requirements	270	Regarding the LDH MCE Interoperability Compliance Plan, is this the correct document being referenced?	The LDH MCE Interoperability Compliance Plan has been added to the Procurement Library.

Question Number	Document Reference	Section Number	Section Heading	Page	Question	Answer
					https://ldh.la.gov/assets/docs/LegisReports/HCR52RS20209302020.pdf	Proposers may also refer to the final rule located at https://www.federalregister.gov/documents/2020/05/01/2020-05050/medicare-and-medicaid-programs-patient-protection-and-affordable-care-act-interoperability-and
135	Attachment A, Model Contract	2.19.3.5	Connectivity	274	Regarding the phrase: The Contractor shall require all EDs in its network to exchange admit discharge transfer (ADT) data with a Health Information Exchange (HIE) ED visit registry … does LDH have a preference for a specific HIE to meet the above requirement?	LDH is not mandating the use of any specific HIE to meet the requirement.
136	Attachment A, Model Contract	2.19.3.6	Systems and Technical Requirements	274	We assume that LDH requires the Contractor to require network hospitals to send syndromic surveillance data to the LDH Department of Health. Are we correct in our assumption? If we are not correct, please clarify.	The assumption that LDH requires the Contractor to require network hospitals to send syndromic surveillance data to LDH is correct.
137	Attachment A, Model Contract	2.20.2.3.2	Fraud, Waste, and Abuse Prevention	293	The first sentence states: “Descriptions of specific controls in place for prevention and detection of potential or suspected Fraud, Waste and including:” Should the sentence include “Abuse”: “Descriptions of specific controls in place for prevention and detection of potential or suspected Fraud, Waste and Abuse, including:”	**Please refer to revision #27 in Part 2 of this addendum.**
138	Attachment A, Model Contract	4.4.3	Earning the VBP Withhold	328	Does the 0.5% VBP withhold apply for the period from July 1 to December 31, 2022? If so, upon what criteria will return of the withhold be based? The RFP only appears to describe requirements for the VBP withhold return for CY2023 and beyond.	No, the 0.5% VBP withhold does not apply for the period of July 1 to December 31, 2022.
139	Attachment A, Model Contract	4.5	Medical Loss Ratio	328	Section 4.5.2 states "The MLR shall be reported in the aggregate, unless LDH requires separate reporting and separate MLR calculations for specific populations." Please clarify what the phrase "specific populations" refers to. Is it the Expansion vs. Medicaid population?	Specific populations will be defined by CMS or LDH based on reporting needs. For example, separate reporting for Expansion and Non-Expansion populations may be required given the federal allowance to claim any Expansion rebate at regular FMAP.
140	Attachment A, Model Contract	4.7.4	Zolgensma Risk Pool Arrangement	336	Regarding Attachment A, Model Contract, Section 4.7.4, will there be other high cost drugs added to the risk pool in this contract?	LDH and Mercer are monitoring pipeline drugs and will consider additions on a case by case basis.

Question Number	Document Reference	Section Number	Section Heading	Page	Question	Answer
141	Attachment F, Provider Network Standards	Footnote 1	Notes	4	We are concerned that the new claim volume network adequacy requirements in footnote 1 of Attachment F will result in decreased appointment and specialist availability for enrollees in more rural geographic areas. In addition, because of the subsequent increase in appointment requests for those providers that do meet the threshold, they may be unable to meet demand on a timely basis. Finally, despite the six month post-credentialing exception period, this is likely to create a disincentive for limited-capacity providers who have traditionally not served the Medicaid community from changing their past practice. We recommend either removing this requirement, or modifying it to be aligned with recently amended provision for the existing Health Louisiana Emergency Contract relative to provider directory requirements and say, "providers who have submitted no claims within the six (6) calendar months prior," for both physical and behavioral health providers.	See response to question #113.
142	Attachment F, Provider Network Standards	Footnote 3	BH Provider Threshold Network Adequacy	4	Is it the intent for the Behavioral Health provider threshold for network adequacy to increase from 90% to 100%? This is different than the requirements in the Provider Network Companion Guide. Would the MCO's continue to utilize the standards in the Provider Network Companion Guide or is the expectation to increase the network adequacy requirement for Behavioral Health to 100%?	Yes, it is the intent for the behavioral health provider threshold for network adequacy to increase from 90% to 100%. Proposers should utilize Attachment F, Provider Network Standards, which details network adequacy standards, including the ratio, distance, and timeliness of care standards. The Provider Network Companion Guide will not be applicable under the contract resulting from this RFP.
143	Exhibit B, Material Subcontractor Response Template	N/A	Checklist Item #26	4	In checklist item 26 of Exhibit B, MCOs are required to make full disclosure of the method and amount of compensation or other consideration subcontractors are to receive from the MCO. Due to sensitivity of this information, please confirm that similarly as in the 2019 RFP, this information can be removed in the redacted version of the response.	The method of compensation or other consideration must be disclosed in the original version of the response but may be removed from the redacted version.
144	Exhibit C, Proposal Compliance Matrix	N/A	N/A	26	What information should be included under the "Proposal Section" column in Exhibit C, Proposal Compliance Matrix? Should it be the same as what is listed under the column labeled "RFP Section"?	Proposers should provide the proposal's section number that matches the corresponding section of the RFP as well as the number of any attachments, if applicable.

Question Number	Document Reference	Section Number	Section Heading	Page	Question	Answer
145	Procurement Library: MCO Manual	Part 2	Staffing	16	The bullets under the Claims Administrator description appear to be for another position. Please provide the sub-bullets for the Claims Administrator position description.	**Please refer to revision #29 in Part 2 of this addendum.**

PART 2: REVISIONS

Revision Number	Document Reference	Page	Revised Provisions	Q&A Cross Reference
1	RFP	6	**1.3.1** This RFP provides background information on the Louisiana Medicaid Managed Care Program, the vision for the program, key priorities for the contract period, questions that Proposers must respond to as part of their submission, and evaluation criteria. Proposers should also refer to the procurement library on the LDH website for information relevant to this procurement, including a data book and MCO Manual. "Proposer" is defined as a firm or individual who responds to this RFP.	93
2	RFP	8	**1.8 Confidential Information, Trade Secrets, and Proprietary Information** [first paragraph] The designation of certain information as trade secrets and/or privileged or confidential proprietary information ~~shall only apply to the technical~~ may apply to any portion of the proposal. ~~The financial proposal will not be considered confidential under any circumstance.~~ Any proposal copyrighted or marked as confidential or proprietary in its entirety may be rejected without further consideration or recourse.	4, 6, 7
3	RFP	9	**1.8 Confidential Information, Trade Secrets, and Proprietary Information** [sixth paragraph] If the Proposer's response contains confidential information, the Proposer ~~should~~ shall also submit a redacted copy of their proposal along with their ~~original~~ proposal submission in accordance with Section 2.2.3. When submitting the redacted copy, the Proposer should clearly mark the cover page and file name as such - "REDACTED COPY~~.~~". The redacted copy should also state which sections or information has been removed. ~~The proposer should also submit one (1) electronic redacted copy of its proposal on a USB flash drive.~~ The redacted copy of the proposal will be the copy produced by the State if a public records request is received~~competing proposer or other person seeks review or copies of the Proposer's confidential data~~.	5, 8
4	RFP	25	**2.5.4.3** Where the Proposer utilizes a material subcontractor to provide behavioral health~~, pharmacy,~~ or vision ~~or transportation~~ services, or a value-added benefit such as dental service, the Proposer should provide a completed Exhibit B, *Material Subcontractor Response Template*, including the executed or draft agreement, for each material subcontractor. This response may be submitted in electronic format in lieu of hard copy and is exempt from the business proposal and total page limits.	35, 37, 97
5	RFP	25	**2.5.5.1.1** Copies of audited financial statements for each of the last three (3) years, including at least a balance sheet, profit and loss statement, or other appropriate documentation, and the auditor's report. The Proposer should also submit such information with respect to the Proposer's parent organization. The Proposer may submit this information in electronic format in lieu of hard copy~~; and~~. ~~**2.5.5.1.2** A certificate from the taxing authority of the state in which the Proposer has its principal office, attesting that the Proposer is not in default of any obligation under its tax laws.~~	42
6	RFP	26	**2.5.6** Required Forms and Certifications [exempt from the business proposal and total page limits]	45
7	RFP	28	**2.6.3.1.4** Tobacco cessation benefits, other than medications and ~~in-office~~ tobacco cessation counseling services;	55
8	RFP	28	**2.6.3.1.8** Comprehensive, evidence-based, longitudinal home visiting programs (for example, Nurse Family Partnership, Parents as Teachers, or Healthy Start) for pregnant and postpartum enrollees and their newborns.	56, 57
9	RFP	29	**2.6.3.4** For each selected value-added benefit, the proposal should indicate the PMPM actuarial value of benefits on a per member basis, assuming an enrollment of 350,000 members, accompanied by a statement from the preparing/consulting actuary who is a member of the American Academy of Actuaries certifying the accuracy of the information. The PMPM actuarial value of benefits will not be evaluated but shall be a binding Contract deliverable.	60
10	RFP	33	**2.6.6.3.5** Enrollees at risk for rapid repeat birth, defined as pregnancy occurring within eighteen (18) months of a birth;	62

Revision Number	Document Reference	Page	Revised Provisions	Q&A Cross Reference
11	RFP	33	**2.6.6.6** If the Proposer intends to establish a delegated case management program as described in Attachment A, Model Contract, Part 2: Contractor Responsibilities, Section 2.7.15 Delegated Case Management, include how the Proposer will identify and select qualified physicians, advanced practice registered nurses, and physician assistants for the purposes of delegating and making payment for case management services. The Proposer should also identify how the reimbursement methodology will be established.	111
12	RFP	36	**2.6.7.3** The Proposer has an enrollee that is a 17-year-old girl who immigrated to New Orleans to live with her brother and father after she was sexually assaulted. She is pregnant and enrolls in Medicaid. The enrollee and her family speak only Spanish, and neither ~~Neither~~ the enrollee nor her brother or father are able to read or write in English or Spanish. She soon gives birth to a baby girl with hydranencephaly. The baby is discharged from the NICU with hospice arrangements as the baby is not expected to live past a year. The enrollee brings her daughter to her PCP one day and the infant appears very ill. She is taken by ambulance to the hospital where she is diagnosed with diabetes insipidus and requires hospitalization. Palliative care providers assist in her care and DNR orders are placed. The infant is stable when discharged home.	67
13	RFP	36	**2.6.7.4** The Proposer has an enrollee who is a 49-year-old male. He has a history of brain injury, alcohol abuse, neuropathy, schizophrenia and uses a wheelchair. ... ~~**2.6.7.5**~~ Over several months, alcohol consumption increased, which led to the enrollee displaying socially inappropriate behaviors such as yelling and using profanities when speaking to direct care staff and other residents of the apartment community and to appearing nude in common areas of the apartment community. ... ~~**2.6.7.5.1**~~ **2.6.7.4.1** How will the Proposer address this enrollee's needs? **[subsequent provisions will be renumbered]**	68
14	RFP	37	~~**2.6.7.6**~~ **2.6.7.5** The Proposer has an enrollee that is a 42-year-old woman, who lives alone with 24/7 care through the New Opportunities Waiver. ... ~~**2.6.7.7**~~ Her diagnoses include Cerebral Palsy with spastic quadriplegia, Scoliosis, and Hypertension along with other medical conditions—joint contractures and left hip dislocation with dysplasia. ... ~~**2.6.7.7.1**~~ **2.6.7.5.1** How would the Proposer address the various complex health care needs of this individual? ~~**2.6.7.7.2**~~ **2.6.7.5.2** How would the Proposer address improved access to the services and insure services are delivered in a more timely manner for this individual? **[subsequent provisions will be renumbered]**	70
15	RFP	39	**2.6.8.2.1** Work plan that includes strategies and timeline to build, ~~or~~ scale up, or maintain its provider network to meet network adequacy standards by the Readiness Review;	95
16	RFP	40-41	**2.6.9** Provider Support [~~8~~12-page limit] **2.6.9.1** The Proposer should offer support to providers in a number of ways under the contract to ensure that providers receive timely payment and appropriate support over the course of the contract... Specifically, the Proposer should describe: ~~**2.6.9.1**~~ **2.6.9.1.1** Its process to determine adequate provider relations staffing coverage for the provider network;	76, 77

<table>
<tr><th>Revision Number</th><th>Document Reference</th><th>Page</th><th>Revised Provisions</th><th>Q&A Cross Reference</th></tr>
<tr><td></td><td></td><td></td><td>~~2.6.9.2~~ 2.6.9.1.2 Strategies to provide effective and timely communications with providers, including the development of a provider education program;
~~2.6.9.3~~ 2.6.9.1.3 The processes that the Proposer will put in place to support providers with high claims denial rates; and
~~2.6.9.4~~ 2.6.9.1.4 The processes that the Proposer will put in place for evaluating and resolving provider disputes in a timely manner, including disputes specific to the automatic assignment policy and the assignment of an individual enrollee.
~~2.6.9.5~~ 2.6.9.2 The Proposer should describe how it will support the provider to improve quality and reduce costs through delivery system and payment reform strategies. Specifically, the Proposer should describe:
~~2.6.9.6~~ 2.6.9.2.1 Strategies to support primary care providers, including but not limited to investments in primary care infrastructure and practice coaching to support delivery system reform;
~~2.6.9.7~~ 2.6.9.2.2 Strategies to support behavioral health and other specialty providers to participate in delivery system reform activities; and
~~2.6.9.8~~ 2.6.9.2.3 Strategies to share provider performance data with providers in a timely, actionable manner.
~~2.6.9.9~~ 2.6.9.3 The Proposer should describe in detail its provider engagement model. Specifically, the Proposer should include the following elements in its description:
~~2.6.9.10~~ 2.6.9.3.1 The Proposer's staff that play a role in provider engagement;
~~2.6.9.11~~ 2.6.9.3.2 The presence of local provider field representatives and their role;
~~2.6.9.12~~ 2.6.9.3.3 The mechanism to track interactions with providers (electronic, physical and telephonic);
~~2.6.9.13~~ 2.6.9.3.4 How the Proposer collects and analyzes utilization data and provider feedback, including complaints received, to identify specific training needs;
~~2.6.9.14~~ 2.6.9.3.5 The metrics used to measure the overall satisfaction of network providers; and
~~2.6.9.15~~ 2.6.9.3.6 The approach and frequency of provider training on MCO and Louisiana Medicaid Managed Care Program requirements.</td><td></td></tr>
<tr><td>17</td><td>RFP</td><td>43</td><td>2.6.11.5.1 The proposed process for ~~developing~~ adopting and disseminating clinical practice guidelines, in collaboration with the other MCOs, to participating providers and enrollees;</td><td>78</td></tr>
<tr><td>18</td><td>RFP</td><td>44</td><td>2.6.12.3.1 The specific models and VBP arrangements the Proposer will implement to ensure that it meets the VBP thresholds for provider payments in such arrangements in CY 2023 as described in Part 2, Value Based Payment of the Model Contract, and the impact of the models on potential incentive earnings by providers, assuming an enrollment of 350,000 members;</td><td>79</td></tr>
<tr><td>19</td><td>RFP</td><td>47</td><td>2.6.15.2.6 Ensuring continuity and coordination of care for enrollees who have been screened positive in their Health Needs Assessments or other screening tools conducted by PCPs or behavioral health providers or determined as having need of specialized medical health services or who may require inpatient/outpatient medical health services. These activities must include referral and follow-up for enrollee(s) requiring behavioral health services.</td><td>83</td></tr>
<tr><td>20</td><td>RFP</td><td>52</td><td>4.1.4.1 The Evaluation Team will evaluate and score the proposals using the criteria and scoring as follows:
<table><tr><th>Evaluation Components</th><th>Possible Points</th></tr><tr><td>Business Proposal</td><td>Pass/Fail</td></tr><tr><td colspan="2">Technical Proposal</td></tr><tr><td>Proposer Organization & Experience</td><td>90</td></tr></table></td><td>1</td></tr>
</table>

Revision Number	Document Reference	Page	Revised Provisions	Q&A Cross Reference
			Enrollee Value-Added Benefits: 60 Population Health: 90 Health Equity: 90 Care Management: 90 Case Scenarios: 120 Network Management: 90 Provider Support: 90 Utilization Management: 90 Quality: 150 Value-Based Payment: 100 Claims Management and Systems & Technical Requirements: 70 Program Integrity: 100 Physical and Specialized Behavioral Health Integration: 90 Total Technical Proposal: 1,320 Louisiana Veteran and/or Hudson Initiative Louisiana Veteran and/or Hudson Initiative *See Sections 1.44 and 4.4 for details.*: 180 Total Possible Points: 1,500	
21	RFP	52	**4.1.4.5** Proposer must receive a minimum score of six hundred sixty (660) points, fifty percent (50%) of the total available points in the technical evaluation categories, excluding Louisiana Veteran and/or Hudson Initiative evaluation, to be considered responsive to the RFP. Proposals not meeting the minimum score shall be rejected and not proceed ~~to~~ further to Louisiana Veteran and/or Hudson Initiative evaluation.	1
22	Attachment A, Model Contract	77	2.3.11.2 In the event the Contractor's Enrollment reaches ~~thirty-five percent (35%) of the total Enrollment in the State, or~~ ninety-five percent (95%) of its capacity, at LDH's sole discretion, the Contractor shall not receive additional Enrollees through the Automatic Assignment ~~algorithm~~ round robin process. LDH also has the sole discretion to suspend the Contractor's Automatic Assignment due to Contract noncompliance, as further explained in the Automatic Assignment section.	108
23	Attachment A, Model Contract	111	~~**2.8.3.6**~~ **2.8.3.5.4** Enrollees with significant medical conditions such as a high-risk pregnancy or pregnancy within the last thirty (30) Calendar Days, the need for organ or tissue transplantation, or chronic illness resulting in hospitalization.	112
24	Attachment A, Model Contract	112	**2.9.2.1.3** Any providers who were newly credentialed within the prior six (6) calendar months, regardless of claim submissions.	114
25	Attachment A, Model Contract	130	**2.9.20.1** The Contractor shall have sufficient NEMT and NEAT providers, including wheelchair lift equipped vans, to transport Enrollees to/from medically necessary services when notified forty-eight (48) hours in advance. ~~Hospital discharges shall be transported within three hours of~~	116

Revision Number	Document Reference	Page	Revised Provisions	Q&A Cross Reference
			~~notification by a medical facility.~~ NEMT and NEAT providers shall pick up Enrollees no later than three (3) hours after notification by a medical facility of a scheduled discharge or two hours after the scheduled discharge time, whichever is later.	
26	Attachment A, Model Contract	178-179	**2.12.12** Clinical Practice Guidelines ~~for Behavioral Health Services~~ **2.12.12.1** The Contractor shall comply with the requirements specified in 42 C.F.R. §438.236. ~~**2.12.12.1**~~ **2.12.12.2** ~~For the purposes of this Section, clinical~~ Clinical practice guidelines refer to educational materials ~~aimed at informing providers~~ that consist of best practices and evidence-based standards. Clinical practice guidelines are distinct from authorization criteria and shall not be used to make coverage, medical necessity, or reimbursement determinations. ~~**2.12.12.2**~~ **2.12.12.3** The Contractor shall ~~have~~ adopt clinical practice guidelines for at least the ~~behavioral health~~ conditions listed below: ~~**2.12.12.2.1**~~ **2.12.12.3.1** Schizophrenia; … ~~**2.12.12.3**~~ **2.12.12.4** The Contractor ~~should coordinate the development of clinical practice guidelines with other MCOs where appropriate to avoid providers receiving conflicting guidelines from different MCOs.~~ shall adopt clinical practice guidelines that meet the following requirements: **2.12.12.4.1** Are based on valid and reliable clinical evidence or a consensus of providers in the particular field. **2.12.12.4.2** Consider the needs of the Contractor's Enrollees. **2.12.12.4.3** Are adopted in consultation with Network Providers. **2.12.12.4.4** Are reviewed and updated periodically as appropriate. ~~**2.12.12.4**~~ **2.12.12.5** The Contractor shall disseminate the clinical practice guidelines to all affected providers and, upon request, to Enrollees and Potential Enrollees. **2.12.12.6** The Contractor shall ensure that decisions for utilization management, Enrollee education, coverage of services, and other areas to which the guidelines apply are consistent with the guidelines. **2.12.12.7** The Contractor should coordinate the development of clinical practice guidelines with other MCOs where appropriate to avoid providers receiving conflicting guidelines from different MCOs. ~~**2.12.12.5**~~ **2.12.12.8** The Contractor should encourage adoption of the clinical practice guidelines by providers and measure compliance with the guidelines through provider monitoring. ~~**2.12.12.6**~~ **2.12.12.9** The Contractor should employ provider incentive strategies, such as financial and non-financial incentives, to improve compliance.	78
27	Attachment A, Model Contract	293	**2.20.2.3.2** Descriptions of specific controls in place for prevention and detection of potential or suspected Fraud, Waste and Abuse, including: lists of pre-payment claims edits, post-payment claims edits, post-payment claims audit projects, data mining and provider profiling algorithms, and references in provider and member materials relative to identifying and reporting Fraud to the Contractor and law enforcement.	137
28	Attachment F, Provider Network Standards		Notes: [1] For the purposes of assessing Network Adequacy, the MCO shall consider only those Providers who are actively providing services to enrollees, which shall be defined as (1) physical health providers who have submitted at least twenty-five (25) claims in an office setting within the prior six (6) calendar months; (2) behavioral health providers who have submitted at least twenty-five (25) claims within the prior six (6) calendar months; or (3) any providers who were newly credentialed within the prior six (6) calendar months,, regardless of claim submissions.	114
29	Procurement Library: MCO Manual	13	❖ The **Claims Administrator** shall be responsible for the administration of a comprehensive claims processing system capable of paying claims in accordance with state and federal requirements. The primary functions of the Claims Administrator are:	145

Revision Number	Document Reference	Page	Revised Provisions	Q&A Cross Reference
			~~o Ensuring adoption and consistent application of appropriate inpatient and outpatient medical necessity criteria;~~ ~~o Ensuring that appropriate concurrent review and discharge planning of inpatient stays is conducted;~~ ~~o Developing, implementing and monitoring the provision of care coordination, disease management and case management functions;~~ ~~o Monitoring, analyzing and implementing appropriate interventions based on utilization data, including identifying and correcting over or under utilization of services; and,~~ o ~~Monitoring prior authorization functions and assuring that decisions are made in a consistent manner based on clinical criteria and meet timeliness standards.~~ o Developing and implementing claims processing systems capable of paying claims in accordance with state and federal requirements and the terms of the Contract; o Developing processes for cost avoidance; o Ensuring minimization of claims recoupments; o Meeting claims processing timelines; and o Meeting LDH encounter reporting requirements.	