

# **REQUEST FOR PROPOSALS**

**for**

**Louisiana Medicaid Managed Care Organizations**



**RFP #: 3000017417**

**Proposals Due: Friday, September 3, 2021, 3:00 pm CT**

**State of Louisiana  
Louisiana Department of Health  
Bureau of Health Services Financing**

**Issued June 23, 2021**

# Table of Contents

PART 1: ADMINISTRATIVE AND GENERAL INFORMATION .....	5
1.1 Purpose .....	5
1.2 Background .....	5
1.3 Goals and Objectives .....	6
1.4 Term of Contract.....	7
1.5 Definitions.....	8
1.6 Schedule of Events.....	8
1.7 Cost Proposal .....	8
1.8 Confidential Information, Trade Secrets, and Proprietary Information .....	8
1.9 Proposal Clarifications Prior to Submittal.....	10
1.10 Errors and Omissions in Proposal .....	11
1.11 Changes and Addenda .....	11
1.12 Withdrawal of Proposal .....	12
1.13 Waiver of Administrative Informalities .....	12
1.14 Proposal Rejection/RFP Cancellation.....	12
1.15 Ownership of Proposal .....	12
1.16 Cost of Offer Preparation.....	12
1.17 Taxes .....	12
1.18 Determination of Responsibility .....	13
1.19 Written or Oral Discussions/Presentations .....	13
1.20 Acceptance of Proposal Content .....	13
1.21 Best and Final Offers (BAFO) .....	13
1.22 Contract Award and Execution .....	14
1.23 Notice of Intent to Award .....	14
1.24 Right to Prohibit Award .....	15
1.25 Insurance Requirements for Contractors .....	15
1.26 Duty To Defend .....	15
1.27 Liability and Indemnification .....	15
1.28 Payment .....	15
1.29 Termination .....	15
1.30 Assignment .....	15

1.31	Right to Audit .....	16
1.32	Civil Rights Compliance .....	16
1.33	Record Ownership .....	16
1.34	Entire Agreement/ Order of Precedence.....	16
1.35	Contract Modifications .....	16
1.36	Substitution of Personnel .....	16
1.37	Governing Law .....	16
1.38	Claims or Controversies .....	16
1.39	Code of Ethics .....	16
1.40	Corporate Requirements .....	17
1.41	Prohibition of Discriminatory Boycotts of Israel.....	17
1.42	Security .....	17
1.43	LDH Diversity and Inclusion Statement .....	17
1.44	Veteran-Owned and Service-Connected Disabled Veteran-Owned Small Entrepreneurships (Veteran Initiative) and Louisiana Initiative for Small Entrepreneurships (Hudson Initiative) Programs Participation	18
PART 2: PROPOSALS .....		20
2.1	Proposal Submittal.....	20
2.2	Number of Copies .....	21
2.3	Legibility/Clarity .....	21
2.4	Proposal Response Format .....	21
2.5	Business Proposal .....	23
2.6	Technical Proposal .....	26
PART 3: SCOPE OF WORK/SERVICES .....		48
3.1	Scope of Work.....	48
3.2	General MCO Requirements.....	48
3.3	Task and Services .....	49
3.4	Deliverables .....	50
3.5	Technical Requirements .....	50
3.6	Project Requirements .....	50
PART 4: EVALUATION .....		51
4.1	Evaluation and Selection.....	51
4.2	Acceptance of Proposal Content .....	53
4.3	Cost Evaluation .....	53

4.4 Veteran-Owned and Service-Connected Disabled Veteran-Owned Small Entrepreneurships (Veteran Initiative) and Louisiana Initiative for Small Entrepreneurships (Hudson Initiative) Programs Participation 53

PART 5: PERFORMANCE STANDARDS ..... 55

5.1 Performance Requirements..... 55

5.2 Performance Measurement/Evaluation/Monitoring Plan ..... 55

5.3 Veteran and Hudson Initiative Programs Reporting Requirements ..... 55

LIST OF ATTACHMENTS

- Attachment A: Model Contract
- Attachment B: (Reserved)
- Attachment C: MCO Covered Services
- Attachment D: Actuarial Rate Certification Letter (Reserved – to be added after procurement)
- Attachment E: APM Strategic Plan Requirements and Reporting Template
- Attachment F: Provider Network Standards
- Attachment G: Table of Monetary Penalties
- Attachment H: Quality Performance Measures
- Attachment I: LDH Standard Contract Form (CF-1)

LIST OF EXHIBITS

- Exhibit A: Certification Statement
- Exhibit B: Material Subcontractor Response Template
- Exhibit C: Proposal Compliance Matrix
- Exhibit D: Medicaid Ownership and Disclosure Form

## PART 1: ADMINISTRATIVE AND GENERAL INFORMATION

### 1.1 Purpose

- 1.1.1 The purpose of this Request for Proposals (RFP) is to obtain competitive proposals from qualified Managed Care Organizations (MCOs) to provide high quality healthcare services statewide to Enrollees in the Louisiana Medicaid Managed Care Program, utilizing the most cost-effective manner and in accordance with the terms and conditions set forth herein.
- 1.1.2 The Louisiana Medicaid Managed Care Program is a full risk-bearing health care delivery system. MCOs will be responsible for providing Medicaid covered services to enrollees in return for a monthly capitation payment.
- 1.1.3 LDH will not use a competitive bidding process to develop the Capitation Rates. LDH shall establish an actuarially sound risk-adjusted Capitation Rate to be paid to the Contractor, in accordance with all applicable rules and regulations of the Centers for Medicare and Medicaid Services (CMS). The rates shall not be subject to negotiation or dispute resolution. The rate is intended to cover all benefits and management services outlined in this RFP.
- 1.1.4 Current federal authority for the Louisiana Medicaid Managed Care Program is contained primarily in Section 1932(a) and Section 1915(b) of the Social Security Act and 42 C.F.R. Part 438. The Louisiana Medicaid Managed Care Program is operated under the authority of a Section 1932(a) State Plan Amendment and a Section 1915(b) waiver. The Louisiana Medicaid Managed Care Program is also impacted by a Section 1115 waiver for substance use disorder services. The Department may pursue a change in federal authority or additional federal authorities for the Louisiana Medicaid Managed Care Program at any time.

### 1.2 Background

- 1.2.1 Title XIX of the Social Security Act (Act) authorizes federal grants to states to implement the medical assistance program (Medicaid) to provide health coverage for low-income adults, children, pregnant women, elderly adults, and people with disabilities. The Children's Health Insurance Program (CHIP), authorized by Title XXI of the Act, provides federal matching funds to states to expand health insurance coverage for children above states' Medicaid eligibility levels, through Medicaid and/or separate CHIP programs. Medicaid and CHIP are funded by both the Federal and State government and cover a wide range of services, including physicians, hospitals, nursing homes, and home and community-based services. Although the Federal government establishes the general rules for Medicaid and CHIP, specific requirements are established by each state.
- 1.2.2 The Louisiana Department of Health (LDH) is the single state agency designated to administer or supervise the administration of the Louisiana Medicaid Program and the Louisiana Children's Health Insurance Program (LaCHIP) in accordance with Federal regulations set forth by the Centers for Medicare and Medicaid Services (CMS). The Bureau of Health Services Financing

(BHSF) is the Agency within LDH that is responsible for administering the Louisiana Medicaid Program and LaCHIP.

- 1.2.3** The Louisiana Medicaid Managed Care Program, implemented 2012, is designed to improve health outcomes and contain costs through coordination of acute care, specialized behavioral health, and medical transportation services for Beneficiaries. In 2016, Louisiana implemented the expansion of Medicaid eligibility under the Patient Protection and Affordable Care Act (PPACA). In 2018, Louisiana implemented the Dental Benefit Program, designed to provide dental services for Beneficiaries through a Prepaid Ambulatory Health Plan (PAHP).
- 1.2.4** In Louisiana, over 1.8 million Louisiana residents receive health care coverage through the Louisiana Medicaid Program and LaCHIP. As of May 2021, nearly 1.6 million are enrolled with an MCO.

### **1.3 Goals and Objectives**

- 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.
- 1.3.2** Attachment A to this RFP is the stand-alone *Model Contract*, which details the scope of work for contracted MCOs. The Model Contract, incorporating the RFP and related proposal by reference, is the essence of the contracts to be executed between selected Proposers and the Department. This approach to organizing the RFP and contract will allow for a cleaner structure and management of the contract.
- 1.3.3** A key goal in publishing this RFP is to provide transparency regarding the Department's objectives and possible design elements for the State's next generation Medicaid managed care procurement. LDH sought to obtain as much stakeholder feedback on major design elements as was possible during the SARS-COV-2 epidemic.
- 1.3.4** Finally, the Department will hold contracted MCOs accountable for:
  - 1.3.4.1** Advancing evidence-based practices, innovation, high-value care and health care service excellence;
  - 1.3.4.2** Ensuring access to care and improving enrollee health;
  - 1.3.4.3** For all enrollees, but particularly those with behavioral health needs, decreasing fragmentation and increasing integration across providers and care settings;
  - 1.3.4.4** For children and mothers, improving child and maternal health outcomes, particularly in these areas - coordinated care and patient engagement, special populations, mitigation of harmful social determinants of health and adverse childhood

experiences, transitions of care for mothers and children, and benefits for medically and psychosocially complex children;

- 1.3.4.5** Promoting new payment methodologies that reward providers for the value they create as opposed to fee-for-service methodologies that reward providers for the volume of services they provide;
- 1.3.4.6** Planning and implementing additional procedures for effective disaster planning and recovery response;
- 1.3.4.7** Ensuring care and service integration for Medicaid-eligible adults with a serious mental illness (SMI) in community-based settings under the terms of the Department of Justice (DOJ) settlement agreement (Case 3:18-cv-00608, U.S. District Court, Middle District of Louisiana);
- 1.3.4.8** Minimizing fraud, waste, and abuse;
- 1.3.4.9** Addressing health equity by focusing on improving population health, working to reduce identified disparities for Medicaid populations, maximizing enrollee health, and addressing priority social determinants of health which include aspects of housing, food insecurity, physical safety, and transportation;
- 1.3.4.10** Ensuring that quality care is delivered to Enrollees, and reducing complexity and administrative burden for providers and enrollees;
- 1.3.4.11** Providing support to and enhanced monitoring of medical transportation providers; and
- 1.3.4.12** Addressing issues related to pharmacy benefits, particularly advancing the efficiency and economy of the pharmacy program by moving to a single PBM for the entire Louisiana Medicaid Managed Care Program.

## **1.4 Term of Contract**

The term of any contract resulting from this RFP shall begin on or near the date approximated in the Schedule of Events. LDH shall have the right to contract for up to thirty-six (36) months with the concurrence of the Contractor and all appropriate approvals, (hereinafter, the "Term"). With all proper approvals and concurrence with the successful Contractor, agency may also exercise an option to extend for up to twenty-four (24) additional months at the same rates, terms and conditions of the initial contract Term. Prior to the extension of the contract beyond the initial thirty-six (36) month Term, prior approval by the Joint Legislative Committee on the Budget (JLCB) or other approval authorized by law shall be obtained. Such written evidence of JLCB approval shall be submitted, along with the contract amendment to the Office of State Procurement (OSP) to extend contract Term beyond the initial 3-year Term. The total contract Term, with extensions, shall not exceed five (5) years. The continuation of the contract is contingent upon the appropriation of funds by the legislature to fulfill the requirements of the contract.

No contract/amendment shall be valid, nor shall the LDH be bound by the contract/amendment, until it has first been executed by the head of the using agency, or his designee, the Contractor and has been approved in writing by the director of the Office of State Procurement.

## 1.5 Definitions

See Attachment A, *Model Contract*, incorporated herein in its entirety, Part 1: *Glossary and Acronyms*.

## 1.6 Schedule of Events

Event:	Date:
RFP posted to LaPAC	Wednesday, June 23, 2021
Deadline for receipt of written inquiries from Proposers	Friday, July 16, 2021 3:00 PM Central Time
Deadline for LDH to answer written inquiries	Friday, August 13, 2021
Deadline for receipt of Proposals	Friday, September 3, 2021 3:00 PM Central Time
ALL PROPOSALS SHALL REMAIN SEALED UNTIL AFTER THE DEADLINE FOR RECEIPT OF PROPOSALS	
Notice of Intent to award announcement, and 14-day protest period begins, on or about	Friday, November 5, 2021
Contract execution, on or about	Friday, December 10, 2021
Readiness reviews/implementation begins, on or about	Monday, December 13, 2021
Operational start date, on or about	Friday, July 1, 2022

NOTE: The State of Louisiana reserves the right to revise this schedule. Revisions, if any, before the Proposal Submission Deadline will be formalized by the issuance of an addendum to the RFP.

## 1.7 Cost Proposal

Cost proposals are not required for this RFP and cost will not be evaluated. LDH shall establish an actuarially sound risk-adjusted Capitation Rate to be paid to the Contractor, in accordance with all applicable rules and regulations of the Centers for Medicare and Medicaid Services (CMS). The rates shall not be subject to negotiation or dispute resolution. The rate is intended to cover all benefits and management services outlined in this RFP. See Attachment A, *Model Contract*, Part 4, Payment and Financial Provisions.

## 1.8 Confidential Information, Trade Secrets, and Proprietary Information

The designation of certain information as trade secrets and/or privileged or confidential proprietary information shall only apply to the technical 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.



For the purposes of this procurement, the provisions of the Louisiana Public Records Act (La. R.S. 44:1 *et seq.*) shall be in effect. Pursuant to this Act, all proceedings, records, contracts, and other public documents relating to this procurement shall be open to public inspection. Proposers are reminded that while trade secrets and other proprietary information they submit in conjunction with this procurement may not be subject to public disclosure, protections must be claimed by the Proposer at the time of submission of its Technical Proposal. Proposers should refer to the Louisiana Public Records Act for further clarification.

The Proposer shall clearly designate the part of the proposal that contains a trade secret and/or privileged or confidential proprietary information as “confidential” in order to claim protection, if any, from disclosure. The Proposer shall mark the cover sheet of the proposal with the following legend, specifying the specific section(s) of the proposal sought to be restricted in accordance with the conditions of the legend:

“The data contained in pages \_\_\_\_\_ of the proposal have been submitted in confidence and contain trade secrets and/or privileged or confidential information and such data shall only be disclosed for evaluation purposes, provided that if a contract is awarded to this Proposer as a result of or in connection with the submission of this proposal, the State of Louisiana shall have the right to use or disclose the data therein to the extent provided in the contract. This restriction does not limit the State of Louisiana’s right to use or disclose data obtained from any source, including the Proposer, without restrictions.”

Further, to protect such data, each page containing such data shall be specifically identified and marked “CONFIDENTIAL”.

If the Proposer’s response contains confidential information, the Proposer should also submit a redacted copy of their proposal along with their original proposal. When submitting the redacted copy, the Proposer should clearly mark the cover 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 competing proposer or other person seeks review or copies of the Proposer’s confidential data.

If the Proposer does not submit the redacted copy, it will be assumed that any claim to keep information confidential is waived.

Proposers must be prepared to defend the reasons why the material should be held confidential. By submitting a proposal with data, information, or material designated as containing trade secrets and/or privileged or confidential proprietary information, or otherwise designated as “confidential”, the Proposer agrees to indemnify and defend (including attorney’s fees) the State and hold the State harmless against all actions or court proceedings that may ensue which seek to order the State to disclose the information.

The State reserves the right to make any proposal, including proprietary information contained therein, available to OSP personnel, the Office of the Governor, or other State Agencies or organizations for the sole purpose of assisting the State in its evaluation of the proposal. The State shall require said individuals to protect the confidentiality of any specifically identified proprietary information or privileged business information obtained as a result of their participation in these evaluations.

Additionally, any proposal that fails to follow this section and/or La. R.S. 44:3.2.(D)(1) shall have failed to properly assert the designation of trade secrets and/or privileged or confidential proprietary information and the information may be considered public records.

## **1.9 Proposal Clarifications Prior to Submittal**

### **1.9.1 Pre-proposal Conference**

Not required for this RFP.

### **1.9.2 Proposer Inquiries**

Written questions regarding RFP requirements or Scope of Services must be submitted via e-mail to the RFP Coordinator listed below.

Ali Bagbey, RFP Coordinator

E-mail address: [ali.bagbey@la.gov](mailto:ali.bagbey@la.gov)

Written inquiries must be received by the date and time specified in the Schedule of Events. The State will consider written inquiries and requests for clarification of the content of this RFP received from potential Proposers. The State shall reserve the right to modify the RFP should a change be identified that is in the best interest of the State.

Official responses to all questions submitted by potential Proposers will be posted by the date specified in the Schedule of Events at <https://wwwcfprd.doa.louisiana.gov/osp/lapac/pubMain.cfm>.

Only the RFP Coordinator has the authority to officially respond to a Proposer's questions on behalf of the State. Any communications from any other individuals shall not be binding to the State.

Note: LaPAC is the State's online electronic bid posting and notification system resident on the Office of State Procurement website <https://www.doa.la.gov/dao/osp/>. In that LaPAC provides an immediate e-mail notification to subscribing Bidders/Proposers that a solicitation and any subsequent addenda have been let and posted, notice and receipt thereof is considered formally given as of their respective dates of posting. To receive the e-mail notification, Vendors/Proposers must register in the LaGov portal. Registration is intuitive at the following link: [https://lagoverpvendor.doa.louisiana.gov/irj/portal/anonymous?guest\\_user=self\\_reg](https://lagoverpvendor.doa.louisiana.gov/irj/portal/anonymous?guest_user=self_reg).

Help scripts are available on OSP website under vendor center at: <https://www.doa.la.gov/dao/osp/vendor-resources/>.

### **1.9.3 Blackout Period**

The blackout period is a specified period of time during a competitive sealed procurement process in which any Proposer, or its agent or representative, is prohibited from communicating

with any State employee or contractor of the State involved in any step in the procurement process about the affected procurement. The blackout period applies not only to State employees, but also to any Contractor of the State. "Involvement" in the procurement process includes but may not be limited to project management, design, development, implementation, procurement management, development of specifications, and evaluation of proposals for a particular procurement. All solicitations for competitive sealed procurements will identify a designated contact person, as per Proposer Inquiries section of this RFP. All communications to and from potential Proposers and/or their representatives during the blackout period must be in accordance with this solicitation's defined method of communication with the designated contact person. The blackout period will begin upon posting of the solicitation. The blackout period will end when the contract is awarded.

In those instances in which a prospective Proposer is also an incumbent contractor, the State and the incumbent contractor may contact each other with respect to the existing contract only. Under no circumstances may the State and the incumbent contractor and/or its representative(s) discuss the blacked-out procurement.

Any Proposer or State Contractor who violates the blackout period may be liable to the State in damages and/or subject to any other remedy allowed by law.

Any costs associated with cancellation or termination will be the responsibility of the Proposer.

Notwithstanding the foregoing, the blackout period shall not apply to:

- A protest to a solicitation submitted pursuant to La. R.S. 39:1671;
- Duly noticed site visits and/or conferences for Proposers;
- Oral presentations during the evaluation process; and
- Communications regarding a particular solicitation between any person and staff of the procuring agency provided the communication is limited strictly to matters of procedure. Procedural matters include deadlines for decisions or submission of proposals and the proper means of communicating regarding the procurement, but shall not include any substantive matter related to the particular procurement or requirements of the RFP.

### **1.10 Errors and Omissions in Proposal**

The State reserves the right to seek clarification of any proposal for the purpose of identifying and eliminating minor irregularities or informalities.

### **1.11 Changes and Addenda**

The State reserves the right to change the schedule of events or revise any part of the RFP by issuing an addendum to the RFP at any time. Addenda, if any, will be posted at <https://wwwcfprd.doa.louisiana.gov/osp/lapac/pubMain.cfm>.

It shall be the responsibility of the Proposer to check the website for addenda to the RFP.

### **1.12 Withdrawal of Proposal**

A Proposer may withdraw a proposal that has been submitted at any time up to the date and time the proposal is due. To withdraw a proposal, a written request signed by the authorized representative of the Proposer must be submitted to the RFP coordinator identified in the RFP.

### **1.13 Waiver of Administrative Informalities**

The State reserves the right, at its sole discretion, to waive minor administrative informalities contained in any proposal.

### **1.14 Proposal Rejection/RFP Cancellation**

Issuance of this RFP shall in no way constitute a commitment by the State to award a contract. The State reserves the right to accept or reject, in whole or in part, all proposals submitted and/or cancel this RFP if it is determined to be in the State's best interest. The State reserves the right to cancel or decline to enter into a contract with the successful Proposer(s) at any time after the award is made and before the contract(s) receives final approval from the Division of Administration, Office of State Procurement.

### **1.15 Ownership of Proposal**

All materials submitted in response to this RFP shall become the property of the State. LDH retains the right to use any and all ideas or adaptations of ideas contained in any proposal received in response to this solicitation. Selection or rejection of a proposal shall not affect this right. Once the contract is awarded, all proposals will become subject to the Louisiana Public Records Act.

### **1.16 Cost of Offer Preparation**

LDH shall not be liable for any costs incurred by Proposers prior to issuance of or entering into a contract. Costs associated with developing the proposal, preparing for oral presentations, and any other expenses incurred by the Proposer in responding to this RFP shall be entirely the responsibility of the Proposer and shall not be reimbursed in any manner by LDH. The Proposer shall not include these costs or any portion thereof in the proposed contract cost. The Proposer is fully responsible for all preparation costs associated therewith even if an award is made but subsequently terminated by LDH.

### **1.17 Taxes**

Contractor shall be responsible for payment of all applicable taxes from the funds to be received under contract awarded from this RFP.

In accordance with R.S. 39:1624(A) (10), the Louisiana Department of Revenue must determine that the prospective Contractor is current in the filing of all applicable tax returns and reports and in payment of all taxes, interest, penalties, and fees owed to the State and collected by the Department of Revenue prior to

the approval of the contract by the Office of State Procurement. The Proposer shall attest to its current and/or prospective compliance by signing Exhibit A, *Certification Statement*, submitted with its proposal, and also agrees to provide its seven-digit LDR Account Number to the contracting agency so that the Proposer's tax payment compliance status may be verified. The prospective Contractor further acknowledges understanding that issuance of a tax clearance certificate by the Louisiana Department of Revenue is a necessary precondition to the approval and effectiveness of the contract by the Office of State Procurement. The contracting agency reserves the right to withdraw its consent to the contract without penalty and proceed with alternate arrangements should the vendor fail to resolve any identified apparent outstanding tax compliance discrepancies with the Louisiana Department of Revenue within seven (7) days of such notification.

### **1.18 Determination of Responsibility**

Determination of the Proposer's responsibility relating to this RFP shall be made according to the standards set forth in LAC 34:V.1505. The State must find that selected Proposers:

- Have adequate financial resources for performance, as stated in Section 2.5.5, or have the ability to obtain such resources as required during performance;
- Have the necessary experience, organization, technical qualifications, skills, and facilities, or has the ability to obtain them;
- Are able to comply with the proposed or required time of delivery or performance schedule;
- Have a satisfactory record of integrity, judgment, and performance; and
- Are otherwise qualified and eligible to receive an award under applicable laws and regulations.

Proposers should ensure that their proposals contain sufficient information for the State to make its determination by presenting acceptable evidence of the above to perform the contracted services.

### **1.19 Written or Oral Discussions/Presentations**

Not required for this RFP.

### **1.20 Acceptance of Proposal Content**

All proposals will be reviewed to determine compliance with administrative and mandatory requirements as specified in the RFP. Proposals that are not in compliance will be rejected from further consideration.

### **1.21 Best and Final Offers (BAFO)**

The State reserves the right to conduct a BAFO with one or more Proposers identified by the evaluation committee to be reasonably susceptible of being selected for an award. If conducted, the Proposers selected will receive written notification of their selection, a list of specific items to address in the BAFO,

and instructions for submittal. The BAFO negotiation may be used to assist the State in clarifying the scope of work.

The written invitation to participate in BAFO will not obligate the State to a commitment to enter into a contract.

## **1.22 Contract Award and Execution**

The State reserves the right to enter into contracts based on the initial offers received without further discussion of the proposals submitted.

The contract between LDH and the selected Proposer shall be comprised of the *LDH Standard Contract Form (CF-1)* (Attachment I), including the *Model Contract* (Attachment A), attachments and exhibits, this RFP and its amendments and addenda, and the Contractor's proposal.

The selected Proposers shall be expected to enter into a contract that is substantially the same as Attachment A, *Model Contract*. A Proposer shall not submit its own standard contract terms and conditions as a response to this RFP. The Proposer should submit in its proposal any exceptions or contract deviations that its firm wishes to negotiate. Negotiations may coincide with the announcement of the selected Proposer.

If the contract negotiation period exceeds twenty (20) calendar days, or if the selected Proposer(s) fail to sign the final contract within twenty (20) calendar days of delivery, the State may elect to cancel the award and award the contract to the next highest ranked Proposer.

The selected Proposer(s) shall submit a license or certificate of authority issued by the Louisiana Department of Insurance (LDI) to operate as a Medicaid risk bearing "prepaid entity" pursuant to La R.S. 22:1016 to LDH upon the start of contract negotiations.

## **1.23 Notice of Intent to Award**

The Evaluation Team shall compile the scores and make a recommendation to the head of the agency on the basis of the responsive and responsible Proposer(s) with the highest score(s). The State reserves the right to make multiple awards.

The State will notify the successful Proposer(s) and proceed to negotiate terms for final contract(s). Unsuccessful Proposers will be notified in writing accordingly.

The proposals received (except for that information appropriately designated as confidential in accordance with R.S. 44:1. *et seq.*), scores of each proposal considered along with a summary of scores, and a narrative justifying selection shall be made available, upon request, to all interested parties after the "Notice of Intent to Award" letter has been issued.

Any person aggrieved by the proposed award has the right to submit a protest in writing to the Chief Procurement Officer within fourteen (14) calendar days after the agency issues a Notice of Intent to award a contract.

The award of a contract shall be subject to the approval of the Division of Administration, Office of State Procurement.

#### **1.24 Right to Prohibit Award**

In accordance with the provisions of La. R.S. 39:2192, any public entity shall be authorized to reject a proposal from, or not award a contract to, a business in which any individual with an ownership interest of five percent or more, has been convicted of, or has entered a plea of guilty or nolo contendere to any State felony or equivalent federal felony crime committed in the solicitation or execution of a contract or RFP awarded under the laws governing public contracts under the provisions of Chapter 10 of Title 38 of the Louisiana Revised Statutes of 1950, and all contracts under Title 39, Chapter 17 of the Louisiana Procurement Code, including contracts for professional, personal, consulting, and social services.

#### **1.25 Insurance Requirements for Contractors**

See Attachment A, *Model Contract*, Part 6: Terms and Conditions, Section 6.32 Insurance Requirements.

#### **1.26 Duty To Defend**

See Attachment A, *Model Contract*, Part 6: Terms and Conditions, Section 6.33 Duty to Defend.

#### **1.27 Liability and Indemnification**

See Attachment A, *Model Contract*, Part 6: Terms and Conditions, Section 6.34 Liability and Indemnification.

#### **1.28 Payment**

See Attachment A, *Model Contract*, Part 4: Payment and Financial Provisions and Part 6: Terms and Conditions for payment specifications and other requirements.

#### **1.29 Termination**

See Attachment A, *Model Contract*, Part 6: Terms and Conditions, Section 6.53 Termination.

#### **1.30 Assignment**

No contractor shall assign any interest in the contract by assignment, transfer, or novation, without prior written consent of the State. This provision shall not be construed to prohibit the contractor from assigning to a bank, trust company, or other financial institution any money due or to become due from approved contracts without such prior written consent. Notice of any such assignment or transfer shall be furnished promptly to the State.

### **1.31 Right to Audit**

See Attachment A, *Model Contract*, Part 2: Contractor Requirements and Part 6: Terms and Conditions, Section 6.50 Right to Audit.

### **1.32 Civil Rights Compliance**

See Attachment A, *Model Contract*, Part 6: Terms and Conditions, Section 6.6 Civil Rights Compliance.

### **1.33 Record Ownership**

See Attachment A, *Model Contract*, Part 6: Terms and Conditions, Section 6.46 Record Ownership.

### **1.34 Entire Agreement/ Order of Precedence**

See Attachment A, *Model Contract*, Part 6: Terms and Conditions, Section 6.19 Entire Contract and Order of Precedence.

### **1.35 Contract Modifications**

See Attachment A, *Model Contract*, Part 6: Terms and Conditions, Section 6.2 Amendments for contract modification specifications.

### **1.36 Substitution of Personnel**

See Attachment A, *Model Contract*, Part 2: Contractor Requirements, Section 2.2 Administration & Contract Management for staffing requirements and substitution of personnel.

### **1.37 Governing Law**

See Attachment A, *Model Contract*, Part 6: Terms and Conditions, Section 6.20 Governing Law and Venue.

### **1.38 Claims or Controversies**

See Attachment A, *Model Contract*, Part 6: Terms and Conditions, Section 6.11 Contract Controversies.

### **1.39 Code of Ethics**

Proposers shall be responsible for determining that there will be no conflict or violation of the Louisiana Code of Governmental Ethics (La. R.S. 42:1101 et seq.) if their company is awarded the contract. The Louisiana Board of Ethics shall be the only entity that can officially rule on ethics issues. Notwithstanding, any potential conflict of interest that is known or should reasonably be known by a Proposer as it relates to the RFP should be immediately reported to the Department by Proposer.



See Attachment A, *Model Contract*, Part 6: Terms and Conditions, Section 6.9 Conflict of Interest for conflict of interest requirements for the Contractor.

#### **1.40 Corporate Requirements**

See Attachment A, *Model Contract*, Part 6: Terms and Conditions, Section 6.16 Corporation Requirements.

#### **1.41 Prohibition of Discriminatory Boycotts of Israel**

In preparing its response, the Proposer has considered all proposals submitted from qualified, potential subcontractors and suppliers, and has not, in the solicitation, selection, or commercial treatment of any subcontractor or supplier, refused to transact or terminated business activities, or taken other actions intended to limit commercial relations, with a person or entity that is engaging in commercial transactions in Israel or Israeli-controlled territories, with the specific intent to accomplish a boycott or divestment of Israel. Proposer also has not retaliated against any person or other entity for reporting such refusal, termination, or commercially limiting actions. The State reserves the right to reject the response of the Proposer if this certification is subsequently determined to be false, and to terminate any contract awarded based on such a false response.

#### **1.42 Security**

See Attachment A, *Model Contract*, Part 6: Terms and Conditions, Section 6.26 Security.

#### **1.43 LDH Diversity and Inclusion Statement**

The Louisiana Department of Health (LDH) characterizes diversity as representing the differences and similarities of all of us that include, for example, individual characteristics (e.g., disability, age, education level, poverty status, rural/urban setting, race, ethnicity, and sexual orientation), values, beliefs, experiences and backgrounds.

LDH also characterizes inclusion as creating a work environment in which all individuals are treated fairly and respectfully, have equal access to opportunities and resources, and can contribute fully to the work of our agency. This is inclusive of LDH also building its capacity to create, support and/or fund (i.e., via programming projects and contracts) efforts that do not discriminate against people, populations, and/or communities due to disability, age, education level, poverty status, rural/urban setting, race, ethnicity, and sexual orientation.

LDH believes that diversity and inclusion aid in more equitably achieving its mission — “...protect and promote health and to ensure access to medical, preventive and rehabilitative services for citizens of the State of Louisiana.”

#### **1.44 Veteran-Owned and Service-Connected Disabled Veteran-Owned Small Entrepreneurships (Veteran Initiative) and Louisiana Initiative for Small Entrepreneurships (Hudson Initiative) Programs Participation**

- 1.44.1** The State of Louisiana Veteran and Hudson Initiatives are designed to provide additional opportunities for Louisiana-based small entrepreneurships (sometimes referred to as LaVet's and SE's respectively) to participate in contracting and procurement with the State. A certified Veteran-Owned and Service-Connected Disabled Veteran-Owned small entrepreneurship (LaVet) and a Louisiana Initiative for Small Entrepreneurships (Hudson Initiative) small entrepreneurship are businesses that have been certified by the Louisiana Department of Economic Development. All eligible vendors are encouraged to become certified. Qualification requirements and online certification are available at: <https://smallbiz.louisianaeconomicdevelopment.com>.
- 1.44.2** During the Term of the contract and at expiration, the contractor will also be required to report Veteran-Owned and Service-Connected Disabled Veteran-Owned and Hudson Initiative small entrepreneurship subcontractor or distributor participation and the dollar amount of each.
- 1.44.3** In RFPs requiring the compliance of a good faith subcontracting plan, the State may require Proposers to submit information on their business relationships and arrangements with certified LaVet or Hudson Initiative subcontractors at the time of proposal review. Agreements between a Proposer and a certified LaVet or Hudson Initiative subcontractor in which the certified LaVet or Hudson Initiative subcontractor promises not to provide subcontracting quotations to other Proposers shall be prohibited.
- 1.44.4** If performing its evaluation of proposals, the State reserves the right to require a non-certified Proposer to provide documentation and information supporting a good faith subcontracting plan. Such proof may include contracts between Proposer and certified Veteran Initiative and/or Hudson Initiative subcontractor(s).
- 1.44.5** If a contract is awarded to a Proposer who proposed a good faith subcontracting plan, the using agency, the Louisiana Department of Economic Development (LED), or the Office of State Procurement (OSP) may audit contractor to determine whether contractor has complied in good faith with its subcontracting plan. The contractor must be able to provide supporting documentation (i.e., phone logs, fax transmittals, letter, e-mails) to demonstrate its good faith subcontracting plan was followed. If it is determined at any time by the using agency, LED, or the OSP Director that the contractor did not in fact perform in good faith its subcontracting plan, the contract award or the existing contract may be terminated.
- 1.44.6** The statutes (La. R.S. 39:2171 *et. seq.*) concerning the Veteran Initiative may be viewed at: <http://www.legis.la.gov/Legis/Law.aspx?d=671504>.

The statutes (La. R.S. 39:2001 *et. seq.*) concerning the Hudson Initiative may be viewed at: <http://www.legis.la.gov/Legis/Law.aspx?d=96265>.

- 1.44.7** The rules for the Veteran Initiative (LAC 19:IX.Chapters 11 and 13) and for the Hudson Initiative (LAC 19:VIII.Chapters 11 and 13) may be viewed at: <https://www.doa.la.gov/doa/osp/vendor-resources/hudson-se-veteran-initiatives/>.
- 1.44.8** A current list of certified Veteran-Owned and Service-Connected Disabled Veteran-Owned and Hudson Initiative small entrepreneurship may be obtained from the Louisiana Economic Development Certification System at: <https://smallbiz.louisianaeconomicdevelopment.com>
- 1.44.9** Additionally, a list of Hudson and Veteran Initiative small entrepreneurship, which have been certified by the Louisiana Department of Economic Development and who have opted to register in the State of Louisiana LaGov Supplier Portal: [https://lagoverpvendor.doa.louisiana.gov/irj/portal/anonymous?guest\\_user=self\\_reg](https://lagoverpvendor.doa.louisiana.gov/irj/portal/anonymous?guest_user=self_reg).
- 1.44.10** This may be accessed from the State of Louisiana Procurement and Contract (LaPAC) Network: <https://wwwcfprd.doa.louisiana.gov/OSP/LaPAC/vendor/VndPubMain.cfm>.
- 1.44.11** When using this site, determine the search criteria (i.e. alphabetized list of all certified vendors, by commodities, etc.) and select SmallE, VSE, or DVSE.

## PART 2: PROPOSALS

### 2.1 Proposal Submittal

Firms or individuals who are interested in providing services requested under this RFP must submit a proposal containing the mandatory information specified in this RFP. The proposal must be received in hard copy (printed and USB) formats by the RFP Coordinator on or before the date and time specified in the Schedule of Events. The responsibility lies solely with each Proposer to ensure their proposal is delivered at the specified place and prior to the deadline for submission. Proposals received after the deadline, corrupted files, and incomplete submissions will not be considered.

#### 2.1.1 Proposal Submissions

**2.1.1.1** The Proposer shall hand or courier deliver, at its own expense, its hard copy (printed and USB) submission by 3:00 pm Central Time on the proposal due date to:

Ali Bagbey  
Louisiana Department of Health  
628 N. Fourth Street  
Baton Rouge, LA 70802  
(225) 219 - 0206

**2.1.1.2** If the Proposer wishes to hand deliver its hard copy submission prior to the proposal due date, Proposers should contact the RFP Coordinator to confirm availability for receipt.

**2.1.2** FAX or e-mail submissions shall not be acceptable.

**2.1.3** All communications relating to this RFP must be directed to the LDH RFP Coordinator named above. All communications between Proposers and other LDH staff concerning this RFP shall be strictly prohibited until the date of award of the contract. Failure to comply with these requirements shall result in proposal disqualification.

**2.1.4** This RFP is available in PDF format at the following web addresses:  
<https://wwwcfprd.doa.louisiana.gov/osp/lapac/pubMain.cfm> and  
<https://ldh.la.gov/index.cfm/newsroom/detail/6219>.

**2.1.5** Electronic copies of material relevant to this RFP will be posted in the procurement library at the following web address: <https://ldh.la.gov/index.cfm/page/4198>

**2.1.6** Potential Proposers may request and receive historic partially de-identified Medicaid claims data at the parish of residence level for Calendar Year (CY) 2019 and CY 2020, for MCO covered services provided to the Managed Care populations by completing and submitting electronically the following items to the RFP Coordinator:

**2.1.6.1** Non-binding Letter of Intent to Propose; and

**2.1.6.2** Signed Louisiana Medicaid MCO RFP Data Use Agreement provided in the procurement library.

**2.1.7** Upon receipt of the Letter of Intent to Propose and Data Use Agreement, the Proposer will be given instructions to obtain the data.

## **2.2 Number of Copies**

**2.2.1** 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. At least one copy of the proposal shall contain original signatures of those company officials or agents duly authorized to sign proposals or contracts on behalf of the organization. A certified copy of a board resolution granting such authority should be submitted if the Proposer is a corporation. The proposal containing original signatures will be retained for incorporation into any contract resulting from this RFP.

**2.2.2** The Proposer shall submit an electronic version of the entire proposal on three (3) USB drives. This submission should contain one (1) electronic file of the proposal in its entirety, in addition to one (1) electronic file for each RFP section identified on the Proposal Compliance Matrix, preferably in PDF format unless otherwise specified.

**2.2.3** 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.

**2.2.4** All electronic copies must be machine-searchable.

**2.2.5** The evaluation team will utilize both the hard copies and the electronic copies to evaluate the proposal. It is the Proposer's responsibility to ensure that all copies are complete and contain all required components for the evaluation. The Proposer must certify, by signing the Certification Statement, that all copies are correct and complete.

## **2.3 Legibility/Clarity**

Responses to the requirements of this RFP in the formats requested are desirable with all questions answered in as much detail as practicable. The Proposer's response should demonstrate an understanding of the requirements. Proposals prepared simply and economically, providing a straightforward, concise description of the Proposer's ability to meet the requirements of the RFP are also desired. Each Proposer shall be solely responsible for the accuracy and completeness of its proposal.

## **2.4 Proposal Response Format**

The Proposer should respond to each item in the order in which it appears in Part 2 of the RFP. The proposal should contain a table of contents, and each section should be separated by a tabbed page that includes headings and numbering to match the corresponding section of the RFP.

- 2.4.1** The proposal should include a cover letter on the Proposer's letterhead and include the following information:
- 2.4.1.1** Location of Proposer's administrative office with full time personnel;
  - 2.4.1.2** Name and address of Proposer's corporate principal office registered with the Louisiana Secretary of State, email address, website URL, and telephone number;
  - 2.4.1.3** Name and address of the Proposer's corporate principal office for the purpose of issuing checks and/or drafts;
  - 2.4.1.4** Any other name(s) under which the Proposer does, or has done within the last ten (10) years, business;
  - 2.4.1.5** Ownership status (whether the bidding organization is publicly traded or privately held). If privately held, a statement listing name(s) and address(es) of principal owners who hold five percent (5%) interest or more in the organization;
  - 2.4.1.6** The type of legal entity (for example, corporation (profit or not for profit), limited partnership, general partnership, or trust), and the state where the entity is organized, including any parent organization;
  - 2.4.1.7** If out-of-state Proposer, name and address of local representative; if none, so state;
  - 2.4.1.8** If any of Proposer's planned personnel is a current Louisiana State employee, or was employed by the State of Louisiana within the past two (2) years, provide a listing to include the employee name, State agency, and termination date, if applicable;
  - 2.4.1.9** Proposer's State and federal tax identification numbers, LaGov vendor number, and Louisiana Department of Revenue number, if available;
  - 2.4.1.10** A brief statement of the Proposer's involvement in litigation related to the delivery of Medicaid benefits in the last ten (10) years;
- 2.4.2** The Proposer's response must include a business proposal and a technical proposal as described in Sections 2.5 and 2.6, respectively.
- 2.4.3** 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.**
- 2.4.4** The Proposer shall not embed documents (e.g., copying a PDF within a Word document) within any document submitted as part of the proposal.
- 2.4.5** There is no intent to limit the content of the proposals, though each proposal document should contain only relevant information that is specific to the topic of that proposal document as

required by the RFP. Emphasis should be on simple, straightforward and concise statements of the Proposer's ability to satisfy the requirements of the RFP. Superfluous information may be disregarded.

## **2.5 Business Proposal**

The Proposer shall meet all standards and must comply with all business proposal submission requirements in this section. For each required section listed below, the Proposer should include headings and numbering to match the corresponding section of the RFP. The Proposer's business proposal should not exceed five (5) pages.

### **2.5.1 Mandatory Qualifications**

In order to be considered for award, the Proposer must demonstrate that it has met the following mandatory requirements prior to the deadline for receipt of proposals:

- 2.5.1.1** Meets the federal definition of an MCO, as defined in 42 C.F.R. §438.2;
- 2.5.1.2** Has the capacity and willingness to perform all functions in this RFP and in the Model Contract;
- 2.5.1.3** Is not an excluded individual or entity as described in 42 C.F.R. §438.808(b);
- 2.5.1.4** Has a minimum of five (5) years of experience\* as an MCO for a Medicaid managed care program prior to the deadline for receipt of proposals;
- 2.5.1.5** Has, within the last thirty-six (36) months, been engaged in a contract or awarded a new contract as a Medicaid MCO in a state with a Medicaid managed care population equal to or greater than 1.5 million Enrollees\*; and
- 2.5.1.6** Has its principal place of business located inside the continental United States.

\*Experience requirements in Sections 2.5.1.4 and 2.5.1.5 may be satisfied if the Proposer is a new MCO that takes direction from its parent organization, and the parent organization operates a Medicaid MCO that meets the requirements of those sections.

### **2.5.2 Conflict of Interest**

Neither the Proposer nor any of its subcontractors may have any interest that will conflict, as determined by LDH, with the performance of services required under this RFP. To demonstrate freedom from conflicting interests, the Proposer must submit the following:

- 2.5.2.1** A signed Exhibit A, *Certification Statement*, attesting that the Proposer does not have any financial, legal, contractual, and other business interest that will conflict in any manner or degree with the performance required under the contract;

- 2.5.2.2** A signed Exhibit A, *Certification Statement*, attesting that the Proposer does not have, nor does any of the Proposer's Material Subcontractors have, any financial, legal, contractual or other business interest in LDH's Enrollment Broker Contractor, or in such vendors' subcontractors, if any;
- 2.5.2.3** A signed Exhibit A, *Certification Statement*, attesting that the Proposer agrees to submit any additional information requested by LDH that, in LDH's judgment, may be relevant to the Proposer's financial, legal, contractual, or other business interests as they relate to the RFP and contract;
- 2.5.2.4** A statement describing any and all of the financial, legal, contractual, and other business interests of the Proposer and any subcontractor, its affiliates, partners, parent(s), subsidiaries, and related organizations, if any, that may affect or impact its performance under the contract. In cases where such relationships or interests exist or appear to exist, describe how a potential or actual conflict of interest will be avoided or remedied; and
- 2.5.2.5** Any other information that may be relevant to the Proposer's or any material subcontractor's financial, legal, contractual, or other business interests as they relate to the RFP and contract.

**2.5.3** Moral or Religious Objections

The Proposer shall provide:

- 2.5.3.1** A statement of attestation that the Proposer has no moral or religious objections to providing any MCO Covered Services described in the Model Contract, Part 2, Services; or
- 2.5.3.2** A statement of any moral and religious objections to providing any MCO Covered Services. The statement must describe, in as much detail as possible, all direct and related services that are objectionable. It must include a listing of the codes impacted including but not limited to CPT codes, HCPCS codes, diagnosis codes, revenue codes, modifier codes, etc., and if there are none, it must so state.

**2.5.4** Material Subcontractors

Proposers may enter into subcontractor arrangements or agreements, however, shall acknowledge in their proposals total responsibility for the entire contract.

- 2.5.4.1** If the Proposer intends to subcontract for portions of the work, the Proposer shall identify any subcontractor relationships and include specific designations of the tasks to be performed by the subcontractor. Information required of the Proposer under the terms of this RFP shall also be required for each subcontractor, if requested by the State. The prime Contractor shall be the single point of contact for all subcontract work.



**2.5.4.2** The Proposer shall state whether material subcontractors will be used to provide all, or part, of any program area or function that relates to the delivery or payment of MCO Covered Services under the contract, and if so, shall identify each such subcontractor by corporate or other legal entity name, address, and telephone number. Additional information is requested in the technical proposal requirements.

**2.5.4.3** Where the Proposer utilizes a material subcontractor to provide behavioral health, pharmacy, 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.

**2.5.4.4** The Proposer must submit a signed Exhibit A, *Certification Statement*, attesting that the Proposer:

**2.5.4.4.1** Acknowledges it will not be relieved of any legal obligations under any contract resulting from this RFP as a result of any contracts with subcontractors, that it shall be fully responsible for the subcontractor's performance, and that all partnership agreements, subcontracts, and other agreements or arrangements for reimbursement will be in writing and will contain terms consistent with all terms and conditions of the contract; and

**2.5.4.4.2** Acknowledges that proposals to use subcontractors shall not cause any additional administrative burden on LDH as a result of the use of multiple entities.

**2.5.4.4.3** Unless provided for in the contract, the Proposer shall not contract with any other party for any of the services provided for therein without the express prior written approval of the Department.

**2.5.5** Financial Condition [exempt from business proposal and total page limits]

**2.5.5.1** The Proposer shall submit documentation to demonstrate to the satisfaction of LDH that the Proposer's organization (and the Proposer's parent organization) has adequate financial resources for performance, or has the ability to obtain such resources as required during performance. The documents submitted should include the following:

**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.

## **2.5.6** Required Forms and Certifications

The Proposer shall complete and submit the forms detailed below. Electronic versions of the forms are available in the procurement library.

**2.5.6.1** Exhibit C, Proposal Compliance Matrix.

**2.5.6.2** 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/Vendor/VndPubMain.cfm?tab=2>.

**2.5.6.3** Exhibit D, *Medicaid Ownership and Disclosure Form*, as Federal laws require full disclosure of ownership, management, and control of MCOs. The Proposer may submit this information in electronic format in lieu of hard copy.

## **2.6** Technical Proposal

**2.6.1** The Proposer should submit all materials, including narratives and attachments, as specified in this section in the order in which the information is requested. Proposers will be evaluated on the quality and completeness of their responses to the technical proposal questions. Responses should demonstrate the Proposer's full understanding of all specified requirements contained in the Model Contract, with references to corresponding sections of the Model Contract where appropriate.

### **2.6.2** Proposer Organization and Experience

**2.6.2.1** Proposer Organization [2-page limit; information related to non-compliance actions are exempt from section-specific page limit]

**2.6.2.1.1** The Proposer should provide a brief summary of the organizational history of the Proposer and, where applicable, its parent organization, organizational goals, the relevance of Medicaid managed care to the mission of the organization, volume of Medicaid managed care business, and in which states the Proposer currently serves the Medicaid population.

**2.6.2.1.2** The Proposer shall identify whether the Proposer, and/or its parent organization, and its affiliate organizations have any current Medicaid managed care contracts in state programs (including in Louisiana's

current program) or have completed any such contracts over the past seven (7) years.

- It is desired that Proposers have a minimum of seven (7) years of experience in providing health care services for a Medicaid managed care program prior to the deadline for receipt of proposals.
- It is also desired that Proposers have, within the last twelve (12) months, been engaged in a contract or awarded a new contract as a Medicaid MCO in a state with a Medicaid population equal to or greater than 1.5 million Enrollees.

**2.6.2.1.3** Proposer shall identify and describe any instances of non-compliance which the Proposer, and/or its parent organization, and its affiliate organizations have incurred as a part of any Medicaid managed care contracts (including Louisiana’s current program) within the past seven (7) years. For each non-compliance action listed, Proposer shall indicate the type of non-compliance action, the date the non-compliance was issued, the reason the non-compliance action was issued, the issuing entity, the state(s) in which the Proposer was providing services for which the non-compliance action was issued, details of the sanctions applied against the Proposer because of the non-compliance, and the steps taken by the Proposer to address non-compliance.

**2.6.2.1.4** Proposer shall provide a brief statement if any of the following has occurred: Within the last ten (10) years, Proposer’s Medicaid managed care contract was (1) terminated or not renewed for non-performance or poor performance; and/or (2) terminated on a voluntary basis prior to the contract end date. The Proposer must provide the name and contact information of the lead program manager of the contracting entity.

**2.6.2.2** Proposed Staff Qualifications and Organizational Structure [6-page limit; organizational chart and resumes are exempt from section-specific page limit]

**2.6.2.2.1** The Proposer should describe its process for identifying its key personnel and describe its management structure and organization;

**2.6.2.2.2** For each individual appointed to a key personnel role, the Proposer should provide the individual’s name, résumé, and key personnel role. If the individual is not required to serve exclusively in the key personnel role, the Proposer should provide a brief description of the individual’s other responsibilities; and

**2.6.2.2.3** The following information about the Proposer’s operating structure:

- A description of the operating structure's leadership and how this leadership reports to and otherwise interacts with the Proposer's governance structure and parent corporation, if applicable;
- An organizational chart of the Proposer's operating structure, depicting the key teams or units involved in performing the Proposer's activities under the contract, including roles of any material subcontractors identified in response to 2.5.4;
- For each such team or unit, a brief description of the role the team or unit plays, the operating activities for which it is accountable, and the way in which it reports to and informs decisions by operating leadership;
- For each such team or unit, the number of full-time equivalents (FTEs) on the team or unit, a brief description of their major qualifications and competencies, and a brief description of the team or unit lead. The Proposer may assume a total enrollment of 350,000 for this question, and should also describe its plan to scale staffing levels based on increased or decreased enrollment; and
- For each such team or unit, the Proposer's approach for determining the appropriate staffing level, the difference between current and proposed staffing levels (applicable to incumbents only), and the timeline to scale up to the proposed levels.

**2.6.3** Enrollee Value-Added Benefits [15-page limit]

**2.6.3.1** The Proposer should identify whether it proposes to offer any of the following optional value-added benefits to its enrollees:

**2.6.3.1.1** Evidence-based non-pharmacologic alternatives to opioids for chronic pain management services for adults;

**2.6.3.1.2** Respite care model targeting homeless persons with post-acute medical needs. Model shall address strategies for counseling, nutrition, housing stabilization, transitional care, and other services necessary for successful community reintegration;

**2.6.3.1.3** Newborn circumcision benefits;

**2.6.3.1.4** Tobacco cessation benefits, other than medications and in-office tobacco cessation counseling services;

- 2.6.3.1.5** Vision benefits for adults, including annual exam and glasses or contacts;
  - 2.6.3.1.6** Identification and remediation of health-harming environmental factors related to an enrollee's shelter (e.g., infestations, mold, utility interruptions, improper sewage drainage and treatment, and evictions) including legal aid services, if applicable;
  - 2.6.3.1.7** Nonclinical home-based interventions for asthma such as home remediation, periodic and repeated asthma education, targeted tobacco cessation education, and air purifiers;
  - 2.6.3.1.8** Comprehensive, evidence-based, longitudinal home visiting programs for pregnant and postpartum enrollees and their newborns.
- 2.6.3.2** LDH reserves the right to add additional options during the term of the contract, and the selected Proposer may provide additional value-added benefits during the term of the contract at its option.
- 2.6.3.3** For each selected value-added benefit, the Proposer should describe:
- 2.6.3.3.1** The populations who may receive the benefit;
  - 2.6.3.3.2** The scope of the benefit, including procedure codes, descriptions where applicable, and how the scope compares to existing Louisiana Medicaid coverage;
  - 2.6.3.3.3** Any proposed co-payments;
  - 2.6.3.3.4** How the benefit will be provided to enrollees, including, if provided through a subcontractor, either the selected subcontractor or description of how the subcontractor shall be selected; and
  - 2.6.3.3.5** How the Proposer will provide oversight of the value-added benefits.
- 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.
- 2.6.3.5** The proposal should include a statement of commitment to provide the selected value-added benefits for the entire thirty-six (36) month term of the initial contract and for any extensions, if applicable.

## **2.6.4** Population Health [12-page limit]

**2.6.4.1** The Proposer should describe its approach to, and experience with, improving population health for Medicaid populations including how principles of a population health approach will inform and guide its managed care program in Louisiana. This should include approaches to such components as:

**2.6.4.1.1** Identifying baseline health outcome measures and targets for health improvement;

**2.6.4.1.2** Measuring population health status and identification of sub-populations within the population;

**2.6.4.1.3** Identifying key determinants of health outcomes and strategies for targeted interventions to reduce disparities;

**2.6.4.1.4** How required components of this procurement and other Proposer developed initiatives are integrated, representing a comprehensive approach to population health; and

**2.6.4.1.5** Other considerations the Proposer may seek to present.

**2.6.4.2** The Proposer should describe what it will do to address population health in the first year of the contract, including milestones and timeframes.

**2.6.4.3** The Proposer should describe its recent experience with utilizing data regarding social determinants of health (SDOH) to improve health equity and the health status of targeted populations, including the Proposer's approach to collecting SDOH data. Include at least one example of how an issue impacted by SDOH was identified, which interventions were developed, how the impacts of the interventions were assessed, and what outcomes were achieved. The Proposer should describe how this approach may be applied to a population health and/or health equity priority(ies) named in the Model Contract.

**2.6.4.4** The Proposer should describe its approach to engage providers, enrollees, and families, and to contracting with community-based organizations and OPH to coordinate population health improvement strategies to increase health equity.

## **2.6.5** Health Equity [12-page limit]

**2.6.5.1** Describe the Proposer's management techniques, policies, procedures, and initiatives it has implemented to promote health equity for enrollees and the proposed approach to promoting health equity for its Medicaid managed care program in Louisiana.

**2.6.5.2** Specifically describe strategies the Proposer uses or will use to recruit, retain, and promote at all levels, personnel and leadership who are representative of the

demographic characteristics of its Medicaid managed care populations and, in particular, those persons who identify as members of communities underrepresented in the workforce to date.

- 2.6.5.3** Describe the Proposer’s organizational practices related to ensuring the Proposer and its provider network provide culturally and linguistically appropriate services to enrollees.
- 2.6.5.4** Describe the Proposer’s organizational capacity to develop, administer, and monitor completion of training material for its staff, contractors and network providers, including if providers or Material Subcontractors are currently required to complete training topics on health equity, beyond CLAS standards.
- 2.6.5.5** Describe the Proposer’s demonstrated experience and capacity for engaging community members and health care providers in improving the health of the community and addressing regional, cultural, socioeconomic, and racial disparities in health care that exist among Enrollees.
- 2.6.5.6** Does the Proposer currently utilize community health workers, peer support specialists, and doulas in any capacity in its Medicaid managed care programs? If yes, please describe how these workers are utilized and how performance of the approach is measured and evaluated.
- 2.6.5.7** Describe how the Proposer will engage Medicaid consumers and trusted messengers, including community health workers and/or community-based organizations, to improve access to quality care and reduce health disparities among Louisiana Medicaid enrollees. Please include specific actions, timelines, and a plan for evaluating the effectiveness of these partnerships at improving health equity.
- 2.6.5.8** Describe the Proposer’s data collection procedures related to enrollees’ race, ethnicity, language, disability status (RELD data), geography, and how such data informs the provision of culturally and linguistically appropriate services for enrollees. If some types of RELD and rural/urban data is not now collected and used for this purpose, describe how the Proposer will incorporate RELD and geographic data.
- 2.6.5.9** Describe the Proposer’s demonstrated experience (if any) and proposed approach to utilizing RELD and rural/urban data to improve health outcomes and address disparities in health outcomes for enrollees.
- 2.6.5.10** Specifically, how does, or will the Proposer, stratify, analyze, and act on data regarding inequities in care for enrollees related to the following measures or comparable measures:
  - 2.6.5.10.1** Pregnancy: Percentage of Low Birthweight Births
  - 2.6.5.10.2** Contraceptive Care – Postpartum Women Ages 21–44

**2.6.5.10.3** Child: Well-Child Visits in the First 15 Months

**2.6.5.10.4** Childhood Immunizations (Combo 3)

**2.6.5.10.5** Preventive Dental Services

**2.6.5.10.6** Immunizations for Adolescents (Combo 2)

**2.6.5.10.7** Adult: Colorectal Cancer Screening

**2.6.5.10.8** HIV Viral Load Suppression

**2.6.5.10.9** Cervical Cancer Screening

**2.6.5.11** Describe how the Proposer will leverage data analysis and community input to address inequities in outcomes experienced by pregnant and postpartum Black Enrollees and their newborns related to pregnancy, childbirth, and the postpartum period.

**2.6.5.12** Describe how the Proposer will use feedback from enrollees and their family members to identify and execute program improvements. Include specific examples of experience that will enable the Proposer to be successful in this endeavor in LA, including but not limited to community engagement; home visiting programs; collaboration with community-based organizations, doulas, and/or community health workers; and provider training.

**2.6.5.13** Specifically, which outcome measures does the Proposer propose to focus on to improve pregnancy and birth outcomes for Black populations enrolled in Louisiana Medicaid and what activities will the Proposer engage in to reduce disparities and improve outcomes for pregnant and postpartum Black Enrollees and their newborns during and after pregnancy? Please include specific actions and timelines.

**2.6.5.14** Describe the Proposer's relevant experience and proposed approach to engage parents and adolescents in decreasing disparities for the following types of services. For each, include specific examples of experience that will enable the Proposer to be successful in this endeavor in Louisiana to address disparities (such as by race/ethnicity, disability status, and urban/rural status) and how you will engage enrollees, their family members, and providers in designing and implementing this initiative:

**2.6.5.14.1** Well-child visits and vaccination rates for children and adolescents.

**2.6.5.14.2** Preventive dental services for children and adolescents.

## **2.6.6** Care Management [15-page limit]

The Proposer should describe its anticipated approach to meeting the care management requirements of this procurement. Specifically, the proposal should include:



- 2.6.6.1** The Proposer’s process for ensuring that there is success in completing enrollee health needs assessment (HNA) within the required time periods;
- 2.6.6.2** What tools the Proposer will use and how the Proposer will utilize those tools to identify individuals who can potentially benefit from case management;
- 2.6.6.3** How the Proposer will engage enrollees who may potentially benefit from case management in the program, including any specific considerations for the following groups:
  - 2.6.6.3.1** Children and youth with special health care needs including behavioral health needs;
  - 2.6.6.3.2** Pregnant and postpartum enrollees with substance use disorder and their newborns;
  - 2.6.6.3.3** Children from immigrant families who may have unique cultural and linguistic needs;
  - 2.6.6.3.4** Pregnant enrollees prior to delivery, to ensure that they will establish care with a pediatrician;
  - 2.6.6.3.5** Enrollees at risk for rapid repeat birth;
  - 2.6.6.3.6** Adolescents transitioning to adulthood;
  - 2.6.6.3.7** Children with type 1 diabetes mellitus;
  - 2.6.6.3.8** Enrollees with adverse childhood experience;
  - 2.6.6.3.9** Enrollees with food insecurity; and
  - 2.6.6.3.10** Enrollees without reliable telephone access.
- 2.6.6.4** How the Proposer will identify the appropriate tier of case management for an enrollee using objective measures and criteria, which types of support are provided in each tier, and the process for developing an individual Plan of Care;
- 2.6.6.5** How the Proposer will coordinate with providers and State staff that may provide case management support to enrollees so as to not duplicate services; and
- 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.

## **2.6.7** Case Scenarios [5-page limit per scenario]

The Proposer should provide its approach to serving Enrollees through its response to case scenarios. As part of its response to each case scenario, the Proposer should describe how it will ensure access to appropriate MCO Covered Services and provide support to enrollees through case management or other tools. In addition, the Proposer should provide details on the resources and infrastructure that it will bring to serve these individuals in Louisiana.

The case scenarios do not describe the entirety of the enrollee's health and social history and the Proposer should not make assumptions. When multiple courses of action or outcomes are possible, the Proposer should provide a scenario analysis indicating what actions the Proposer would take given a wide range of possible circumstances.

**2.6.7.1** The Proposer has an enrollee who is a 5-year-old boy who is noted to have several active medical issues when seen by his PCP for his annual well visit, including obesity, excessive sleepiness, enuresis, compulsive eating behaviors, and behavioral problems at school including hitting the teacher and eloping from the building. He is initially referred to child psychiatry and sleep medicine. He receives a sleep study that reveals only mild obstructive sleep apnea, and he is then referred to an otolaryngology specialist for possible tonsillectomy and adenoidectomy. At a follow up visit with the PCP it is noted that the enrollee is sleeping throughout the visit and difficult to arouse, despite no report of extenuating circumstance such as having stayed up late the night before. The severity of the enrollee's symptoms is concerning for a possible neurological sleep disturbance, and a referral to neurology is also made. However, due to COVID-19 the otolaryngologist and neurology appointments are postponed. A psychiatry appointment is not made due to difficulty finding a provider who accepts Medicaid in his area. The PCP appropriately tracks this sequence of events and contacts the enrollee's caregiver several times over the subsequent months to assist with referrals to neurology, otolaryngology, and psychiatry. However, appointments to these subspecialists are not kept. Several months later the enrollee returns to the PCP for a sick visit for help with continued sleepiness, enuresis, and continued discipline issues since returning to school. Care coordination is again attempted by the PCP. When he returns 2 months later for his well-child visit his obesity has worsened and all other issues persist or continue to worsen without adherence to subspecialty appointments that had been made or family pursuit of behavioral health supports. Psychiatry services have still not been found due to the beneficiary's location and insurance.

**2.6.7.1.1** Describe what systems the Proposer will have in place to identify this enrollee as having persistent and untreated medical issues.

**2.6.7.1.2** Describe what process the Proposer will have in place to ensure that the enrollee has coverage of all Medicaid-coverable and medically necessary services, including those not on the Proposer's usual fee schedules and those not covered under the State plan.

**2.6.7.1.3** Describe how the Proposer will assist the provider and the enrollee's caregivers with adherence to recommended referrals and in obtaining pediatric psychiatric care.

**2.6.7.2** The Proposer has an enrollee who is a 14-year-old male residing with his mother, his 6-year-old brother, and his 4 year-old-sister, in Bunkie, who has comorbid mild-moderate neurocognitive issues along with attention deficit hyperactivity disorder, post-traumatic stress disorder, oppositional defiant disorder, and mood dysregulation disorder. He has episodic aggression toward teachers, classmates, his mother and siblings, to the point his mother is worried that she cannot manage him at home safely with younger siblings. The youth was recently treated at the psychiatric residential treatment facility level of care (4-month treatment episode) and returned home three months ago with outpatient treatment from his pediatrician (medication management) and Community Psychiatric Support and Treatment (CPST) rehabilitation services in the home. His CPST worker meets with him individually twice per week. In the past two weeks his mother reports escalating aggression in the home, his school behavior is causing school suspensions, and his mother reports concern about losing her employment due to multiple calls to her at work, as well as concern about safety of younger siblings due to the youth's aggression.

Recently, his mother called law enforcement during an episode of aggression in the home, the youth was taken by law enforcement to the emergency department, was placed under a Physician's Emergency Certificate (PEC), and was hospitalized.

After a 5-day inpatient stay, the hospital reports the youth is stable, no longer meets medical necessity criteria for an inpatient stay, and the hospital schedules discharge. His mother states she does not feel the youth is safe to return to the home, does not agree to discharge, and states she will not pick the youth up from the hospital. The hospital communicates the plan to make a report to the Department of Child and Family Services (DCFS) for abandonment.

**2.6.7.2.1** How would the Proposer assure assessment for and access to specialty and evidenced-based treatment to provide clinically indicated and medically necessary services for this youth and family in order to successfully manage this youth in the community, preventing the need for DCFS involvement, emergency department referrals and inpatient and/or residential services for this youth.

**2.6.7.2.2** If/when inpatient or residential level of care is recommended for more intensive treatment and safety, what might the Proposer do to help address member and family service needs related to comorbid neurocognitive and behavioral health diagnoses to assure successful transition back to the family, and community tenure longer than the current three months?

**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. 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.

**2.6.7.3.1** Describe how the Proposer will provide care management for both the medically complex infant and her adolescent mother.

**2.6.7.3.2** How will the Proposer ensure that language and cultural barriers do not negatively impact the enrollee's access to care and needed health education.

**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. He was a resident at a nursing facility but had a desire to transition to the community. The enrollee was able to transition to the community with assistance from a transition coordinator. Daily tasks related to self-care and maintaining a household (cooking, shopping, etc.) are met through a Home and Community Based Services (HCBS) Waiver operated by the Office of Aging and Adult Services. Since transitioning to the community, the enrollee reports that he experiences pain in his feet. The pain does not seem to be adequately controlled by pain medication and he frequents the Emergency Department seeking relief. There are also reports of numerous falls in his apartment. Since transitioning to the community, he has started to consume alcohol.

**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. The ongoing use of profanity and repeated nudity caused the enrollee to be evicted from two apartment complexes. Local police were contacted on one occasion, resulting in an arrest. Enrollee was referred to a 30-day detox/inpatient program for alcohol abuse. He completed treatment and was discharged to a third apartment. Within a few weeks, the enrollee engaged excessive alcohol consumption. Enrollee denies having any problems with alcohol and indicates he does not remember any of the behaviors described. Due to repeated issues with profanity and nudity in public areas of the third complex, he is at risk for a third eviction.

**2.6.7.5.1** How will the Proposer address this enrollee's needs?

**2.6.7.6** The Proposer has an enrollee that is a 42-year-old woman, who lives alone with 24/7 care through the New Opportunities Waiver. She attends a day habilitation program 5 days per week and spends approximately 10 hours per day in her wheelchair coming out mainly for brief changes. She is dependent on caregivers for all mobility, transfers, and completion of activities of daily living. Her oral hygiene is poor due to lack of dental care for the past 7 years, she exhibits undiagnosed swallowing difficulties, and she has been receiving bed baths for the past several years as her contractures inhibit accessing her tub. The original referral indicates replacement of missing wheelchair parts. Her case has been active for 3 years without resolution of her obtaining a new wheelchair.

**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. Her wheelchair has been in disrepair for several months with missing parts, and her wheelchair seating system no longer meets her positioning needs. During this period, she has developed skin breakdown in her groin area from sliding in her wheelchair and experiencing prolonged pressure on the pommel. Her caregivers prop her legs on the couch or a chair due to missing foot rests, which has led to fixed knee extension contractures. Her baclofen levels have remained the same for the past 6 years. An appointment with a local neurologist accepting Medicaid could not be obtained, and she began services from a neurologist 52 miles away. Transportation for these appointments is limited. Her provider staff are unable to take her to the appointments due to lack of reimbursement and far distance, and her mom works 2 jobs attempting to bring her when she is able to take off work. Mom does not have a wheelchair accessible vehicle and she cannot sit unsupported in a standard car seat. For nearly 6 months, the case manager was unable to locate an orthopedist participating in her provider plan and willing to accept a new case. Finally, after being seen by an orthopedist, he referred her to outpatient physical therapy for conservative intervention of her contractures. She attended a total of 5 visits: evaluation, 3 treatments and a discharge visit. The orthopedist is now planning surgical interventions and post-surgical inpatient rehabilitation followed by home health therapy. While she is able to communicate, intelligibility is significantly impaired due to poor breath support and dysarthric features of speech.

**2.6.7.7.1** How would the Proposer address the various complex health care needs of this individual?

**2.6.7.7.2** How would the Proposer address improved access to the services and insure services are delivered in a more timely manner for this individual?

**2.6.7.8** The Proposer has an enrollee that is a 13-year-old girl who recently presented for a sick visit to her pediatrician with a complaint of lightheadedness, and was diagnosed with an eating disorder and malnutrition. She required a Physician Emergency Certificate to achieve acute care hospital admission because, despite being bradycardic and hypothermic, in the pediatrician's office, neither the enrollee nor her

parents believed she required medical care. During her hospitalization, she developed electrolyte abnormalities concerning for refeeding syndrome but was able to stabilize and tolerate feeding by mouth. A psychiatry consult was obtained that confirmed a diagnosis of anorexia nervosa and recommended intensive outpatient psychiatric and nutrition therapy once stable enough to be discharged. The enrollee's parents became appropriately concerned and attentive to her disorder, and took her to frequent appointments with her pediatrician to monitor her physical health. However, the psychiatrist that participates in Medicaid is located 1.5 hours from their home, and they were unable to find any outpatient nutritionists who had experience with eating disorders. The enrollee subsequently required 2 more acute care hospitalizations and 1 5-day admission to a child and adolescent behavioral health hospital. However, she remains in poor overall health with only minimal improvement in her disorder. Her parents cannot afford to admit her to an eating disorder center recommended to them in another state.

**2.6.7.8.1** How will the Proposer address the acute and chronic components of this child's care needs?

**2.6.7.9** The Proposer has an enrollee that is a 25-year-old man with a past medical history of sickle cell disease. He has had a very complicated medical history including multiple strokes, acute chest syndrome, vaso-occlusive crises, avascular necrosis of the hip, and chronic pain. In the past 6 months, he has had 10 emergency department visits for vaso-occlusive crises. He does not have a regular PCP and believes that he has been treated very unfairly by the healthcare system. He believes that he has been subject to discrimination due to his African American race, his sickle cell disease, and his chronic pain, and is routinely given poor care or intentionally neglected. He does not have a reliable mobile phone and is unstably housed.

**2.6.7.9.1** How will the Proposer address this enrollee's needs?

**2.6.7.9.2** What systems and policies will the Proposer have in place to promote health equity that would apply to this enrollee?

**2.6.7.10** The Proposer has an enrollee that is a 25-year-old woman who is pregnant and has opioid use disorder, benzodiazepine use disorder, and stimulant use disorder in addition to co-morbid schizoaffective disorder and major depression disorder with psychotic features. She does not have a reliable or regular source of care and has presented to the emergency department multiple times for either drug intoxication or withdrawal. She is unstably housed and lacks any form of transportation.

**2.6.7.10.1** What systems will the Proposer have in place to be able to identify this enrollee?

**2.6.7.10.2** What specific steps will the Proposer take to address this enrollee's needs? The Proposer should list these in priority order.

**2.6.7.10.3** What steps will the Proposer take, both pre- and postpartum, to ensure that the newborn is linked to a pediatrician?

**2.6.7.11** The Proposer has an enrollee that is a 57-year-old woman who has a history of poorly controlled diabetes mellitus, hypertension, coronary artery disease, bi-polar disorder, smoking, and low back pain. In the past 6 months, she has visited the emergency department 15 times and been hospitalized once for 5 days.

**2.6.7.11.1** What process would the Proposer use to understand the reasons behind this enrollee's use of acute care?

**2.6.7.11.2** How would the Proposer address the enrollee's identified needs? Give specific examples of common medical, psychosocial/behavioral, and social issues among Medicaid enrollees.

**2.6.7.11.3** How would the Proposer manage this enrollee in the community to increase patient engagement, support adherence to medical and behavioral treatment plans and recommendations?

**2.6.8** Network Management [10-page limit]

**2.6.8.1** The Proposer should demonstrate how it will ensure timely access to culturally competent primary and specialty care services, necessary to promote LDH's goals of utilizing providers who are accepting new Medicaid patients or are regularly serving Medicaid patients in their offices or practices.

**2.6.8.2** Specifically, the proposal should include:

**2.6.8.2.1** Work plan that includes strategies and timeline to build or scale up its provider network to meet network adequacy standards by the Readiness Review;

**2.6.8.2.2** Identification of network gaps (distance standards, after-hours clinic availability, closed panels, etc.);

**2.6.8.2.3** Strategies that will be deployed to increase provider capacity and meet the needs of enrollees where network gaps have been identified;

**2.6.8.2.4** What you consider to be the most significant challenges to developing a complete Statewide Provider network;

**2.6.8.2.5** Strategies (including a description of data sources or tools utilized) for monitoring compliance with the provider network standards Attachment F, *Provider Network Standards*;

**2.6.8.2.6** Strategies for recruitment and retention efforts, particularly in areas where network gaps exist;

**2.6.8.2.7** Strategies to ensure that your provider network is able to meet the multi-lingual, multi-cultural and disability needs of its enrollees; and

**2.6.8.2.8** Details regarding planned protocol for terminating network providers without cause, including how to minimize negative impact on enrollees.

**2.6.9** Provider Support [8-page limit]

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. In its response, the Proposer should describe its relevant experience and proposed approach to working with participating Providers to serve Enrollees and for ongoing network management in accordance with Model Contract Section 2.10: Provider Services and Support, to effectively manage provider relations and communications. The Proposer should also describe the activities and approaches that it will implement to minimize provider complaints, contracting issues, and prior authorization and claims concerns. Specifically, the Proposer should describe:

**2.6.9.1** Its process to determine adequate provider relations staffing coverage for the provider network;

**2.6.9.2** Strategies to provide effective and timely communications with providers, including the development of a provider education program;

**2.6.9.3** The processes that the Proposer will put in place to support providers with high claims denial rates; and

**2.6.9.4** 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** 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** 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** Strategies to support behavioral health and other specialty providers to participate in delivery system reform activities; and

**2.6.9.8** Strategies to share provider performance data with providers in a timely, actionable manner.

**2.6.9.9** 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** The Proposer’s staff that play a role in provider engagement;
  - 2.6.9.11** The presence of local provider field representatives and their role;
  - 2.6.9.12** The mechanism to track interactions with providers (electronic, physical and telephonic);
  - 2.6.9.13** How the Proposer collects and analyzes utilization data and provider feedback, including complaints received, to identify specific training needs;
  - 2.6.9.14** The metrics used to measure the overall satisfaction of network providers; and
  - 2.6.9.15** The approach and frequency of provider training on MCO and Louisiana Medicaid Managed Care Program requirements.
- 2.6.10** Utilization Management [15-page limit]
- 2.6.10.1** The Proposer should describe how it will satisfy the requirements for authorization of services set forth in the Model Contract. The Proposer should submit a flow chart depicting the proposed workflow from initial request to final disposition, including the proposed workflow for expedited authorizations.
  - 2.6.10.2** The Proposer should describe how it will satisfy the requirements for utilization management set forth in the Model Contract. Such description should include:
    - 2.6.10.2.1** The proposed criteria to use in its utilization management process and how such criteria will be applied, including both determination of appropriateness of treatment and site of treatment;
    - 2.6.10.2.2** The Proposer’s process for monitoring and addressing high emergency room utilization;
    - 2.6.10.2.3** The Proposer’s process for Pre-Admission Screening and Resident Review (PASRR) and concurrent reviews;
    - 2.6.10.2.4** How the Proposer complies with mental health parity requirements; and
    - 2.6.10.2.5** How the Proposer identifies and mitigates over-utilization, including any targeted categories.
  - 2.6.10.3** The Proposer should describe its historical experience with utilization management of comparable populations. Such description should include:
    - 2.6.10.3.1** Challenges identified with high utilization and increasing medical trends;
    - 2.6.10.3.2** Initiatives undertaken to manage high utilization;

- 2.6.10.3.3** Initiatives to address use of low value care;
- 2.6.10.3.4** Initiatives to address long term stays of enrollees in the ER based on limited availability of mental health and/or substance use services; and
- 2.6.10.3.5** Initiatives undertaken to support providers with high prior authorization denial rates.

**2.6.11** Quality [15-page limit; clinical practice sample guidelines, NCQA rating attachment, and certificates of accreditation are exempt from section-specific and total page limits]

**2.6.11.1** The Proposer should describe its organizational commitment to quality improvement and its overall approach and specific strategies that will be used to advance Louisiana Medicaid’s Quality Strategy and incentive-based quality measures identified in Attachment H, *Quality Performance Measures*.

**2.6.11.2** The Proposer’s approach should include:

- 2.6.11.2.1** A description of the Proposer’s assessment (using available data sources) of utilization rates and the potential for improvement;
- 2.6.11.2.2** A description of incentives that will be implemented for providers and enrollees to incentivize delivery of the right care in the right place at the right time; and
- 2.6.11.2.3** A description of evidence-based interventions and strategies that will be used to target super-utilizers and reduce potentially preventable events.

**2.6.11.3** The Proposer should describe how the Proposer’s Medicaid managed care Quality Assessment and Performance Improvement (QAPI) Program includes the following functions related to organization-wide initiatives to improve the health status of covered populations, and describe in detail at least one (1) data-driven clinical initiative that the Proposer initiated within the past twenty-four (24) months that yielded improvements in clinical care for similar populations. Functions include:

- 2.6.11.3.1** Analyzing gaps in delivery of services and gaps in quality of care, areas for improved management of chronic and selected acute diseases or conditions, and reduction in disparities in health outcomes;
- 2.6.11.3.2** Identifying underlying reasons for variations in the provision of care to enrollees; and
- 2.6.11.3.3** Implementing improvement strategies related to analytical findings pursuant to the two (2) functions described above.

- 2.6.11.4** The Proposer should submit an overview of its proposed approach to Quality Management and Quality Improvement (QM/QI). As part of its response, the Proposer should submit a description of:
- 2.6.11.4.1** The Proposer's current QM/QI organizational plan description, goals, quality committees, and schedule of QM activities;
  - 2.6.11.4.2** A description and organizational chart of its proposed QM/QI program, including a list of the Proposer's staff dedicated to and responsible for administering and operating the Proposer's QM/QI program as described in these sections, including the role of the QM Director and staff;
  - 2.6.11.4.3** The Proposer should demonstrate its capacity to participate in LDH's annual HEDIS® performance measurement and reporting initiative and the proposed availability of resources dedicated to the initiative and other measurement and data-driven initiatives;
  - 2.6.11.4.4** The Proposer should provide an example of a recent successful quality improvement activity; and
  - 2.6.11.4.5** The Proposer should describe how it will identify quality improvement plans and projects to put in place, what potential topics may be, and how the Proposer will monitor the implementation and outcomes of the activity.
- 2.6.11.5** The Proposer should submit a list of clinical practice guidelines relevant to the LDH Medicaid population that the Proposer proposes to use, a sample of one such guideline, and the following:
- 2.6.11.5.1** The proposed process for developing and disseminating clinical practice guidelines, in collaboration with the other MCOs, to participating providers and enrollees;
  - 2.6.11.5.2** How scientific evidence and the opinions of in-network and out-of-network experts and providers will be incorporated into such guidelines;
  - 2.6.11.5.3** How the Proposer plans to evaluate providers' adherence to clinical practice standards and evidence-based practice, and any interventions that the Proposer may take to encourage adherence; and
  - 2.6.11.5.4** The ongoing evaluation process for updating and revising the Proposer's clinical practice guidelines to ensure consistency with medical practice standards.
- 2.6.11.6** The Proposer should submit, as an attachment using the Quality Response Template provided in the procurement library, its NCQA Health Insurance Plan Ratings (2019 -

2020) for all of the Proposer's and its parent organization's (including affiliates) Medicaid managed care contracts with full NCQA accreditation. If the Proposer has interim accreditation for Louisiana, it should include the Louisiana Medicaid experience. The Proposer may submit this information in electronic format in lieu of hard copy.

**2.6.11.7** The Proposer should provide a copy of its certificate of accreditation by the National Committee for Quality Assurance (NCQA) for each of its Medicaid managed care contracts. If the Proposer is not accredited in Louisiana, the Proposer should provide a specific timeline outlining the Proposer's plan to achieve full accreditation in Louisiana as soon as possible after the execution of a contract. It is preferred, though not mandatory, that Proposers be accredited by NCQA as a Medicaid MCO in Louisiana or be accredited in another state prior to the deadline for receipt of proposals.

**2.6.11.8** Where a Proposer utilizes a material subcontractor to provide behavioral health services, the Proposer should also include NCQA accreditation information for the material subcontractor or describe how it will achieve accreditation.

**2.6.12** Value-Based Payment [10-page limit]

**2.6.12.1** The Proposer should propose a Value-Based Payment (VBP) strategic plan, including an implementation timeframe, which identifies specific VBP models for implementation, based on the Health Care Payment Learning and Action Network (HCP-LAN) Alternative Payment Method (APM) Framework. This strategy should place emphasis on the evolution of providers along the APM model continuum. The Proposer's VBP strategy should clearly indicate which APMs for different provider types will be in place by contract execution.

**2.6.12.2** The strategy should also indicate how the Proposer plans to expand or further enhance these initial efforts through VBP steps to be taken in the first three (3) contract years.

**2.6.12.3** The Proposer should include its specific goals for VBP over the life of the contract. Such goals should incorporate:

**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;

**2.6.12.3.2** The quantitative, measurable, clinical outcomes the Proposer seeks to improve through implementation of such models (e.g. reducing emergency department utilization associated with a specific patient population);

**2.6.12.3.3** How the Proposer proposes to expand VBP arrangements over the initial years of the contract, and specifically which of the preferred VBP models will be proposed for implementation in the first three (3) years of the contract; and

**2.6.12.3.4** How the Proposer will support providers in successful delivery system reform through these payment arrangements, including the types of technical assistance and data that the Proposer will offer to providers.

**2.6.13** Claims Management and Systems and Technical Requirements [10-page limit; data flows and charts are excluded from section-specific and total page limits]

**2.6.13.1** The Proposer should describe how it will customize a Louisiana Medicaid specific system for adjudicating claims to meet the requirements of the Louisiana Medicaid program, applicable State administrative rules, and statutes.

**2.6.13.2** The Proposer should describe in detail the Management Information System (MIS) it proposes to use in performance of its contract obligations and how the MIS will comply with all of the requirements of the Model Contract. The description should address:

**2.6.13.2.1** The length of time the Proposer has been utilizing the MIS proposed for the contract; if for fewer than two (2) years, the Proposer should describe how it will assure system stability;

**2.6.13.2.2** Hardware and system architecture specifications for all systems that would be used to support the contract (including enrollee and provider enrollment, claims processing, customer service systems, utilization management/service authorization, care management/care coordination, and financial systems);

**2.6.13.2.3** All proposed functions and data interfaces;

**2.6.13.2.4** Data and process flows for all key business processes; and

**2.6.13.2.5** Proposed resources dedicated to Medicaid Management Information System (MMIS) exchanges.

**2.6.13.3** The Proposer should describe in detail any system changes or enhancements that the Proposer is contemplating making during the Term of the contract, including subcontracting all or part of the system to an existing material subcontractor or to a new material subcontractor. Such description should include a description of how the Proposer will ensure the continuity of all operations. For the purpose of this question, "system" shall refer at a minimum to the following systems or subsystems:

**2.6.13.3.1** Enrollment;

- 2.6.13.3.2** Claims processing;
- 2.6.13.3.3** Utilization management/service authorization; or
- 2.6.13.3.4** Care management/disease management.

**2.6.13.4** The Proposer should describe the capability and capacity of the Proposer’s Information Technology (IT) system to interface with LDH’s system and that of its network providers and material subcontractors.

**2.6.14** Program Integrity [10-page limit]

**2.6.14.1** The Proposer should describe its fraud, waste and abuse program and how it addresses the requirements in the Model Contract, Part 2, Fraud, Waste, and Abuse Prevention. The description should include:

- 2.6.14.1.1** Any training programs that the Proposer uses to train employees, subcontractors, and providers on federal and State laws related to Medicaid program integrity and prevention of fraud, waste and abuse;
- 2.6.14.1.2** How the Proposer engages enrollees in preventing fraud, waste and abuse;
- 2.6.14.1.3** The data analytic algorithms that the Proposer will use for purposes of fraud prevention and detection;
- 2.6.14.1.4** Methods the Proposer will use to identify high-risk claims and its definition of “high-risk claims”; and
- 2.6.14.1.5** The Proposer’s experience with provider recovery collection.

**2.6.14.2** The Proposer should provide a detailed description of its capability to produce the required reports included in the Fraud, Waste, and Abuse Prevention section of the Model Contract and any proposed innovations for reporting data related to Program Integrity.

**2.6.15** Physical and Specialized Behavioral Health Integration Requirements [10-page limit]

**2.6.15.1** The Proposer should provide a description of its fully integrated care model, inclusive of experience with care management and delivery models that support the whole-person needs of enrollees. The Proposer should demonstrate a comprehensive strategy for providing training and education to employees and BH providers, in compliance with federal mental health parity requirements, for the delivery and management of services.

**2.6.15.2** The Proposer should include how the following elements will be accomplished in its description:

- 2.6.15.2.1** Enhancing detection and treatment of behavioral health disorders, including risk of opioid dependence, in primary care settings;
- 2.6.15.2.2** Coordination of care for enrollees with both medical and behavioral health disorders, including promotion of care transition between inpatient services, residential services, and outpatient care for enrollees with co-existing medical-behavioral health disorders;
- 2.6.15.2.3** Offering incentives and tracking progress for providers to help build greater care coordination, transparency, and communication between primary care and behavioral health providers, based on the level of integration between physical health, behavioral health, and social determinants of health (SDOH);
- 2.6.15.2.4** Offering tools, guidance and financial incentives to help improve behavioral health and physical health integration within provider networks to develop the skill and infrastructure needed to schedule joint appointments, develop shared care plans, conduct effective brief assessments, integrate records, make and follow up on referrals, co-locate services and track outcomes;
- 2.6.15.2.5** Identifying those who use ED services to assist in scheduling follow-up care with PCP and/or appropriate contracted behavioral health specialists; and
- 2.6.15.2.6** Ensuring continuity and coordination of care for enrollees who have been screened positive 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.

## PART 3: SCOPE OF WORK/SERVICES

### 3.1 Scope of Work

- 3.1.1 Contracted MCOs will be responsible for providing specified Medicaid covered services included in the Louisiana Medicaid State Plan to Enrollees in return for a monthly capitation payment.
- 3.1.2 During the term of the contract, LDH reserves the right to:
  - 3.1.2.1 Add, delete or otherwise change enrollee populations and services that must be covered;
  - 3.1.2.2 Develop and implement the necessary processes and procedures required to implement enrollment of additional enrollee groups or modify covered services, as further specified by LDH;
  - 3.1.2.3 Develop reimbursement rate(s) for new enrollee groups or to account for the addition or modification of covered services consistent with State and federal authorities as applicable;
  - 3.1.2.4 Develop an implementation strategy for providing services to enrollees; and
  - 3.1.2.5 Make any other contract modifications that are germane to the delivery of services, payment for services, or quality of services in a managed care setting. Management services include but are not limited to:
    - 3.1.2.5.1 Administration and Contract Management
    - 3.1.2.5.2 Care Management
    - 3.1.2.5.3 Provider Monitoring
    - 3.1.2.5.4 Utilization Management
    - 3.1.2.5.5 Claims Management
    - 3.1.2.5.6 Enrollee and Provider Services
    - 3.1.2.5.7 Quality Management and Improvement
    - 3.1.2.5.8 Fraud and Abuse Monitoring and Compliance

### 3.2 General MCO Requirements

- 3.2.1 As required in 42 C.F.R. §455.104(a), the MCO shall provide LDH with full and complete information on the identity of each person or corporation with an ownership interest of five percent or greater (5%+) in the MCO, or any subcontractor in which the MCO has five percent or



greater (5%+) ownership interest. This information shall be provided to LDH on the approved Medicaid Ownership and Disclosure Form (Exhibit D) submitted to LDH with the proposal, annually thereafter, and whenever changes in ownership occur. LDH will review all ownership and control disclosures submitted by the MCO and the MCO's subcontractor(s).

- 3.2.2** The MCO shall be responsible for the administration and management of its requirements and responsibilities under the contract with LDH and the MCO Manual (see procurement library). This is also applicable to all subcontractors, employees, agents and anyone acting for or on behalf of the MCO.
- 3.2.3** The MCO's administrative office shall maintain, at a minimum, business hours of 8:00 a.m. to 5:00 p.m. Central Time on Business Days.
- 3.2.4** The MCO shall maintain appropriate personnel to respond to administrative inquiries from LDH on Business Days. The MCO must respond to calls within one (1) Business Day.
- 3.2.5** The MCO shall comply with all applicable current State and federal statutes, regulations, and administrative procedures that are or become effective during the term of the contract. Federal laws and regulations governing contracts with risk-based MCOs are specified in Section 1903(m) of the Social Security Act and 42 C.F.R. §438 and will govern the contract. LDH is not precluded from implementing any changes in State or federal statutes, rules or administrative procedures that become effective during the term of the contract and will implement such changes.
- 3.2.6** The MCO must maintain policy and procedures concerning advance directives with respect to all adult individuals receiving medical services by or through the MCO in accordance with 42 C.F.R. §489.100 and 42 C.F.R. §438.3(j). The written information provided by the MCO must reflect any changes in Louisiana law as soon as possible, but no later than ninety (90) days after the effective date of the change. The MCO must comply with the law upon its effective date, not at the time its written policy becomes updated. The MCO shall not condition the provision of care or otherwise discriminate against an enrollee based on whether or not the enrollee has executed an advance directive.
- 3.2.7** The Louisiana Department of Insurance (DOI) regulates risk-bearing entities providing Louisiana Medicaid services as to their solvency. Therefore, the MCO must comply with all DOI standards applicable to solvency.
- 3.2.8** CMS must approve the MCO contract, including capitation rates. If CMS does not approve the contract, the contract will be considered null and void.
- 3.2.9** See Model Contract, incorporated herein in its entirety, Part 2: Contractor Responsibilities for the detailed Scope of Work.

### **3.3 Task and Services**

See Model Contract, incorporated herein in its entirety, Part 2: Contractor Responsibilities for the detailed Tasks and Services.

### **3.4 Deliverables**

See Model Contract, incorporated herein in its entirety, Part 2: Contractor Responsibilities for the detailed Deliverables.

### **3.5 Technical Requirements**

See Model Contract, incorporated herein in its entirety, Part 2: Contractor Responsibilities and Part 6: Terms and Conditions for the detailed Technical Requirements.

### **3.6 Project Requirements**

See Model Contract, incorporated herein in its entirety, Part 2: Contractor Responsibilities for the detailed Project Requirements.

## PART 4: EVALUATION

### 4.1 Evaluation and Selection

#### 4.1.1 Acceptance of Proposal Content

All proposals will be reviewed to determine compliance with business proposal requirements as specified in the RFP. Proposals that are not in compliance will be rejected from further consideration.

Proposals that pass the preliminary screening and pass the business proposal review will be evaluated based on information provided in the proposal. The evaluation will be conducted according to the following.

#### 4.1.2 Evaluation Team

The evaluation of proposals will be accomplished by an evaluation team, to be designated by LDH, which will determine the proposal(s) most advantageous to the State, taking into consideration the evaluation factors set forth in the RFP. The evaluation team, to be designated by LDH, will be responsible for scoring all proposals. The evaluation team may consult subject matter expert(s) to serve in an advisory capacity regarding any Proposer or proposal. Such input may include, but not be limited to, analysis of Proposer financial statements, review of technical requirements, review of medical management operations, and preparation of data. Subject matter experts may provide support in determining strengths and weaknesses in the proposals, but will not participate in the scoring of the RFP.

#### 4.1.3 Evaluation Tool

A standardized evaluation tool will be utilized by the Evaluation Committee to ensure consistency in evaluation criteria.

#### 4.1.4 Evaluation Criteria and Assigned Points

LDH will determine the proposal(s) most advantageous to the State, as specified by the evaluation criteria set forth in this RFP. Proposers must demonstrate an understanding of all technical requirements as specified in the RFP. Proposers must also demonstrate that they have the capacity, capability, and relevant experience and expertise to perform the requirements specified in this RFP.

**4.1.4.1** The Evaluation Team will evaluate and score the proposals using the criteria and scoring as follows:

Evaluation Components	Possible Points
Business Proposal	Pass/Fail

Evaluation Components	Possible Points
<b>Technical Proposal</b>	
Proposer Organization & Experience	90
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
Louisiana Veteran and/or Hudson Initiative <i>See Sections 1.44 and 4.4 for details.</i>	180
<b>Total Possible Points</b>	<b>1,500</b>

- 4.1.4.2** The proposal will be evaluated in light of the material and the substantiating evidence presented to the State, not on the basis of what may be inferred. In addition, LDH may consider any relevant information about the Proposer known or discovered by LDH, including any non-compliance actions.
- 4.1.4.3** LDH is not responsible for seeking out information that is not presented by the Proposer.
- 4.1.4.4** LDH reserves the right, at its sole discretion, to conduct its own research and/or consult with contracted subject matter experts in order to verify and assess the information presented.
- 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 to be considered responsive to the RFP. Proposals not meeting the minimum score shall be rejected and not proceed to further Louisiana Veteran and/or Hudson Initiative evaluation.

## **4.2 Acceptance of Proposal Content**

The scores for the Business Proposals, Technical Proposals and Veteran and Hudson Initiative will be combined to determine the overall score. The Proposer(s) with the highest overall scores will be recommended for award.

## **4.3 Cost Evaluation**

Cost proposals are not required for this RFP and cost will not be evaluated. LDH will not use a competitive bidding process to develop the Capitation Rates. LDH shall establish an actuarially sound risk-adjusted Capitation Rate to be paid to the Contractor, in accordance with all applicable rules and regulations of the Centers for Medicare and Medicaid Services (CMS). The rates shall not be subject to negotiation or dispute resolution. The rate is intended to cover all benefits and management services outlined in this RFP. See Attachment A, *Model Contract*, Part 4, Payment and Financial Provisions.

## **4.4 Veteran-Owned and Service-Connected Disabled Veteran-Owned Small Entrepreneurships (Veteran Initiative) and Louisiana Initiative for Small Entrepreneurships (Hudson Initiative) Programs Participation**

**4.4.1** If a Proposer is not a certified small entrepreneurship as described herein, but plans to use certified small entrepreneurship(s), Proposer shall include in their proposal the names of their certified Veteran Initiative or Hudson Initiative small entrepreneurship subcontractor(s), a description of the work each will perform, and the dollar value of each subcontract.

**4.4.2** Twelve percent (12%) of the total evaluation points in this RFP are reserved for Proposers who are certified small entrepreneurships, or who will engage the participation of one or more certified small entrepreneurships as subcontractors. Reserved points shall be added to the applicable Proposers' evaluation score as follows:

**4.4.2.1** If the Proposer is a certified Veterans Initiative small entrepreneurship, the Proposer shall receive points equal to twelve percent (12%) of the total evaluation points in this RFP.

**4.4.2.2** If the Proposer is a certified Hudson Initiative small entrepreneurship, the Proposer shall receive points equal to ten percent (10%) of the total evaluation points in this RFP.

**4.4.2.3** If the Proposer demonstrates its intent to use certified small entrepreneurship(s) in the performance of contract work resulting from this solicitation, the Proposer shall receive points equal to the net percentage of contract work which is projected to be performed by or through certified small entrepreneurship subcontractors, multiplied by the appropriate number of evaluation points. For Louisiana Veteran and/or Hudson Initiative evaluation purposes only, the estimated three-year contract amount will be eight billion dollars;

**4.4.2.4** The total number of points awarded pursuant to this Section shall not exceed twelve percent (12%) of the total number of evaluation points in this RFP.

**4.4.2.5** If the Proposer is a certified Veterans Initiative or Hudson Initiative small entrepreneurship, the Proposer must note this in its proposal in order to receive the full amount of applicable reserved points.

**4.4.2.6** If the Proposer is not a certified small entrepreneurship, but has engaged one (1) or more Veterans Initiative or Hudson Initiative certified small entrepreneurship(s) to participate as subcontractors, the Proposer shall provide, as an attachment to their proposal using the Hudson and Veterans Initiative Response Template provided in the procurement library, the following information for each certified small entrepreneurship subcontractor in order to obtain any applicable Veterans Initiative or Hudson Initiative points:

- Subcontractor's name;
- A detailed description of the work to be performed; and
- The anticipated dollar value of the subcontract for the three-year contract term.

**4.4.3** The Proposer may submit this information in electronic format in lieu of hard copy. The electronic version of this attachment should be in Excel format. This attachment is exempt from the total page limit. **Note** – it is not mandatory to have a Veterans Initiative or Hudson Initiative certified small entrepreneurship subcontractor. However, it is mandatory to include this information in order to receive any allotted points when applicable.

**4.4.4** If multiple Veterans Initiative or Hudson Initiative subcontractors will be used, the above required information should be listed for each subcontractor. The Proposer should provide a sufficiently detailed description of each subcontractor's work so the Department is able to determine if there is duplication or overlap, or if the subcontractor's services constitute a distinct scope of work from each other subcontractor(s).

## **PART 5: PERFORMANCE STANDARDS**

### **5.1 Performance Requirements**

See Model Contract, Part 3 for LDH's contract management activities and contract non-compliance actions.

### **5.2 Performance Measurement/Evaluation/Monitoring Plan**

#### **5.2.1 Performance Measures/Evaluation**

See Model Contract, Part 3 for LDH's performance measurement/evaluation and contract management activities and contract non-compliance actions.

#### **5.2.2 Monitoring Plan**

See Model Contract, Part 3 for LDH's monitoring plan and contract management activities and contract non-compliance actions.

### **5.3 Veteran and Hudson Initiative Programs Reporting Requirements**

During the Term of the contract and at expiration, the contractor will be required to report Veteran-Owned and Service-Connected Disabled Veteran-Owned and Hudson Initiative small entrepreneurship subcontractor participation and the dollar amount of each.

If a contract is awarded to a Proposer who proposed a good faith subcontracting plan, the using agency, the Louisiana Department of Economic Development (LED), or the Office of State Procurement (OSP) may audit contractor to determine whether contractor has complied in good faith with its subcontracting plan. The contractor must be able to provide supporting documentation (i.e., phone logs, fax transmittals, letter, e-mails) to demonstrate its good faith subcontracting plan was followed. If it is determined at any time by the using agency, LED, or the OSP Director that the contractor did not in fact perform in good faith its subcontracting plan, the contract award or the existing contract may be terminated.